

Checklist for Claims of Beneficial Use Received at CSG Counter

Application #: G-15981	WRD Reviewer: Judy
Transfer #:	
Date Received: 11/03/2021	
CWRE Name: Jeffrey S Hsu	
Priority Date (s): 04/14/2003	

Fees Required:

- ☒ YES ☐ NO ☐ A fee of \$230 must accompany this form for permits with priority dates of July 9, 1987, or later.
- ☐ YES ☐ NO ☐ A fee of \$230 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.

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)

Groundwater File Review:

- ☒ Pump Test not required (Priority Date prior to December 20, 1988) *If no, include pump test flyer w/acknowledgment letter
- ☐ Pump Test required (Priority Date on or after December 20, 1988)
- ☐ Pump Test submitted
- ☒ Pump Test not submitted

MONEY SLIP

DATE: _____ RECEIPT #: _____

RECEIVED FROM: _____ APPLICATION _____
PERMIT _____
TRANSFER _____

CASH ☐ CHECK # _____ OTHER (IDENTIFY) _____ TOTAL REC'D \$ _____

1083 TREASURY 4178 MISC CASH ACCT. _____
0407 COPIES _____ \$ _____
OTHER: (IDENTIFY) _____ \$ _____

0243 Instream Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

1083 TREASURY 4270 WRD OPERATING ACCT. _____

MISCELLANEOUS 4611 _____
0407 COPY & TAPE FEES _____ \$ _____
0410 RESEARCH FEES _____ \$ _____
0409 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 _____ \$ _____
OTHER (IDENTIFY) _____ \$ _____

0207 TREASURY 0487 HYDROELECTRIC _____
LIC NUMBER _____

0233 POWER LICENSE FEE (FWWRD) _____ \$ _____
0231 HYDRO LICENSE FEE (FWWRD) _____ \$ _____

HYDRO APPLICATION _____ \$ _____

SPECIAL INSTRUCTIONS: _____

☐ RETURN TO APPLICANT – LETTER ATTACHED

Fill in App
or Transfer
Number

MONEY SLIP

DATE: 11-3-2021

RECEIPT #: 136753

RECEIVED FROM: CTA Farms Inc

APPLICATION

G-15981

PERMIT

TRANSFER

CASH

CHECK #

OTHER (IDENTIFY)

☐☒

3039

☐

TOTAL REC'D

\$ 230.00

1083 TREASURY

4170 MISC CASH ACCT.

0407 COPIES

\$

OTHER:

(IDENTIFY)

\$

0243 Instream Lease

0244 Muni Water Mgmt. Plan

0245 Cons. Water

1083 TREASURY

4270 WRD OPERATING ACCT.

MISCELLANEOUS

46111

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

\$

OTHER (IDENTIFY)

COBU

\$ 230 -

0607 TREASURY

0467 HYDROELECTRIC

0233 POWER LICENSE FEE (FW/WRD)

LIC NUMBER

\$

0231 HYDRO LICENSE FEE (FW/WRD)

\$

HYDRO APPLICATION

\$

SPECIAL INSTRUCTIONS:

☐

RETURN TO APPLICANT -- LETTER ATTACHED

**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 \$230 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 503-979-9103.

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-15981	PERMIT # (IF APPLICABLE) G-15644	PERMIT AMENDMENT # (IF APPLICABLE) T-
---------------------------------	--	---

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Todd Arnoldus		PHONE NO. 541-805-8912	ADDITIONAL CONTACT NO.
ADDRESS 880 Newport Ave			
CITY Imbler	STATE OR	ZIP 97841	E-MAIL

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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.

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3. Permit holder of record (this may, or may not, be the current property owner):

PERMIT HOLDER OF RECORD Todd Arnoldus		
ADDRESS 880 Newport Ave		
CITY Imbler	STATE OR	ZIP 97841

ADDITIONAL PERMIT HOLDER OF RECORD Armond Arnoldus		
ADDRESS 880 Newport Ave.		
CITY Imbler	STATE OR	ZIP 97841

4. Date of Site Inspection:

September 15, 2021

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Todd Arnoldus	9/15/2021	Landowner

6. County:

Union

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

OWNER OF RECORD Same as permit holder		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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.

