

# MONEY SLIP

DATE: 11-19-2021 RECEIPT #: 136913

RECEIVED FROM: Steve C White  
Hinda P White

APPLICATION G-16971  
PERMIT \_\_\_\_\_  
TRANSFER \_\_\_\_\_

CASH  CHECK # 6387 OTHER (IDENTIFY)

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 4611  
0407 COPY & TAPE FEES \$ \_\_\_\_\_  
0410 RESEARCH FEES \$ \_\_\_\_\_  
0408 MISC REVENUE (IDENTIFY) \_\_\_\_\_ \$ \_\_\_\_\_  
TC162 DEPOSIT LIAB. (IDENTIFY) \_\_\_\_\_ \$ \_\_\_\_\_  
0240 EXTENSION OF TIME \_\_\_\_\_ \$ \_\_\_\_\_

WATER RIGHTS  
0201 SURFACE WATER EXAM FEE \$ \_\_\_\_\_ RECORD FEE \$ \_\_\_\_\_  
0203 GROUND WATER EXAM FEE \$ \_\_\_\_\_ RECORD FEE \$ \_\_\_\_\_  
0205 TRANSFER EXAM FEE \$ \_\_\_\_\_ RECORD FEE \$ \_\_\_\_\_

WELL CONSTRUCTION  
0218 WELL DRILL CONSTRUCTOR EXAM FEE \$ \_\_\_\_\_ RECORD FEE \$ \_\_\_\_\_  
LANDOWNER'S PERMIT \$ \_\_\_\_\_ RECORD FEE \$ \_\_\_\_\_  
0200 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 Ground Water Permits  
claiming 0.1 cfs or less**



**Oregon Water Resources Department**  
725 Summer Street NE, Suite A  
Salem, Oregon 97301-1266  
(503) 986-0900  
[www.oregon.gov/OWRD](http://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.

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>

(See Certificate Resources)

**SECTION 1**

**GENERAL INFORMATION**

**1. File Information:**

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
<b>G-16971</b>	<b>G-16449</b>	

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

APPLICANT/BUSINESS NAME <b>Steve White</b>		PHONE NO. <b>1 541 561 1193</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>33551 E Progress Rd</b>			
CITY <b>Hermiston</b>	STATE <b>OR</b>	ZIP <b>97838</b>	E-MAIL

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. ***Each permit holder of record must sign this form.***

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

PERMIT HOLDER OF RECORD <b>Steve White</b>			
ADDRESS <b>33551 E Progress Rd</b>			
CITY <b>Hermiston</b>	STATE <b>OR</b>	ZIP <b>97838</b>	E-MAIL

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ADDITIONAL PERMIT HOLDER OF RECORD <b>Not Applicable</b>		
ADDRESS		
CITY	STATE	ZIP

**4. Date of Site Inspection:**

<b>June 7, 2021</b>
---------------------

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Steve White</b>	<b>6/7/2021</b>	<b>Owner</b>

**6. County:**

<b>Umatilla</b>
-----------------

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

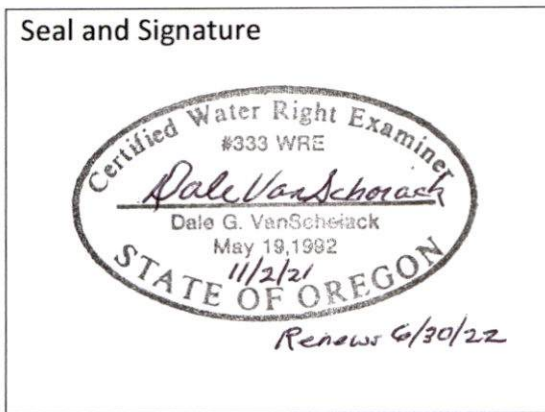
OWNER OF RECORD <b>Not Applicable</b>		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

