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

OREGON WATER RESOURCES DEPARTMENT

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

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

Enter the date the priority date of the permit:

AUGUST 30, 2001

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

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SECTION 1
GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-154602	G-15188	T-

2. Property Owner (current owner information):

Applicant/Business Name	Phone No.	Additional Contact No.
LONNIE & BARBARA ROBINSON	425-864-4775	

Address			
10817 NE BAND STREET			
City	State	Zip	E-Mail
KIRKLAND	WA	98033	

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		
JIM WHITMORE		
Address		
115 MAIN LOT 17		
City	State	Zip
MILTON-FREEWATER	OREGON	97862

Additional Permit Holder of Record		
Address		
City	State	Zip

4. Date of Site Inspection:

MULTIPLE 10-24-24 TO 5-21-2026

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

Name	Date	Association with the Project
KIRK ROBINSON	10-04-2024	OWNER'S SON
LONNIE & KIRK ROBINSON	03-27-2026	OWNER & OWNER'S SON
LONNIE & KIRK ROBINSON	05-21-2026	OWNER & OWNER'S SON

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		
NONE		
Address		
City	State	Zip

Add additional tables for owners of record as needed

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AUG 24 2026
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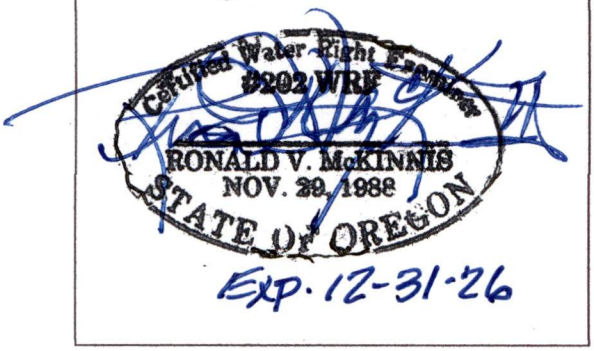
SECTION 2

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.

Seal and Signature



CWRE NAME		PHONE NO.	ADDITIONAL CONTACT NO.
RONALD V. McKINNIS		541-567-2017	541-571-1672
ADDRESS 79980 PRINDLE LOOP ROAD			
CITY HERMISTON	STATE OREOGN	ZIP 97838	E-MAIL rvmeng@eotnet.net

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
Lonnie Robinson	LONNIE ROBINSON	OWNER	5-21-2026
Barbara Robinson	BARBARA ROBINSON	OWNER	5-21-2026

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AUG 24 2026
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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	UMAT 54970	L65803

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	WEST LITTLE WALLA WALLA RIVER	COLUMBIA RIVER

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	IRR/DOM	ALFALFA	04-01 – 10-01	206.5 GPM / 0.46 CFS
Total Quantity of Water Used				0.46 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:

FROM WELL VIA A SUBMERSIBLE PUMP INTO A 4" MAINLINE THAT SERVES A PIVOT & RIZERS FOR HAND LINES

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. 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."*)

THE RATE ON THE PARTICULAR DAY I TESTED FOR THE COBU WAS SLIGHTLY LESS FLOW THAN WAS AUTHORIZED, THERE WAS NO DOMESTIC USE DURING MY TEST WHICH IS ON A SEPARATE SUBMESIBLE PUMP. I GOT A HIGHER FLOW DURING THE PUMP TEST AND AM USING IT AS THE FLOW RATE FOR THIS CLAIM.

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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	0.47 CFS	0.492	0.46	IRRIGATION	21.0	21.0
				SUPPLEMETAL IRRIGATION	17.5	17.5
			0.01	Domestic		

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AUG 24 2026
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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):

WELL

A. Place of Use

1. Is the right for municipal use? NO

If "YES" the table below may be deleted.

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:

PVC PLUG IN TOP OF WELL CAP

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

Casing Diameter	Casing Depth	Total Depth	Completion Date of Original Well	Completion Dates of Alterations	Who the well was drilled for	Well drilled by

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.

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C. Groundwater Source Information (Sump)

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

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

D. Diversion and Delivery System Information

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

1. Is a pump used? YES

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
GOULD			SUBMERSIBLE		

3. Motor Information:

MANUFACTURER	HORSEPOWER
UNKNOWN	15 hp 230v SET @ 285 FT

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)
15	60	65 FT	15 FT	220.8 GPM/0.492

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

5. Provide pump calculations:

65 PSI by Gage = 150.2 Ft. Lift = 65
TDH = 215.2 FT Assume 15 HP X 0.8 = 12 HP
12 X 3960 / 215.2 = 220.8 GPM = 0.492 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)
16549500	16553000	16:57 =16.95 MIN	206.5 GPM = 0.46CFS

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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
4"		PVC	BURRIED

12. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
3"	VARIOUS	ALUMINUM	ABOVE GROUND

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

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16. Pivot Information:

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (gpm)	Total Pivot Output (cfs)
HYDRUS	621.5' of Hardware & Endgun = 675'	60	206.5	0.46
		W/REGULATORS	BY METER	