Seal and Signature



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

Permit Holder of Record Signature or Acknowledgement

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

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

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	Todd Amador	owner	10/17/2021

SECTION 3 CLAIM DESCRIPTION

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1. Point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
WELL#1	UNIO 173	N/A

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	Irrigation	Grass Seed	March 1-Oct. 31	800 gpm
Total Quantity of Water Used				800 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:

Well is located in a wellhouse. Water piped South, approximately 20 feet to pivot. Lands irrigated by pivot.

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.")

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	0.74 cfs	3.25 CFS	1.78 CFS	IRRIGATION	146 ac	146 ac

SECTION 4
SYSTEM DESCRIPTION

Are there multiple POAs?

YES **NO**

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

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

A. Place of Use

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1. Is the right for municipal use?

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YES **NO**

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

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YES **NO**

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

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

No access port observed. Well is artesian. An air line with gauge is used and falls on North side of pump.

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
8"	362	362	6/11/1979	n/a	B.L. Davis	Steve Moon
12"	1026	1026	6/11/1979	n/a	B.L. Davis	Steve Moon
10	1026	1394	6/11/1979	n/a	B.L. Davis	Steve Moon

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**

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Unknown	Unknown	Unknown	Turbine	10"	10"

3. Motor Information:

MANUFACTURER	HORSEPOWER
US Motors	75 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)
75	60	0	10 ft.	3.25 cfs

5. Provide pump calculations:

$(75 \text{ hp})(7.04)/(10 \text{ ft} + (60 \text{ psi}/0.433) * (1.1)) = 3.25 \text{ cfs}$

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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)
890.900 af	890.900 af	Instantaneous	1.78 cfs

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

7. Is the distribution system piped?YES NO

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
10"	20 ft	Steel	Above

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (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)

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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

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13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Valley	1658.9	60 psi	1000	2.22

E. Storage

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

YES 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?

YES 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?

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

YES NO
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H. Additional notes or comments related to the system:

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SECTION 5 CONDITIONS

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All conditions contained in the permit, permit amendment, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Permits and extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or permit extension order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	June 11, 2004		
BEGIN CONSTRUCTION (A)		2003	Pivot installed
COMPLETE CONSTRUCTION (B)		2003	Installation complete
COMPLETE APPLICATION OF WATER (C)	October 1, 2008	2004	System installed and beneficial use made

* 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

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

3. Initial Water Level Measurements:

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

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

b. What month was the initial measurement to be taken in?

c. Was the measurement submitted to the Department? YES NO

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

4. Annual Static Water Level Measurements:

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

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

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

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

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

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

5. Pump Test:

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

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

For additional information regarding pump tests see:

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

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

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

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

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

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

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

6. Measurement Conditions:

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

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

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

b. Has a meter been installed? YES NO

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
WELL#1	McCrometer	02-04579	Working	890.875 af	2003

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

7. Recording and reporting conditions:

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

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

b. Have the reports been submitted? YES NO

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

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

- e. Other conditions? YES NO

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

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SECTION 6

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ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well Log	Well Log
Pivot Information	Pivot Information
Water Use	Water Use Reporting

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.

Well house was tied by RTK GPS center of the structure was used for the well location. Tie off was to a brass cap set as the NW corner of Section 36. Areas of irrigated area determined by aerial photo by the Oregon State Imagery Program, dates 2017.

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Map Checklist

Please be sure that the map you submit includes ALL the items listed below.

(Reminder: Incomplete maps and/or claims may be returned.)

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

TOWNSHIP 1 SOUTH

WOODELL RD.

