

Checklist for Claims of Beneficial Use Received at CSG Counter

Application # <u>G-16988</u>	WRD Reviewer <u>Com M</u>
Transfer #	
Date Received <u>11/24/2020</u>	
CWRE Name <u>Jeffrey HSU</u>	

COBU MAP # 1267 (A-8)

Priority Date: 12/26/2007

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))

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)

MONEY SLIP	
DATE:	RECEIPT #:
RECEIVED FROM:	APPLICATION #
CASH ☐ CHECK # ☐ OTHER (IDENTIFY)	PERMIT #
100% TREASURY	TRANSFER #
DATE	TOTAL RECEIVED
COPIES	
OTHER (IDENTIFY)	
0243 Interest License	0244 Mine Prospecting Permit
0245 Case Water	
0246 TREASURY	0247 MINE OPERATING PERMIT
0407 MISCELLANEOUS	4611
0410 COPY & TAPE FEES	
0410 RESEARCH FEES	
0410 BASIC REVENUE (IDENTIFY)	
0410 DEPOSIT LAM (IDENTIFY)	
0410 EXTENSION OF TIME	
0201 WATER RIGHTS	0202
0201 SURFACE WATER	0202
0201 GROUND WATER	0202
0201 TRANSFER	0202
0210 WELL CONSTRUCTION	0210
0210 WELL DRILL CONSTRUCTION	0210
0210 LANDOWNER'S PERMIT	0210
0210 OTHER (IDENTIFY)	0210
0210 TREASURY	0210
0210 HYDROELECTRIC	0210
0210 POWER LICENSE FEE (HYDRO)	0210
0210 HYDRO LICENSE FEE (HYDRO)	0210
0210 HYDRO APPLICATION	0210
SPECIAL INSTRUCTIONS:	

☐ RETURN TO APPLICANT – LETTER ATTACHED

Groundwater File Review:

Pump Test Required?

☒ YES NO

Pump Test Submitted?

YES ☒ NO*

*If no, include pump test flyer w/acknowledgment letter

COBU MAP # 1267

KENNETH BROWNELL
APPLICATION 16988/PERMIT G-16482
CLAIM OF BENEFICIAL USE

Situated in the Southeast quarter of Section 20, Township 2 South, Range 40 East of
the Willamette Meridian, Union County, Oregon

SCALE: 1"=400'

LEGEND

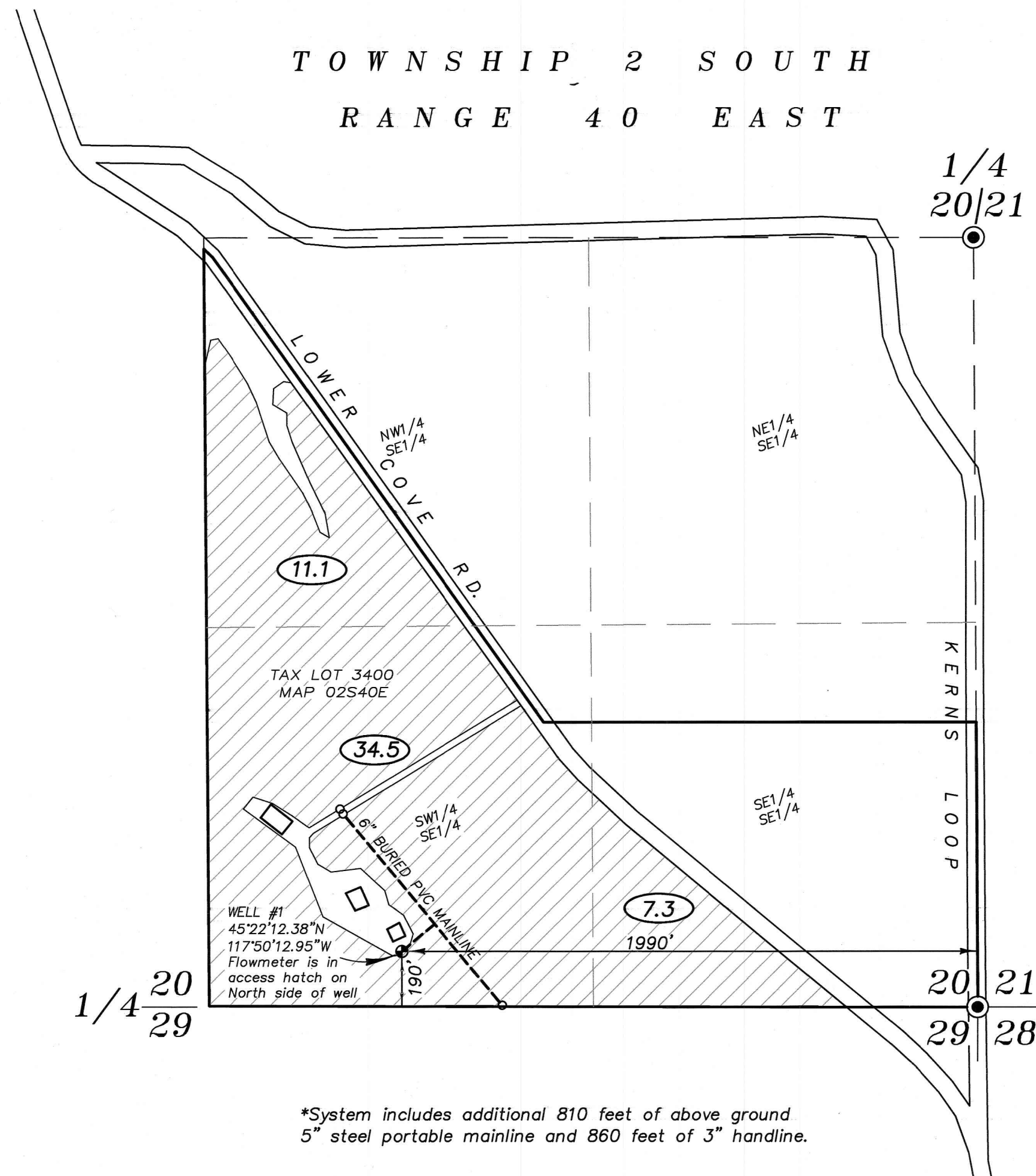
- WELL #1 - OWRD ID L91046
- Irrigation Riser
-  Land irrigated by Well #1
- Buried Mainline (6" PVC)



