

Checklist for Claims of Beneficial Use Received at CSG Counter

Application # <u>G-17030</u>	WRD Reviewer <u>CM.</u>
Transfer #	
Date Received <u>3/29/2024</u>	
CWRE Name <u>Ronald McKinnis</u>	

Priority Date: 4/1/2008
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))

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 PERMIT TRANSFER
CASH CHECK #	OTHER (IDENTIFY)
<input type="checkbox"/>	<input type="checkbox"/>
TOTAL RECD: \$	
1083 TREASURY 4178 MISC CASH ACCT.	
0407 COPIES	\$
OTHER (IDENTIFY)	\$
0243 Instream Lease	0244 Mun Water Mgmt Plan
0245 Cons Water	
1083 TREASURY 4270 WRD OPERATING ACCT.	
MISCELLANEOUS	
0407 COPY & TAPE FEES	\$ 4611
0410 RESEARCH FEES	\$
0408 MISC REVENUE (IDENTIFY)	\$
TC142 DEPOSIT LIAB. (IDENTIFY)	\$
0242 EXTENSION OF TIME	\$
WATER RIGHTS	
0201 SURFACE WATER	EXAM FEE RECORD FEE
0203 GROUND WATER	\$ 0022 \$
0205 TRANSFER	\$ 0024 \$
WELL DRILL CONSTRUCTION	
0218 LANDOWNER'S FEASNT	EXAM FEE RECORD FEE
OTHER (IDENTIFY)	\$ 0219 \$
	\$ 0220 \$
	\$ 3222.00
0407 TREASURY 0487 HYDROLECTRIC	
0233 POWER LICENSE FEE (PWWRD)	LIC NUMBER \$
0231 HYDRO LICENSE FEE (PWWRD)	\$
HYDRO APPLICATION \$	
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

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.

SECTION 1 GENERAL INFORMATION

1. File Information:

APPLICATION # G-17030	PERMIT # (IF APPLICABLE) G-16502	PERMIT AMENDMENT # (IF APPLICABLE)
---------------------------------	--	------------------------------------

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME VIRGINIA BLADE		PHONE No. 541-571-5663	ADDITIONAL CONTACT No.	
ADDRESS 2340 HIDEAWAY LANE TAX LOT 101 OF MAP 4N 28E 01A				
CITY HERMISTON	STATE OREGON	ZIP 97838	E-MAIL N/A	

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 SAME AS ABOVE		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

07-05-2019

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
VIRGINIA BLADE	07-05-2019	OWNER

6. County:

UMATILLA

7. If any property described in the place of use of the permit is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):

OWNER OF RECORD N/A		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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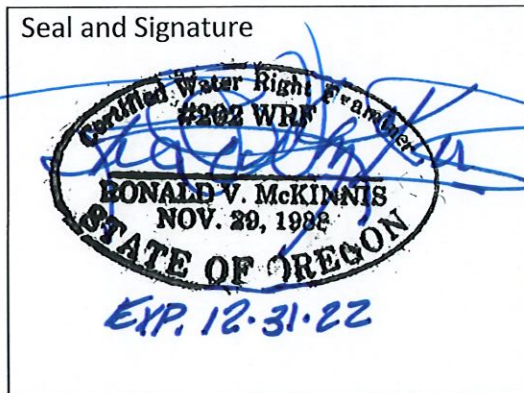
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**SECTION 2
SIGNATURES**

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

Permit Holder of Record Signature or Acknowledgement

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

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

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
<i>Virginia Blade</i>	<i>Virginia Blade</i>	<i>OWNER</i>	<i>3/25/2021</i>

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	UMAT 1702	L 115519

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	UMATILLA RIVER BASIN	COLUMBIA RIVER

3. Developed use(s), period of use, and rate for each use:

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
WELL	IRRIGATION	LAWN,GARDEN	MAR 1 – Oct 31	21.55 GPM
		PASTURE		
Total Quantity of Water Used				21.55 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:

**ONE WELL (WITH 1 1/2" MAINLINE THAT SERVICES THE TOTAL OF TAX LOT 101)
1" PVC LATERALS (9 TOTAL) W/ AVERAGE OF 7 SPRINKLERS/ LATERAL**

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

(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.")