E. Storage

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

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

F. Gravity Flow Pipe

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

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

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

G. Gravity Flow Canal or Ditch

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

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

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

H. Additional notes or comments related to the system:

BOTH THE WELL PUMP AND THE METER WERE REBUILT BY PURSWELL PUMP OF HERMISTON IN THE EARLY SPRING OF 2026. I HAD CONVERSATIONS IN 2025 WITH GERRY CLARK AT OWRD ON HOW TO VERIFY THE RATE AS THE EXISTING SYSTEM WAS WORN OUT OR THE INTAKE WAS PLUGGED, PRIOR TO COMMIMG UP WITH A PLAN THE OWNER DECIDED TO HAVE PURSWELL CHECK IT OUT AND AS A RESULT IT WAS FIXED PRIOR TO IRRIGATION SEASON OF THIS YEAR. I WAS READY TO SEND THE COBU IN RIGHT AFTER THE 1ST OF APRIL BUT THERE HAD NOT BEEN A PUMP TEST COMPLETED TO BE ABLE TO SUBMIT IT. I RETURNED IN MAY OF THIS YEAR AND COMPLETED THE PUMP TEST. I FURTHER HAD CONVERSATIONS ABOUT THE PUMP TEST WITH OWRD STAFF AND THEY WERE CONVINCED THAT THERE WOULD NOT BE A PROBLEM IN SUBMITTING IT AS IS.
RONALD V. McKINNIS, CWRE #202

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SECTION 5

CONDITIONS

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

1. Time Limits:

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

	Date from Permit	Date Accomplished*	Description of Actions Taken by Water User to Comply with the Time Limits
Issuance Date	09-24-2002		
Begin construction (A)	08-26-2003		DRILL WELL
Complete construction (B)	10-01-2012*	UNKNOWN	*BY EXTENTION ON 10-13-2009
Complete application of water (C)		UNKNOWN BY THIS OWNER	

* 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

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

a. Did the Extension Final Order require the submittal of Progress Reports? YES

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

b. Were the Progress Reports submitted? UNKNOWN

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

UNKNOWN IF AVAILABLE

3. Initial Water Level Measurements:

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

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

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

c. Was the measurement submitted to the Department? N/A

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

Date of Measurement	Measurement Made By	Method	Measurement

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4. Annual Static Water Level Measurements:

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

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

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

c. Were the static water level measurements taken in the month(s) required? **N/A**

d. If "YES", were those measurements submitted to the Department? **N/A**

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

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 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**

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c. Meter Information

POD/POA Name or #	Manufacturer	Serial #	Condition (working or not)	Current Meter Reading	Date Installed
WELL	McCROMETER	03819	YES REBUILT 2026	16553000	UNKNOWN
				METER DATE IS	2011

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

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department? N/A

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

Name	Title	Approximate Date

f. Measurement Device Description

Device Description	Condition (working or not)	Date Installed

7. Recording and reporting conditions:

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

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

b. Have the reports been submitted? N/A

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? NO

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

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

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

Well ID #	Date Attached To Well
L65803	UNKNOWN

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AUG 24 2026
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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.

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
MAP	COBU MAP
UMAT 54970	WELL LOG
PUMP TEST	PUMP TEST DOCUMENTS FOR WELL L65803

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AUG 24 2026
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UMAT 54970

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

WELL I.D. # L 65803
START CARD # W133457

(1) LAND OWNER Well Number
Name Jim Whitmore
Address 115 N MAIN Lot 17
City Milton Freewater State ORE Zip 97862

(2) TYPE OF WORK
☒ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:
☐ Rotary Air ☐ Rotary Mud ☒ Cable ☐ Auger
☐ Other

(4) PROPOSED USE:
☒ Domestic ☐ Community ☐ Industrial ☒ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 285 ft.
Explosives used ☐ Yes ☒ No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
15	0	40	Bentonite	0	40	71
10	40	285				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Poured
Backfill placed from ft. to ft. Material
Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	10	+2	280	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ None
Final location of shoe(s) 280

(7) PERFORATIONS/SCREENS:
☒ Perforations Method Mills Knife
☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
120	220	3/16/24	1600	10"	.250	☒	☐
240	275	3/16/24	560	10"	.250	☒	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
220	50		5 hr.
260	70		3

Temperature of water 67° Depth Artesian Flow Found
Was a water analysis done? ☐ Yes By whom
Did any strata contain water not suitable for intended use? ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other
Depth of strata:

(9) LOCATION OF WELL by legal description:
County Umatilla Latitude Longitude
Township 6 ☒N ☐S Range 35 ☒E ☐W WM.
Section 15 NW 1/4 SE 1/4
Tax Lot 00400 Lot Block Subdivision
Street Address of Well (or nearest address) 85625 Trolley Lane

(10) STATIC WATER LEVEL:
28 ft. below land surface. Date 10-9-03
Artesian pressure lb. per square inch Date

(11) WATER BEARING ZONES:
Depth at which water was first found 60

From	To	Estimated Flow Rate	SWL
60	80	20	32
90	103	25	30
137	158	100	30
179	188	106	29
208	248	125	28

(12) WELL LOG:
Ground Elevation

Material	From	To	SWL
LARGE Rocks & Soil	0	47	
Brown Clay & Gravel	47	60	
Med Gravel	60	80	32
Gravel & a little Clay	80	90	
Gravel	90	103	30
Med Gravel & Brown Clay	103	137	
Gravel	137	158	30
Clay & Gravel	158	179	
Gravel	179	188	29
Clay & Gravel	188	208	
Gravel	208	248	28
Brown Clay & a little Gravel	248	285	

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OCT 22 2003
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 8-26-03 Completed 10-10-03

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
WWC Number
Signed Date

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1639
Signed Mike Harding Date 10-15-03

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

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