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

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

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

Enter the date the priority date of the permit:

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

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SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-15649	G-15216	N/A

2. Property Owner (current owner information):

Applicant/Business Name		(503) 843-5889	Additional Contact No.
THE DELPHIAN SCHOOL			**971-377-8034**
Address			
20950 SW ROCK CREEK RD.			
City	State	Zip	E-Mail
SHERIDAN	**OR**	**97378**	**Danaea.jackman@delphian.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		
THE DELPHIAN SCHOOL		
Address		
20950 SW ROCK CREEK RD.		
City	State	Zip
SHERIDAN	**OR**	**97378**

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

4. Date of Site Inspection:

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

Name	Date	Association with the Project
DANAEA JACKMAN	**11/12/2024**	**FACILITIES DIRECTOR**

6. County:

YAMHILL

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.

Seal and Signature



CWRE Name		Phone No.	Additional Contact No.
LELAND A. MACDONALD		**503-472-7904**	
Address **3885 NE RIVERSIDE DR.**			
City **MCMINNVILLE**	State **OR**	Zip **97128**	E-Mail **lee@macdonaldsurveying.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
	Dawaea Jackman	Facilities Director	10/1/26

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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 #2	YAMH 7575	
WELL #14	YAMH 7587	
WELL #17	YAMH 3050	
WELL #20	YAMH 52324	L38894

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepening)

2. Point of appropriation source, if indicated on permit:

POA Name or Number	Source Basin Located Within	Tributary
WELL #2	ROCK CREEK	
WELL #14	ROCK CREEK	
WELL #17	ROCK CREEK	
WELL #20	ROCK 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 #2	COMMERCIAL		YEAR ROUND	0.089 CFS
WELL #14	COMMERCIAL		YEAR ROUND	0.223 CFS
WELL #17	COMMERCIAL		YEAR ROUND	0.223 CFS
WELL #20	COMMERCIAL		YEAR ROUND	0.067 CFS
Total Quantity of Water Used				0.602 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:

THE SYSTEM CONSISTS OF 5 WELLS THAT SUPPLY A 90,000 GALLON RESERVOIR TANK THAT IS THE SCHOOL'S DRINKING WATER SUPPLY. WELLS 2, 20 & 17 FEED TO A BOOSTER PUMP AT WELL 14 WHERE THE WATER IS PUMPED UPHILL TO THE TANK LOCATION VIA A 3" PVC SUPPLY LINE. WATER FROM THE TANK RUNS DOWNHILL VIA AN 8" PVC PIPE TO A DISTRIBUTION NETWORK SUPPLYING THE SCHOOL'S MAIN BUILDING & CAMPUS THAT INCLUDES STUDENT & STAFF HOUSING, PLUS THERE ARE DRINKING FOUNTAINS AT THE TENNIS COURTS & SOCCER FIELD.

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. **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
WELLS 2,14,17,20	**0.557 CFS**					

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SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? **YES**

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? **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
5S	6W	WM	20	NW SE SW SE			COMMERCIAL		
5S	6W	WM	29	NE NE SE NE NW NE NE SE	2, 3, 4		COMMERCIAL		
Total Acres Irrigated N/A									

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. 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:

3/4" ACCESS PORT IN TOP OF WELL CAP W/WATER LEVEL GAGE

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
8"	33'	130'	6/7/1975		THE DELPHIAN FOUNDATION	S & M DRILLING

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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.

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			**SUBMERSIBLE**		**2"**

3. Motor Information:

Manufacturer	Horsepower
FRANKLIN	**7.5**

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)
7.5	**40**	**118'**		**.091**

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

5. Provide pump calculations:

SEE ATTACHED SHEET FOR WELL #2

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

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

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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
8"	3460'	PVC	BURIED

12. Lateral or Handline Information:

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

13. Sprinkler Information:

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

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

14. Drip Emitter Information:

Size	Operating PSI	Emitter Output (GPM)	Total Number of Emitters	Maximum Number Used	Total Emitter Output (CFS)
N/A					

15. Drip Tape Information:

Dripper Spacing in Inches	GPM per 100 Feet	Total Length of Tape	Maximum length of Tape Used	Total Tape Output (CFS)	Additional Information
N/A					

