



**Oregon**  
Kate Brown, Governor

**Water Resources Department**  
725 Summer St NE, Suite A  
Salem, OR 97301  
(503) 986-0900  
Fax (503) 986-0904

June 13, 2018

DOG RIVER ORCHARDS LLC  
PO BOX 445  
PARKDALE, OR 97041

On June 11, 2018, the Water Resources Department received the Claim of Beneficial Use (COBU) for the following file(s):

Application G-18152 Permit G-17679

The COBU included a report and map. In the future the Department will review your submittal. At that time we will review these items and provide a final certificate, proposed certificate, or a request for additional information.

Please be aware that the Department has not received a Pump Test as required by the permit. Until such time that a Pump Test is submitted and approved, the Department unable to review your Claim.

If you are interested in having your COBU reviewed sooner, you may pay to have your file processed immediately, using the Reimbursement Authority program, which is described at:  
[http://www.wrd.state.or.us/OWRD/mgmt\\_reimbursement\\_authority.shtml](http://www.wrd.state.or.us/OWRD/mgmt_reimbursement_authority.shtml)

Customer Service phone: (503) 986-0801

If you sell the property, please contact the Department, or have the new owners contact the Department about the need to file an assignment.

Cc: file  
Larry M. Toll, CWRE

# Checklist for Claims of Beneficial Use Received at CSG Counter

Application # <u>G-18152</u>	WRD Reviewer <u>K. Warner</u>
Transfer #	
Date Received <u>6.11.2019</u>	
CWRE Name <u>Harry M. Toll</u>	

Priority Date: 10.23.2015

### Fees Required:

- YES  NO A fee of \$200 must accompany this form for permits with priority dates of July 9, 1987, or later.
- YES  NO A fee of \$200 must accompany this form for any transfers including a water right with a priority date of July 9, 1987, or later.  
 Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

Fill in App or Transfer Number

### Map Review:

- Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))
- Application & permit #: or transfer # (OAR 690-014-0100(1))
- Disclaimer (OAR 690-014-0170(5))
- North arrow (OAR 690-310-0050(2)(c))
- CWRE stamp and signature (OAR 690-014 & 310-0050)
- Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
- Township, range, section, and tax lot numbers (OAR 690-310-0050(4) )

**MONEY SLIP**

DATE:	RECEIPT #:
RECEIVED FROM:	APPLICATION PERMIT TRANSFER
CASH CHECK # OTHER (IDENTIFY)	TOTAL RECEIVED
0280 TREASURY 4178 MISC CASH ACCT	
3427 COPIES OTHER (IDENTIFY)	
3243 FEE/ISSUE/FORM 0244 Misc Permit Water Plan 3245 Class Permit	
0281 TREASURY 4219 WRD OPERATIONS ACCT	
MISCELLANEOUS	
3427 COPY & TAPE FEES	
3410 REPRODUCTION FEES	
3469 MISC REVENUE (IDENTIFY)	
3242 DEPOSIT (LHS IDENTIFY)	
3243 EXTENSION OF TIME	
WATER RIGHTS	
0201 SURFACE WATER	
0202 GROUND WATER	
0203 TRANSFER	
WELL CONSTRUCTION	
3218 WELL DRILL CONSTRUCTION	
LANDOWNER'S PERMIT	
OTHER (IDENTIFY)	
0207 TREASURY 3467 MISCELLANEOUS	
3223 POWER LICENSE FEE (FURNISH)	
3224 HYDRO LICENSE FEE (FURNISH)	
HYDRO APPLICATION	

### Report Review:

- On form provided by the Department (OAR 690-014-0100(1))
- Application & permit #: or transfer # (OAR 690-014)
- Ownership information (OAR 690-014)
- Date of survey (OAR 690-014)
- Person interviewed (OAR 690-014)
- County (OAR 690-014)
- CWRE stamp and signature (OAR 690-014-0100)
- Signature(s) of all permittee of transfer holder (OAR 690-014-0100)

### Groundwater File Review:

Pump Test Required?  YES  NO      Pump Test Submitted? YES  NO

# 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.wrd.state.or.us](http://www.wrd.state.or.us)

**A fee of \$200 must accompany this form for permits  
with priority dates of July 9, 1987, or later.**

A separate form shall be completed for each permit.

*In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.*

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:  
[http://www.oregon.gov/owrd/pages/wr/cwre\\_info.aspx](http://www.oregon.gov/owrd/pages/wr/cwre_info.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 and ask for the Certificate Section.

