

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:

8/11/2015

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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).
AS OF APRIL 1, 2026: For groundwater permits with priority dates on or after December 20, 1988, the Claim of Beneficial Use shall either provide documentation that the pump test or exemption request as required under OAR 690-217 has been **submitted** for each well or **include** the required pump test or exemption request for each well with the claim. **Claims that do not meet this requirement will not be accepted.**

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 Reimbursement Authority program that allows it to enter into a voluntary agreement with an applicant for expedited services. Applicants interested in an estimate of the cost and timeline for expedited processing must submit a Reimbursement Authority Estimate Application and required fee. The form and additional information on this program see:
<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

SECTION 1 GENERAL INFORMATION

1. File Information:

APPLICATION # G-18128	PERMIT # (IF APPLICABLE) G-17628	PERMIT AMENDMENT # (IF APPLICABLE) T-
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Dionne and Joe Evans		PHONE NO. 509-549-3263	ADDITIONAL CONTACT NO.
ADDRESS 46233 McKay Creek Road			
CITY Pilot Rock	STATE OR	ZIP 97868	E-MAIL grillbillycafe@gmail.com

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

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

PERMIT HOLDER OF RECORD Dionne Evans			
ADDRESS 46233 McKay Crk. Rd			
CITY Pilot Rock	STATE OR	ZIP 97868	

ADDITIONAL PERMIT HOLDER OF RECORD Joe Evans			
ADDRESS 46233 McKay Crk. Rd.			
CITY Pilot Rock	STATE OR	ZIP 97868	

4. Date of Site Inspection:

5/15/2026

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Joe Evans	5/15/2026	Permit holder/ irrigator
Dionne Evans	5/15/2026	Permit holder/ irrigator

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	

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 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>Dionne R. Evans</i>	DIONNE R. EVANS	OWNER	5-19-26
<i>Joseph J. Evans</i>	Joseph J. EVANS	owner	5-19-26

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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)
Well 1	UMAT 57697	L-119236

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	Columbia	McKay 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	IS	Lawn, pasture	3/1 – 10/31	0.50
Total Quantity of Water Used				0.50

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 water is appropriated from the well and is conveyed west then north and South via a 6" buried mainline. The place of use west of the N-S mainline is irrigated by wheelines equipped with sprinklers and the POU east of the N-S mainline is irrigated with movable sprinklers.

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

5. Variations:

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

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

The well is located approximately 200 ft SSW of the permitted location. The permitted location had sited the well in the center of channel of McKay Creek, therefore it had to be moved to the SSW for obvious practical reasons.

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well 1	0.50 cfs	0.51 cfs	-	IS	20.0	20.0

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**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple POAs?

NO

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

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

A. Place of Use

1. Is the right for municipal use?

NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
1S	33E	WM	5	SWNE			IS		19.4
1S	33E	WM	5	SENE			IS		0.6
Total Acres Irrigated									20.0

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

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

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

Access port on top of well

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 57697 attached

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C. Groundwater Source Information (Sump)

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

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

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
Franklin Electric	6C3F	-	submersible	6"	6"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin Electric	20

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)
20	45	-	160'	0.51

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

5. Provide pump calculations:

(Well pump) Data:

Lift = 160' = pump setting depth Efficiency = 7.04; hp = 20; psi head = 114.3'

Theoretical pump capacity (cfs) = (hp * efficiency)/(lift + psi head) = 0.51 cfs

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)
-	-	-	-

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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:

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)
-	-	-	-

10. Is the distribution system piped?

YES

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

11. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
6"	920	pvc	buried

12. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
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13. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
15/64"	45	10.0	44	22	0.49
9/32"	45	15.2	8	8	0.27

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)
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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
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16. Pivot Information:

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

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

NO

F. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe?

NO

G. Gravity Flow Canal or Ditch

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

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

NO

H. Additional notes or comments related to the system:

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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	7/28/2016		
BEGIN CONSTRUCTION (A)	-	7/27/2016	Well construction started
COMPLETE CONSTRUCTION (B)	7/28/2021	8/2/2016	Well construction complete
COMPLETE APPLICATION OF WATER (C)	7/28/2021	6/1/2017	Water from POA applied across place of use

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

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

3. Initial Water Level Measurements:

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

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

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

March

c. Was the measurement submitted to the Department? YES

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

4. Annual Static Water Level Measurements:

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

5. Pump Test:

a. Is a pump test required? YES

Ground water permits with priority dates on or after December 20, 1988, the Claim of Beneficial Use shall either provide documentation that the pump test or exemption request, as required under OAR 690-217, has

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been submitted for each well or include the required pump test or exemption request for each well with the claim (this includes an exemption request for sump wells).

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/exemption been previously submitted to the Department? **NO***

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

**As of April 1, 2026: a pump test or exemption request must be submitted prior to or at time of the claim report (ORS 690-014-0100(H)). If "NO", the claim is incomplete and will be returned.*

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

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

****The Claim 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**

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

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

b. Has a meter been installed? **YES**

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 1	McCrometer	17 - 05598	working	702726x0.0001 AF	8/2016

7. Recording and reporting conditions:

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

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

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

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

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

a. Were there special well construction standards? **YES**

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

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

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

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WELL ID #	DATE ATTACHED TO WELL
L-119236	9/1/2016

e. Other conditions?