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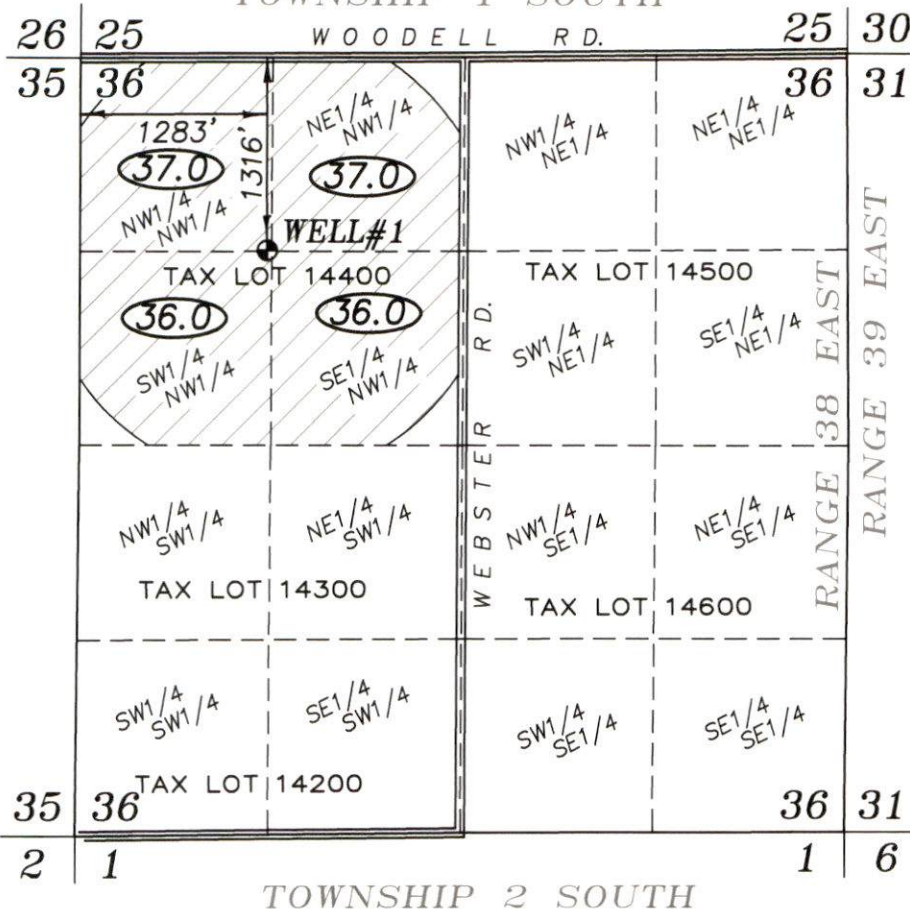
NOV 03 2021

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WELL#1

1316 ft South and
1283 ft, East of the
NW corner of
Section 36,
Township 1 South
Range 38 East of
the Willamette
Meridian

Flowmeter located in
line with pivot,
approx. 10 feet
South of well house.

LEGEND

Area irrigated under Permit G-15644



Authorized Point of Diversion

SCALE: 1"=1320'

Irrigated Area



Renews: June 30, 2023

NOTE: The preparation of this map was for the purpose of identifying the location of proposed water rights and is not intended to provide dimensions or location of property ownership lines. Location information hereon was furnished by the applicant.



September 16, 2021

CLAIM OF BENEFICIAL USE

FOR
TODD ARNOLDUS

BY
BAGETT, GRIFFITH AND BLACKMAN
2006 ADAMS AVE
LA GRANDE, OREGON 97850

APPLICATION NO.

G-15981

PERMIT NUMBER

G-15644

NOTICE TO WATER WELL CONTRACTOR

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

STATE ENGINEER, SALEM, OREGON 97310
within 30 days from the date
of well completion.

WATER WELL REPORT

STATE OF OREGON

(Please type or print)

(Do not write above this line)

Page 1

State Well No. 15/38 E-36b

State Permit No.