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  
[http://www.oregon.gov/owrd/pages/mgmt\\_reimbursement\\_authority.aspx](http://www.oregon.gov/owrd/pages/mgmt_reimbursement_authority.aspx)

## SECTION 1 GENERAL INFORMATION

### 1. File Information

APPLICATION # <b>G-18152</b>	PERMIT # (IF APPLICABLE) <b>G-17679</b>	PERMIT AMENDMENT # (IF APPLICABLE) <b>T-</b>
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2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME <b>Dog River Orchards, LLC</b>		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS <b>PO Box 445</b>			
CITY <b>Parkdale</b>	STATE <b>OR</b>	ZIP <b>97041</b>	E-MAIL

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 <b>Dog River Orchards, LLC</b>			
ADDRESS <b>PO Box 445</b>			
CITY <b>Parkdale</b>	STATE <b>OR</b>	ZIP <b>97041</b>	

ADDITIONAL PERMIT HOLDER OF RECORD <b>Northwest Farm Credit Services, FLCA</b>			
ADDRESS <b>3591 Klindt Dr. Suite 110</b>			
CITY <b>The Dalles</b>	STATE <b>OR</b>	ZIP <b>97058</b>	

4. Date of Site Inspection:

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Gorham Blaine</b>	<b>5/8/2018</b>	<b>Managing Partner</b>
<b>Eric Shrum</b>	<b>5/8/2018</b>	

6. County:

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(4)):

OWNER OF RECORD			
ADDRESS			
CITY	STATE	ZIP	

Add additional tables for owners of record as needed

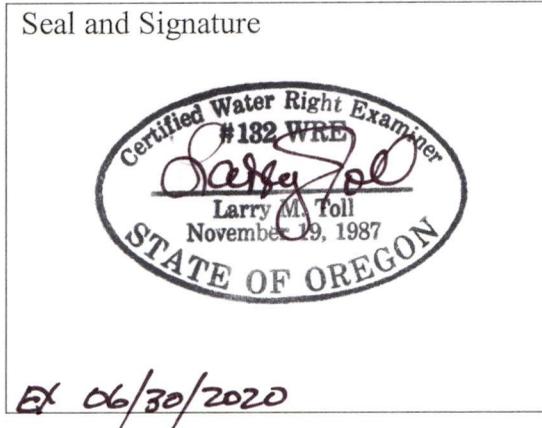
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**SECTION 2  
SIGNATURES**

CWRE Statement, Seal and Signature

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



CWRE NAME <b>Larry Toll</b>		PHONE No. <b>541-296-9177</b>	ADDITIONAL CONTACT No.	
ADDRESS <b>3775 Crates Way</b>				
CITY <b>The Dalles</b>	STATE <b>OR</b>	ZIP <b>97058</b>	E-MAIL	

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
	<b>Gov Lam Blaine</b> <b>For Dog River Orchards, LLC</b>	Member, Dog River orchards LLC	5-28-18
	<b>Brent Fetsch</b> <b>For Northwest Farm Credit Service, FLCA</b>	Oregon President	6-1-18

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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)
<b>Well</b>	<b>WASC 52229</b>	<b>104359</b>

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
<b>Well</b>	<b>White River Basin</b>	<b>Deschutes River</b>

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)
<b>Well</b>	<b>Supplemental Irrigation</b>	<b>Orchard (Apple &amp; Pear)</b>	<b>April 1 to Oct 31</b>	<b>0.60 cfs</b>
<b>Total Quantity of Water Used</b>				<b>0.60 cfs</b>

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:

**The well pumps into onsite bulge in line reservoirs (Pond A or Pond B) or directly into the solid set irrigation system, to make up any deficiency in the supply of water from the Lost and Boulder Ditch Company. Water is pumped from the reservoirs into a solid set irrigation system that has mains and lateral, and get down to a drip line down each tree row. Portions of the orchard also have a micro sprinkler line that can be used for irrigation, fire protection or temperature control if needed. The Lost and Boulder Ditch supplies water to Pond A as a primary pumping station (pump Station A). The well pumps in to Pond A to supplement Lost and Boulder Ditch water. Pump station A supplies water to all irrigated acres through mains, laterals and drip lines. Pond B collects any water that flows out of Pond A and well water. Pond B is used to pump to the lower elevation blocks, north of the main gravel road, by Pump B through the same delivery system and Pump A uses. The water in Pond B can also be pumped up to Pond A for application to the orchard. The orchard can also be irrigated directly from the well using the same distribution system as Pumps A and B.**

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).