NO

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

Well construction condition:

Groundwater production in the well shall be limited to a single aquifer in the Columbia River Basalt Group lavas. The well shall be cased and sealed into hard basalt below approximately 75 feet below ground surface (bgs) at the proposed well location. The open interval in the well shall be no greater than 100 feet. The borehole above the open interval shall be continuously cased and continuously sealed to land surface.

Compliance action:

According to well log UMAT 57697, the well is continuously cased and sealed from the land surface to a depth of 76' bgs within "black basalt", and the open interval is 99'.

**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Well 1	UMAT 57697 well log
Pump test submittal confirmation email	Copy of email sent to WRD_DL_pumptestsupport@water.oregon.gov confirming pump test submittal

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

UMAT 57697

WELL I.D. LABEL# L 119236
START CARD # 1031413
ORIGINAL LOG #

8/3/2016

(1) LAND OWNER
Owner Well I.D.
First Name G KENT Last Name HETTINGA
Company
Address 46233 MCKAY CREEK RD
City PILOT ROCK State OR Zip 97868

(2) TYPE OF WORK
[X] New Well [] Deepening [] Conversion
[] Alteration (complete 2a & 10) [] Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing:
Material From To Amt sacks/lbs
Seal:

(3) DRILL METHOD
[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

(4) PROPOSED USE
[] Domestic [X] Irrigation [] Community
[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION
Special Standard (Attach copy)
Depth of Completed Well 175.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, Sacks/lbs. Rows include Cement and Calculated values.

How was seal placed: Method [X] A [] B [] C [] D [] E
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: [] Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount Actual Amount

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
Shoe [] Inside [] Outside [] Other Location of shoe(s)
Temp casing [] Yes Dia From To

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type Material
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
[] Pump [] Bailer [X] Air [] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Rows show 500 and 300 yield values.

Temperature 62 °F Lab analysis [] Yes By
Water quality concerns? [] Yes (describe below) TDS amount 144 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County UMATILLA Twp 1.00 S N/S Range 33.00 E E/W WM
Sec 5 SW 1/4 of the NE 1/4 Tax Lot 700
Tax Map Number Lot
Lat ' " or " DMS or DD
Long ' " or " DMS or DD
[] Street address of well [] Nearest address
46233 MCKAY CREEK RD. PILOT ROCK

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well 8/2/2016 13
Flowing Artesian? [] Dry Hole? []

Table: WATER BEARING ZONES. Columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Rows show data for 7/27/2016, 7/28/2016, 7/28/2016.

(11) WELL LOG
Ground Elevation
Material From To
Soil 0 2
Gravel 2 7
Black Basalt 7 30
Broken Basalt 30 40
Black and Brown Basalt 40 50
Black Scoria/Blue Claystone 50 56
Black Basalt 56 100
Black and Brown Basalt 100 130
Black Basalt 130 153
Broken Black Basalt 153 160
Black Basalt 160 175
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Date Started 7/27/2016 Completed 8/2/2016

(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 1735 Date 8/3/2016
Signed CHAD COURTNEY (E-filed)

(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 1881 Date 8/3/2016
Signed GARRY L ZOLLMAN (E-filed)
Contact Info (optional) Garry Zollman

Permit G-17628 pump test results submittal

Paul Garvin <garvin.hydrogeo@gmail.com>

Mon, Jun 1, 2026 at 2:29 PM

To: WRD_DL_pumptestsupport <wrd_dl_pumptestsupport@water.oregon.gov>

Hello,

Please find the attached pump test results provided on the most recent pump test form. The accompanying COBU will be arriving in Salem this week via priority mail.

