

**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

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**A fee of \$230 must accompany this form for permits
with priority dates of July 9, 1987, or later.**

**SECTION 1
GENERAL INFORMATION**

1. File Information:

APPLICATION # G-14634	PERMIT # (IF APPLICABLE) G-17584	PERMIT AMENDMENT # (IF APPLICABLE) T-12147
---------------------------------	--	--

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Pine Ridge Associates		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 5901 Silverado Trail			
CITY Napa	STATE CA	ZIP 94558	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 Pine Ridge Winery DBA Archery Summit Winery c/o Ian Burch			
ADDRESS PO Box 85			
CITY Dundee	STATE OR	ZIP 97115	

ADDITIONAL PERMIT HOLDER OF RECORD NA			
ADDRESS			
CITY	STATE	ZIP	

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4. Date of Site Inspection:

September 29, 2020

September 28, 2021

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Tim Scott	September 29, 2020	Vineyard Manager
Leigh Bartholomew	September 28, 2021	Director of Viticulture

6. County

Yamhill

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)):

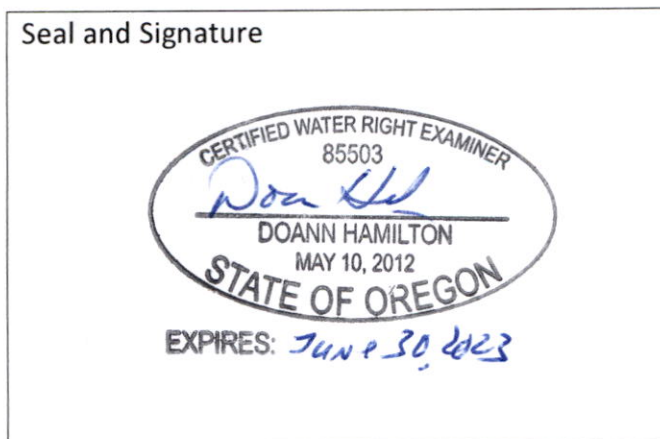
OWNER OF RECORD		
NA		
ADDRESS		
CITY	STATE	ZIP

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 Doann Hamilton		PHONE NO. (503) 632-5013	ADDITIONAL CONTACT NO. (503) 349-6946
ADDRESS 18487 S. Valley Vista Road			
CITY Mulino	STATE OR	ZIP 97042	E-MAIL phgdmh@gmail.com

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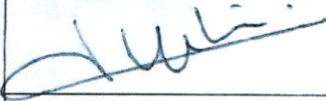
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Permit Holder's of Record Signature or Acknowledgement

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
	NICOLAS GUILLE	C.O.O.	02.09.2010

**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 1	YAMH 3848	NA
Well 2	YAMH 51997	L-36988

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 1	Supplemental Irrigation	Grapes for wine	March 1 through October 31	0.06 cfs
Well 2				
Well 1	Agricultural use, Maintenance of Reservoir under Permit R-12487, Fish culture and wetland enhancement	NA	Year round	0.15 cfs
Well 2				
Total Quantity of Water Used				0.21 cfs

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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:

Well 1 (YAMH 3848) is pumped using a 3 Hp submersible pump, which conveys water to the northwest toward the pump house where a meter is located inline. Located inside the pump house is a 2 Hp centrifugal pump which is used to aid in pumping the well. The line is pressurized by an 86 gallon pressure tank. One line from the system exits the pump house on the west side, supplying a 2-inch reinforced poly hose that can fill a 500-gallon poly tank on a trailer to supply different areas of the vineyard, or that can be extended out farther west to the creek to flow into Reservoir 2 to help maintain the reservoir. The reservoir is very leaky and once maintaining the water level within the reservoir is not efficient, the water from Well 1 (YAMH 3848) can be directly pumped into the mainline.

Well 2 is pumped using a 5 Hp submersible pump to convey the water up to, and directly into, Reservoir 2 only.

Water is pumped from Reservoir 2 using a submersible pump with a self-cleaning rotary screen within an 8-inch casing submerged within the reservoir. The water is conveyed through 2-inch PVC on top of the bank where a meter is located. After the meter, the line tees with one line connecting to the rest of the mainline. The other line is equipped with a valve from which water can be pumped using a portable pump into a 500 gallon poly tank on a trailer. The water is then taken to several different hydrants to inject water by throttling the pump to the desired rate within the mainlines at various locations. The mainline supplies 1.25-inch PVC laterals with one line of 0.5-inch polyethylene drip line down each row of grapes. The rows are 6 feet apart with 0.5 gph drip emitters every 3.5 feet. The grapes are irrigated as needed.

