

Checklist for Claims of Beneficial Use Received at CSG Counter

Application # <u>G-17007</u>	WRD Reviewer <u>Com M.</u>
Transfer #	
Date Received <u>3/18/2021</u>	
CWRE Name <u>Ben Beseda</u>	

Priority Date: 2/22/2008

Fees Required:

YES NO A fee of \$200 must accompany this form for permits with priority dates of July 9, 1987, or later.

YES NO A fee of \$200 must accompany this form for any transfers including a water right with a priority date of July 9, 1987, or later.

Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

Fill in App or Transfer Number

Map Review:

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

MONEY SLIP

DATE: _____ RECEIPT #: _____

RECEIVED FROM:	APPLICATION
	PERMIT
	TRANSFER

CASH CHECK # _____ OTHER (IDENTIFY) _____ TOTAL RECD \$ _____

COPIES OTHER (IDENTIFY) _____

0243 Interm Lease _____ 0244 Min Water Mgmt Plan _____ 0245 Cons Water _____

0243 TREASURY 4178 MISC CASH ACCT.

0407 MISCELLANEOUS COPY & TAPE FEES 4611 \$ _____

0410 RESEARCH FEES \$ _____

0408 MISC REVENUE (IDENTIFY) \$ _____

TC142 DEPOSIT LNS (IDENTIFY) \$ _____

0240 EXTENSION OF TIME \$ _____

WATER RIGHTS EXAM FEE RECORD FEE

0201 SURFACE WATER \$ _____ 0202 \$ _____

0203 GROUND WATER \$ _____ 0204 \$ _____

0205 TRANSFER \$ _____

WELL CONSTRUCTION EXAM FEE RECORD FEE

0218 WELL DRILL CONSTRUCTION \$ _____ 0219 \$ _____

LANDOWNER'S PERMIT \$ _____ 0220 \$ _____

OTHER (IDENTIFY) COBU \$ 3222.00

0487 TREASURY 0487 HYDROELECTRIC

0223 POWER LICENSE FEE (PWWRD) LIC NUMBER \$ _____

0221 HYDRO LICENSE FEE (PWWRD) \$ _____

HYDRO APPLICATION \$ _____

SPECIAL INSTRUCTIONS:

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)

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

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 # G-17007	PERMIT # (IF APPLICABLE) G-16500	PERMIT AMENDMENT # (IF APPLICABLE) T-
---------------------------------	--	---

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Dog River Orchards, LLC		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS PO Box 445			
CITY Hood River	STATE OR	ZIP 97041	E-MAIL gorhamblaine@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 Dog River Orchards, LLC			
ADDRESS PO Box			
CITY Hood River	STATE OR	ZIP 97041	
PERMIT HOLDER OF RECORD Northwest Farm Credit Services FLCA			
ADDRESS 3591 Klindt Drive, Suite 110			
CITY The Dalles	STATE OR	ZIP 97058	

4. Date of Site Inspection:

2/3/2021

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Gorham Blaine of Dog River Orchards, LLC operator of orchard	2/3/2021 and Numerous other discussions	Principle of Dog River Orchards, LLC and operator of orchard

6. County:

Hood River

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)):

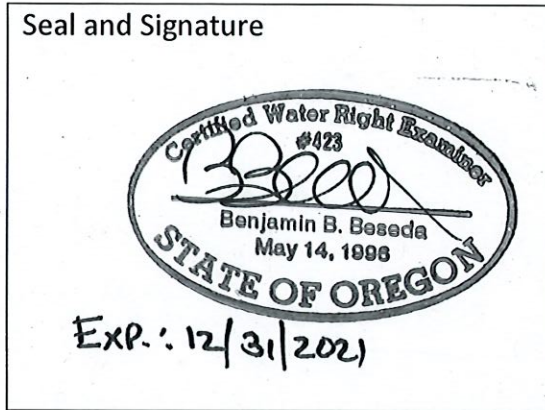
OWNER OF RECORD			
ADDRESS			
CITY	STATE	ZIP	

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 Ben Beseda		541-296-9177	ADDITIONAL CONTACT No.	
ADDRESS 3775 Crates Way				
CITY The Dalles	STATE OR	ZIP 97058	E-MAIL	