Thank you,

--

Paul Garvin



503-347-7188

1705 Main St. Ste. 101

Baker City, OR 97814

GarvinHydroGeo.com



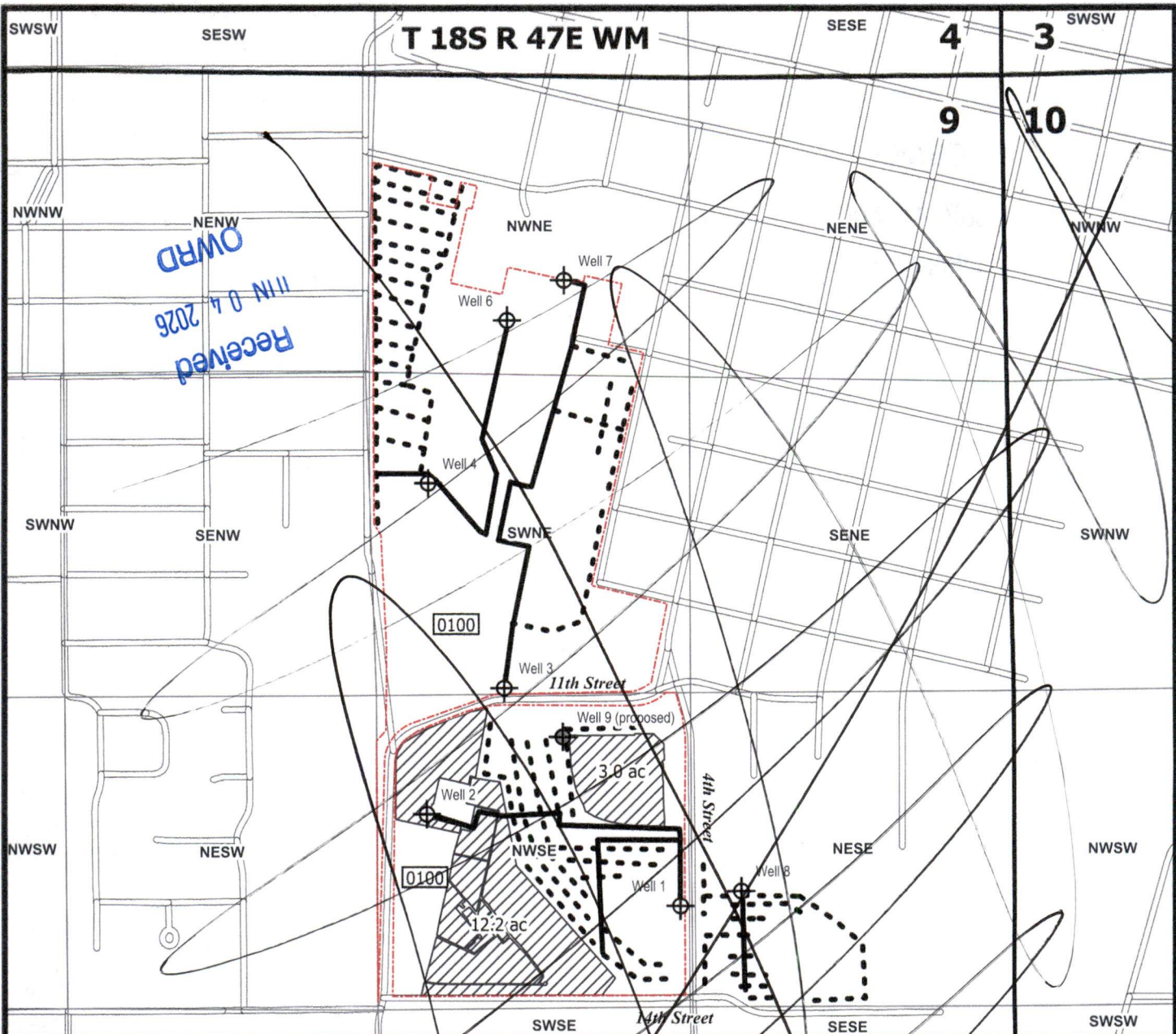
Evans_Pump_Test_Form.xlsx

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LEGEND

- 89437 Place of Use
- Authorized POA
- Additional POA
- Malheur County Taxlot Boundary 0100
- 1 1/4" Irrigation line
- 3/4" Irrigation line

NOTES:

WELL #1: 890 FEET SOUTH & 1,270 FEET EAST FROM CENTER OF SECTION 9 (44.01510, -116.97073)

WELL #2: 510 FEET SOUTH & 200 FEET EAST FROM CENTER OF SECTION 9 (44.01618, -116.97479)

WELL #3: 30 FEET NORTH & 550 FEET EAST FROM CENTER OF SECTION 9 (44.01764, -116.97353)

WELL #4: 920 FEET NORTH & 250 FEET EAST FROM CENTER OF SECTION 9 (44.02000, -116.97473)

WELL #6: 1,540 FEET NORTH & 560 FEET EAST FROM CENTER OF SECTION 9 (44.02186, -116.97345)

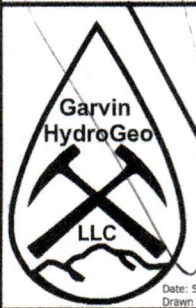
WELL #7: 1,660 FEET NORTH & 810 FEET EAST FROM CENTER OF SECTION 9 (44.02234, -116.97253)

WELL #9: 186 FEET SOUTH & 787 FEET EAST FROM CENTER OF SECTION 9 (44.01706, -116.97260)

THIS MAP IS NOT INTENDED TO PROVIDE LEGAL DIMENSIONS OR LOCATIONS OF PROPERTY OWNERSHIP LINES.

COORDINATE SYSTEM = WGS 84

FLOW MEASUREMENT DEVICES ARE IN UNDERGROUND VAULTS WITHIN A 15 FOOT RADIUS OF EACH POINT OF APPROPRIATION



Map (1 of 2)
Permanent Water Right
Transfer Application
Certificate 89437
Treasure Valley Community College
Ontario, OR

Prepared on behalf of TVCC
 1 inch = 1/2 mile



Date: 5/15/2026
 Drawn by: Paul F. Garvin