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.")

- 1. The primary surface water right Application S-83597 Permit S-53412 acres were reduced after completing the claim of beneficial use for that water right. The corresponding acres under supplemental water right Permit G-17584 were reduced to correlate with the same place of use.**

The original place of use:

							IS
3S	3W	WM	27	SW SW	AG	DLC 56	4.30
3S	3W	WM	27	SE SW	AG	DLC 56	33.89
3S	3W	WM	27	SW SE	AG	DLC 56	7.40
3S	3W	WM	34	NE NW	AG	DLC 56	<u>5.90</u>
Total:							51.49

Adjusted acreages in place of use, and field verification:

							IS
3S	3W	WM	27	SW SW	AG	DLC 56	4.3
3S	3W	WM	27	SE SW	AG	DLC 56	28.2
3S	3W	WM	27	SW SE	AG	DLC 56	6.9
3S	3W	WM	34	NE NW	AG	DLC 56	<u>2.5</u>
Total:							41.9

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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 1	0.089 cfs	0.13 cfs	Not measured	Supplemental Irrigation	51.49	41.9
				Agricultural use, Maintenance of Reservoir under Permit R-12487, Fish culture and wetland enhancement	NA	
Well 2	0.089 cfs	0.15 cfs	Not measured	Supplemental Irrigation	51.49	41.9
				Agricultural use, Maintenance of Reservoir under Permit R-12487, Fish culture and wetland enhancement	NA	

**SECTION 4a of 4b
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

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.

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

Top of casing beneath pitless adaptor cap.

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
See Well Log YAMH 3848						

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.

See Well Log YAMH 3848

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)?

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

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

NO

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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.

1. Is a pump used?

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

YES

2. Pump Information:

SOURCE	MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
Well 1	Goulds	33GS 30	Unknown	Submersible
Booster Pump	Aermotor	25H200	192252	Centrifugal
POD 2	Goulds	Unknown	Unknown	Submersible
Portable pump from pond	Honda	Multiquip QP2H	Unknown	Centrifugal

3. Theoretical Pump Capacity:

SOURCE	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)
Well 1	3 Hp	60 psi	390 feet (from pump test recorded on well log)	0 feet	0.04 cfs
Booster pump	2 Hp	60 psi	0 feet	0 feet	0.09 cfs
POD 2	3 Hp	60 psi	20 feet	0 feet	0.12 cfs
Portable pump from pond	3.5 Hp	30 psi	5 feet	0 feet	0.28 cfs

4. Provide pump calculations:

Well 1 + Booster pump	$Q \text{ Pump Well 1} = \frac{(3 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(390 \text{ ft lift} + 152.4 \text{ ft pressure head})} = 0.04 \text{ cfs}$ $Q \text{ Pump booster} = \frac{(2 \text{ Hp}) \times (6.61 \text{ ft}^4/\text{sec Hp})}{(0 \text{ ft lift} + 152.4 \text{ ft pressure head})} = 0.09 \text{ cfs}$ <p>Total = 0.13 cfs</p>	<p>RECEIVED</p> <p>MAR 01 2022</p>
POD 2	$Q \text{ Pump} = \frac{(3 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(20 \text{ ft lift} + 152.4 \text{ ft pressure head})} = 0.12 \text{ cfs}$	<p>OWRD</p>
Portable pump from pond	$Q \text{ Pump} = \frac{(3.5 \text{ Hp}) \times (6.61 \text{ ft}^4/\text{sec Hp})}{(5 \text{ ft lift} + 76.2 \text{ ft pressure head})} = 0.28 \text{ cfs}$	

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 running during site visit			

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

6. 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.

7. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
Netafim old style flipper	40 psi	0.008 gpm (0.5 gph)	77,734	15,800	126.4 gph = 0.28 cfs

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					

E. Storage

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

YES

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

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

YES

YES

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

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
Fiberglass Pressure tank	86 gallons	Above ground

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
Reservoir 2 authorized under Certificate 94520	20 feet deep	7.5 AF

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

NO

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

G. Gravity Flow Canal or Ditch

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

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

NO

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

H. Additional notes or comments related to the system:

Inside the pump house there is an additional booster pump located to help pump the water through the system.