NOTE: the preparation of this map was for the purpose of
identifying locations of water rights and is not intended to
provide dimensions or location of property ownership lines.

BY
BAGETT, GRIFFITH AND BLACKMAN
2006 ADAMS AVE
LA GRANDE, OR 97850
OCTOBER 14, 2020

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**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 \$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:**

<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 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

<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-16988	G-16482	T-

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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Kenneth Brownell		PHONE NO. 505 991 2513	ADDITIONAL CONTACT INFO OWRD
ADDRESS 63392 Lower Cove Rd.			
CITY Cove	STATE OR	ZIP 97824	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 Kenneth and Robin Brownell			
ADDRESS 63392 Lower Cove Rd			
CITY Cove	STATE OR	ZIP 97824	

ADDITIONAL PERMIT HOLDER OF RECORD Northwest Farm Credit Services			
ADDRESS 1700 S Assembly St.			
CITY Spokane	STATE WA	ZIP 99224	

4. Date of Site Inspection:

October 13, 2020

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Ken Brownell	10/13/2020	Landowner
Donna Beverage	10/14/2020	Previous Landowner/Original applicant

6. County:

Union

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)):

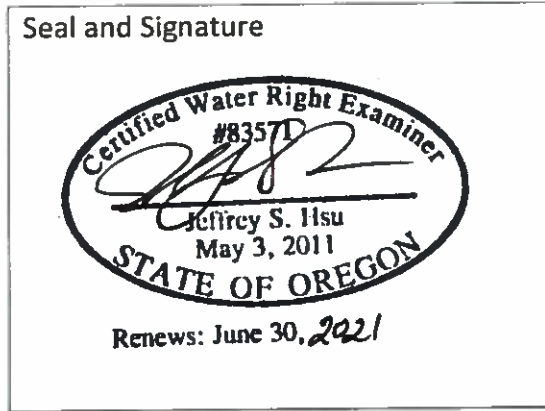
OWNER OF RECORD			
ADDRESS			
CITY	STATE	ZIP	

Add additional tables for owners of record as needed

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.



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CWRE NAME Jeffrey S. Hsu	PHONE NO. 541 963 6092	ADDITIONAL CONTACT NO.
ADDRESS 2006 Adams Ave.		
CITY La Grande	STATE OR	ZIP 97850
E-MAIL jeff@bgbsurveyors.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
	Ken Brownell	owner	11-11-20

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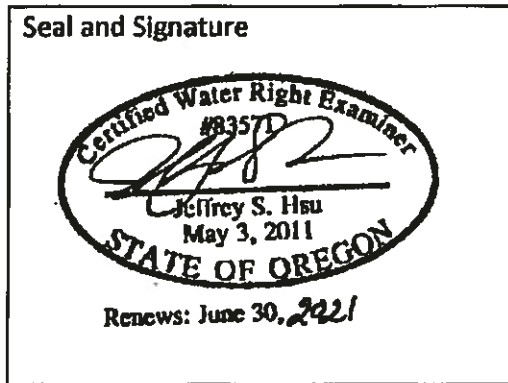
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**SECTION 2
SIGNATURES**