**BARE GROUND DEVELOPED INTO A RESIDENTIAL LOT.
LOT ACREAGE = 2.19, DEVELOPED ACREAGE FOR BENEFICIAL USE = 2.0 = 0.025 CFS = 11.2 GPM**

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
WELL	0.027 CFS	0.05 CFS	0.048 CFS	IRRIGATION	Up to 2.19	2.0
DEVELOPED	0.025 CFS					

SECTION 4
SYSTEM DESCRIPTION

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Are there multiple POAs?
ON THIS PROPERTY

NO

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

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

WELL

A. Place of Use

1. Is the right for municipal use?

NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
4N	28E	WM	1	NE NE			Irrigation	2.0	0.0
Total Acres Irrigated								2.0	0.0

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

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

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

3/4" ACCESS PORT

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
WELL LOG						
UMAT 1702						

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)?

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

D. Diversion and Delivery System Information

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

1. Is a pump used? YES

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Unknown	Unknown	Unknown	SUBMERSIBLE	Unknown	1.25"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Unknown	1.0 (Based on the Pump Controller)
	No Other Information Was Available

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)
1.0	45	37 FEET	N/A	0.05

5. Provide pump calculations:

Static @ 37' Pump Set At 101' (by Tag) With Total Well Depth Listed as 77 Feet on Well Log
 $37' + 45 \times 2.31 = 141 \text{ TDH}$ $1 \text{ HP} \times 0.8 = 0.8 \text{ HP}$
 $0.8 \times 3960 / 141 = 22.5 \text{ GPM} = 0.05 \text{ CFS}$

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
152856 X 100	152861 X 100	23.2 MINUTES	21.55 GPM = 0.048 CFS

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

7. Is the distribution system piped? YES

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
1.5"		PVC	BURIED

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
1.5' - 1"	VARIOUS	PVC	BURIED

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Rainbird Impacts	44-47 PSI	3.3 Ave.	63	7	23.1 GPM
		1/8-9/64 Nozzels			

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)
N/A					

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
N/A					

13. Pivot Information: (BIG GUNS)

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

E. Storage

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

NO

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

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

NO

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

G. Gravity Flow Canal or Ditch

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

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

NO

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

H. Additional notes or comments related to the system:

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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	04-21-2009		
BEGIN CONSTRUCTION (A)		5-26-1999	DRILL WELL (Replaced 6-03-2003)
COMPLETE CONSTRUCTION (B)	5-21-2014	5-21-2014	
COMPLETE APPLICATION OF WATER (C)	5-21-2014	5-21-2014	COBU INSPECTION 7-05-2019

* 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.

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

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If "NO", item 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

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.

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

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

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

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

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

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

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

b. Has a meter been installed? YES

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
WELL	DLJ Meter	Unknown	WORKING	152857.00 x100	UNKNOWN

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

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

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

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WELL ID #	DATE ATTACHED TO WELL
L 115519	7-14-2014

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):

SECTION 6 ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
UMAT-1702	WELL LOG FOR WELL
MAP	COBU MAP FOR PERMIT G-16502

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.



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for Well ID Number

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Tag

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JUL 14 2014

SALEM, OR

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Virginia M. Blade
Mailing Address: 2340 NE Hideaway Ln
City, State, Zip: Hermiston OR 97838
Mail Well ID Tag to: [X] SAME AS ABOVE [] In Care Of (C/O)
Name & Address:
City, State, Zip:

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 4 (North/South) Range: 28 (East/West) Section: 1
Tax Lot: 101 County: Umatilla 1/4 1/4
GPS Coordinates: ?
Street Address of Well, City: 2340 NE Hideaway Ln Hermiston OR 97838
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible)

