

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



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

**A fee of \$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:

1/12/2005

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
JAN 29 2026
OWRD

SECTION 1 GENERAL INFORMATION

1. File Information:

APPLICATION # G-16544	PERMIT # (IF APPLICABLE) G-16086	PERMIT AMENDMENT # (IF APPLICABLE) T-
---------------------------------	--	---

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Tim Britain/City of Pilot Rock	PHONE NO. 541-379-9768	ADDITIONAL CONTACT NO.
ADDRESS 144 Alder Place		
CITY Pilot Rock	STATE OR	ZIP 97868
E-MAIL Tim.britain@cityofpilotrock.org		

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 City of Pilot Rock		
ADDRESS 144 Alder Place		
CITY Pilot Rock	STATE OR	ZIP 97868

ADDITIONAL PERMIT HOLDER OF RECORD

ADDRESS

CITY	STATE	ZIP
------	-------	-----

4. Date of Site Inspection:

12/16/2025

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Tim Britain	12/16/2025	Public Works Director

6. County:

Umatilla

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

OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

Received
JAN 29 2026
OWRD

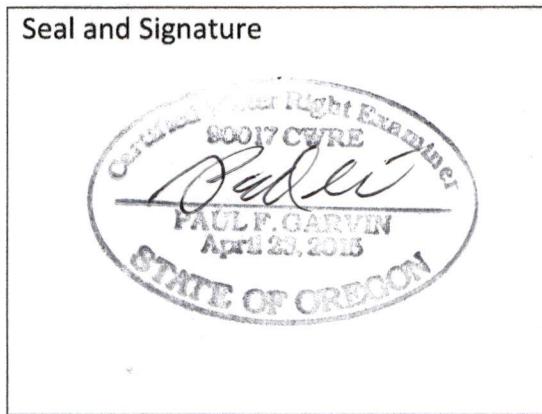
Add additional tables for owners of record as needed

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.



CWRE NAME Paul Garvin	PHONE NO. 503-347-7188	ADDITIONAL CONTACT NO.
ADDRESS 1705 Main St. Ste. 101		
CITY Baker City	STATE OR	ZIP 97814 E-MAIL Garvin.hydrogeo@gmail.com

Permit Holder of Record Signature or Acknowledgement

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

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

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
<i>Tim Brittain</i>	<i>Tim Brittain</i>	<i>Public works Director</i>	<i>12-16-2025</i>

Received
JAN 29 2026

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	UMAT 90	NA
Well 2	UMAT 89	NA

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	Umatilla	Birch Creek
Well 2	Umatilla	Birch Creek

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well 1	Municipal	NA	Year-round	1.34 cfs
Well 2	Municipal	NA	Year-round	
Total Quantity of Water Used				1.34 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:

Water appropriated from Well 1 is conveyed approximately 1,000' NE via a 16" buried mainline where it can be conveyed 1,600' SW and 250' vertically into the 600,000 gallon concrete storage tank or conveyed directly into the City's water distribution network that consists of 4", 6", 8", and 10" water lines.

Water appropriated from Well 2 is conveyed approximately 1,000' NE via a 8" buried mainline where it can be conveyed 1,600' SW and 250' vertically into the 600,000 gallon concrete storage tank via a 10" mainline or conveyed directly into the City's water distribution network that consists of 4", 6", 8", and 10" water lines.

Water is conveyed from the storage reservoir to the City's water distribution network via gravity through either the 10" or 16" mainlines.

When the wells are running, the water goes directly into the water distribution network unless the storage reservoir reaches a low trigger level at which point the wells also convey water to the storage reservoir.

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).

Received
JAN 29 2026

OWRD

WR

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
Well 1	1.34 cfs	1.7	-	Municipal	NA	NA
Well 2		1.8	-	Municipal	NA	NA

Received
JAN 29 2026

OWRD

SECTION 4 - (1 of 2)

SYSTEM DESCRIPTION

Are there multiple POAs?

YES NO

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

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

Well 1

A. Place of Use

1. Is the right for municipal use?

YES NO

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:

Removable plate on side of well casing

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY

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

Well log UMAT 90 attached

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)?