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 Jeffrey S. Hsu		PHONE No. 541 963 6092	ADDITIONAL CONTACT No.
ADDRESS 2006 Adams Ave.			
CITY La Grande	STATE OR	ZIP 97850	E-MAIL jeff@bgbsurveyors.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
	Ken Brownell	owner	11-11-20
	Jill Shaffer	NWFLS - lender -	11-17-20
	Robin Brownell	Owner	11-17-20

SECTION 3 CLAIM DESCRIPTION

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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	L 91046	UNIO 51883

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	Groundwater-Grande Ronde Basin	

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	Irrigation	Alfalfa/Barley/Pasture	March-Oct	50 gpm
Total Quantity of Water Used				50 gpm

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#1, water is pumped into a 6" PVC mainline which runs to three risers. 5" portable mainline is used to convey water from risers to place of use which is served by 15 sprinklers on 3" handline.

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).

5. Variations:

Was the use developed differently from what was authorized by the permit, **YES** **NO**
permit amendment final order, or extension final order? If yes, describe below.

(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 portion of the property on the East side of Lower Cove Road was applied for but is not irrigated by this well.

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	0.29 cfs	n/a	0.11 cfs	Irrigation	76.8	52.9

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs?

YES NO

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

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

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	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
2 S	40 E	WM	20	NW,SE			Irrigation	11.1	
2 S	40 E	WM	20	SW, SE			Irrigation	34.5	
2 S	40 E	WM	20	SE,SE			Irrigation	7.3	
Total Acres Irrigated									

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 NO

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

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

The cap of well can be removed to measure water level.

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"	440	463	8/13/07	n/a	Mark Beverage	Robert Stoffel

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)

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

YES NO

D. Diversion and Delivery System Information

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

1. Is a pump used?

YES NO

If "NO" items 2 through item 6 may be deleted.

2. Pump Information:

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

3. Motor Information:

MANUFACTURER	HORSEPOWER
Unknown	7 hp

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)
7	62	240	0	0.12

5. Provide pump calculations:

See attached Pump Capacity Calculation Sheet

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)
50 gpm	50 gpm	Instantaneous	0.11 cfs

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

7. Is the distribution system piped?

YES NO

If "NO" items 8 through item 13 may be deleted.

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
6"	1030 ft.	PVC	Buried
5"	810 ft.	Steel	Above Ground

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9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3"	860 ft.	Steel	Above Ground

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
7/64	62	2.76	14	14	0.09 cfs
1/4	62	14.44	1	1	0.03 cfs

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

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)

12. 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

13. Pivot Information:

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

E. Storage

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

YES NO

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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 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?

YES NO

H. Additional notes or comments related to the system:

Well is also used as domestic water supply. Pressure gauge is located in garage of residence. Pump and motor are inaccessible at time of inspection. Horsepower of motor determined by interview of previous landowner. Flowmeter is located in an upright corrugated metal culvert with access hatch located North of the well.

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SECTION 5 CONDITIONS

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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	4/30/2009		
BEGIN CONSTRUCTION (A)		2007	Well and flowmeter installed in 2007
COMPLETE CONSTRUCTION (B)		2008	Irrigation system functional by 2008
COMPLETE APPLICATION OF WATER (C)	4/30/2014	June 2011	According to water use reporting, beneficial use was made by June 2011.

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

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

3. Initial Water Level Measurements:

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

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 NO

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

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:

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:

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

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

For additional information regarding pump tests see:

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

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

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

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

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

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

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

6. Measurement Conditions:

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

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

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

b. Has a meter been installed? **YES NO**

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well#1	McCrometer	10-01756	Working	0.2286 af	2007

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? **YES NO**

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

b. Have the reports been submitted? **YES NO**

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

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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. Was a Well Identification Number (Well ID tag) assigned and attached

to the well?

WELL ID #	DATE ATTACHED TO WELL
L91046	Aug. 2007

YES **NO**
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- e. Other conditions? **YES** **NO**

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

Previous landowner complied with static water level reporting. Current landowner purchased property in 2013 and made an initial static water level upon purchase but was not aware that annual reporting levels to Water Resources was a requirement of the permit. Landowner has since been made aware of this requirement.

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Reported Water Use	Annual reported water use
Well Log	Well Log
Pump Calculation Sheet	OWRD Pump Calculation Worksheet

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.

Ties to well and risers done by RTK GPS. Section corner placed as per Union County GPS network coordinate. Place of use determined by aerial photo based on Oregon State Imagery Program dated 2017 and verified by field inspection.