SECTION 2  
SIGNATURES

CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



CWRE NAME <b>Dale VanSchoack</b>		PHONE NO. <b>509 627 8717</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>2141 South Lyle</b>			
CITY <b>Kennewick</b>	STATE <b>WA</b>	ZIP <b>99337</b>	E-MAIL <b>dalevconsulting@gmail.com</b>

Permit Holder's 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
	<b>Steve White</b>	<b>Owner</b>	

**SECTION 3**  
**CLAIM DESCRIPTION**

**1. Point(s) of Appropriation (POA):**

POA NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well	UMAT 3683	L-99874

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well	Irrigation	Pasture, grass	Irrigation Season	0.062 cfs (max sprinkler output)
<b>Total Quantity of Water Used</b>				<b>0.062 cfs (max sprinkler output)</b>

**3. 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:

Water is pumped from the well and then distributed to the land with and under ground irrigation system. The system consists of 12 zones of solid set sprinklers. The zones are controlled with electric irrigation controllers.

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).

**4. Variations:**

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below.

**YES**

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

The permit authorizes 2.5 acres of irrigation. The water user only developed 2.2 acres.

**5. Claim Summary:**

POD / POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well	0.031 cfs	0.062 cfs (based on sprinkler output)	Not Applicable	Irrig	2.5	2.2

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**SECTION 4  
SYSTEM DESCRIPTION**

Are there multiple POAs?

**NO**

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

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

Well

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**A. Place of Use**

Attach Claim of Beneficial Use map.

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

The Well has a well cap with a 2" ± plug in the top that can be removed for measuring the water level. As an alternative the well cap can be remove to allow access for measuring the water level.

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
UMAT 3683						

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.

UMAT 3683, L-99874

**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.*

Items 2 through 4 relating to this section were deleted.

**D. Appropriation and Delivery System Information**

Provide the following information concerning the appropriation 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.

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**1. Is a pump used?**

If "NO" items 2 through item 5 may be deleted.

**2. Pump Information:**

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
Franklin*	2823028310*	Unknown	Submersible

\*From electrical control panel.

**3. 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)
2 hp*	60 psi	43 ft	10 ft	0.065 cfs

\*From Purswell pump test.

**4. Provide pump calculations:**

Estimate of pumping head:

Lift	43 ft
Column loss	5 ft (estimated)
Valves and fittings	15 ft (estimated)
Pressure at pump head	139 ft (estimated discharge pressure 60 psi)
Total	202 ft

Estimated flow of well pump:

$$Hp = \frac{\text{gpm} \times \text{head (ft)}}{3960 \times \text{efficiency (\%)}} \text{ or } \text{gpm} = \frac{Hp \times 3960 \times \text{efficiency (\%)}}{\text{head (ft)}}$$

$$\frac{2 \times 3960 \times .75}{202} = 29.4 \text{ gpm (0.065 cfs)}$$

Estimated pump efficiency 75% +/-.

**5. 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)
Not Applicable			

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



**6. Sprinkler Information:**

There sprinkler system includes 12 zones. Sprinklers and associated information for each zone are shown below:

ZONE AND NUMBER & MODEL OF SPRINKLERS	OPERATING PSI	SPRINKLER OUTPUT (GPM) (FROM MANUF. CHART)	TOTAL NUMBER OF SPRINKLERS	SPRINKLER FLOW GPM	TOTAL SPRINKLER OUTPUT (CFS)
<b>Zone 1</b> 2 - Orbit Voyager 55461 13 - Rainbird 1820 APPRS	40 psi 30 psi	2.4 gpm 0.88 gpm	2 13	4.8 11.4	16.2 gpm (0.036 cfs)
<b>Zone 2</b> 5 - Orbit Voyager 55461 2 Rainbird Model P5R	40 psi 30 psi	2.4 gpm 3.5 gpm	5 2	12.0 7.0	19.0 gpm (0.042 cfs)
<b>Zone 3</b> 6 - Orbit Voyager 55461	40 psi	2.4 gpm	6	14.4	14.4 gpm (0.032 cfs)
<b>Zone 4</b> 8 - Rainbird P5R	30 psi	3.5 gom	8	28.0	28.0 GPM (0.062 cfs)
<b>Zone 5</b> 3 - Orbit Voyager 55461 1 - Rainbird P5R 6 - MaxiPaw AG58PK	40 psi 30 psi 40 psi	2.4 gpm 3.5 gpm 2.5 gpm	3 1 6	7.2 3.5 15.0	25.7 gpm (0.057 cfs)
<b>Zone 6</b> 4 - Orbit Voyager 55461	40 psi	2.4 gpm	4	9.6	9.6 gpm (0.021 cfs)
<b>Zone 7</b> 6 - Orbit Voyager 55461	40 psi	2.4 gpm	6	14.4	14.4 gpm (0.032 cfs)
<b>Zone 8</b> 4 - Orbit Voyager 55461	40 psi	2.4	4	9.6	9.6 gpm (0.021 cfs)
<b>Zone 9</b> 3 - Orbit Voyager 55461 2 - MaxiPaw AG58PK	40 psi 40 psi	2.4 gpm 2.5 gpm	3 2	7.2 5.0	12.2 gpm (0.027 cfs)
<b>Zone 10</b> 4 - Orbit Voyager 55461 1 Rainbird Model P5R	40 psi 30 psi	2.4 gpm 3.5 gpm	4 1	9.6 3.5	13.1 gpm (0.029 cfs)
<b>Zone 11</b> 5 - Orbit Voyager 55461	40 psi	2.4 gpm	5	12.0	12.0 gpm (0.027 cfs)
<b>Zone 12</b> 7 - Orbit Voyager 55461 4 - Rainbird 1820 APPRS	40 psi 30 psi	2.4 gpm 0.88 gpm	7 4	16.8 3.5	20.3 gpm (0.045 cfs)

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

**7. Drip Emitter Information:**

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

**8. Drip Tape Information:**

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
NA					

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**E. Storage**

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

YES

QWRD

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

*If "YES" is it a:*            Storage Tank  
    Bulge in System / Reservoir

YES

NA

*Complete appropriate table(s), unused table may be deleted.*

**There are two WellX Model WX-252 pressure tanks in the system. They are used to control the on off operation of the pump.**

**2. Storage Tank:**

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
Metal with Bladder	Each tank is 86 gallons.	Above ground

**3. Bulge in System / Reservoir:**

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
Not Applicable		

**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.*

**Items 2 through 4 relating to this section were deleted.**

Attach measurement notes.

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### 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.*

Items 2 through 4 relating to this section were deleted.

### H. Additional notes or comments related to the system:

The well also supplies domestic water to the house.

**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 any 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 extension final order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	<b>3/5/09</b>		
BEGIN CONSTRUCTION (A)	<b>Not Stated</b>	<b>The well and irrigation system existed at the time the permit was issued.</b>	<b>The water user maintained the well and irrigation system during the term of the permit.</b>
COMPLETE CONSTRUCTION (B)	<b>Oct 1, 2013</b>	<b>Oct 1, 2013</b>	<b>The well and irrigation system existed at the time the permit was issued and was maintained during the term of the permit.</b>
COMPLETE APPLICATION OF WATER (C)	<b>Original date Oct 1, 2013, extended to Oct 1, 2015</b>	<b>June 30, 2015.</b>	<b>Complete application of the water was made on June 30, 2015.</b>

\* 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**

**The completion date was extended to October 1, 2015 on October 15, 2021.**

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? **NO**

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

b. Were the Progress Reports submitted? **NA**

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?