Just after the pump, there is a hose connection where trucks can be filled to take the water to various locations within the vineyard, or pumped directly into the reservoir.

Water conveyed into the reservoir is pumped out under Permit S-53412 into a water truck for distribution to the various locations within the vineyard.

**SECTION 4b of 4b
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

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:

Top of casing beneath pitless adaptor cap.

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
See Well Log YAMH 51997						

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.

See Well Log YAMH 51997

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)?

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

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Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

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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.

1. Is a pump used?

YES

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

2. Pump Information:

	MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
Well	Berkley	Unknown	Unknown	Submersible
POD 2	Goulds	Unknown	Unknown	Submersible
Portable pump from pond	Honda	Multiquip QP2H	Unknown	Centrifugal

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)
Well 2	5 Hp	60 psi	57.0 feet (from permit condition pump test)	20 feet	0.15 cfs
POD 2	3 Hp	60 psi	20 feet	0 feet	0.12 cfs
Portable pump from pond	3.5 Hp	30 psi	5 feet	0 feet	0.28 cfs

4. Provide pump calculations:

Well 2	Q Pump = $\frac{(5 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(77.0 \text{ ft lift} + 152.4 \text{ ft pressure head})}$ = 0.15 cfs	RECEIVED MAR 01 2022
POD 2	Q Pump = $\frac{(3 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(20 \text{ ft lift} + 152.4 \text{ ft pressure head})}$ = 0.12 cfs	OWRD
Portable pump from pond	Q Pump = $\frac{(3.5 \text{ Hp}) \times (6.61 \text{ ft}^4/\text{sec Hp})}{(5 \text{ ft lift} + 76.2 \text{ ft pressure head})}$ = 0.28 cfs	

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 running during site visit			

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

6. 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.

7. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
See Well 1					

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					

E. Storage

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

YES

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

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

NO
YES

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

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
Reservoir 2 permitted under Certificate 94520	20 feet deep	7.5 AF

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.

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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

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

H. Additional notes or comments related to the system:

Water conveyed into the reservoir is pumped out under Permit S-53412 into a water truck for distribution to the various locations within the vineyard.

**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 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	Permit G-13429 issued July 8, 1998 Permit G-17584 issued March 31, 2016		RECEIVED MAR 01 2022 OWRD
BEGIN CONSTRUCTION (A)	May 28, 1999	March 7, 1995	Construction of Well 1 (YAMH 3848) began
COMPLETE CONSTRUCTION (B)	October 1, 2002 extended to: October 1, 2020 Extended to: October 1, 2021	October 2020	Meter for Well 1 (YAMH 3848) was installed.
COMPLETE APPLICATION OF WATER (C)	October 1, 2003 extended to: October 1, 2020 Extended to: October 1, 2021	September 2021	All the permit conditions were met and water was put to full use.

* 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

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

Progress report due: October 1, 2019

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

b. Were the Progress Reports submitted?

YES

Received: October 7, 2019

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
NA			

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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:

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
NA			

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.

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? **NO**

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

- for Well 2 (YAMH 51997)

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

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

- Once Well 2 (YAMH 51997) is approved they will apply for a multi-well exemption for Well 1 (YAMH 3848)

****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? **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 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 1	Master Meter	19803622	Working	86,373 gallons (September 28, 2021)	October 2020
Well 2	Master Meter	2302115	Working	1,936,150 Cubic feet (September 29, 2020) 1,938,656.6 cubic feet (September 28, 2021)	2000

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

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

YES and NO

WELL	WELL ID #	DATE ATTACHED TO WELL
Well 1	None	NA
Well 2	L-36998	January 2000

d. Other conditions?

YES

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

d1) Condition per the extension FO issued August 7, 2015:
 "The permit holder shall apply for a Permit Amendment to correctly describe the location of Well 2 (YAMH 51997) by October 1, 2016."

Compliance:
 Permit Amendment T-12147 was received by the Department on August 31, 2015.