16. Pivot Information:

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

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E. Storage

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

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

If "YES" is it a: Storage Tank **YES**
Bulge in System / Reservoir **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	**90,000**	**ABOVE**

3. Bulge in System / Reservoir:

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

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe? **YES**

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

2. Complete the table:

Pipe Size	Pipe Type	"C" factor	Amount of Fall	Length of Pipe	Slope	Computed Rate of Water Flow (in cfs)
8"	**PVC**	**150**	**222'**	**3460**	**-11%**	**5.06 CFS**

3. Provide calculations:

Hazen-William's Formula WITH ABOVE DATA

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

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

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? **NO**

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

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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	**9/24/2002**		
Begin construction (A)		**6/3/1975**	**CONSTRUCT WELLS #2 & #14**
Complete construction (B)		**9/21/2000**	**CONSTRUCT WELL #20**
Complete application of water (C)	**10/01/2006**		

* 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**

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

3. Initial Water Level Measurements:

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

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.

5. Pump Test:

a. Did the permit require the submittal of a pump test? **YES**

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**

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

d. Has the pump test been approved by the Department? **YES**

e. Has a pump test exemption been approved by the Department? **YES**

Please see attached letter dated 5/16/2017 for exemptions

**** 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**

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
RESERVOIR	**SEAMETRICS**	**MH61231**	**WORKING**	**268231 X100**	**2000**

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

7. Recording and reporting conditions:

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

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
#20 (L38894)	**UNKNOWN**

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.

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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.)

- [x] Map on polyester film
- [x] Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- [x] 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
- [x] Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- [x] Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- [ ] Point(s) of diversion or appropriation (illustrated and coordinates)
- [x] Tax lot boundaries and numbers
- [x] Quarter-Quarters illustrated and named (NE NE, NW NE, etc.)
- [ ] Source illustrated if surface water
- [x] Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- [x] Application and permit number or transfer number
- [x] North arrow
- [x] Legend
- [x] CWRE stamp and signature

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SECTION 6

ATTACHMENTS

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

Attachment Name	Description
PUMP TEST EXEMPTIONS	HARDSHIP EXEMPTION LETTER DATED 5/16/2017
PUMP CAPACITY CALCULATIONS	FOR WELLS 2,14,17,20
COBU MAP	

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.

THIS SURVEY WAS PREPARED USING RTK-GPS & ROBOTIC TOTAL STATION SURVEYING EQUIPMENT ALONG WITH CLIENT PROVIDED .KLM FILE FOR SYSTEM LINEWORK LOCATIONS. YAMHILL COUNTY GPS MONUMENTS WERE TIED AND RECORD COUNTY COORDINATES FOR SECTION & DONATION LAND CLAIM CORNERS WERE USED TO DEVELOP SECTION LINES AND SUBDIVISIONAL LINES. AN ONSITE INSPECTION OF THE SYSTEM WAS PERFORMED ON 11/12/2025

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SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? **YES**

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 #14

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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
5S	6W	WM	20	NW SE SW SE			COMMERCIAL		
5S	6W	WM	29	NE NE SE NE NW NE NE SE	2, 3, 4		COMMERCIAL		
Total Acres Irrigated N/A									

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:

3/4" ACCESS PORT IN TOP OF WELL CAP W/WATER LEVEL GAGE

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
12"	188'	290'	6/2/1975		THE DELPHIAN FOUNDATION	S & M DRILLING

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.

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
GOULDS	65L15		SUBMERSIBLE		2"

3. Motor Information:

Manufacturer	Horsepower
FRANKLIN	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	40	160'		.091

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

5. Provide pump calculations:

SEE ATTACHED SHEET FOR WELL #14

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

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

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SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? **YES**

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 #17

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
5S	6W	WM	20	NW SE SW SE			COMMERCIAL		
5S	6W	WM	29	NE NE SE NE NW NE NE SE	2, 3, 4		COMMERCIAL		
Total Acres Irrigated N/A									

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:

3/4" ACCESS PORT 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
6"	65'	250'	2/31/1994		DELPHIAN SCHOOL	DAN MALLOTT WCC#1563

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.