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c. Was the measurement submitted to the Department? **YES**

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
Not Applicable			

**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, in which the static water level measurement(s) were to be made:

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
Not Applicable			

**5. Pump Test:**

a. Is a pump test required? 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>

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

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

c. Is the pump test attached to this claim? YES

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

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

**\*\*The Claim 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? NO

**The permit does not require the water user to install a flow meter. However, the new property owner and present permit holder did have a meter installed after he acquired the property. Information on that meter is shown below.**

*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 appropriation.**

b. Has a meter been installed? YES

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well	Master Meter	212652154	New meter	2696.81 x 100 gal	4/20/21*

**\*Note: No meter was required to be installed as a condition of the permit.**

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

**Items d through f relating to this section were deleted.**

**7. Recording and reporting conditions:**

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

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

b. Have the reports been submitted? Not Applicable

*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 a Well Identification Number (Well ID tag) assigned and attached to the well? YES

WELL ID #	DATE ATTACHED TO WELL
L 99874	1/26/09

- d. 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):

NO  
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The water user had a well identification label installed on the well casing.

**SECTION 6  
 ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
COBU Map	COBU Map
UMAT 3683	Well Log
Pump Test	Pump Test

## 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 COBU was made using county assessor maps, Google images, and measurements and observation made during the site visit.

## 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 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
- NA 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



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

**UMAT 3683** UMAT 3683  
 PLEASE TYPE or PRINT IN INK

**RECEIVED**  
 OCT 11 1985  
 5h/29E-22

WATER RESOURCES DEPT. (for official use only)

**(1) OWNER:**

Name Fred Carlson  
 Address 203 Jefferson  
 City Umatilla State ORE

**(2) TYPE OF WORK (check):**

New Well  Deepening  Reconditioning  Abandon   
 If abandonment, describe material and procedure in Item 12.

**(3) TYPE OF WELL:**

Rotary Air  Driven   
 Rotary Mud  Dug   
 Bored

**(4) PROPOSED USE (check):**

Domestic  Industrial  Municipal   
 Thermal  Irrigation  Withdrawal  ReInjection   
 Other:  Piezometric  Grounding  Test

**(5) CASING INSTALLED:**

Steel  Plastic   
 Threaded  Welded   
 6" Diam. from +1 ft. to 20 ft. Gauge .20  
 " Diam. from ft. to ft. Gauge

**LINER INSTALLED:**

Steel  Plastic   
 Threaded  Welded   
 4" Diam. from -3 ft. to 183 ft. Gauge 160 15T

**(6) PERFORATIONS:**

Perforated?  Yes  No  
 Size of perforations 1/8 in. by 7 in.  
20 perforations from 163 ft. to 183 ft.  
 perforations from ft. to ft.  
 perforations from ft. to ft.

**(7) SCREENS:**

Well screen installed?  Yes  No  
 Manufacturer's Name \_\_\_\_\_ Model No. \_\_\_\_\_  
 Type \_\_\_\_\_ 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?  
 gal./min. with ft. drawdown after hrs.  
 Air test 75 gal./min. with drill stem at 183 ft. 2 hrs.  
 Bailer test gal./min. with ft. drawdown after hrs.  
 Artesian flow g.p.m.  
 Temperature of water 58° Depth artesian flow encountered \_\_\_\_\_ ft.

**(9) CONSTRUCTION:**

Special standards: Yes  No   
 Well seal—Material used Cement  
 Well sealed from land surface to 20 ft.  
 Diameter of well bore to bottom of seal 10 in.  
 Diameter of well bore below seal 6 in.  
 Amount of sealing material 11 sacks  pounds   
 How was cement grout placed? Tremmed  
 Was pump installed? \_\_\_\_\_ Type \_\_\_\_\_ HP \_\_\_\_\_ Depth \_\_\_\_\_ ft.  
 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 by legal description:**

County Umatilla <sup>SW</sup> 1/4 of Section 22 of  
 Township 5N Range 29E WM.  
 (Township is North or South) (Range is East or West)  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

MAILING ADDRESS OF WELL (or nearest address)

Progress Rd & Diagonal Rd.

