

# 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](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.

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 # <b>G-14291</b>	PERMIT # (IF APPLICABLE) <b>G-13254</b>	PERMIT AMENDMENT # (IF APPLICABLE) <b>T-</b>
---------------------------------	--	---

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

APPLICANT/BUSINESS NAME <b>MDB FARMS LLC, ( Steve Delashmutt agent)</b>		PHONE NO. <b>541-523-6125</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>3640 H Street</b>			
CITY <b>Baker City</b>	STATE <b>OREGON</b>	ZIP <b>97814</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>William Delashmutt, Donald T. McCabe, William R. Delashmutt</b>		
ADDRESS <b>64813 HWY 237</b>		
CITY <b>La Grande</b>	STATE <b>OR</b>	ZIP <b>97850</b>

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

**4. Date of Site Inspection:**

**4/19/21 , 4/5/22 , 7/5/22**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>John Frisch</b>	<b>4/19/21, 7/5/22</b>	<b>Farm manager and forman on farm</b>

**6. County:**

**Union County**

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

OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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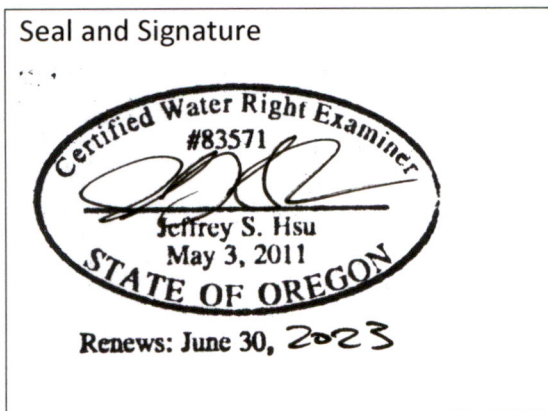
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**SECTION 2  
SIGNATURES**

CWRE Statement, Seal and Signature

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



CWRE NAME <b>Jeffery S Hsu</b>		PHONE NO. <b>541-963-6092</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>2006 Adams Avenue</b>			
CITY <b>La Grande</b>	STATE <b>OR</b>	ZIP <b>97850</b>	E-MAIL <b>jeff@bgbsurveyors.com</b>

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
<i>Steven Delashmatt</i>	Steven Delashmatt	LLC agent	8/17/22

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**SECTION 3  
CLAIM DESCRIPTION**

**1. Point of appropriation name or number:**

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well "GOLDEN" ( appl. Map Well #1)	UNIO 52399	L-100219
WELL "HOMAN" ( appl. Map well #2 )	UNIO 51275	L-50700
WELL "PARKER" ( appl. Map well #3)	UNIO 52813	L-115866
WELL "STEIN " ( appl. Map well #4	UNIO 52541	L-100224

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)
Golden, Homan, Parker, Stein wells	irrigation	Grain, alfalfa, corn, radishes, grass seed,	March through October	"Golden 415.24 Af 2021
				"Homan 357.76 Af 2021
				"Parker 454.69 Af 2021
				"Stein 281.42 Af 2021
<b>Total Quantity of Water Used</b>				<b>1,509.11 Af 2021</b>

**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:

All of the wells are tied together and are able to be placed on all of the permitted 40's, and thus the wells are all within the same aquafer and are of the same source. The wells can be used together or in groups of two or four as needed and to better able to properly water various crops that need more water at various times. The wells are regulated with variable speed pumps that are controlled by pressure. The volumes on the fields depend upon the crops being grown in various years. The pivots have end guns that add to the acreage under the pivot, and several of the pivots have swings in addition to the big guns. The corners are watered by hand lines usually in the fall and spring to give the grains grown on the corners a good start for the year. Mr. Frisch indicates that he documents the watering with photos as well as dates and amounts in a tally book. I was happy with his explanation of the hand lines used in all of the corners not reached by the pivots.

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).