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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.")

**There are minor changes in the acreage because some of the fields under Transfers 11718 and 12014 have minor changes. The total acreage has not changed.**

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
<b>Well</b>	<b>0.60 cfs</b>	<b>0.60 cfs</b>		<b>Supplemental Irrigation</b>	<b>308.1</b>	<b>308.1</b>

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**SECTION 4**  
**SYSTEM DESCRIPTION**

Are there multiple POAs?

YES NO

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

**Well (WASC 52229)**

**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	D L C	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
<b>4S</b>	<b>12E</b>	<b>W</b>	<b>33</b>	<b>SE/SE</b>			<b>Supplemental Irrigation</b>		<b>11.3</b>
			<b>34</b>	<b>NE/SW</b>			<b>Supplemental Irrigation</b>		<b>37.2</b>
				<b>NW/SW</b>			<b>Supplemental Irrigation</b>		<b>19.9</b>
				<b>SW/SW</b>			<b>Supplemental Irrigation</b>		<b>24.3</b>
				<b>SE/SW</b>			<b>Supplemental Irrigation</b>		<b>40.0</b>
				<b>NE/SE</b>			<b>Supplemental Irrigation</b>		<b>35.1</b>
				<b>NW/SE</b>			<b>Supplemental Irrigation</b>		<b>38.8</b>
				<b>SW/SE</b>			<b>Supplemental Irrigation</b>		<b>42.0</b>
				<b>SE/SE</b>			<b>Supplemental Irrigation</b>		<b>21.8</b>
<b>5S</b>	<b>12E</b>	<b>W</b>	<b>3</b>	<b>NW/NE</b>			<b>Supplemental Irrigation</b>		<b>4.5</b>
				<b>NE.NW</b>			<b>Supplemental Irrigation</b>		<b>18.1</b>
				<b>NW/NW</b>			<b>Supplemental Irrigation</b>		<b>15.1</b>
<b>Total Acres Irrigated</b>									<b>308.1</b>

**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.**

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## B: 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

2. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
<b>Well - Goulds</b>	<b>7CLC</b>		<b>Submersible</b>		<b>6"</b>
<b>Pump A - Berkley</b>	<b>B4EPBM</b>	<b>M25234</b>	<b>Centrifugal</b>		<b>7.5" impellor</b>
<b>Pump B - Berkley</b>	<b>B3ZPL</b>	<b>M8304</b>	<b>Centrifugal</b>		<b>7.25" impellor</b>

3. Motor Information

MANUFACTURER	HORSEPOWER
<b>Well - Franklin</b>	<b>100</b>
<b>Pump A - Baldor</b>	<b>50</b>
<b>Pump B - ?</b>	<b>25</b>

4. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
<b>Well - 100</b>	<b>30</b>	<b>860</b>	<b>70</b>	<b>0.60 cfs</b>
<b>Pump A - 50</b>	<b>30</b>	<b>5</b>	<b>-20 to +50</b>	<b>3.44 cfs</b>
<b>Pump B - 25</b>	<b>30</b>	<b>5</b>	<b>-10 to +60</b>	<b>1.56 cfs</b>

5. Provide pump calculations:

WELL PUMP CALCULATIONS \*this well restricted to 0.60 cfs (269 gpm) per permit restrictions.

### Pump Capacity Calculation Sheet

using Department designed formula:

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

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

Data Entry (fill in underlined blanks)

HP = 100  
 Efficiency = 7.04  
 Lift = 860  
 PSI = 30

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Results Calculated

(hp)(efficiency) = 704  
 Head based on psi = 76.2  
 Total dynamic head = 936.2  
 (head + lift)

**Pump Capacity = 0.75\* cubic feet per second**

\*this well restricted to 0.60 cfs (269 gpm) per permit restrictions.