**(11) WATER LEVEL of COMPLETED WELL:**

Depth at which water was first found -3 ft.  
 Static level 55 ft. below land surface. Date 7-27-85  
 Artesian pressure \_\_\_\_\_ lbs. per square inch. Date \_\_\_\_\_

**(12) WELL LOG:**

Diameter of well below casing 6"  
 Depth drilled 183 ft. Depth of completed well 183 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
Sand	0	9	
Black Basalt	9	78	
Brown clay	78	95	
Black Basalt	95	155	
Red Cinders	155	178	
Black Basalt	178	183	

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Date work started 9-25 /completed 9-27-85  
 Date well drilling machine moved off of well 7-27 1985

**(unbonded) Water Well Constructor Certification (if applicable):**

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

[Signed] E. Brown Date 9-27, 19 85

**(bonded) Water Well Constructor Certification:**

Bond \_\_\_\_\_ Issued by: \_\_\_\_\_ (Surety Company Name)  
 On behalf of Brown & Brown Drilling Inc.  
 (type or print name of Water Well Constructor)

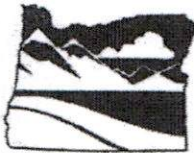
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief:

(Signed) E. Brown  
 (Water Well Constructor)  
 (Dated) 9-27-85

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

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

SP\*46866-690



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Owner Information:

OWNER NAME/BUSINESS NAME: <u>Steve White</u>	PHONE No.: <u>541 561 1193</u>	ADDITIONAL CONTACT No.: <u>NOV 19 2021</u>
ADDRESS: <u>33551 E. Progress Rd.</u>		
CITY: <u>Hermiston</u>	STATE: <u>OR</u>	ZIP: <u>97838</u>
E-MAIL: <u>steve.w@ecologistics.com</u>		

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Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: <u>Tim Estefanos</u>	QUALIFICATION: (SELECT) <u>Pump Installer</u>	LICENSE #: <u>OR.C.C.B # 49914</u>
COMPANY: <u>Purswell's Pump Co., Inc.</u>	PHONE No.: <u>541 567 2640</u>	ADDITIONAL CONTACT No.:
ADDRESS: <u>34268 Feedville Rd</u>		
CITY: <u>Hermiston</u>	STATE: <u>OR</u>	ZIP: <u>97838</u>
E-MAIL: <u>nicoryan@purswellpump.com</u>		

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
<u>UMAT 3683</u>	<u>L- 99874</u>		<u>183.0</u>	<u>Carlson Fred</u>	<u>9/27/85</u>	<u>9/23/2021</u>

(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)
<u>SN</u>	<u>24E</u>	<u>2</u>			<u>45.8941</u>	<u>-119.1826</u>

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?
<u>G- 16971</u>	<u>G- 16449</u>	<u>T-</u>		<input checked="" type="radio"/> Yes <input type="radio"/> No (Need MWE Form)
<u>G-</u>	<u>G-</u>	<u>T-</u>		<input type="radio"/> Yes <input type="radio"/> No (Need MWE Form)
<u>G-</u>	<u>G-</u>	<u>T-</u>		<input type="radio"/> Yes <input type="radio"/> No (Need MWE Form)

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

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)

Is there a lake, stream or other surface water body within 1/4 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: 1200' South ft.

Approximate elevation difference: 6' ft.

Was the test conducted during normal use of the well?

Please indicate where pumped water was discharged: Pasture

How far from the pumped well was water discharged? 100 ft.

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



Water-Level Measurement Method: E-TAPE \*Verify here: { Airline: \_\_\_\_\_ psi \_\_\_\_\_ feet.  
Length of air line (if used): \_\_\_\_\_ { E-Tape: 500' TOTAL LENGTH feet.