Permit Holder of Record Signature or Acknowledgement

Each permit holder of record must sign this form in the space provided below.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	Josie J. Miles	operations manager NWFCs	03/11/2021
	Gorham Blaine	Member, Dog River Orchards LLC	3/11/21

**SECTION 3
CLAIM DESCRIPTION**

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1. Point of appropriation name or number:

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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	HOOD 50805	96340

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	Neal Creek Basin	Hood 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 1	Irrigation*	Apple and Pears	March 1 to October 31	1.08 cfs (484 gpm)
	Irrigation**	Apple and Pears	March 1 to April 14 and October 1 to October 31	1.08 cfs (484 gpm)
	Supplemental Irrigation	Apple and Pears	April 15 to September 30	1.08 cfs (484 gpm)
Total Quantity of Water Used				1.08 cfs (484 gpm)

Irrigation* = Irrigation of 25 acres

Irrigation ** = Irrigation of 88.4 acres

Supplemental Irrigation = Supplemental Irrigation of 88.4 acres

4. Provide a general narrative description of the distribution works. This description must trace the water system from each point of appropriation to the place of use:

The well pumps due west to control structure that ties into the existing EFID delivery system. At his point Dog River Orchards has a number of valves so that water from East Fork Irrigation District and the well is controlled. From this point the well water and EFID water are kept isolated from each other. This isolation is mainly because the system pressure from the EFID water would tell the VFD on the well to cut back because the pressure in the system is alright. Any block of land can be irrigated from either the well or EFID water depending on how the valves are set. Buried delivery system with irrigation down every tree row.

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, permit amendment final order, or extension final order? If yes, describe below.

YES NO

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

The outside boundaries of the land have changed some. Also a few less new acres are being irrigated over what was filed on (22.5 versus 25 acres requested).

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	0.31 cfs (139 gpm)	1.08 cfs (484 gpm)		Irrigation*	25	22.5
Well 1	0.78 cfs (350 gpm)	1.08 cfs (484 gpm)		Irrigation**	88.4	88.4
Well 1	0.78 cfs (350 gpm)	1.08 cfs (484 gpm)		Supplemental Irrigation	88.4	88.4

Irrigation* = Irrigation of 22.5 acres from March 1 to October 31

Irrigation ** = Irrigation of 88.4 acres from March 1 to April 14 and October 1 to October 31

Supplemental Irrigation = Supplemental Irrigation of 88.4 acres from April 15 to September 30

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The well pumps due to Dog River Orchard's he controlled. From this irigation is mainly be cut back because the well or EFID water de every time...

**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple POAs? YES NO

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):

Well 1

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A. Place of Use

1. Is the right for municipal use? YES NO

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
1N	10E	W	1	NE of NE	1		Irrigation	3.0	5.65
				NW of NE	2		Irrigation	0.8	25.5
				SW of NE			Irrigation	8.4	24.55
				SE of NE			Irrigation	5.0	27.1
				NE of NW	3		Irrigation	3.6	4.2
1N	11E	W	6	SW of NW	5		Irrigation	1.7	1.4
Total Acres Irrigated								22.5	88.4

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

YES NO

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

Access through box where electrical enters casing for pump. This is on West side of casing. Remove cover with screw driver to expose hole in casing for access.

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
See Well	Report	HOOD	50805			

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)?

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

YES NO

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
(Well) Berkeley	7T60-450	6"	Submersible		6"
(Booster) Berkeley	B32PL-30	3"	Centrifugal	4"	3"

3. Motor Information:

MANUFACTURER	HORSEPOWER
(Well) Franklin	60
(Booster) Berkeley	30

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)
90	40	290' cfs (500 gpm)	-40' (Low Elevation)	1.34 cfs (600 gpm) *
90	40	290' cfs (484 gpm)	160' (High Elevation)	1.08 cfs (484 gpm)

*The pumping system can pump 800 to 900 gpm to the low elevation portion of the orchard. However, the system is to operate at a maximum of about 600 gpm by use of the variable speed control.