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
GRUNDFOS	P40S75	UNKNOWN	SUBMERSIBLE	2"	2"

3. Motor Information:

Manufacturer	Horsepower
GRUNDFOS	7.5

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)
7.5	100	210'		.048

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

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5. Provide pump calculations:

SEE ATTACHED SHEET FOR WELL #17

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

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

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SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? **YES**

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 #20

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
5S	6W	WM	20	NW SE SW SE			COMMERCIAL		
5S	6W	WM	29	NE NE SE NE NW NE NE SE	2, 3, 4		COMMERCIAL		
Total Acres Irrigated N/A									

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:

3/4" ACCESS PORT 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
6"	159'	347'	9/21/2000		DELPHIAN SCHOOL	MICHAEL WALDROOP WCC#633

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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.

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
GRUNDFOS	GM7523	UNKNOWN	SUBMERSIBLE	2"	2"

3. Motor Information:

Manufacturer	Horsepower
GRUNDFOS	7.5

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)
7.5	40	268'		0.043

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

5. Provide pump calculations:

SEE ATTACHED SHEET FOR WELL #20

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

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

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Oregon
Kate Brown, Governor

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

May 16, 2017

GW

THE DELPHIAN SCHOOL
20950 SW ROCK CREEK RD
SHERIDAN OR 97378

The Department has accepted the pump test results for the following permitted well(s):

Application	Water Right	Permitted Well	Tested Well	Test Date	Test Status	Exemption	Owner's Well Name
G 15649	Permit: G 15216 *	YAMH 7575	YAMH 7575	04/29/2002	Exempted	Hardship	
G 15649	Permit: G 15216 *	YAMH 7587	YAMH 7575	04/29/2002	Exempted	Hardship	
G 15649	Permit: G 15216 *	YAMH 3050	YAMH 7575	04/29/2002	Exempted	Hardship	
G 15649	Permit: G 15216 *		YAMH 7575	04/29/2002	Exempted	Hardship	
G 15649	Permit: G 15216 *	YAMH 52324	YAMH 7575	04/29/2002	Exempted	Hardship	

Please contact me if you have any questions.

Sincerely,

Karl Wozniak
503-986-0843
Groundwater Section

cc: GW Pump Test File

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Pump Capacity Calculation Sheet

WELL #2

using Department designed formula:

(hp)(efficiency) / (lift + psi head) = capacity in cfs

Efficiency: 72

Centrifugal = 6.61
Turbine = 7.04

Data Entry (fill in underlined blanks)

HP =	7.5
Efficiency =	72
Lift =	118
PSI =	40

Results Calculated

(hp)(efficiency) =	540
Head based on psi =	101.6
Total dynamic head = (head + lift)	219.6

Pump Capacity = 2.46 feet per second

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Pump Capacity Calculation Sheet

WELL #14

using Department designed formula:

(hp)(efficiency) / (lift + psi head) = capacity in cfs

Efficiency: 80

Centrifugal = 6.61
Turbine = 7.04

Data Entry (fill in underlined blanks)

HP =	20
Efficiency =	80
Lift =	160
PSI =	40

Results Calculated

(hp)(efficiency) =	1600
Head based on psi =	101.6
Total dynamic head = (head + lift)	261.6

Pump Capacity = 6.12 feet per second

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Pump Capacity Calculation Sheet

WELL 17

using Department designed formula:

(hp)(efficiency) / (lift + psi head) = capacity in cfs

Efficiency: 80

Centrifugal = 6.61
Turbine = 7.04

Data Entry (fill in underlined blanks)

HP =	7.5
Efficiency =	80
Lift =	210
PSI =	100

Results Calculated

(hp)(efficiency) =	600
Head based on psi =	254.0
Total dynamic head = (head + lift)	464.0

Pump Capacity = 1.29 feet per second

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Pump Capacity Calculation Sheet

WELL #20

using Department designed formula:

(hp)(efficiency) / (lift + psi head) = capacity in cfs

Efficiency:

Centrifugal = 6.61
Turbine = 7.04

Data Entry (fill in underlined blanks)

HP =	7.5
Efficiency =	80
Lift =	268
PSI =	100

Results Calculated

(hp)(efficiency) =	600
Head based on psi =	254.0
Total dynamic head = (head + lift)	522.0

Pump Capacity = 1.15 feet per second

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