**Pond A pump at average pumping elevation of 15 feet above pump**

**Pump Capacity Calculation Sheet**

using Department designed formula:

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

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

**Data Entry (fill in underlined blanks)**

HP = 50  
 Efficiency = 6.61  
 Lift = 20  
 PSI = 30

**Results  
 Calculated**

(hp)(efficiency) = 330.5  
 Head based on psi = 76.2  
 Total dynamic head = 96.2  
 (head + lift)

**Pump Capacity = 3.44 cubic feet per second**

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**Pond B pump at average pumping elevation of 25 feet above pump**

**Pump Capacity Calculation Sheet**

using Department designed formula:

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

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

**Data Entry (fill in underlined blanks)**

HP = 25  
 Efficiency = 6.61  
 Lift = 30  
 PSI = 30

**Results  
 Calculated**

(hp)(efficiency) = 165.25  
 Head based on psi  
 = 76.2  
 Total dynamic head  
 = 106.2  
 (head + lift)

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**Pump Capacity = 1.56 cubic feet per second**

**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)

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

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

**8. Mainline Information**

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
<b>8"</b>	<b>8000'</b>	<b>PVC</b>	<b>Buried</b>
<b>6"</b>	<b>4000'</b>	<b>PVC</b>	<b>Buried</b>

**9. Lateral or Handline Information**

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
<b>4"</b>	<b>10000'</b>	<b>PVC</b>	<b>Buried</b>
<b>drip line</b>	<b>1,089,000'</b>	<b>Poly pipe</b>	<b>Above ground</b>

**10. Sprinkler Information**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
<b>Drippers</b>	<b>15</b>	<b>1 gph</b>	<b>363,000</b>	<b>16146</b>	<b>0.60 cfs (269 gpm)</b>
<b>Micro sprinklers</b>	<b>Not counted</b>	<b>As not the</b>	<b>Primary</b>	<b>Irrigation</b>	<b>system</b>

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

11. Pivot Information

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

12. Additional notes or comments related to the system:

**More drippers can be run at one time from the either pond pump but when irrigation is direct from the well use is limited to 0.60 cfs (269 gpm).**

C. Groundwater Source Information (Well and Sump)

1. Is the appropriation from ground water (well or sump)? YES NO

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

3/4" PVC measuring tube for etape use. Measuring tube has pressure gage and Schrader valve to be used as an airline

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
See Well	Report	WASC	52229			

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.

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

D. 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

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3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
<b>Dog River Orchards Pond A</b>	<b>6 feet</b>	<b>5</b>
<b>Dog River Orchards North Dam Pond B</b>	<b>30 feet</b>	<b>48</b>

Plans and Specification have been approved by OWRD-Dam Safety

**E. 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**

**F. 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**

**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	<b>10/31/2016</b>		
BEGIN CONSTRUCTION (A)		<b>9/10/2014</b>	<b>Well (WASC 52229) construction completed</b>
COMPLETE CONSTRUCTION (B)		<b>2013, 2014 and 2015</b>	<b>Orchard was all planted over the course of these years. As orchard was planted the drip irrigation system was installed for that portion of the orchard.</b>
COMPLETE APPLICATION OF WATER (C)	<b>10/31/2021</b>	<b>2013, 2014, and 2015</b>	<b>Land was irrigated in year when planted and has been irrigated every year since.</b>

\* 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**

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3. Initial Water Level Measurements:

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

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

**March**

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

Because irrigation use began before March 2016, which was first March under the permit. See Well Report for initial water level measurement.

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

4. Annual Static Water Level Measurements:

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

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

5. Pump Test (Required for most ground water permits prior to issuance of a certificate)

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

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**

**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**

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c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
<b>Well</b>	<b>Micrometer</b>	<b>15-11408</b>	<b>Working</b>	<b>11.806 acre feet</b>	<b>3/1/2015</b>

7. Recording and reporting conditions

- a. Is the water user required to report the water use to the Department? **YES** **NO**
- b. Have the reports been submitted? **YES** **NO**
- If the reports have not been submitted, attach a copy of the reports if available.

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

- a. Were there special well construction standards? **YES** **NO**
- b. Was submittal of a ground water monitoring plan required? **YES** **NO**
- c. Was submittal of a water management and conservation plan required? **YES** **NO**
- d. 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):

**8.d. Dedicated Measuring Tube - installed see item C - 2**

**8.d. Well ID Tag Condition- installed by well driller at time well was constructed. 104359**

**SECTION 6  
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
<b>Claim Map</b>	
<b>Well Report</b>	<b>WASC 52229</b>

**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.

**Land mapped from aerial photographs, property lines that line up with Public Land Survey, and Lost and Boulder water rights maps.**

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## 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
- Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Source illustrated if surface water
- Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature

