Checklist for Claims of Beneficial Use Received at CSG Counter

Application # G-16577	WRD Reviewer CM
Transfer #	
Date Received 4/19/2021	
CWRE Name Jeffrey Hsu	

COBU MAP 1284 * Address change & update * partial *

Priority Date: 11/7/2017

Fees Required:

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

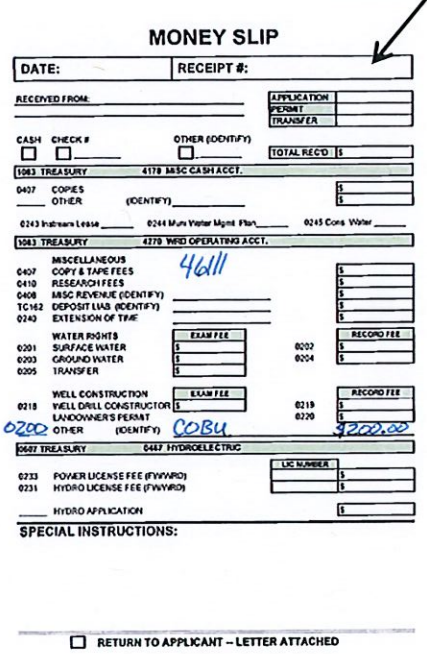
YES NO A fee of $200 must accompany this form for any transfers including a water right with a priority date of July 9, 1987, or later.

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:

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

1063 TREASURY 4170 MISC CASH ACCT.

0407 COPIES $
OTHER (IDENTIFY)

0243 Instream Lease 0244 Multi Water Mgmt. Plan 0245 Conj. Water

1063 TREASURY 4270 WRD OPERATING ACCT.

MISCELLANEOUS 4611
0407 COPY & TAPE FEES
0410 RESEARCH FEES
0408 MISC REVENUE (IDENTIFY)
TC162 DEPOSIT LIAB. (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 CONSTRUCTOR 0219
LANDOWNER'S PERMIT 0220
0200 OTHER (IDENTIFY) COBU $200.00

0487 TREASURY 0487 HYDROELECTRIC

LIC NUMBER
0233 POWER LICENSE FEE (FYWWRD)
0231 HYDRO LICENSE FEE (FYWWRD)
HYDRO APPLICATION

SPECIAL INSTRUCTIONS:

☐ RETURN TO APPLICANT – LETTER ATTACHED

Report Review:

- Y On form provided by the Department (OAR 690-014-0100(1))
- X Application & permit #; or transfer # (OAR 690-014)
- X Ownership information (OAR 690-014)
- X Date of survey (OAR 690-014)
- X Person interviewed (OAR 690-014)
- X County (OAR 690-014)
- Y CWRE stamp and signature (OAR 690-014-0100)
- X Signature(s) of all permittee of transfer holder (OAR 690-014-0100)

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
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-18577	G-18469	T-

2. **Property Owner (current owner information):**

Applicant/Business Name	Phone No.	Additional Contact No.
R. D. MAC INC.	**541-963-8601**	

Address			
P.O. BOX 1086			
City	State	Zip	E-Mail
LA GRANDE	**OREGON**	**97850**	

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		
R. D. MAC INC.		
Address		
P.O. BOX 1086		
City	State	Zip
LA GRANDE	**OREGON**	**97850**

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Additional Permit Holder of Record		
Address		
City	State	Zip

4. **Date of Site Inspection:**

9/14/2020

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

Name	Date	Association with the Project
JAY COLLMAN, President	**9/14/2020**	**President of R. D. Mac**

6. **County:**

UNION COUNTY

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		
DEER BUTTE LLC 80% HENRY F. BISHOP ETAL R.D. MAC INC 20% ATTN: R.D. MAC INC.		
Address		
P.O. BOX 1086		
City	State	Zip
LA GRANDE	**ORE.**	**97850**

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

Renews: June 30, 2021

CWRE NAME		PHONE NO.	ADDITIONAL CONTACT NO.
Jeff Hsu		**541-963-6092**	
ADDRESS **2006 Adams Avenue**			
CITY **La Grande**	STATE **OREGON**	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
	Jay Collman	**President**	4/5/21
Henry F Bishop	**HENRY F. BISHOP**	**DEER BUTTE LLC**	4.11.21

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 # 1	**Unio 50216**	**L-11111**
Well # 2	**Unio 50715**	**L-16197**

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

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	**Industrial Manufacturing**		**Jan. 1 Through Dec. 31 per Calendar Yr.**	**2.23 cfs**
Well #2	**Industrial Manufacturing**		**Jan 1 through Dec. 31 per calendar yr.**	
Total Quantity of Water Used				**2.23 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:

Well # 1 furnishes the water for the washing of the aggregate in the crushing stage. The water is for the spray washing and separation of sand and gravel as it passes over shaker screens. Other uses include the cleaning and classification of sand products. Water is pumped and piped to the preliminary screening units, where there are three levels of screens. The top screen has 6 bars of 10 nozzles each washing the rock. Level two screens have four bars of 10 nozzles washing the next size rock. Level three has four bas of 0 nozzles washing rock for a total of 140 nozzles. The nozzles are brass 50/50 nozzle size.
Approximately 20% of the water then travels with the gravel to the sizing screens. The rest of the wash water then is trapped and pumped through 8" pipes into the settling ponds all on R. D. Mac property. Only about 10% of the water is consumed primarily through evaporation and retention in the sand during the process. Other requirements for the water are for plant cleanup, dust control. There is a 2" open valve in the sand screw to help collect sand and send it to a bin, there is a second 2" open valve to separate waste material from the good sand.
Water is used during the construction season always when weather is well above freezing. Only a limited amount of crushing is done during the winter months. Well # 2 is used to mix concrete aggregate for a ready-mix operation most intensely during the construction months, and a lesser degree during the winter months. Water is fed directly into the ready-mix trucks to create concrete mixes as needed for various contracts. This well is also used for domestic use for the operation office.

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. **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
Well #1	**2.23 CFS total for both wells**	**3.39 cfs**	**2.05 cfs**	**Industrial Rock Crusher**	**104 Ac Ft Per year**	**104 ac. ft per year**
Well # 2	**2.23 cfs total for both wells**		**0.18 cfs 81 gpm**	**Industrial Redi-Mix Concrete**		

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 # 1

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
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

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:

2" galvanized pipe on South side of the casing

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 UNIO 50216 Attached						

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.

Well Logs attached to COBU

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C. Groundwater Source Information (Sump)

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

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

2. If the appropriation involves a SUMP, provide the following information for each SUMP:

LENGTH	WIDTH	AVERAGE DIAMETER	MAXIMUM DEPTH	SURFACE AREA (IN ACRES)	VOLUME IN CUBIC FEET OR ACRE FEET

3. If the sump is curbed constructed with watertight surface curbing, describe the curbing:

CURBING MATERIAL (CONCRETE, CONCRETE TILES, OR STEEL)	IF CONCRETE, PROVIDE THE THICKNESS OF THE WALL

4. Provide sump volume calculations:

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
American Turbine	unknown	Usa 94856	Turbine	8"	8"

3. Motor Information:

MANUFACTURER	HORSEPOWER
US Motor	100 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)
100	60 psi	50 ft	+5.0	3.39 cfs

5. Provide pump calculations:

(100) x (7.04) = 404 = 3.39 cfs
(5)+80+152.4 207.4

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)
2.2 cfs	2.2 CFS	instantaneous	2.2 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
8"		Steel	buried

9. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
None			

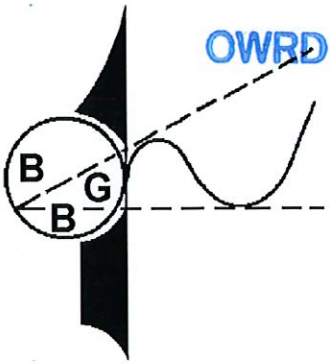
10. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (CFS)
50/50	60psi	1000 gpm	140	140	2.23 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)
NONE					



BAGETT - GRIFFITH & BLACKMAN
PROFESSIONAL LAND SURVEYORS

2006 Adams Avenue LaGrande, Oregon 97850
Phone (541) 963-6092 Fax (541) 963-7322

Oregon Water Resources
715 Summer Street NE, Suite A
Salem, Oregon 97301-1266

RE: RD MAC Inc Section 4 for Well #2

To Whom it may concern, This letter is intended to send a missing portion of COBU for G-18469 which was accidently left off of the Claim Of Beneficial Use form. Enclosed is the missing portion of Section 4 for Well #2 serving the Redi Mix portion of the Industrial Permit for RD Mac. Would you please attach it to the original submission for the Claim. I mailed the claim this morning and then discovered that I had accidently omitted a portion. Sorry for the inconvenience. Thank you for your time.

Sincerely;

Greg Blackman,
For Jeffrey Hsu

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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 Concrete Batch Plant 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
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**

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:

6" electrical access cover on top of well

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 UNIO 50715 Attached						

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.

Well Logs attached to COBU

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C. Groundwater Source Information (Sump)

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

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

2. If the appropriation involves a SUMP, provide the following information for each SUMP:

Length	Width	Average Diameter	Maximum Depth	Surface Area (in acres)	Volume in cubic feet or acre feet

3. If the sump is curbed constructed with watertight surface curbing, describe the curbing:

Curbing Material (concrete, concrete tiles, or steel)	If Concrete, provide the thickness of the wall

4. Provide sump volume calculations:

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
Grundfos	S7513C	00G18 24-3440	submersible	2"	2"

3. Motor Information:

Manufacturer	Horsepower
Grundfos	7.5 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)
7.5 HP	60 psi	40'	+15'	0.25 cfs

5. Provide pump calculations:

(7.5) x (7.04) = 52.8 = 0.25 cfs
(15)+40+152.4 152.4

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)
74 gpm	74 gpm	instantanious	74 gpm= 0.16 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
2"	unknown	Galvanized steel	In Batch Plant building

9. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
NA			

10. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (gpm)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (cfs)
NA					

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)
NONE					

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
NONE					

13. Pivot Information:

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (GPM)	Total Pivot Output (CFS)
NONE				

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.