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5. Provide pump calculations:

Static water level reading 240 to 250 feet below land surface

Low Elevation pump calculation

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 = 90

Efficiency = 6.61

Lift = 250

PSI = 40

Results Calculated

(hp)(efficiency) = 594.9

Head based on psi = 101.6

Total dynamic head = 351.6

(head + lift)

Pump Capacity = 1.69 cubic feet per second

759 in gpm

High Elevation pump calculation

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

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Data Entry (fill in underlined blanks)

HP = 90
 Efficiency = 6.61
 Lift = 450
 PSI = 40

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Results Calculated

(hp)(efficiency) = 594.9
 Head based on psi = 101.6
 Total dynamic head = 551.6
 (head + lift)

Pump Capacity = 1.08 cubic feet per second
 484 in gpm

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)

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

7. Is the distribution system piped? NO 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"	2900'	PVC	Buried
4"	2000'	PVC	Buried
3"	3400'	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3/4"	369,075' (3328' per acre times acreage)	Polypipe	Above

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
R-5 or R-10	40	½ gpm	17,744 (160 per acre times acreage)	Low elevation: maximum of 7.5 acres or 1200 sprinklers	600 gpm
				High elevation: maximum of 6 acres or 960 sprinklers	480 gpm

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)
NA					

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
NA					

13. Pivot Information:

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

E. Storage

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

YES NO

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

YES NO

H. Additional notes or comments related to the system:

The irrigation system has a number of designs. The tree row spacings are 12' to 14'. The sprinkler spacing can be 15' to 20' in a row and there are on a diamond layout. There are between 1/2 to 2 acres per valve. All of this depends on when the orchard was planted, the crop and variety, and current irrigation technology. For the purposes of the COBU we used a tree row spacing of 13' and a sprinkler spacing of 20' in the tree row. This calculates to, on average, 16 tree rows per acre and 10 sprinklers per tree row or 160 sprinklers per acre.

On the low elevation side of the orchard, the system is capable of discharging 1.78 to 2.00 cfs (800 to 900 gpm) which could irrigate about 10+ acres at one time. However, the normal irrigation practice is to restrict the system to about 1.34 cfs (600 gpm) which will irrigate about 7.5 acres at one time.

On the high elevation side of the orchard, the system can irrigate about 6 acres at one time. This would be about 960 sprinklers or 1.07 cfs (480 gpm).

The irrigation system is designed to deliver East Fork Irrigation District water also.

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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	5/21/2009		
BEGIN CONSTRUCTION (A)			
COMPLETE CONSTRUCTION (B)	5/21/2014	5/23/2012 2/2014 2009 to 2013	Well construction completed Well connected to existing irrigation system that uses East Fork Irrigation District water. New 25 acres cleared. For new land planted and irrigation system added as trees were planted. Initially irrigated from EFID water under temporary district transfer.
COMPLETE APPLICATION OF WATER (C)	5/21/2014	Prior to April 14, 2014 Prior to May 21, 2014	Existing EFID land, well water used for Irrigation and available for supplemental irrigation New Orchard (25 acres) irrigated.

* 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

4. Annual Static Water Level Measurements:

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

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

March

c. Were the static water level measurements taken in the month(s) required? **YES** NO

d. If "YES", were those measurements submitted to the Department? **YES** NO

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

5. Pump Test:

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>

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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

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	McCrometer	14-00926-06	Working	143098 Acre-feet X0.001	2/2014

7. Recording and reporting conditions:

- a. Is the water user required to report the water use to the Department? YES NO
- b. Have the reports been submitted? YES NO

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

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

- a. Were there special well construction standards? YES NO
- b. Was submittal of a ground water monitoring plan required? YES NO
- c. Was submittal of a water management and conservation plan required? YES NO
- d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? YES NO

WELL ID #	DATE ATTACHED TO WELL
96430	5/23/2012

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- e. Other conditions? YES NO

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

Well shall be cased and sealed to allow ground water from a single basalt Aquifer. – No notification from OWRD Enforcement that there is a problem with the well construction.

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Map	
Well Report	HOOD 50805

SECTION 7

CLAIM OF BENEFICIAL USE MAP

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

Land was mapped using aerial photography, Hood River County Assessor map, BLM PLS plats. The boundary of the irrigated land was traced from aerial photography. PLS lines were identified on the photo from Assessor map and BLM PLS plats.