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**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Claim of Beneficial Use Map	Claim of Beneficial Use Map
State Water Well Report – YAMH 3848	Well log and driller’s notes for YAMH 3848 – Well 1
State Water Well Report – YAMH 51997	Well log and driller’s notes for YAMH 51997 – Well 2
BLM Cadastral Map	BLM Cadastral Map T. 3S. R. 3W. showing DLC and Government Lot locations
Pump Test Form Cover Sheet and Pump Test Data Sheet	Pumping Test Results for Well 2 (YAMH 51997) conducted March 23, 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 COBU map was prepared using tax assessor’s map 3 3 27, overlain by a 2014 aerial photo titled USDA-FSA-APFO NAIP County Mosaic and obtained on line from the Natural Resources Conservation Service, Image Metadata:
<http://datagateway.nrcs.usda.gov/Catalog/ProductDescription/NAIPM.html>

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
- Source illustrated if surface water
- Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature

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State of Oregon
WATER WELL REPORT (as required by ORS 537.765)

Page 1 of 1

Start Card # 66616

(1) OWNER: Well No. 1490
Name PINE RIDGE ASSOCIATION
Address 5901 SILVERADO ST.
City NAPA St CA Zip 94558

(2) TYPE OF WORK: NEW WELL
(3) DRILL METHOD: ROTARY AIR
(4) PROPOSED USE: DOMESTIC

(5) BORE HOLE CONSTRUCTION:
Special Construction Approval: NO Depth of Compl. Well 390 ft
Explosives used NO Type Amount

HOLE		SEAL		Amount	
Diam.	From To	Material	From To	Amount	
10	0 99	BENTONITE	0 3	2	SAX
6	99 390	CEMENT W/GEL	3 99	18	SAX

Seal placement method C
Backfill: from ft to ft Material
Gravel: from ft to ft Size

(6) CASING/LINER:

Diam.	From To	Gauge	Material	Connection
Casing 6	+1 99	.25	STEEL	WELDED
Liner 4	0 390	160#	PLASTIC	WELDED

Final Location of shoe(s) NO SHOE

(7) PERFORATIONS/SCREENS:
 Perforations Method ELECTRIC SAW
 Screens Type Material

From To	Slot Size	Number	Diam.	Material size	Tele/pipe size	Casing/liner LINER
350 390	6"	72				

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

Yield GPH	Draw-down	Drill stem at	Time
41		390	1 hr.

Temperature of water 52 Depth Artesian Flow Found
Was water analysis done? NO By whom _____
Reason for water not suitable for use _____
Depth of strata 0

(9) LOCATION OF WELL by legal description:
County YAMHILL Lat. " " Long. " " " "
Township 3 S Range 3 W WM.
Section 27 SE 1/4 SW 1/4
Tax Lot 3327 Lot 2700 Block Subdivision
Street Address of Well (or nearest Address)
8775 WORDEN HILL RD DUNDEE, OR

(10) STATIC WATER LEVEL:
125 ft. below land surface. Date 03/08/95
Artesian pressure lb per square in. Date

(11) WATER BEARING ZONES:
Depth at which water was first found 183

From	To	Est Flow	Rate	SWL
183	193	30		125
316	319	11		125

(12) WELL LOG:

Material	Ground elevation		SWL
	From	To	
TOP SOIL	0	5	
BROWN CLAY	5	12	
DECAYED BASALT	12	75	
GRAY CLAY	75	83	
HARD GRAY BASALT	83	165	
DECAYED BASALT	165	193	125
MEDIUM GRAY BASALT, SOME DECAY	193	316	
DECAYED BASALT, VESICULAR	316	364	125
MEDIUM GRAY BASALT, SOME DECAY	364	365	
HARD GRAY BASALT	365	375	
MEDIUM GRAY BASALT	375	390	

DAVE PAYSINGER
BLUE WATER DRILLING CO.
DAYTON, OR. 97114

Date started 03/07/95 Completed 03/08/95

(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 my best knowledge and belief.

Signed _____ WWC Number _____
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.