If "YES" is it a: Storage Tank **YES NO**
Bulge in System / Reservoir **YES 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

3. Bulge in System / Reservoir:

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

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.

2. Complete the table:

Pipe Size	Pipe Type	"C" factor	Amount of Fall	Length of Pipe	Slope	Computed Rate of Water Flow (in cfs)

3. Provide calculations:

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)

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.

2. Complete the table:

Canal or Ditch Type (material)	Top Width of Canal or Ditch	Bottom Width of Canal or Ditch	Depth	"N" Factor	Amount of Fall	Length of Canal / Ditch	Slope	Computed Rate (in cfs)

3. Provide calculations:

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)

Attach measurement notes.

H. Additional notes or comments related to the system:

Buried 8" steel main travels approximately 800' in length from the well to the sprinklers within the gravel screening bin. Water washes gravel prior to crushing separating sand and debris from the rock.

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	**Aug. 11, 2020**		
Begin construction (A)	**existing**		**The industrial operation has been in existence since 2000. Operation has been continuous.**
Complete construction (B)	**existing**		
Complete application of water (C)	**September 15, 2020**		**All meters have been in existence prior to the permit, records have been reported for Well #1 for numerous years, Well #2 well report this calendar year. All requirements have been completed with respect to the issued permit.**

* 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? **YES** **NO**

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

b. Were the Progress Reports submitted? **YES** **NO**

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

3. **Initial Water Level Measurements:**

a. Was the water user required to submit an initial static water level measurement? YES

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

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
3/20/21	David DeVole	Electric Tape	23.7'

4. **Annual Static Water Level Measurements:**

a. Was the water user required to submit annual static water level measurements? YES

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

d. If "YES", were those measurements submitted to the Department? YES

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

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.

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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? 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 # 1	**McCROMETER**	**06-7079**	**WORKING**	**913.026 Ac Ft.**	**2006**
WELL #2	**DWYER**	**18-005006**	**WORKING**	**78.103**	**2018**

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

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department? **YES** **NO**

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

Name	Title	Approximate Date

f. Measurement Device Description

Device Description	Condition (working or not)	Date Installed

7. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department? **YES**

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

b. Have the reports been submitted? **YES**

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? **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
L-11111	**1997**
L-16197	**8/03/00**

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e. Other conditions? **NO**

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

Pump test for Well #1 was approved with the issuance of C-94434 for irrigation of some hay ground.

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Exibit 1	**Well Log and Well Test for Well #1**
Exhibit 2	**Well Log and Well Test for Well #2**
Exhibit 3	**Static Water Level Report for Well #1 March 20,2021**

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.

The wells were tied with Leica GS 14 Receivers. Mapping was done by using aerial maps flown for Union county Oregon Tax maps dated 2016. I imposed the aerial map onto the map of Section 15, 3S R 38 E.

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
NA	If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
NA	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.)
X	Point(s) of diversion or appropriation (illustrated and coordinates)
X	Tax lot boundaries and numbers
NA	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

UNIO 50216

Exh.b.t #1

90193

NOV 17 1997

WATER RESOURCES DEPT
SALEM, OREGON

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

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

(START CARD) # 90193

(1) OWNER: Well Number L/////

Name R. D. Mac

Address P.O. Box 1086

City Island City State Ore. Zip 97851

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD:

[ ] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger

[ ] Other Reverse Rotary

(4) PROPOSED USE:

[ ] Domestic [ ] Community [X] Industrial [X] Irrigation

[ ] Thermal [ ] Injection [ ] Livestock [ ] Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval [ ] Yes [X] No Depth of Completed Well 312 ft.

Explosives used [ ] Yes [X] No Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
28"	0'	315'	Cement	0	35'	8 yards

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E

[ ] Other Overbore, Tremie Pipe

Backfill placed from ____ ft. to ____ ft. Material ____

Gravel placed from 35 ft. to 315 ft. Size of gravel 3/8"

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	16"	+1.5	120'	.375	[X]	[ ]	[X]	[ ]
	}	140'	192'	.375	[X]	[ ]	[X]	[ ]
		182'	202'	}	[X]	[ ]	[X]	[ ]
		222'	255'		[X]	[ ]	[X]	[ ]
Liner:		275'	299'		[X]	[ ]	[X]	[ ]
		305'	312'		[X]	[ ]	[X]	[ ]

Final location of shoe(s) ____

(7) PERFORATIONS/SCREENS:

[ ] Perforations Method Johnston

[X] Screens Type Wire Wrap Material Steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
120'	140'	.035	~	16"		[X]	[ ]
152'	182'	.035	~	}		[X]	[ ]
202'	222'	}	~			[X]	[ ]
255'	275'		~			[X]	[ ]
295'	305'		~			[X]	[ ]

(8) WELL TESTS: Minimum testing time is 1 hour

[ ] Pump [ ] Bailer [ ] Air [ ] Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
Not available at this time			1 hr.