Map Checklist

Please be sure that the map you submit includes ALL the items listed below.
(Reminder: Incomplete maps and/or claims may be returned.)

- Map on polyester film
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Source illustrated if surface water
- Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature

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Map
Well Report

MAR 18 2012

HOOD 50805

DRAFT

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

OWRD WELL LABEL # L 96340 START CARD # 1016435

(1) LAND OWNER Owner Well I.D. Neal creek #1 First Name Gorham Last Name Blaine Company Dog River Orchards Address PO Box 446 City Parkdale State Or Zip 97041

(2) TYPE OF WORK [X] New Well [] Deepening [] Conversion [] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD [X] Rotary Air [X] 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 387.5 ft.

Table with columns: Dia, From, To, Material, SEAL From, To, Amt, sacks/lbs. Row 1: 16, 0, 320, Cement, 0, 320, 270, S. Row 2: 10, 320, 392.

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

(6) CASING/LINER Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Row 1: 10, 2, 320, .250, [X], [X]. Row 2: 8, 307, 347, .250, [X], [X].

(7) PERFORATIONS/SCREENS Perforations Method Torch Screens Type Material

Table with columns: Perf/S, Casing/Screen, Dia, From, To, Sem/slot width, Slot length, # of slots, Tele/pipe size. Row 1: 8, 347, 387, .5, 12, 102, 8.

(8) WELL TESTS: Minimum testing time is 1 hour [] Pump [] Bailer [X] Air [] Flowing Artesian Yield gal/min 500 Drawdown 380 Duration (hr) 1

Table with columns: From, To, Description, Amount, Units. Row 1: 54, Lab analysis, Yes, By.

(9) LOCATION OF WELL (legal description) County HOOD RIV Twp 1 N N/S Range 10 E E/W WM Sec 1 NW 1/4 of the NE 1/4 Tax Lot 301 Tax Map Number Lot Lat 45° 36' 12.00" or 45.60333333 DMS or DD Long -121° 30' 41.00" or -121.51138889 DMS or DD Street address of well Nearest address 4110 Sherrard ST. Hood River Or. 97031

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) Existing Well / Predoeping Completed Well 05-23-2012 [X] 243 Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 345 Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Row 1: 05-22-2012, 345, 392, 500, [X], 243.

(11) WELL LOG Ground Elevation 1,088 Table with columns: Material, From, To. Rows include Fill, Topsoil, Red sticky clay, Red sandstone, Grey sandstone w/ Brown clay and white claystone seams (H), Brown and red sandy clay, Brkn brown rock w/ clay and sandstone (S), Brkn brown rock (M), Brkn brown rock w/ clay (S), Grey and brown rock (M-H), Brkn brown and grey rock mostly hard w/ medium to soft layers, Brown claystone and brown fine sandstone, Black and brown badly broken rock soft to med.