(1) OWNER:

Name **B. L. Davis**
Address **Adams, Oregon 97810**

(2) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary ☒ Driven ☐
Cable ☐ Jetted ☐
Dug ☐ Bored ☐

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☒ Test Well ☐ Other ☐

CASING INSTALLED:

Threaded ☐ Welded ☒

8" Diam. from +1 ft. to 362 ft. Gage .250
12" Diam. from 0 ft. to 1026 ft. Gage .250
10" Diam. from 1026 ft. to 1394 ft. Gage .250

PERFORATIONS:

Perforated? ☒ Yes ☐ No.

Type of perforator used **Machine**
Size of perforations **4** in. by **2** in.
4800 perforations from 1294 ft. to 1394 ft.
perforations from ft. to ft.
perforations from ft. to ft.

(7) SCREENS:

Well screen installed? ☐ Yes ☒ No

Manufacturer's Name _____
Type _____ Model No. _____
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(8) WELL TESTS:

Drawdown is amount water level is
lowered below static level

Was a pump test made? ☐ Yes ☒ No If yes, by whom?

Yield: gal./min. with ft. drawdown after hrs.

" " " "

Bailer test gal./min. with ft. drawdown after hrs.

Artesian flow 1700 g.p.m.

Temperature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION: *SEE ATTACHMENT.

Well seal—Material used **Neat cement**

Well sealed from land surface to 18 ft.

Diameter of well bore to bottom of seal 26 in.

Diameter of well bore below seal 26 in.

Number of sacks of cement used in well seal 45 sacks

Number of sacks of bentonite used in well seal sacks

Brand name of bentonite

Number of pounds of bentonite per 100 gallons

of water lbs./100 gals.

Was a drive shoe used? ☐ Yes ☒ No Plugs _____ Size: location _____ ft.

Did any strata contain unusable water? ☐ Yes ☒ No

Type of water? depth of strata

Method of sealing strata off

Was well gravel packed? ☒ Yes ☐ No Size of gravel: 3/8-

Gravel placed from 18 ft. to 355 ft.

(10) LOCATION OF WELL:

County **Union** Driller's well number
1/4 NW 1/4 Section 36 T. 15, R. 38 E. W.M.
Bearing and distance from section or subdivision corner
Center of

(11) WATER LEVEL: Completed well.

Depth at which water was first found 100 ft.
Static level ft. below land surface. Date
Artesian pressure 32 lbs. per square inch. Date 12/11/78

(12) WELL LOG:

Cased to bottom.
Diameter of well below casing

Depth drilled 1394 ft. Depth of completed well 1394 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. Report each change in
position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Top soil	0	3	
Clay brown	3	73	
Clay soft brown	73	100	
Clay and sand	100	105	
Clay and sandstone	105	112	
Clay blue	112	160	
Clay and sand	160	168	
Sand and clay	168	176	
Clay blue and sandstone	176	183	
Clay and sand	183	193	
Clay blue	193	206	
Sand	206	210	
Clay and sand	210	213	
Sand	213	223	
Clay blue and sand	223	228	
Clay brown	228	257	
Sand	257	270	
Clay and sand	270	284	
Sand and gravel	284	300	

Work started 12/1 19 77 Completed 12/11 19 78

Date well drilling machine moved off of well 12/11 19 78

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] **Steve Moore** Date 6/11, 1979
(Drilling Machine Operator)

Drilling Machine Operator's License No. 755

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 **Steve Moore**
(Person, firm or corporation) (Type or print)

Address **P. O. Drawer P, Moses Lake, Wa. 98837**

[Signed] **Steve Moore**
(Water Well Contractor)