YES NO

D. Diversion and Delivery System Information

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

1. Is a pump used?

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

YES NO

Received

JAN 29 2026

OWRD

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Peerless pump	11 M3	234846	Turbine	6"	8"

3. Motor Information:

MANUFACTURER	HORSEPOWER
US Electrical Motors	100

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) – TO HIGHEST POINT ON DISTRIBUTION SYSTEM	TOTAL PUMP OUTPUT (IN CFS)
100	112	20'	100'	1.7

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

5. Provide pump calculations:

hp = 100, PSI head = 284.5, lift = 120', efficiency = 7.04

$Q = (7.04 * 100) / (284.5 + 120) = 1.7 \text{ cfs} = 763 \text{ gpm}$

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. 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)

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

8. Provide pump calculations:

Received

JAN 29 2026

OWRD

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)

Received

JAN 29 2026

 YES

NO

OWRD

10. Is the distribution system piped?

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

11. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
16"	7,400'	PVC	buried
10"	5,600'	Cast iron	buried

12. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8"	43,000'	Ductile Iron	buried
6"	1,400	Ductile Iron	buried
4"	4,800'	Ductile Iron	buried

13. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)

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)

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

16. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)

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

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

If "YES" is it a: Storage Tank
Bulge in System / Reservoir YES NO
 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
concrete	600,000	aboveground

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
---	------------------------	--

F. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAMS 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 (DIA.)	PIPE TYPE	"C" FACTOR	AMOUNT OF FALL	LENGTH OF PIPE	SLOPE	COMPUTED RATE OF WATER FLOW (IN CFS)
1.3'	PVC	150	257'	2370'	0.11	40.0

3. Provide calculations:**Gravity flow pipe from storage tank to water distribution system**

$$v = 1.31(c)(r^{0.63})(s^{0.54})$$

v = mean velocity of flow in feet per second

c = coefficient of roughness

r = hydraulic radius in feet

s = slope of energy gradient

Received

JAN 29 2026

OWRD

$$r = \text{Dia.}/4 = 0.33$$

$$v = 1.31(150)(0.33^{0.63})(0.11^{0.54}) = 29.7 \text{ ft/s}$$

$$Q = v^*A, A = 1.33 \text{ ft}^2$$

$$Q = 29.7^*1.33 = 40.0 \text{ cfs}$$

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)

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
H. Additional notes or comments related to the system:

--

SECTION 4 - (2 of 2)

SYSTEM DESCRIPTION

Are there multiple POAs?

YES NO

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

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

Well 2

A. Place of Use

1. Is the right for municipal use?

Received
JAN 29 2026

YES NO

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

OWRD

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:

Removable plate on side of well casing

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY

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

UMAT 89 attached

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)?

YES NO

D. Diversion and Delivery System Information

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

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
Layne	1DP	W2001133	Turbine	6"	8"

3. Motor Information:

MANUFACTURER	HORSEPOWER
US Electrical Motors	100

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)
100	110	30'	90'	1.8

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

5. Provide pump calculations:

hp = 100, PSI head = 284.5, lift = 92', efficiency = 7.04

Q = (7.04*100)/(279.4+120) = 1.8 cfs = 808 gpm

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. 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)

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

8. Provide pump calculations:

-
OWRD

Received

JAN 29 2026

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)

Received

JAN 29 2026

 YES NO

OWRD

10. Is the distribution system piped?

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

11. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
16"	7,400'	PVC	buried
10"	5,600'	Cast iron	buried

12. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8"	43,000'	Ductile Iron	buried
6"	1,400	Ductile Iron	buried
4"	4,800'	Ductile Iron	buried

13. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)

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)

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

16. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)

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

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

If "YES" is it a: Storage Tank
 Bulge in System / Reservoir YES NO 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
concrete	600,000	aboveground

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)

F. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAMS 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)
0.83'	PVC	74	257'	2370'	0.11	6.0

3. Provide calculations:

Gravity flow pipe from storage tank to water distribution system via 10" mainline

$$v = 1.31(c)(r^{0.63})(s^{0.54})$$

v = mean velocity of flow in feet per second

c = coefficient of roughness

r = hydraulic radius in feet

s = slope of energy gradient

Assuming full pipe r = Dia./4 = 0.21

$$v = 1.31(74)(0.21^{0.63})(0.11^{0.54}) = 11.01 \text{ ft/s}$$

$$Q = v \cdot A, A = 0.54 \text{ ft}^2$$

$$Q = 11.01 \cdot 0.54 = 6.0 \text{ cfs}$$

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)

Attach measurement notes.