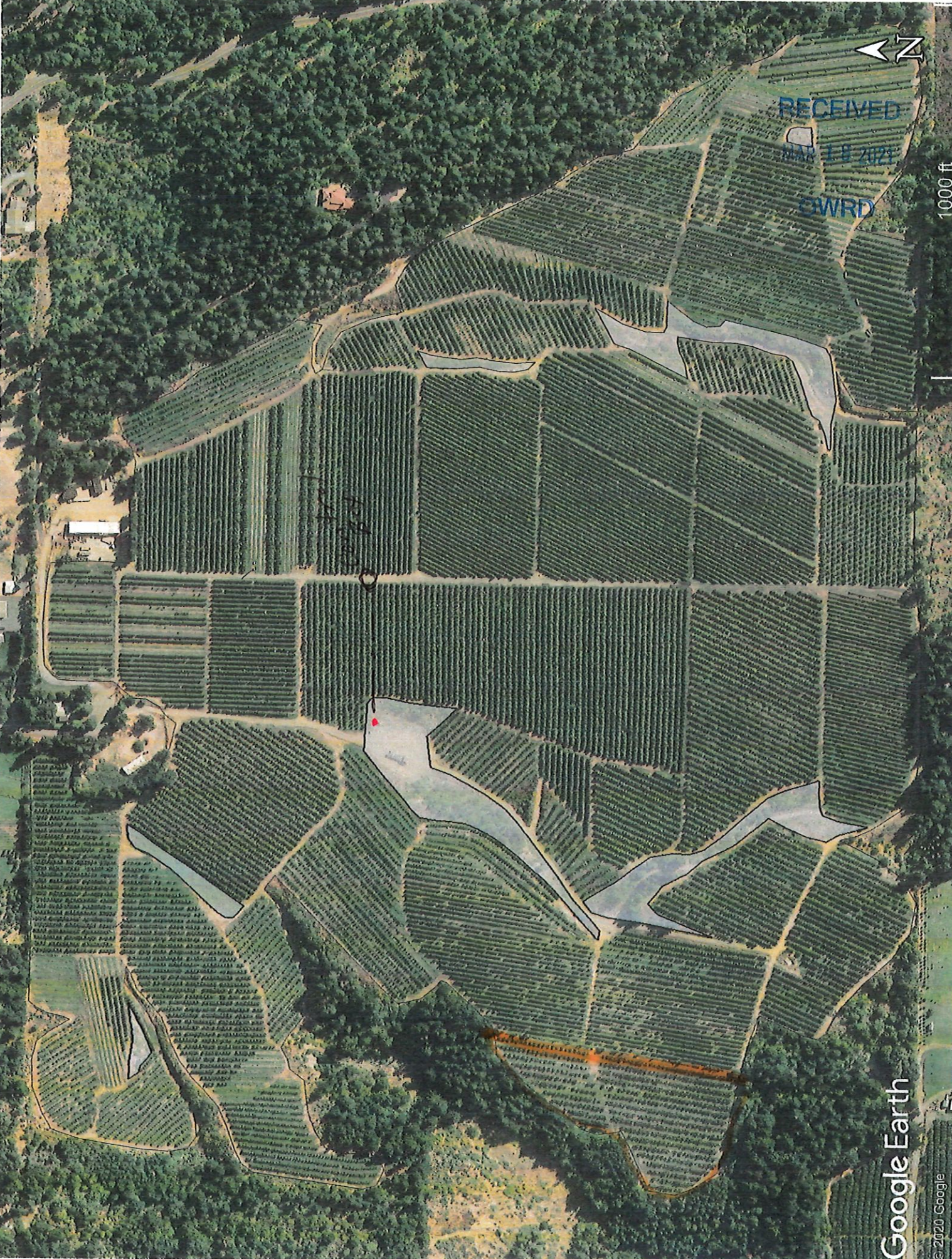
Date Started 05-14-2012 Completed 05-23-2012

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

License Number Date JUN 11 2012 Password: (if filing electronically) Signed WATER RESOURCES DEPT

(bonded) Water Well Constructor Certification SALEM, OREGON 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 1934 Date 06-06-2012 Password: (if filing electronically) Signed Contact Info (optional)