Contractor's License No. 628 Date 6/11, 19 79

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NOV 03 2021

OWRD

Entity Water Use Report

TODD ARNOLDUS



Records per page: 10

Acre-feet (AF) of Water Used

Water Year*	Report ID	Facility	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total Water Used	Irrigated Acres
2019	65319	A WELL (UNIO 173)	20.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15.00	0.00	0.00	30.00	65.00	
2018	65319	A WELL (UNIO 173)	21.00	0.00	0.00	0.00	0.00	0.00	0.00	16.00	18.00	0.00	0.00	60.00	115.00	
2017	65319	A WELL (UNIO 173)	20.00	0.00	0.00	0.00	0.00	0.00	0.00	14.25	16.25	34.10	0.00	58.25	142.85	
2016	65319	A WELL (UNIO 173)	22.00	0.00	0.00	0.00	0.00	0.00	15.50	13.50	14.25	32.00	0.00	55.25	152.50	
2015	65319	A WELL (UNIO 173)	24.80	0.00	0.00	0.00	0.00	0.00	10.90	14.50	15.57	39.10	24.98	51.22	181.07	
2014	65319	A WELL (UNIO 173)	25.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15.74	39.57	25.16	77.34	182.91	240.00
2013	65319	A WELL (UNIO 173)	0.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.17	0.42	0.25	0.83	1.92	

*The water year is named for the calendar year in which it ends. Example: the 2014 water year begins Oct. 1, 2013 and ends Sep. 30, 2014.

- Monthly amounts indicate:
 - For diverted rights, the total amount diverted during the month;
 - For storage rights, the amount generally stored in the reservoir/pond during the month, as represented by the volume of water impounded on approximately the same day each month.

RECEIVED

Parent Order No 10197919

NOV 03 2021

Dealer PGG/Island City
Customer ARNOLDUS, A.V.
Field Name NK Corner Pivot

Sprinkler Order No 11031810

OWRD

Valley Precision Corner 8098 Percent Timer Data

Setup Information - Valley Computer Control Panel Water Application Constants: Minimum Application = 0.104 (in)

Hours Per Revolution = 9.2

Based on Inches

Inches Per 360 Degrees	Pivot % Timer	Hours Per 360 Degrees
0.104	100.0	9.2
0.20	51.9	17.7
0.30	34.6	26.6
0.40	26.0	35.4
0.50	20.8	44.2
0.60	17.3	53.2
0.70	14.8	62.2
0.80	13.0	70.8
0.90	11.5	80.0
1.00	10.4	88.5
1.25	8.3	110.8
1.50	6.9	133.3
1.75	5.9	155.9
2.00	5.2	176.9

Based on % Timer

Pivot % Timer	Inches Per 360 Degrees	Hours Per 360 Degrees
100.0	0.104	9.2
90.0	0.12	10.2
80.0	0.13	11.5
70.0	0.15	13.1
60.0	0.17	15.3
50.0	0.21	18.4
45.0	0.23	20.4
40.0	0.26	23.0
35.0	0.30	26.3
30.0	0.35	30.7
25.0	0.42	36.8
20.0	0.52	46.0
17.5	0.59	52.6
15.0	0.69	61.3
12.5	0.83	73.6
10.0	1.04	92.0
7.5	1.39	122.7
5.0	2.08	184.0

Field Area

Acres Total
114.8 (Ac) Pivot 360°
EG on 100%
1549.6 (ft) Machine Length
109.3 (ft) End Gun Radius

Flow

1000 (GPM)
5.04 (GPM per Acre)
0.27 (In per Day) App Rate
0.104 (in) App Depth @ 100%
125.9 (GPM) End Gun

Pressure

60 PSI Pivot Pressure
Inlet Pressure
0.0 (ft) Highest Elevation
0.0 (ft) Lowest Elevation

LRDU Drive Train

56 RPM Center Drive @ 60 Hz freq.
16.9 x 24 Maxi Float Tire
52:1 Wheel GB Ratio, LRDU Dist 1261.9 Ft.
9.2 Hrs/360 @ 100% (14.45) Ft/Min

Disclaimer

The information presented in the attached Percent Timer Report is based on variables which cannot be totally controlled by Valmont (including, but not limited to; pivot pressure, inside pipeline surface, end gun throw, end gun arc setting, tire slippage, tire pressure, field slopes, soil variations, sprinkler package installation, well capacity, center drive motor voltage, center drive motor frequency, climatic conditions and other elements and circumstances beyond Valmont's reasonable control). Valmont recommends monitoring the machine for at least one pass through field to obtain an accurate rotation time.