Received

JAN 29 2026

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?

YES

NO

H. Additional notes or comments related to the system:

Received
JAN 29 2026

OWRD

**SECTION 5
CONDITIONS**

Received

JAN 29 2026

OWRD

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	2/13/2003		
BEGIN CONSTRUCTION (A)	-	-	-
COMPLETE CONSTRUCTION (B)	-	-	-
COMPLETE APPLICATION OF WATER (C)	10/1/2007	3/2005	Each well used at maximum rate permitted to provide water for municipal 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)?

YES NO

3. Initial Water Level Measurements:

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

4. Annual Static Water Level Measurements:

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

5. Pump Test:

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

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

For additional information regarding pump tests see:

<https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx>

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

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

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

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

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

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

6. Measurement Conditions:

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

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

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

b. Has a meter been installed? YES NO

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 1	McCrometer	UM20150546	working	751307 x 1k gal	Original unknown, Replaced 1/2020
Well 2	Endress+Hauser	W6063516000	working	4965575 gal	Original unknown, Replaced 7/2026

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? *not a permit condition, Well ID applications are being submitted concurrently with this COBU. YES NO

WELL ID #	DATE ATTACHED TO WELL

e. Other conditions? YES NO

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

Received

JAN 29 2026

OWRD

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well logs	Well 1 well log: UMAT 90 and Well 2 well log: UMAT 89

SECTION 7

CLAIM OF BENEFICIAL USE MAP

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

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

Map created using GIS software with publicly available GIS data, handheld GPS, field truthing, and aerial imagery from Google dated 9/2003 and 7/2025.

Received
JAN 29 2026

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 **NA**
- Locations of fish screens and/or fish by-pass devices in relationship to point of diversion **NA**
- 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
- Quarter-Quarters illustrated and named (NE NE, NW NE, etc.)
- Source illustrated if surface water **NA**
- 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
JAN 29 2026
OWRD

OBSERVATION WELL

STATE ENGINEER
Salem, Oregon

U-174

Well Record

UMAT
90STATE WELL NO. 132-17601
COUNTY Umatilla
APPLICATION NO.

well #1

OWNER: CITY OF PILOT ROCK

MAILING

ADDRESS:

CITY AND
STATE:

LOCATION OF WELL: Owner's No.

SW 1/4 NE 1/4 Sec. 17 T. 1 S. R. 22 E. W.M.

Bearing and distance from section or subdivision

corner

Altitude at well

Section

TYPE OF WELL: Drilled Date Constructed

Depth drilled 309' Depth cased 31'

Received

JAN 29 2026

OWRD

FINISH:

AQUIFERS:

BASALT

WATER LEVEL:

Flowing at land surface

PUMPING EQUIPMENT: Type Centrifugal H.P. _____
Capacity G.P.M. _____

WELL TESTS:

Drawdown ft. after hours G.P.M.

Drawdown ft. after hours G.P.M.

USE OF WATER public supply Temp. 65 °F. 19.
SOURCE OF INFORMATION U.S.G.S. REPORT Pg. 86

DRILLER or DIGGER

ADDITIONAL DATA:

Log X Water Level Measurements Chemical Analysis Aquifer Test

REMARKS:

Flowed 1,450 gpm in 1946; well supplied
 An estimated 900 ac-ft of water during
 1955; see table 2 for 1946 table 3
 for partial chemical analysis of the
 water.