Signed *David G. Paysinger* WWC Number 1438
Date 03/08/95

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(1) OWNER: Well No. 1923
Name ARCHERY SUMMIT
Address PO BOX 85
City DUNDEE St OR Zip 97115

(9) LOCATION OF WELL by legal description:
County YAMHILL Lat. ' ' ' Long. ' ' '
Township 3 S Range 3 W NW.
Section 27 SE 1/4 SW 1/4
Tax Lot 2700 Lot Block Subdivision
Street Address of Well (or nearest Address)
8775 WORDEN HILL RD DUNDEE, OR Arcus Vineyard

(2) TYPE OF WORK: NEW WELL
(3) DRILL METHOD: ROTARY AIR
(4) PROPOSED USE: IRRIGATION

(10) STATIC WATER LEVEL:
54 ft. below land surface. Date 01/20/00
Artesian pressure _____ lb per square in. Date _____

(5) BORE HOLE CONSTRUCTION:

Special Construction Approval NO	Depth of Compl. Well	211 ft				
Explosives used NO	Type _____	Amount _____				
HOLE SEAL						
Diam.	From	To	Material	From	To	Amount
12	0	39	BENTONITE CHIP	0	39	36 SAX
8	39	235	_____	_____	_____	_____

(11) WATER BEARING ZONES:

Depth at which water was first found	139	Est Flow Rate	SWL
From	To	200	54
159	180	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Seal placement method POURED/PROBED
Backfill: from 211 ft to 235 ft Material CLEAN CUTTINGS
Gravel: from _____ ft to _____ ft Size _____

(12) WELL LOG:

Material	Ground elevation		SWL
	From	To	
TOP SOIL	0	3	
RED CLAY	3	9	
BASALT, DECAYED/WEATHERED	9	19	
BASALT, VERY HARD GRAY	19	61	
BASALT, HARD GRAY	61	89	
BASALT, VERY HARD GRAY	89	159	
BASALT, DECAY/UNSTABLE/VESICULAR	WB 159	168	54
BASALT, DECAY/VESICULAR/BROWN/GRAY	WB 168	180	54
BASALT, MEDIUM GRAY, SOME BROKEN AREAS	180	211	
BASALT, DARK BROWN DECAY/LOOSE & CAVING	211	235	

(6) CASING/LINER:

Casing	Diam.	From	To	Gauge	Material	Connection
	8	+2	39	.25	STEEL	WELDED
Liner	6	18	174	.25	STEEL	WELDED

Final Location of shoe(s) 39

DAVE PAYSINGER, BLUE WATER DRILLING CO.
(503) 868-7878
Date started 01/17/00 Completed 01/20/00

(7) PERFORATIONS/SCREENS:

From	To	Slot Size	Number	Diam.	Tele/pipe Size	Casing/liner
134	174	.2X6"	90	_____	_____	LINER