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

WASC 52229

WASC 52229

WELL LABEL # L 104359  
START CARD # 206345  
ORIGINAL LOG #

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

(1) LANDOWNER Owner Well I.D. \_\_\_\_\_  
First Name GOLMAN Last Name BLAIR  
Company DOG RIVER ORCHARDS INC  
Address PO BOX 445  
City PARKDALE State OR Zip 97041

(2) TYPE OF WORK  New  Conversion  Deepening  
 Alteration (complete Sections 2a & 10)  Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth \_\_\_\_\_ ft.  
Seal Material \_\_\_\_\_  
Casing Type:  Steel  Plastic  Other \_\_\_\_\_  
Casing Gauge \_\_\_\_\_ Casing Diameter \_\_\_\_\_

(3) DRILL METHOD  Rotary Air  Rotary Mud  Auger  
 Cable  Cable Mud  Reverse Rotary  Other \_\_\_\_\_

(4) PROPOSED USE  Domestic  Irrigation  Community  
 Industrial/Commercial  Livestock  Dewatering  Injection  
 Thermal  Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION  
Depth of Completed Well 980 ft. Special Standard:  Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
14	0	138	CEMENT	30	138	40	SCKS
10	138	980	BENTONITE	0	30	20	SCKS

How was seal placed: Method  A  B  C  D  E  
 Other PUMPED BOTTOM UP  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:  
Calculated Amount Proposed to be Used: \_\_\_\_\_ sacks/lbs  
Actual Amount Used: \_\_\_\_\_ sacks/lbs

(6) CASING/LINER

Casing	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
		10	+	2	138	.250	X		X	

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
Temporary casing  Yes Diameter \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS

Perforations Method \_\_\_\_\_  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf	Scrn	Casing	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min 300 Drawdown 100% Drill stem/Pump depth 978 Duration (hr) 2 hr

Temperature 58 °F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below) TDS \_\_\_\_\_ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)  
County WASCO Twp 4 S N or S Range 12 E E or W W.M.  
Sec 34 SE 1/4 of the SE 1/4 Tax Lot 5500  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Street Address of Well (or nearest address) ATKINS RD. WASHIC OR.

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	<u>9-10-14</u>			<u>530</u>

Flowing Artesian?  Yes Dry Hole?  Yes  
WATER BEARING ZONES Depth water was first found 745

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>9-10-14</u>	<u>745</u>	<u>980</u>	<u>300</u>			<u>530</u>

(11) WELL LOG Ground Elevation 1600

Material	From	To
SOIL	0	3
RED CINDERS	3	15
GRY CINDERS	15	22
RED CINDERS	22	121
GRY RED BASALT	121	262
RED TAN SANDSTONE	262	745
" " (WB)	745	980

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OCT 29 2014

SALEM, OR

Date Started 1-24-14 Completed 9-10-14

(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 \_\_\_\_\_ Date \_\_\_\_\_

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 1782 Date 10-1-14

Signed J. White  
Contact Info. (optional) \_\_\_\_\_

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**LETTER OF TRANSMITTAL**

**TO:** Oregon Water Resources Department  
 725 Summer Street NE, Suite A  
 Salem, Oregon 97301-1266

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Date 6/7/2018	Work Order # 14076
Attention	
RE:	
<b>Transfer 11718, Transfer 12014,</b>	
<b>and Application G-18152</b>	

ENCLOSED ARE THE FOLLOWING:

QUANTITY	DESCRIPTION
1	(6 pgs) CLAIM OF BENEFICIAL USE FOR TRANSFER 11718
1	(6 pgs) CLAIM OF BENEFICIAL USE FOR TRANSFER 12014
1	(15 pgs) CLAIM OF BENEFICIAL USE FOR APPLICATION G-18152
1	8-1/2" x 14" mylar—CLAIM OF BENEFICIAL USE MAP
1	\$200 FILING FEE FOR APPLICATION G-18152 (Dog River Ranch Check #13128)

THESE ARE TRANSMITTED (as checked below)

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> For approval | <input type="checkbox"/> As requested      | <input checked="" type="checkbox"/> Filing/Recording          |
| <input type="checkbox"/> For your use            | <input type="checkbox"/> Approved as noted | <input checked="" type="checkbox"/> For your review & comment |

**CHARGES**

Remarks:	SF Blueline	
	SF Mylar	
	Xerox	
	Tube, Mailer, Etc.	
	P & H	
	<b>TOTAL</b>	

PICKED UP BY:  
 DELIVERED BY:  
 COPY TO: Dog River Orchards w/ enclosures

BY: Larry M. Toll, CWRE