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**5. Variations:**

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

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

**There are lands deleted due to the slough situated within the North Half of the SW quarter of Section 6,T3S R39E. There are lands not irrigated along the Cove Hwy 237 that have not been irrigated under permit G-13254 prior to the COPU preparation.**

**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
"Golden"	Up to 4cfs	1.65 CFS	750 gpm	irrigation	866.5	825.6
"Homan"	Up to 4cfs	2.20 CFS	800 gpm	Irrigation	866.5	825.6
"PARKER"	Up to 4cfs	3.30 CFS	1403.53 gpm	Irrigation	886.5	825.6
"STEIN"	UP TO 4CFS	2.75 cfs	1200 gpm	irrigation	886.5	825.6

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**SECTION 4  
SYSTEM DESCRIPTION**

Are there multiple POAs?

**YES**

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

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

**"GOLDEN" WELL, ( well #1 on applications)**

**A. Place of Use**

1. Is the right for municipal use?

**NO**

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
<b>Total Acres Irrigated</b>									

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

**B. Groundwater Source Information (Well)**

1. Is the appropriation from a well?

**YES**

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

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

The port is a 1 ½" pipe with cap located on the South side of the well

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

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

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

**C. Groundwater Source Information (Sump)**

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

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**NO**

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

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

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

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

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

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

**4. Provide sump volume calculations:**

NA

**D. Diversion and Delivery System Information**

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

**1. Is a pump used?** YES

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

**2. Pump Information:**

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Vertical Turbine	unknown	2071	Turbine	16"	8"

**3. Motor Information:**

MANUFACTURER	HORSEPOWER
WEG Elec. Motor Corp. High Thrust Hollow Shaft vertical Motor	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 hp	65 psi	150'	+5	1.65 CFS

**5. Provide pump calculations:**

$$\frac{75 \times 7.04}{150' + 5 + 165.1} = \frac{528.0}{320.1} = 1.65 \text{ CFS}$$

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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)
770 GPM	770 GPM	30 SEC	1.71 CFS

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

**7. Is the distribution system piped?**

YES

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

**8. Mainline Information:**

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
10" entire project	15,133	PVC	Below
10" portable (all)	520'	steel	above

**9. Lateral or Handline Information:**

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4" (all)	1920'	Aluminum	above

**10. Sprinkler Information:**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
9/64 (hand)	50 psi	4 gpm	99	99 at a time	0.88 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)
na					

**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)
1228' Valley w/287' swing, & endgun 100' rad	1610' rad	60 psi	1200 gpm	2.67 cfs
1200' Valley w/287' swing & endgun 100' rad	1587' rad	60 psi	1200 gpm	2.67 cfs
Valley w/endgun 100' rad	1400' rad	60. psi	1100 gpm	2.45 cfs
Valley w/endgun 100' rad	1400' rad	60 psi	1100 gpm	2.45 cfs
1222' Valley w/287' swing & endgun 100' rad	1609' rad	60 psi	1200 gpm	2.67 cfs

**E. Storage**

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

**NO**

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

If "YES" is it a:

Storage Tank

**YES NO**

Bulge in System / Reservoir

**YES NO**

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

**2. Storage Tank:**

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED

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

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)

**F. Gravity Flow Pipe**

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

1. Does the system involve a gravity flow pipe?

**NO**

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

**2. Complete the table:**

PIPE SIZE	PIPE TYPE	"C" FACTOR	AMOUNT OF FALL	LENGTH OF PIPE	SLOPE	COMPUTED RATE OF WATER FLOW (IN CFS)

**3. Provide calculations:**

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**4. If an actual measurement was taken, provide the following:**

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)

Attach measurement notes.

**G. Gravity Flow Canal or Ditch**

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

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

**NO**

*If “NO”, items 2 through 4 relating to this section may be deleted.*

**2. Complete the table:**

CANAL OR DITCH TYPE (MATERIAL)	TOP WIDTH OF CANAL OR DITCH	BOTTOM WIDTH OF CANAL OR DITCH	DEPTH	“N” FACTOR	AMOUNT OF FALL	LENGTH OF CANAL / DITCH	SLOPE	COMPUTED RATE (IN CFS)

**3. Provide calculations:**

**4. If an actual measurement was taken, provide the following:**

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)

Attach measurement notes.