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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

Water Use Report Based on Water Right



Permit: G 16482 *

NORTHWEST FARM CREDIT SERVICES FLCA 1700 S ASSEMBLY ST SPOKANE,
WA 99224

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Records per page: 10

[View All](#)

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Acre-feet (AF) of Water Used

Water Year	Report ID	Facility	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total Water Used	Irrigated Acres
2019	63815	A WELL (UNIO 51883/L-91046)							0.12	0.15	0.23	0.34	0.34	0.13	1.31	
2018	63815	A WELL (UNIO 51883/L-91046)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2017	63815	A WELL (UNIO 51883/L-91046)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.34	0.00	0.00	0.34	
2016	63815	A WELL (UNIO 51883/L-91046)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2015	63815	A WELL (UNIO 51883/L-91046)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.21	0.10	0.00	0.00	0.31	
2014	63815	A WELL (UNIO 51883/L-91046)							0.19						0.19	5.00
2013	63815	A WELL (UNIO 51883/L-91046)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.02	0.00	0.00	0.03	
2012	63815	A WELL (UNIO 51883/L-91046)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.02	0.00	0.00	0.00	0.03	
2011	63815	A WELL (UNIO 51883/L-91046)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.02	0.00	0.00	0.03	

*The water year is named for the calendar year in which it ends. Example: the 2018 water year begins Oct. 1, 2017 and ends Sep. 30, 2018.

- The Water Resources Department makes reasonable efforts to screen the data for quality control; however, the Department cannot accept responsibility for errors, omissions, or accuracy of the information. Notification of any errors is appreciated. Send notifications to wateruse@wrdd.state.or.us or call (503) 986-0905.
- Water use is reported by point of diversion (POD), rather than by water right.
- If a POD is shared with multiple water rights, it is not feasible to separate out the amount used under the water right being queried from water used by other rights using this same POD.
- Monthly amounts indicate:
 - For diverted rights, the total amount diverted during the month;
 - For storage rights, the amount generally stored in the reservoir/pond during the month, as represented by the volume of water impounded on approximately the same day each month.
- Water use amounts have all been converted to "acre-feet" (AF), regardless of the original measurement unit reported. One AF is the volume of water that will cover an acre of ground one foot deep = 325,850 gallons.
- Zeros indicate that a report was received stating that no water was used during those months; if a year is not listed, no report of water use was received for that year.

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OWRD

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 = 7
Efficiency = 7.04
Lift = 240
PSI = 62

Results Calculated

(hp)(efficiency) = 49.28
Head based on psi = 157.5
Total dynamic head = 397.5
(head + lift)

Pump Capacity = 0.12 feet per second

NOV 24 2020

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D. # L 91046START CARD # 193898

OWRD

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

(1) LAND OWNER Donna Well Number _____
Name MARK'S Beverage
Address PO Box 803
City Cona State OR Zip 97824

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction ☐ Yes ☒ No
Depth of Completed Well 443 ft.
Explosives used: ☐ Yes ☒ No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
10	6	25	Portland	0	25	17 sacks
6	25	443				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other Portland Cement
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to NONE Size of gravel _____

(6) CASING/LINER

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	12	440	250	☒	☐	☐	☐
Liner:		<u>NONE</u>		☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☐ None
Final location of shoe(s) 438' 6"

(7) PERFORATIONS/SCREENS

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian
Yield gal/min 80 to 100 Drawdown 442 Drill stem at 2 hrs
Temperature of water 59° Depth Artesian Flow Found _____
Was a water analysis done? ☐ Yes By whom _____
Did any strata contain water not suitable for intended use? ☐ Yes ☐ No little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____
Depth of strata: _____

(9) LOCATION OF WELL (legal description)

County Union
Tax Lot 3400 Lot _____
Township 23 N or S Range 40E E or W WM
Section 20 1/4 SE 1/4 SE 1/4
Lat _____ or _____ (degrees or decimal)
Long _____ or _____ (degrees or decimal)

Street Address of Well (or nearest address) 6392 Lower Cave Rd Cove or

(10) STATIC WATER LEVEL
68 ft. below land surface. Date 8-13-07
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

Depth at which water was first found 430

From	To	Estimated Flow Rate	SWL
430	435	80+	68

(12) WELL LOG

Material	From	To	SWL
Top Soil	0	8	
tan clay	8	20	
Brown Clay & Gravel	20	40	
Layers of Clay & Gravel	40	100	
Gravel Various Colors	100	140	
tan clay	140	185	
Gray Clay & Gravel	185	240	
Gray Clay	240	255	
Dark Gray Clay	255	420	
Gray Shale	420	430	
Black Sand w/ 1/8	430	435	68
Gray Shale	435	463	

Date Started 8-10-07 Completed 8-13-07

(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.

WWC Number 1737 Date 8-15-07

Signed Mark J. [Signature]

(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.

WWC Number 415 Date 8-15-07

Signed Roland V. [Signature]

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