1 of 4

STATE ENGINEER
Salem, Oregon

State Well No. 132-1760
County Umatilla
Application No. _____

Well Log

Owner: City of Pilot Rock Owner's No. _____

Driller: A. M. Edwards Date Drilled 1955

CHARACTER OF MATERIAL	(Feet below land surface)		Thickness (feet)
	From	To	
soil	0	10	10
gravel	10	14	4
hardpan, very hard	14-	19	5
hardpan	19	27	8
basalt, blue, hard	27	50	23
basalt, porous, water-bearing - water level at 101	50	65	15
basalt, very hard	65	135	70
basalt, water level at 44 ft.	135	158	23
basalt, porous, water-bearing;	158	177	19
basalt, hard drill cuttings washed away.	177	182	5
basalt, porous, water-bearing;	182	197	15
basalt, hard	197	215	18
basalt, soft & hard	215	217	2
basalt, with seams & crevices	217	232	15
basalt, moderately hard	232	235	3
basalt, with seams & crevices flows over top of caving	235	250	15
basalt, porous, water-bearing; water	250	288	38
basalt, moderately hard	288	290	2
basalt, crevices & broken rock	290	293	3
basalt, fairly hard water overflowing caving at an estimated 700 gpm	293	309	16
Received			
JAN 29 2026			
OWRD			

STATE ENGINEER
Salem, Oregon

State Well No. 1/32-17G (1)

County _____

Application No. _____

Water Level Record

OWNER: City of Pilot Rock OWNER'S NO. #1

Description of measuring point: owner's Pressure Gage 1.5 ft. above L.S.D.

REMARKS: _____

UMAT

1/32-17 G(1)

UMATILLA

City of Pilot Rock

Well No 1 recased in 1956 by
D.K. Smith of Walla Walla.

120' of 12" Casting - Cemented from
0 to 120 ft

12 lbs pressure. Spring 1957

Flow = 800 gpm

Received
JAN 29 2026

OWRD

4 of 4

ORIGINAL

File Original, and
Duplicate with the
STATE ENGINEER
SALEM, OREGON

RECEIVED

WATER WELL DRILLERS REPORT

OCT 17 1956

STATE OF OREGON G-402

Do Not State Well No.

132-17K(1)

Fill In State Permit No.

(1) OWNER: STATE ENGINEER

Name TOWN OF PILOT ROCK OREGON

Address Pilot Rock, Oregon

Arthur

UMAT

89

(2) LOCATION OF WELL:

Ave G402

County Umatilla

Owner's number, if any

2

R. F. D. or Street No.

Bearing and distance from section or subdivision corner

N 41013° 35' W a distance of 3,155.85 feet
from the NE corner of Section 20, Township
1 S, Range 32 E.W.M.

(3) TYPE OF WORK (check):

New well Deepening Reconditioning Abandon

abandonment, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic Industrial Municipal Irrigation Test Well Other

(5) EQUIPMENT:

Rotary
Cable
Dug Well

CASING INSTALLED:

Cased Welded

FROM	ft. to	ft.	Diam.	Gage or Wall	Diameter of Bore	from ft.	to ft.
" 0 "	26	6"	16" 3/8			"	"
" "	"	"				"	"
" 0 "	101	6"	12" 3/8			"	"
" "	"	"				"	"
" "	"	"				"	"

Type and size of shoe or well ring

If gravel packed

Size of gravel:

Describe joint

(7) PERFORATIONS:

Type of perforator used none

SIZE of perforations	in., length, by	in.		
FROM	ft. to	ft.	perf per foot	No. of rows
" "	"	"	" "	" "
" "	"	"	" "	" "
" "	"	"	" "	" "
" "	"	"	" "	" "

SCREENS:

Give Manufacturer's Name, Model No. and Size

none

(8) CONSTRUCTION:

Was a surface sanitary seal provided? Yes No To what depth 101 ft.Were any strata sealed against pollution? Yes No

If yes, note depth of strata 0-101'

FROM ft. to ft.

" " "

METHOD OF SEALING Cement

(9) WATER LEVELS:

Depth at which water was first found 238'-235 ft.

Standing level before perforating ft.

Standing level after perforating ft.

Log Accepted by: *D. K. Smith*[Signed] *D. K. Smith* Dated 8/20/56
Mayor, Town of Pilot Rock

Received

(10) WELL TESTS: OBSERVATION WELL

Was a pump test made? Yes No If yes, by whom? Driller

Yield: 450 gal./min. with 193 ft. draw down after 4 hrs.

" " " "

" " " "

Artesian flow 10 g.p.m.

Shut-in pressure lbs. per square inch.

Baller test g.p.m. with ft. drawdown

Temperature of water 64 Was a chemical analysis made? Yes NoWas electric log made of well? Yes No

(11) WELL LOG:

Diameter of well, 12 inches.

Total depth 486 ft. Depth of completed well 486 ft.