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? [ ] Too little

[ ] Salty [ ] Muddy [ ] Odor [ ] Colored [ ] Other ____

Depth of strata: ____

(9) LOCATION OF WELL by legal description:

County Union Latitude ____ Longitude ____

Township 3 N or S Range 38 E or W. WM.

Section 15 SW 1/4 NE 1/4

Tax Lot 201 Lot ____ Block ____ Subdivision ____

Street Address of Well (or nearest address) McClaster

(10) STATIC WATER LEVEL:

7 ft. below land surface. Date 10-30-97

Artesian pressure ____ lb. per square inch. Date ____

(11) WATER BEARING ZONES:

Depth at which water was first found 7'

From	To	Estimated Flow Rate	SWL
all	Sands &	Gravels	

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(12) WELL LOG:

Ground Elevation ____

Material	From	To	SWL
Topsoil	0'	6'	
Sand & Gravel	6'	36'	x
Brown Clay	36'	37'	
Sand & Gravels	37'	141'	
Brn Clay	141'	148'	
Coarse Sand	148'	178'	
Brn Clay	178'	202	
Coarse Sand & Gravel	202'	222'	
Brn Clay	222'	233'	
Grey Clay strks sand	233'	258'	
Coarse Sand	258'	275'	
Grey Clay	275'	294'	
Coarse Sand	294'	306'	
Grey Clay	306'	315'	

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Date started 10-21-97 Completed 10-30-97

(unbonded) Water Well Constructor Certification:

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

WWC Number ____

Signed ____ Date ____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1506

Signed [signature] Date 11-3-97

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

EXHIBIT #1

Oregon Water Resources Department

PUMP TEST FORM COVER SHEET

Well Owner:
Name: RD MAC SAND & GRAVEL
Address: 60831 MCALISTER RD
County: UNION COUNTY
City: LA GRANDE State: OR Zip: 97850
Original owner (from well log):

Well Location:
Township: 3 S Range: 38 E
Section: 15 ¼: SW 1/16 NE 1/64: NE
Well depth: Date drilled:
Owners well no. (if any):
POD ID: 411111

Water Right Information:
Application: T-14698 Permit: G-13726 & T-12970 Certificate:
Is this well listed on more than one water right? ☐ Yes If yes, list additional water rights below:
Application: Permit: Certificate:
Application: Permit: Certificate:

Pump Test:
Test Conducted by: DARIN ROLF Well Owner? ☐ Yes
Company: ROMANS PRECISION IRRIGATION
Address: 10209 N MCALISTER RD Date of Test: 10/01/2018
City: ISLAND CITY State: OR Zip: 97850
Daytime phone: 541-963-4195

Method of discharge measurement (see our brochure for more information): Flow meter
Method of water-level measurement (pick one or enter other method used): Electric tape
Length of air line (if used):

Pump type (pick one or enter other method used): Turbine
Was the pump test conducted during normal use of the well? ☑ Yes Note:

Are you aware of any wells, other than domestic or stock wells, pumping within 1000 feet of the tested well during the test or within 24 hours prior to the test? ☐ Yes Note:
If yes, give approximate distances to each and approximate pumping rate of each. If possible, indicate if they were turned on or off during the test:

Is there a lake, stream or other surface water body within ¼ mile of the tested well? ☐ Yes If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head. Approx. distance: ft Approx. elevation difference: ft

Well elevation is surface water body.

Description of measuring point (e.g. top port of 1 inch port pipe, west side) 2IN. PORT ON SOUTH SIDE OF WELL
Measuring point distance above land surface 0.50 feet.

Static water level measurements: (A minimum of three measurements are required in the hour before pumping begins at no less than 20 minutes apart):

Time	Depth to water below meas. point	Depth to water below land surface
8:00 am	53.00	52.50
8:20 am	53.00	52.50
8:40 am	53.00	52.50

Discharge measurements: (A discharge measurement is required at the start of pumping and at least once an hour during the test; additional measurements should be noted on the Pump Test Data Sheet):

Time	Discharge Rate	Discharge Units (e.g. gpm, cfs, etc)
8:50 am	942.00	gpm (gallons per minute)
9:48 am	920.00	gpm (gallons per minute)
10:48 am	920.00	gpm (gallons per minute)
11:48 am	920.00	gpm (gallons per minute)
12:48 pm	920.00	gpm (gallons per minute)

Time pump turned on: Date 10/01/2018 Time 8:48 am
Time pump turned off: Date 10/01/2018 Time 12:48 pm
Total pumping time: 4 hours minutes

Note: Well must be idle for at least 16 hours prior to the test.
Additional forms can be obtained from our web site at: www.oregon.gov/owrd

Signature:

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Oregon Water Resources Department

PUMP TEST DATA SHEET

Page _____ of _____

Application: G-14698 Permit: G13726 + T12770 Certificate: [illegible] Pod_Id: L/////

All water-level measurements must either be in feet and inches, or feet and decimal fractions.