15/380 - 36

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NOV 03 2021

OWRD

Attachment to B. L. Davis well:

Set 18" casing to 362'

18' surface seal and neat cement from 340' to 362'

Casing Set - 1026' of 12"
368' of 10"

A B & W float collar was welded in at 1284' with a cement basket at 1286' on the outside of the casing.

200 sacks of cement mixed with 5 gals. of water to the sack was pumped out through the float collar.

RECEIVED
JUN 11 1979
V. L. R. RESOURCES CO.
SELEM, OREGON

WATER RESOURCES DEPARTMENT,
SALEM, OREGON 97310
within 30 days from the date
of well completion.

WATER WELL REPORT

STATE OF OREGON

(Please type or print)

(Do not write above this line)

Page 3

State Well No. 15/38E-366

State Permit No. UN910173

(1) OWNER:

Name B. L. Davis

Address Adams, Oregon

(2) TYPE OF WORK (check):

New Well ☐ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary ☐ Driven ☐
Cable ☐ Jetted ☐
Dug ☐ Bored ☐

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐

CASING INSTALLED:

Threaded ☐ Welded ☐

" Diam. from ft. to ft. Gage
" Diam. from ft. to ft. Gage
" Diam. from ft. to ft. Gage

PERFORATIONS:

Perforated? ☐ Yes ☐ No.

Type of perforator used

Size of perforations	in. by	in.
perforations from	ft. to	ft.
perforations from	ft. to	ft.
perforations from	ft. to	ft.

(7) SCREENS:

Well screen installed? ☐ Yes ☐ No

Manufacturer's Name

Type Model No.

Diam. Slot size Set from ft. to ft.

Diam. Slot size Set from ft. to ft.

(8) WELL TESTS:

Drawdown is amount water level is
lowered below static level

Was a pump test made? ☐ Yes ☐ No If yes, by whom?

Yield: gal./min. with ft. drawdown after hrs.

" " " "

" " " "

Ball test gal./min. with ft. drawdown after hrs.

Artesian flow g.p.m.

Temperature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Well seal—Material used

Well sealed from land surface to ft.

Diameter of well bore to bottom of seal in.

Diameter of well bore below seal in.

Number of sacks of cement used in well seal sacks

How was cement grout placed?

Was a drive shoe used? ☐ Yes ☐ No Plugs Size: location ft.

Did any strata contain unusable water? ☐ Yes ☐ No

Type of water? depth of strata

Method of sealing strata off

Was well gravel packed? ☐ Yes ☐ No Size of gravel:

Gravel placed from ft. to ft.

(10) LOCATION OF WELL:

County Driller's well number

1/4 1/4 Section T. R. W.M.

Bearing and distance from section or subdivision corner

(11) WATER LEVEL: Completed well.

Depth at which water was first found ft.

Static level ft. below land surface. Date

Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing

Depth drilled ft. Depth of completed well 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. Report each change in
position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Basalt blk w/gray & grn clay	666	698	
Clay gray w/soft blk basalt	698	706	
Basalt blk broken w/clay	706	721	
Basalt black	721	724	
Basalt gray brkn w/gray clay	724	771	
Basalt black soft	771	779	
Basalt blk w/grn clay	779	820	
Clay grn hard w/blk basalt	820	830	
Basalt gray hard	830	850	
Basalt gray with tan clay	850	859	
Basalt gray & green clay	859	864	
Clay brown soft	864	865	
Clay red w/blk basalt	865	897	
Clay red	897	902	
Basalt blk w/red & grn clay	902	903	
Basalt blk hard & broken	903	910	
Basalt black w/grn clay	910	945	
Basalt blk w/gray clay soft	945	951	
Clay red w/black basalt	951	973	

Work started 19 Completed 19

Date well drilling machine moved off of well 19

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] Date, 19.....