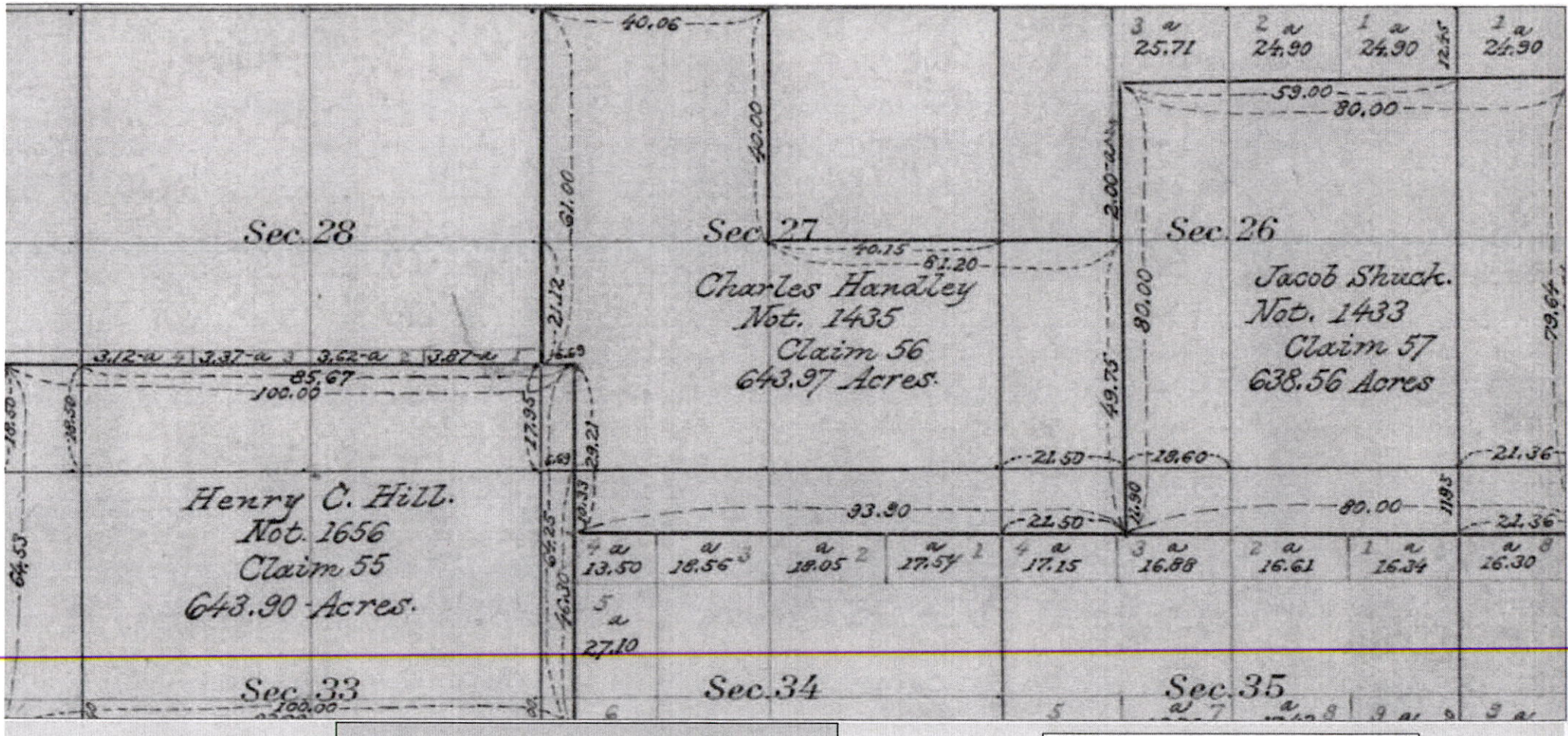
(unbonded) Water Well Constructor Certification: I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to my best knowledge and belief.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

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

Yield GPM	Draw-down	Drill stem at	Time
200	_____	210	1 hr.
200	_____	160	4

Temperature of water 53 Depth Artesian Flow Found _____
Was water analysis done? NO By whom _____
Reason for water not suitable for use _____
Depth of strata _____

(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 *David L. Paysinger* WWC Number 1438
Date 01/20/00



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**PUMP TEST FORM
COVER SHEET**

Owner Information:

OWNER NAME/BUSINESS NAME: Archery Summit		PHONE No.: 503-864-4300	ADDITIONAL CONTACT No.:
ADDRESS: 2700 Napa Valley Corporate Drive			
CITY: Napa	STATE: CA	ZIP: 94558	E-MAIL:

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Brian Fullbright	QUALIFICATION: (SELECT) Pump Installer	LICENSE #: CPI200
COMPANY: Cascade Water Systems	PHONE No.: 503-864-4556	ADDITIONAL CONTACT No.:
ADDRESS: 624 Third St		
CITY: Lafayette	STATE: OR	ZIP: 97127
E-MAIL: cwsoffice@cascadewatersystems.com		

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
YAMH 51997	L-36988	Arcus Lower	211'		1/24/2000	3/23/2021

(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)

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-14634	G-17584	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" 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)
L-36988		10:00am	2:00pm	35.5

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:** _____ ft.
Approximate elevation difference: _____ ft.

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>.



Water-Level Measurement Method: Electric Tape *Verify here: {

Length of air line (if used): _____
 *Airline measurements must be verified by an E-Tape measurement

{ Airline: _____ psi _____ feet.
 E-Tape: _____ feet.

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

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

Discharge Measurement Method: _____
 Flowmeter (if used):
 Manufacturer: _____ Serial #: _____
 Date Last Calibrated: _____ Units: _____

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' feet.
 Description (e.g., top port of 1 inch port pipe, west side) _____

Time pump turned on: Date 3/23/2021 Time 10:00AM
Time pump turned off: Date 3/23/2021 Time 2:00 pm
 Total pumping time: 4 hours 00 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_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

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

OPERATOR SIGNATURE: *Blair H. ...* DATE: 3/23/2021

OWNER SIGNATURE: _____ DATE: _____