Drawdown Data						Recovery Data					
Date	Time	Time Since Pump Started (minutes)	Depth to Water Below Measuring Pt	Depth to Water Below Land Surface	Comments	Date	Time	Time Since Pump Stopped (minutes)	Depth to Water Below Measuring Pt	Depth to Water Below Land Surface	Comments
10/1/18	8:50 a.m	2	150ft	149.5ft		10/1/18	12:50 p.m	2	72ft	71.5ft	
	8:52	4	155	154.5			12:52	4	69.5	69	
	8:54	6	155	154.5			12:54	6	67	66.5	
	8:56	8	157	156.5			12:56	8	66	65.5	
	8:58	10	156.5	156			12:58	10	65	64.5	
	9:03	15	157	156.5			1:03	15	64	63.5	
	9:08	20	157.5	157			1:08	20	62.5	62	
	9:13	25	158	157.5			1:13	25	61	60.5	
	9:18	30	159	158.5			1:18	30	60.5	60	
	9:33	45	163.5	163			1:33	45	58.5	58	
	9:48	60	160	159.5			1:48	60	57	56.5	
	10:03	75	161	160.5			2:03	75	56	55.5	
	10:18	90	162	161.5							
	10:33	105	163	162.5							
	10:48	120	164	163.5							
	11:03	135	164	163.5							
	11:18	150	165	164.5							
	11:33	165	165	164.5							
	11:48	180	165.5	165							
	12:03 p.m	195	165	164.5							
	12:18	210	166	165.5							
	12:33	225	166	165.5							
	12:48	240	166	165.5							

Duplicate this data sheet as necessary.
Additional forms can be obtained from our web site at: www.oregon.gov/owrd

OWRD 2/9/2000

UNIO 50715 Exhibit #2

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

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

WELL I.D. # L 16197
START CARD # 103496

(1) OWNER: Well Number
Name R.D MAC
Address 60931 McALISTER Rd.
City LAGRANDE State OR Zip 97850

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 180 ft.
Explosives used ☐ Yes ☒ No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10	0	24	Bentonite	0	24	16 Sacks
7 7/8	24	180				

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

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6	+2	180	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 180

(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	Drawdown	Drill stem at	Time
50+		175	1 hr.

Temperature of water 54 Depth Artesian Flow Found
Was a water analysis done? ☐ Yes By whom
Did any strata contain water not suitable for intended use? ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other
Depth of strata:

(9) LOCATION OF WELL by legal description:
County Union Latitude Longitude
Township 3S N or S Range 38E E or W. WM.
Section 15 SW 1/4 SE 1/4
Tax Lot 201 Lot Block Subdivision
Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:
65 ft. below land surface. Date 8-3-00
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at which water was first found 17

From	To	Estimated Flow Rate	SWL
17	17	20	10
65	65	4	60
140	180	50+	65

(12) WELL LOG:
Ground Elevation

Material	From	To	SWL
gravel	0	3	
Shale + clay	3	10	
Clay + gravel	10	17	10
gravel clean	17	18	10
Clay + gravel	18	60	10
gravel + clay	60	140	60
Sand + gravel	140	180	60

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Date started 8-2-00 Completed 8-3-00

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
Signed Carl Pitcher WWC Number 494 Date 8-3-00

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed Carl Pitcher WWC Number 494 Date 8-3-00

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

Exhibit #2.

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST FORM COVER SHEET

Owner Information:

OWNER NAME/BUSINESS NAME: RD Mac		PHONE NO.: 541-963-8601	ADDITIONAL CONTACT NO.: RECEIVED
ADDRESS: 60831 Mcalister Rd			
CITY: LaGrande	STATE: OR	ZIP: 97850	E-MAIL: APR 19 2021

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: David DeVore	QUALIFICATION: (SELECT) Certified Pump installer	LICENSE #: CP187 OWRD
COMPANY: Romans Precision Irrigation	PHONE NO.: 541-963-4195	ADDITIONAL CONTACT NO.:
ADDRESS: 63723 Industrial Lane		
CITY: LaGrande STATE: OR	ZIP: 97850	E-MAIL:

Tested Well Information (please attach well log(s) if available):

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
	L- L16197	Batch plant well				3/22/21

(CONTINUED)

TWP (EX: 25S)	RNG (EX: 31E)	SEC (EX: 12)	QQ (EX: SE/SW)	SURVEYED LOCATION (Ex: 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (Ex: 44.94473859)	LONGITUDE (Ex: -123.02787000)
3S	38E	15	SW,NE			

List all water rights for which you are submitting this test. Please indicate if the tested well is listed as an authorized source of water on each water right. If not, you may also need to fill out a multiple well exemption (MWE) request form.

APPLICATION	PERMIT	TRANSFER	CERTIFICATE	IS THE TESTED WELL AN AUTHORIZED POA ON THIS RIGHT?
G- 18577	G- 18469	T-		○ Yes ◉ No (Need MWE Form)
G-	G-	T-		○ Yes ◉ No (Need MWE Form)
G-	G-	T-		○ Yes ◉ No (Need MWE Form)

Nearby Wells and Streams: *Please check yes or no. Do not leave blank.*

[yes] Are there any wells, other than domestic or stock wells, within 1000 feet of the tested well?
If yes, identify the well by OWRD log number or attach a copy of the well log. Note the approximate **distance** to each well from the tested well and the approximate **pumping rate** of each.
If possible, indicate if they were turned on or off during the test or within 24 hours prior to the test (Indicate Not Pumped, if applicable).