(Drilling Machine Operator)

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 (Person, firm or corporation) (Type or print)

Address

[Signed] (Water Well Contractor)

Contractor's License No. Date, 19.....

NOTICE TO WATER WELL CONTRACTOR
The original and first copy
of this report are to be
filed with the

STATE ENGINEER, SALEM, OREGON 97310
within 30 days from the date
of well completion.

WATER WELL REPORT

STATE OF OREGON

(Please type or print)

(Do not write above this line)

JUN 1 1973

State Well No.

State Permit No.

Page 2

15/SE-366

UNW 173

(1) OWNER:

Name B. L. Davis
Address Adams, Oregon 97810

(2) TYPE OF WORK (check):

New Well ☐ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary ☐ Driven ☐
Cable ☐ Jetted ☐
Dug ☐ Bored ☐

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐

CASING INSTALLED:

Threaded ☐ Welded ☐

" Diam. from ft. to ft. Gage
" Diam. from ft. to ft. Gage
" Diam. from ft. to ft. Gage

PERFORATIONS:

Perforated? ☐ Yes ☐ No.

Type of perforator used

Size of perforations in. by in.
..... perforations from ft. to ft.
..... perforations from ft. to ft.
..... perforations from ft. to ft.

(7) SCREENS:

Well screen installed? ☐ Yes ☐ No

Manufacturer's Name
Type Model No.
Diam. Slot size Set from ft. to ft.
Diam. Slot size Set from ft. to ft.

(8) WELL TESTS:

Drawdown is amount water level is
lowered below static level

Was a pump test made? ☐ Yes ☐ No If yes, by whom?

Yield: gal./min. with ft. drawdown after hrs.

" " " "

" " " "

Bailer test gal./min. with ft. drawdown after hrs.

Artesian flow g.p.m.

perature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Well seal—Material used

Well sealed from land surface to ft.

Diameter of well bore to bottom of seal in.

Diameter of well bore below seal in.

Number of sacks of cement used in well seal sacks

Number of sacks of bentonite used in well seal sacks

Brand name of bentonite

Number of pounds of bentonite per 100 gallons

of water lbs./100 gals.

Was a drive shoe used? ☐ Yes ☐ No Plugs Size: location ft.

Did any strata contain unusable water? ☐ Yes ☐ No

Type of water? depth of strata

Method of sealing strata off

Was well gravel packed? ☐ Yes ☐ No Size of gravel:

Gravel placed from ft. to ft.

(10) LOCATION OF WELL:

County Driller's well number

1/4 1/4 Section T. R. W.M.

Bearing and distance from section or subdivision corner

(11) WATER LEVEL: Completed well.

Depth at which water was first found ft.

Static level ft. below land surface. Date

Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing

Depth drilled ft. Depth of completed well 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. Report each change in
position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Clay tan	300	305	
Sand, gravel and clay	305	310	
Sand and clay	310	318	
Sand coarse & fine gravel	318	323	
Sand and clay	323	325	
Clay blue	325	335	
Basalt	335	362	
Basalt Brn Brken w/gr clay	362	370	
Basalt Blk w/ gr. clay soft	370	400	
Basalt Blk w/brn & grn clay	400	418	
Basalt blk 2/grn & brn clay	418	460	
Basalt Blk & brn with clay	460	490	
Basalt Gry hard brkn w/clay	490	507	
Basalt Blk soft w/grn clay	507	572	
Basalt gray hard & broken	572	594	
Basalt red	594	597	
Clay grn w/some basalt blk	597	603	
Basalt gray hard	603	632	
Basalt gray hard & broken	632	666	

Work started 19 Completed 19

Date well drilling machine moved off of well 19

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] Date, 19.....

(Drilling Machine Operator)

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 (Person, firm or corporation) (Type or print)

Address

[Signed] (Water Well Contractor)

Contractor's License No. Date, 19.....