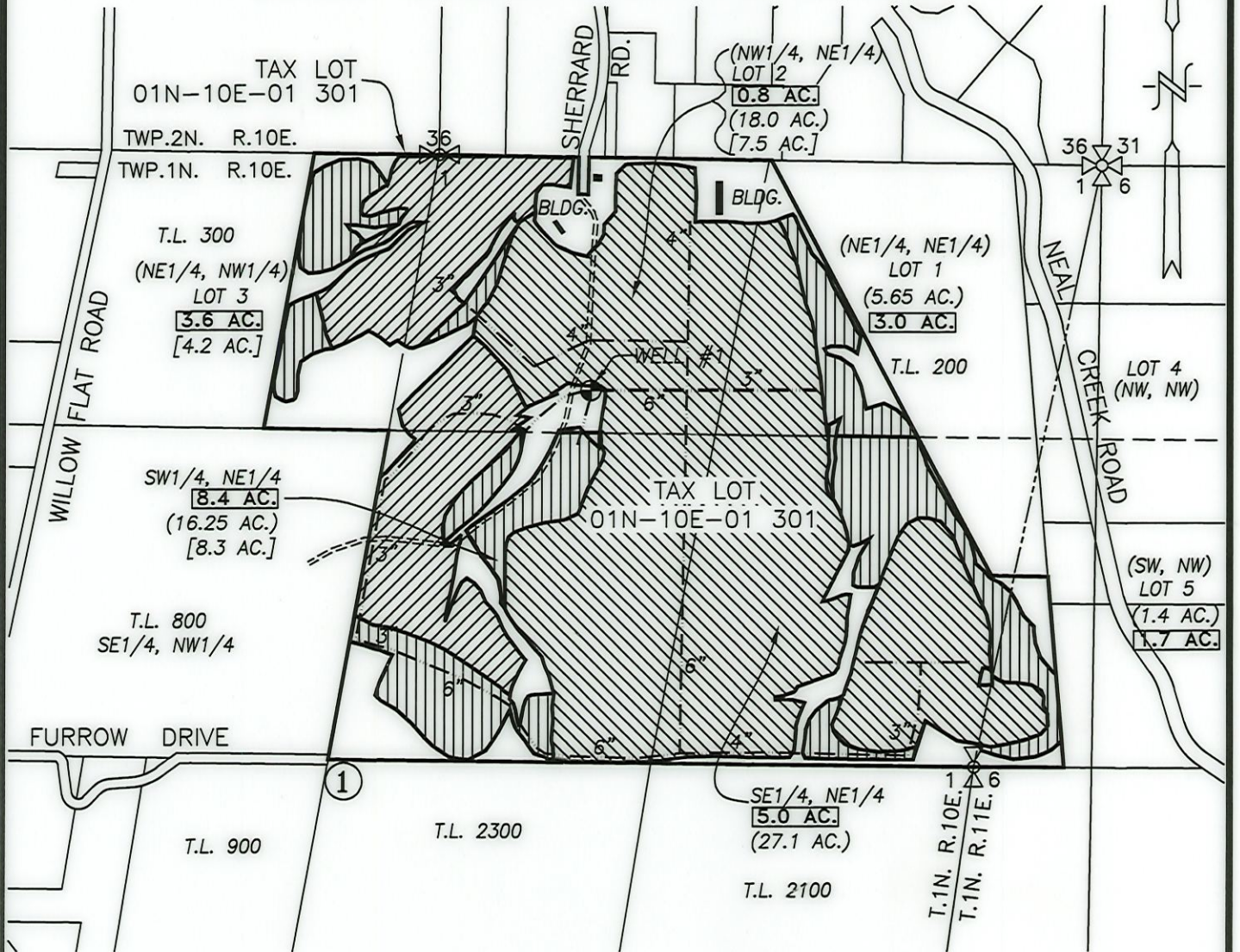
RECEIVED
MAY 18 2021
CWRD

1000 ft





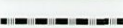

Google Earth

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SECTION 1, TWP.1 N. RANGE 10 E. AND
SECTION 6, TWP.1 N. RANGE 11 E. W.M.
HOOD RIVER COUNTY, OREGON



LEGEND :

-  WELL & METER (HOOD 50805): 925' S. & 605' E. OF N1/4 COR. SEC. 1
-  NEW PRIMARY APPLICATION AREA = **22.5 AC.**
-  SUPPLEMENTARY AREA (1895) = (68.4 AC.)
-  SUPPLEMENTARY AREA (1977) = [20.0 AC.]
-  IRRIGATION MAIN
-  STREAM WITH DIRECTIONAL FLOW

RECEIVED
MAR 18 2021
OWRD

CLAIM OF BENEFICIAL USE MAP

SCALE: 1" = 660'



APPLICATION No. G-17007

PERMIT No. G-16500

IN THE NAME OF:

DOG RIVER ORCHARDS, LLC
NORTHWEST FARM CREDIT SERVICES FLCA

DATE: MARCH 1, 2021

BY: **TENNESON ENGINEERING CORP.**
3775 CRATES WAY
THE DALLES, OREGON. 97058
PH. 541-296-9177
FAX 541-296-6657



EXPIRES: 12/31/2021

NOTE:

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

W.O. #15896wr

COBU MAP # 1286