\*Airline measurements must be verified by an E-Tape measurement

Pressure transducer (if used):  
Manufacturer: NA Serial #: NA  
Date Last Calibrated: NA Units: NA

Pump Type: SUBMERSIBLE  
HP: 2 Pump set at: UNKNOWN feet.  
Pump idle time: 24 HRS PRE-TEST

Discharge Measurement Method: \_\_\_\_\_  
Flowmeter (if used):  
Manufacturer: MeterMaster Serial #: 212652154  
Date Last Calibrated: NEW / NA Units: gal  
New Meter

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 1.5 feet.  
Description (e.g., top port of 1 inch port pipe, west side) NORTH SIDE OF WELL CASING LIP

Time pump turned on: Date 8:00 9/23/21 Time 8:00 AM  
Time pump turned off: Date 9/23/2021 Time 12:06 PM  
Total pumping time: 4 hours 6 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=1BdwLynsYAPNSQIW330ZISFZuMscp4Hfil-1ftsDAAEsMC2\\_ROSsl-277278532?selectedDivision=3186](https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=1BdwLynsYAPNSQIW330ZISFZuMscp4Hfil-1ftsDAAEsMC2_ROSsl-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](mailto:WRD_DL_pumptestsupport@oregon.gov)

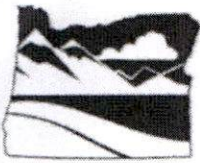
I hereby certify that this test has been conducted in accordance with OAR 690-217:

OPERATOR SIGNATURE: etimg DATE: 10-8-21

OWNER SIGNATURE: John Wolt DATE: 11-10-21

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

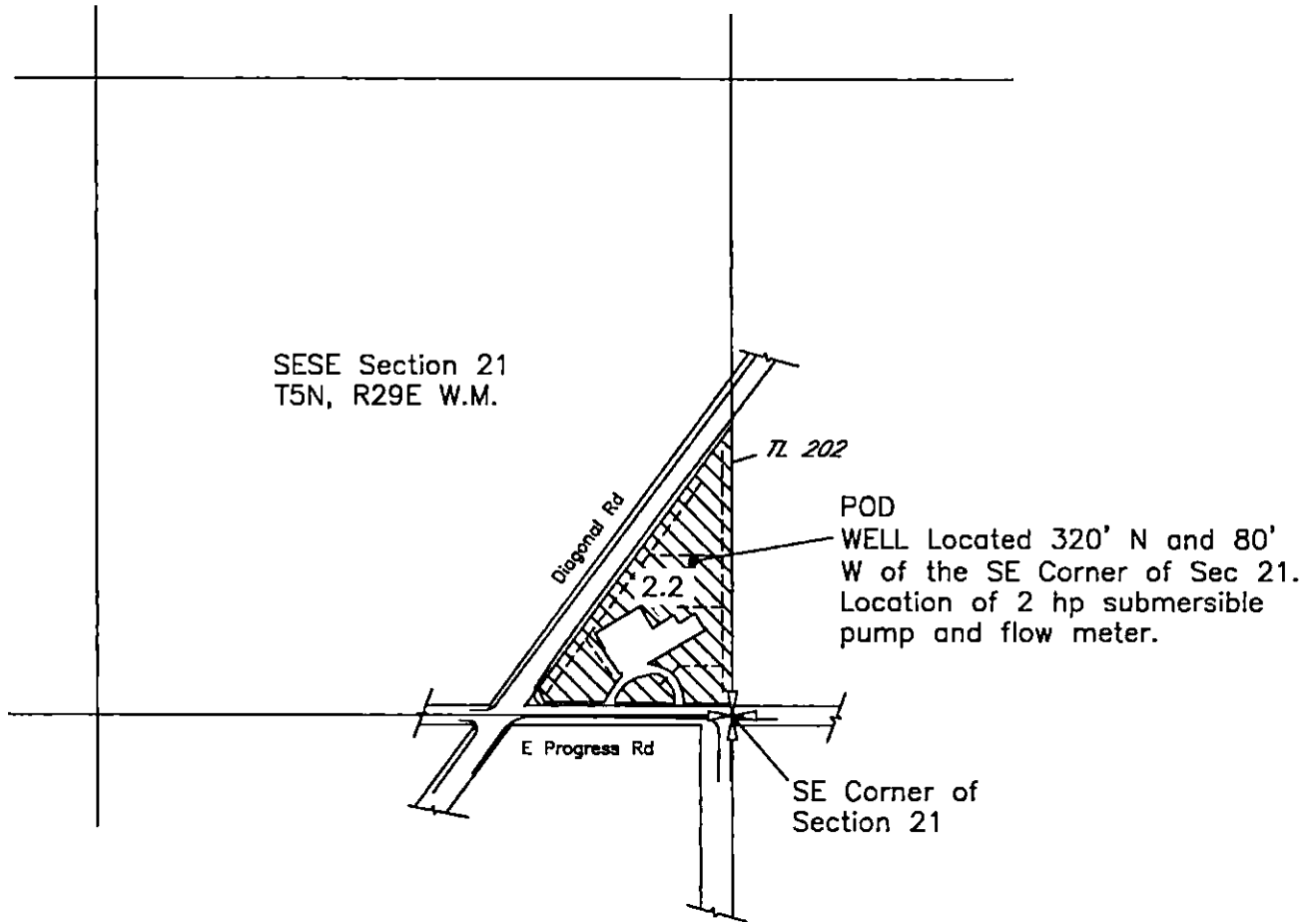
OWRD 20200115



WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
	L-	STEVE WHITE	N/A	N/A	N/A	9/23/2021

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
9/23	08:00	0	40.5	0	Pre-test			
	08:20	0	40.5	0	Pre-test			
	08:40	0	40.5	0	Pre-test			
	09:00	0	40.5	0				
		2	40.6	25				
		4	40.6	25				
		6	40.6	25				
		8	40.6	25				
		10	40.6	25				
		15	40.7	25				
		20	40.7	25				
		25	40.8	25				
		30	40.8	25				RECEIVED
		35	40.9	25				
		40	40.9	25				NOV 19 2021
		45	40.9	25				
		50	41	25				
		55	41	25				OWRD
	10:00	60	41	25				
		70	41.1	25				
		80	41.2	25				
		90	41.3	25				
		100	41.4	25				
		110	41.4	25				
	11:00	120	41.5	25				
		135	41.6	25				
		150	41.8	25				
		165	41.9	25				
		180	42.1	25				
		195	42.3	25				
	12:00	210	42.7	25				
		225	42.9	25				
		240	42.9	25				
	12:02		40.9	0				
	12:04		40.5	0				
	12:06		40.5	0				

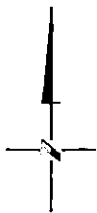
CLAIM OF BENEFICIAL USE MAP  
 FOR APPLICATION G-16971, PERMIT G-16449  
 IN THE NAME OF STEVE WHITE  
 T5N, R29E, W.M. UMATILLA COUNTY



LEGEND

 Area Irrigated (acres)

 Buried Pipeline



0 400  
  
 SCALE IN FEET

*Dale Vandekerckhove*  
 11/2/21

*Renews 6/30/22*

NOTE: THE PURPOSE OF THIS MAP IS TO IDENTIFY THE APPROXIMATE LOCATION OF THE WATER RIGHT. IT IS NOT INTENDED TO PROVIDE LEGAL DIMENSIONS OF LOCATIONS OF PROPERTY OWNERSHIP LINES, PIPELINE LOCATIONS AND SIZES WERE PROVIDED BY THE WATER USER AND HAVE NOT BEEN VERIFIED.

DGV Consulting, PLLC  
 PHONE (509) 627-8717  
 dalevconsulting@gmail.com  
 Date: Nov 2, 2021