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

0 ft. to	4 ft.	Brown soil
4 "	9 "	Broken rock & brown clay
9 "	15 "	Cement gravel
15 "	17 "	Broken rock cavy
17 "	25 "	Cement gravel
25 "	26 "	Broken basalt, hard grey
26 "	35 "	Grey basalt
35 "	45 "	Broken basalt
45 "	50 "	Broken black basalt
50 "	51 "	Hard basalt
51 "	55 "	Brown basalt
55 "	60 "	Grey basalt
60 "	62 "	Black basalt
62 "	77 "	Grey basalt
77 "	80 "	Brown basalt
80 "	112 "	Grey basalt
112 "	132 "	Red rock
132 "	142 "	Broken brown basalt
142 "	232 "	Black basalt
232 "	235 "	Broken brown basalt (water bearing)
235 "	272 "	Grey basalt
272 "	299 "	Broken brown basalt (water bearing)
299 "	347 "	Grey basalt
347 "	352 "	Broken brown basalt
352 "	377 "	Brown basalt
377 "	430 "	Black basalt
430 "	460 "	Broken brown basalt (water bearing)
460 "	452 "	Grey basalt
462 "	486 "	Brown basalt (water bearing)

Ground elevation at well site 1664 feet above mean sea level.

Work started 12/12/55 19, Completed 3/5/56 19

Well Driller's Statement:

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

NAME D. K. Smith

(Person, firm, or corporation) (Typed or printed)

Address 1013 N. Clinton, Walla Walla, Washington

Driller's well number

[Signed] *D. K. Smith* (Well Driller)

License No. Dated 8/10/56, 19

JAN 29 2026

OWRD

1 of 2

3. The water right was used for: (e.g., crops, pasture, etc.): LAWN, GARDEN, ORCHARD, FIRE PREVENTION

4. I understand that if I do not attach one or more of the documents shown in the table below to support the above statements, my application will be considered incomplete.

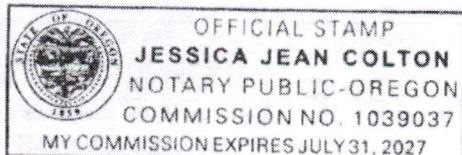
Signature of Affiant

Allen S Marsh

12/22/2025

Date

Signed and sworn to (or affirmed) before me this 22 day of December, 2025.



Jessica Colton
Notary Public for Oregon

My Commission Expires: 7/31/2027

Supporting Documents	Examples
<input type="checkbox"/> Copy of a water right certificate that has been issued within the last five years. (not a remaining right certificate)	Copy of confirming water right certificate that shows issue date
<input type="checkbox"/> Copies of receipts from sales of irrigated crops or for expenditures related to use of water	<ul style="list-style-type: none"> Power usage records for pumps associated with irrigation use Fertilizer or seed bills related to irrigated crops Farmers Co-op sales receipt
<input type="checkbox"/> Records such as FSA crop reports, irrigation district records, NRCS farm management plan, or records of other water suppliers	<ul style="list-style-type: none"> District assessment records for water delivered Crop reports submitted under a federal loan agreement Beneficial use reports from district IRS Farm Usage Deduction Report Agricultural Stabilization Plan CREP Report
<input checked="" type="checkbox"/> Aerial photos containing sufficient detail to establish location and date of photograph	<p>Multiple photos can be submitted to resolve different areas of a water right.</p> <p>If the photograph does not print with a "date stamp" or without the source being identified, the date of the photograph and source should be added.</p> <p>Sources for aerial photos:</p> <p>OSU – www.oregonexplorer.info/imagery OWRD – www.wrd.state.or.us Google Earth – earth.google.com TerraServer – www.terraserver.com</p>
<input type="checkbox"/> Approved Lease establishing beneficial use within the last 5 years	Copy of instream lease or lease number

Received

JAN 29 2026

OWRD

TACS

STATE ENGINEER
Salem, Oregon

State Well No. 132-17 K(1)

County Umatilla

Application No. _____

Water Level Record

OWNER: City of Pilot Rock OWNER'S NO. #2

Description of measuring point: Owner's Pressure Gage - Length of Airline

230 feet (too long for static levels)

REMARKS: OWRD

OWRD