WELL LOG # (EX: MARI 99999)	BEARING & DISTANCE FROM PUMPED WELL (FT)	DATE & TIME PUMP ON	DATE & TIME PUMP OFF	PUMPING RATE (GPM)
G-50216 (well #1)	S 237' and E 839'			

[no] Is there a lake, stream or other surface water body within ¼ mile of the tested well?
If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head.
Well elevation is [above] the surface water body.
Approximate distance: _____ ft.
Approximate elevation difference: _____ ft.

[no] Was the test conducted during normal use of the well?
Please indicate where pumped water was discharged: _____
How far from the pumped well was water discharged? _____ ft.

Additional forms can be found at: https://www.oregon.gov/owrd/Forms/Pages/default.aspx.

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST FORM COVER SHEET

Water-Level Measurement Method: E-Tape
Length of air line (if used): _____
*Airline measurements must be verified by an E-Tape measurement
Pressure transducer (if used):
Manufacturer: _____ *Serial #:* _____
Date Last Calibrated: _____ *Units:* _____

Verify here: *Airline:* _____ psi _____ feet.
E-Tape: 500 feet.

Pump Type: _____
HP: _____ Pump set at: _____ feet.
Pump idle time: _____

Discharge Measurement Method: flowmeter
Flowmeter (if used):
Manufacturer: Dwyer *Serial #:* 18005006
Date Last Calibrated: _____ *Units:* Gallons

Note: Well must be idle for at least 16 hours prior to the test. Additional forms can be obtained from our web site at: https://www.oregon.gov/OWRD/Forms/Pages/default.aspx

Measuring Point (MP): Measuring point distance [above] land surface 2.2 feet.
Description (e.g., top port of 1 inch port pipe, west side) 6" electricle access cover on top of well

Time pump turned on: Date 3-21-2021 Time 9:00AM
Time pump turned off: Date 3-21-2021 Time 1:00PM
Total pumping time: 4 hours _____ minutes.

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Remember, your pump test may not be approved unless it meets the following criteria*:

- [ ] The discharge rate was held constant for the entire pumping phase.
- [ ] The pump was on during the entire pumping phase (≥ 4 hours).
- [ ] The discharge was measured at the start of pumping and at least once every hour during the test.
- [ ] Water levels were measured to an accuracy of 0.1 feet or 0.5 percent.
- [ ] Pre-test static water levels were measured at least three times in the hour before pumping began at no less than 20 minutes apart.
- [ ] Water levels were measured at the specified intervals during the pumping phase of the test for at least four hours (≤2 min for the first 10 minutes, ≤5 min for 10 – 30 minutes, and ≤15 min for the remainder of the test)
- [ ] Water levels were measured at the specified intervals (see above) during the recovery phase of the test for four hours or until 90 percent of the maximum drawdown has recovered.
- [ ] If using an airline, measurements were calibrated with an E-Tape and the depth to water was ≥ 300 feet.
- [ ] The pump test cover sheet was completely filled out and signed.
- [ ] The pumping rate was as close as reasonably possible to the (anticipated) pumping rate during normal use of the well.
- [ ] The well was idle for at least 16 hours prior to the test.
- [ ] The pump test was completed by an acceptably qualified person (Oregon licensed water well constructors; Oregon registered professional geologists or certified engineering geologists; certified water rights examiners; Oregon registered professional engineers; and individuals whose primary occupation involves, wholly or in significant part, pump installation, service, or testing).

**This checklist is intended for information purposes only and does not guarantee a pump test approval. The Department reserves all authority pertaining to the implementation of the rules under OAR 690-217.*

Pump tests are intended to provide aquifer and well information for ground water resource characterization and to help solve well problems (OAR 690-217-0015(9)).

Pump test requirements for OAR 690-217 can be found online at:
https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=1BdwLynsYAPNSQtW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2_ROSs!-277278532?selectedDivision=3186.

Submit forms to: **Attn: Certificates Section, Oregon Water Resources Department**
725 Summer St NE Suite A, Salem, OR 97301

Forms may additionally be sent to WRD_DL_pumptestsupport@oregon.gov

I hereby certify that this test has been conducted in accordance with OAR 690-217:

OPERATOR SIGNATURE: _____ DATE: 3-22-21

OWNER SIGNATURE: _____ DATE: _____

Additional forms can be found at: https://www.oregon.gov/owrd/Forms/Pages/default.aspx.