Use of Well [domestic, irrigation] commercial, industrial, monitoring: domestic & irrigation
Date Well Constructed (or property built): 12/17/1968 Total Well Depth: 77' Casing Diameter: 6"
Owner at time the well was constructed (if known): E.G. Skultety Sr.
Other Information: UMAT 1702

SUBMITTED BY (please print): Virginia M. Blade
PHONE: 541-571-5063 EMAIL &/or FAX:

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date: 7-14-14 Well Log Number: UMAT 1702 Well Identification #: L-115519

NOTICE TO WATER WELL CONTRACTOR

The original and first copy of this report are to be filed with the

UMAT 1702

WATER WELL REPORT

STATE ENGINEER, SALEM, OREGON within 30 days from the date of well completion.

RECEIVED DEC 17 1968 STATE ENGINEER SALEM, OREGON

STATE OF OREGON (Please type or print) not write above this line

UMAT 1702

State Well No. 4N/28-1 State Permit No.

(1) OWNER:

Name E. G. Skultety, Sr. Address P.O. Box 1066 Hermiston Oregon 97838

(2) TYPE OF WORK (check):

New Well [X] Deepening [] Reconditioning [] Abandon []

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary [X] Driven [] Cable [] Jetted [] Dug [] Bored []

(4) PROPOSED USE (check):

Domestic [X] Industrial [] Municipal [] Irrigation [] Test Well [] Other []

CASING INSTALLED:

6" Diam. from 0 ft. to 70 ft. Gage # 250

PERFORATIONS:

Perforated? [] Yes [X] No Type of perforator used Size of perforations in. by in.

(7) SCREENS:

Well screen installed? [] Yes [X] No Manufacturer's Name Type Model No. Diam. Slot size Set from ft. to ft.

(8) WATER LEVEL: Completed well.

Static level 37 ft. below land surface Date 12-14-68 Artesian pressure lbs. per square inch Date

(9) WELL TESTS:

Drawdown is amount water level is lowered below static level Was a pump test made? [] Yes [] No Yield: gal./min. with ft. drawdown after hrs.

(10) CONSTRUCTION:

Well seal—Material used Cement Depth of seal 20 ft. Diameter of well bore to bottom of seal 8 in. Were any loose strata cemented off? [] Yes [X] No

(11) LOCATION OF WELL:

County Umatilla Driller's well number 1/4 1/4 Section 1 T. 4N R. 28 E. W.M. Bearing and distance from section or subdivision corner

(12) WELL LOG:

Diameter of well below casing 6" Depth drilled 77 ft. Depth of completed well 77 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation.

Table with columns: MATERIAL, From, To, SWL. Rows include Topsoil, Sand, Gravel, Rock, med-black.

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Work started 12-13 1968 Completed 12-14 1968 Date well drilling machine moved off of well 12-14 1968

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief. [Signed] Troy Griffin Date 12-14, 1968

Drilling Machine Operator's License No.

Water Well Contractor's Certification:

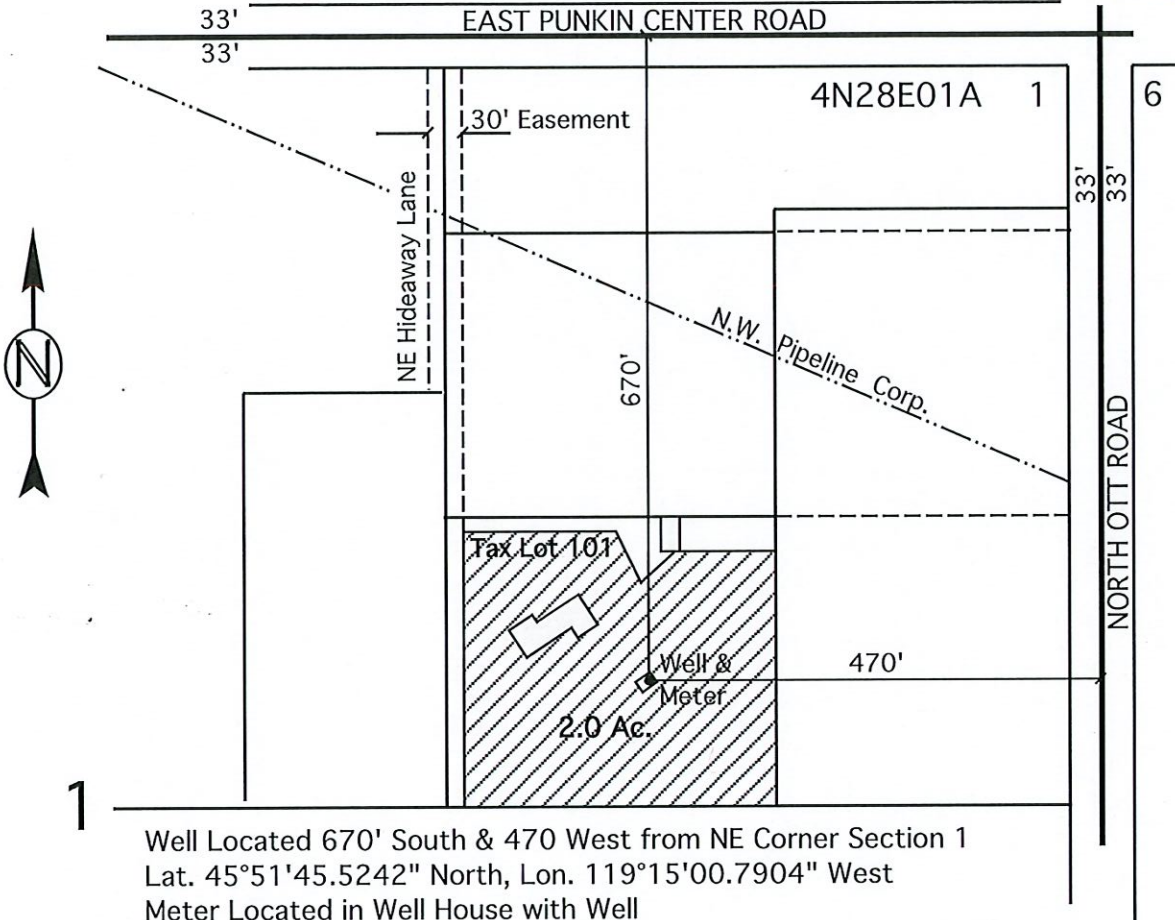
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. NAME TROY GRIFFIN (Person, firm or corporation) (Type or print) Address 925 HERMISTON AVE, HERMISTON ORE. [Signed] Troy Griffin (Water Well Contractor) Contractor's License No. Date 12-14, 1968.

Township 4 North, Range 28 East, W.M.
 NE 1/4 NE 1/4 of Section 1
 Umatilla County, Oregon
 Scale 1" = 200'

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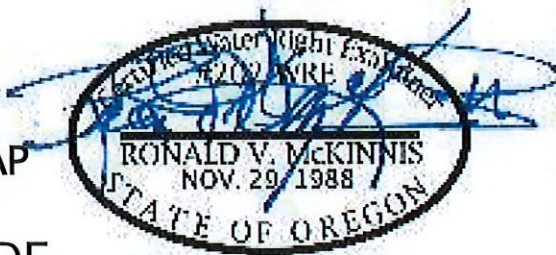
1

Well Located 670' South & 470' West from NE Corner Section 1
 Lat. 45°51'45.5242" North, Lon. 119°15'00.7904" West
 Meter Located in Well House with Well

 Irrigation From Permit G-16502
 Found At This Location

This Map is for the purpose
 of identifying the location of
 Water Rights only and is not
 intended to provide the legal
 dimensions or locations of
 property ownership lines.

FINAL PROOF MAP
 In Name Of
VIRGINIA BLADE
 SCALE 1" = 200 Ft.



Expires 12-31-2022

ENGINEERING - LAND SURVEYING - WATER RIGHTS
R. V. MCKINNIS ENGINEERING
 79980 Prindle Loop Road
 Hermiston, Oregon 97838
 (541) -567-2017