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST FORM
DATA SHEET

Well Log # (ex: MARI 99999)	Well Tag # (ex: L-999999)	Well Name or #	Well Depth	Original Owner	Date Drilled	Test Date
	L-16197					3-21-2021

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, gpm)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
3/21	8:00AM		28.5 FT	0	Pre-test		8409.7	
3/21	8:20AM		28.5 FT	0	Pre-test		8409.7	
3/21	8:40AM		28.5 FT	0	Pre-test		8409.7	
	9:00AM	0	~~38.5~~	~~74~~	Pumping		8409.4	
	9:02AM	2	38	74			8410.0	
	9:04AM	4	38	74			8410.1	
	9:06AM	6	38.2	74			8410.2	
	9:08AM	8	38.2	74			8410.4	
	9:10AM	10	38.6	74			8410.5	
	9:15AM	15	38.6	74			8410.9	
	9:20AM	20	38.8	74			8411.2	
	9:25AM	25	38.8	74			8411.5	
	9:30AM	30	38.8	74			8411.9	
	9:45AM	45	38.8	74			8413.0	
	10:00AM	60	39	74			8414.1	
	10:15AM	75	39	74			8415.2	
	10:30AM	90	39	74			8416.4	
	10:45AM	105	39	74			8417.3	
	11:00AM	120	39	74			8418.4	
	11:15AM	135	39	74			8419.5	
	11:30AM	150	39	74			8420.5	
	11:45AM	165	39	74			8421.6	
	12:00PM	180	39.1	74			8422.7	
	12:15	195	39.2	74			8423.8	
	12:30	210	39.2	74			8424.9	
	12:45	225	39.2	74			8425.9	
	1:00	240	39.4	74	Recovery		8426.7	
	1:02	242	32	0			8426.7	
	1:04	244	29.8	0				
	1:06	246	29.8	0				
	1:08	248	29.6	0				
	1:10	250	29.6	0				
	1:15	255	29.4	0				
	1:20	260	29.2	0				
	1:25	265	29.2	0				
	1:30	270	29.2	0				

Exh. b, X. #3

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Oregon Water Resources Department
PERMIT CONDITION WATER-LEVEL REPORTING FORM

Your water right requires periodic static water-level measurements in your well. **Please review your water right to determine when measurements should be made, when reports are due, and who is allowed to make the measurements.** Keep a copy of all measurement reports for your records. **Your well must be measured regardless of whether it is in use.** Please contact the Department if you are no longer the holder of the water right that lists this well or if you wish to cancel the right.

Application	LL 1720
Permit	
Certificate	
Transfer	
POD	1
Userid	10342

HARRY OR JAY COLLMAN
R D MAC INC
PO BOX 1086
LA GRANDE OR 97850

Water Right (OWRD Use Only):
App: LL 1720 * {195557}

RECEIVED
APR 19 2021
OWRD

A. Identification of Measured Well (Provide as much information as possible. Correct any errors.)

Water Resources Well Log Id	UNIO 50216*	Well name on water right	A WELL
Well Id- **Well Tag on Well: L-**		Owner's well name	
Water Use Report Id	48468	Water use rpt facility name	A WELL (UNIO 50216/L-11111)

* Per OWRD records, if shown

Logid (Well History)	Type Work	Startcatd Nbr	Well Tag	Csg (inches)	Max Depth	Complete Date	Owner on Well Log
UNIO 50216	NEW	90193		16	315.00	10/30/1997	R D MAC

B. Well Location
Lat (WGS1984): Long: Est loc error (feet): Loc Source (gps...):

Location on water right: In the SW qtr of the NE qtr of Section 15, T. 3.00S, R. 38.00E, NONE GIVEN

C. Water-Level Measurement

Date of measurement: 3-20-2021

Measurements should be made to at least the nearest tenth of a foot (10.2'), the nearest inch (10' 3") or the nearest pound, if using a gage.

Depth to water below measuring point:	24.2 Ft	Airline length or transducer depth (below land surface):		feet
Measuring point height above / below land surface:	0.5 Ft	Airline gage pressure:	psi x 2.31 =	feet
Depth to water below land surface:	23.7 Ft	Shut-in pressure (flowing wells):	psi x 2.31 =	feet

Measurement status: Static [X] Pumping [ ] Rising [ ] Flowing [ ] Other [ ]
Measurement method: E-tape [X] Airline [ ] Other [ ]

Length of time well was idle prior to measurement: 24 hours

Measuring point description: 2" Post on South side of well

The measuring point is the reference point from which the measurement is made. Examples are: 1/2" access port in well cap; 1-1/2" port pipe on N side; pressure gage.
Measuring points should not be used for airline measurements as airline length should be referenced to land surface.
Flowing wells should be fully shut off until the gage pressure is stable to get a "static" measurement. The measuring point is the height of the gage above land surface.

Comments:

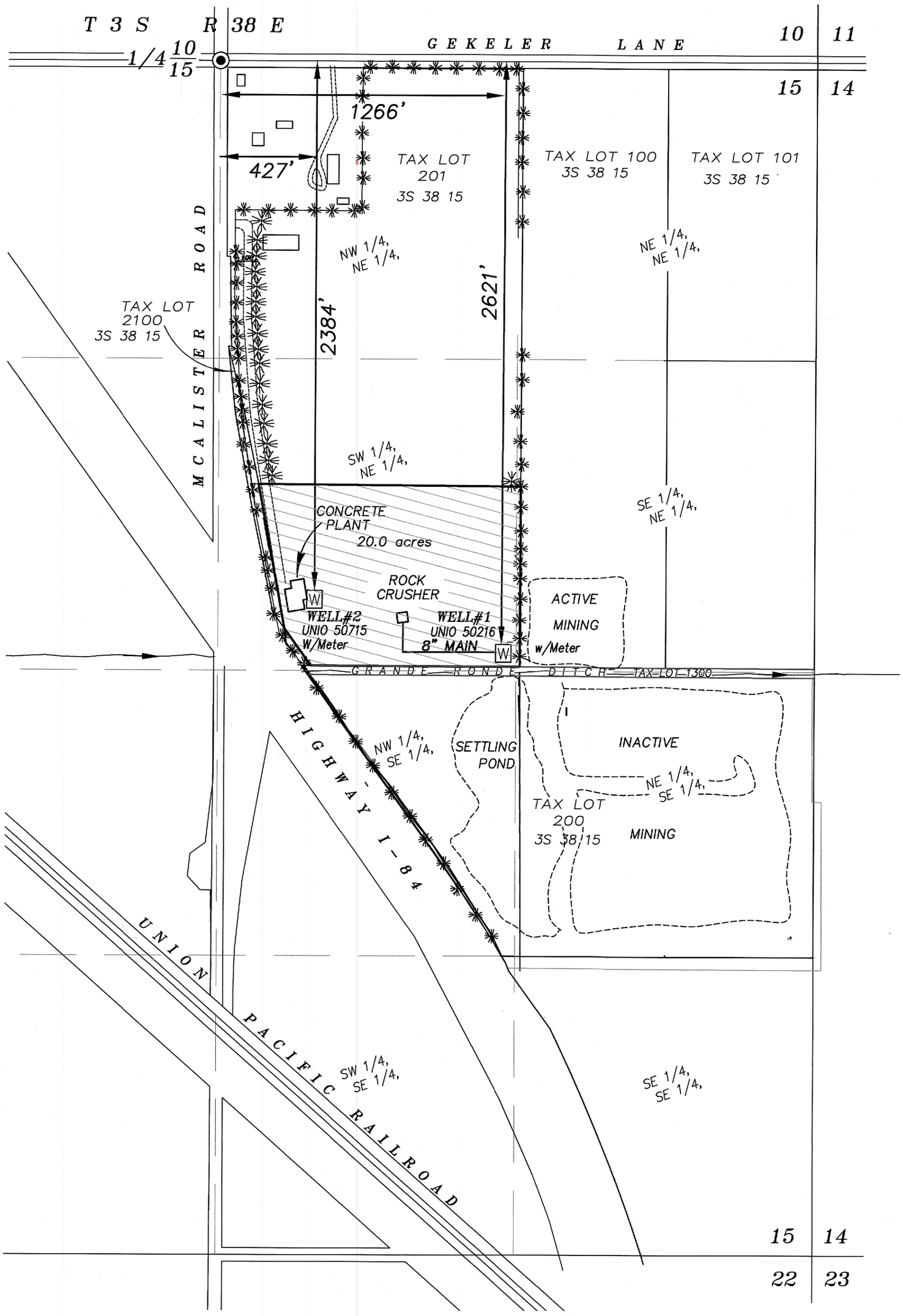
D. Certification
I certify that this report is accurate and represents the static water level in the well at the time of measurement.

Person making measurement (print): David DeVore
Signature of measurer: David DeVore
Company: Romans Precision Irrigation
License number (Circle license type: CWRE, RG, PE, WWC, Pump Installer): CP187
Daytime phone number: 541-963-4195 Email address: service@rpi.ag

Questions? Call the Measurement & Reporting Section of the Department at 503-930-3828.
Return this Form to: OWRD, Meas & Rept Section, 725 Summer St. NE, Suite. A, Salem, OR 97301-1266.
Or email it as an attachment to reportingmmts@wrd.state.or.us.
Additional forms can be obtained from our web site at: https://www.oregon.gov/OWRD OWRD GW/BPS 2/18/2021

Water Level Data on File at OWRD for this well (last 3 measurements only, most recent date on top) :

Date	Arln Len	WL BMP	MP Height	WL BLS	Status	Method	Measured_By	Measuring Point Description
10/30/1997				7.00	UNKNOWN	REPORTED	Driller	



N

SCALE: 1"=400'

LEGEND

Lands requesting aggregate mining water from existing Well for washing aggregate during processing

W — Well

* — Existing Tree For Screening

Certified Water Right Examiner #83571
Jeffrey S. Hsu
May 3, 2011
STATE OF OREGON

Renews: June 30, 2021

NOTE: The preparation of this map was for the purpose of identifying the location of the proposed water right and has no intent to provide dimensions or location of property ownership lines. Location information shown hereon was furnished by the applicant.

CLAIM OF BENEFICIAL USE FOR AGGREGATE MINING FROM TWO EXISTING WELLS UNDER PERMIT G-18469

FOR

R.D. MAC INC

BY

BAGETT, GRIFFITH AND BLACKMAN
2006 ADAMS AVE
LAGRANDE, OREGON 97850

March 10, 2021

APPLICATION NO. G-18577

PERMIT NUMBER G-18469

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APR 19 2021
OWRD

COBU WR # 1288