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

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## SECTION 5 CONDITIONS

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

### 1. Time Limits:

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

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	11/19/1997		
BEGIN CONSTRUCTION (A)	11/19/1998	10/19/1995	Original "Golden Well" completed
COMPLETE CONSTRUCTION (B)		2/06/2020	"Stein and Homan, Parker wells completed, hooked in to mainlines
COMPLETE APPLICATION OF WATER (C)	10/01/2001	7/5/2022	All wells in place, working meters in place, mainlines in place, pivots and hand lines in place water flowing on the crops as specified in permit.

\* MUST BE WITHIN PERIOD BETWEEN PERMIT, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

### 2. Is there an extension final order(s)?

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?

NO

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

b. Were the Progress Reports submitted?

YES NO

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

### 3. Initial Water Level Measurements:

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

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

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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

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

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

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**

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

d. Has the pump test been approved by the Department? **YES one**

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

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

**6. Measurement Conditions:**

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? **YES**

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

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

b. Has a meter been installed? **YES**

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c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
"Golden"	McCrometer	98-4109-8	Working	676.930 AF	1998

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

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

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

NAME	TITLE	APPROXIMATE DATE

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED

7. Recording and reporting conditions:

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

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

b. Have the reports been submitted? YES

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

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

a. Were there special well construction standards? NO

b. Was submittal of a ground water monitoring plan required? NO

c. Was submittal of a water management and conservation plan required? NO

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

WELL ID #	DATE ATTACHED TO WELL
L-100219	4/19/2013

e. Other conditions? NO

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

I am attaching a copy of a letter from Water Resources that says that this well was exempted from a well test because of multiple wells. The letter was dated April 13, 2015. The original "Golden " well was replaced by a New "Golden " well in 2013 because of the original well failure well failure.

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**SECTION 6**  
**ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
<b>Exhibit #1</b>	<b>Water Resource well test exemption dated 4/13/2015</b>
<b>Exhibits #2 through #4</b>	<b>Well Tests for Stein, Homan, and Parker wells</b>
<b>Exhibits #5 and #6</b>	<b>Extension #1 issued as PFO 315 7/2/2002 extension date extended to 10/1/2010 hand written on pg. 4 of permit., and Extension #2 changes completion date to 10/1/2023.</b>
<b>Exhibit #7</b>	<b>Pump capacity calculation sheets for , Golden, Homan, Stein &amp; Parker Wells.</b>
<b>Exhibit #8</b>	<b>Well logs for Golden, Homan, Stein, and Parker</b>

**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 well locations were located by using a Leica GPS receiver and physically tying the wells to existing government monuments. Much of the physical topographic locations for sloughs, ditches and irrigated circle wetted perimeters were located by overlaying aerial photos taken by Oregon Tax commission in 2016.**

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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.)

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

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**SECTION 4  
SYSTEM DESCRIPTION**

Are there multiple POAs?

**YES**

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

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

**"STEIN", ( well #4 on applications)**

**A. Place of Use**

1. Is the right for municipal use?

**NO**

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLot	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
<b>Total Acres Irrigated</b>									

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

**B. Groundwater Source Information (Well)**

1. Is the appropriation from a well?

**YES**

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

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

The port is a 1 ½" pipe with cap located on the West side of the well

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

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

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

**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.

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

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

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

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

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

**4. Provide sump volume calculations:**

NA

**D. Diversion and Delivery System Information**

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

**1. Is a pump used?** YES

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

**2. Pump Information:**

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Gould Turbine	12CMC	MG1283	Turbine	16"	8"

**3. Motor Information:**

MANUFACTURER	HORSEPOWER
GE NEMA VARIABLE SPEED	125 hp
Shaft vertical Motor	

**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)
125 hp	65 psi	150'	+5	2.75 CFS

**5. Provide pump calculations:**

$$\frac{125 \times 7.04}{150' + 5 + 165.1} = \frac{880}{320.1} = 2.75 \text{ CFS}$$

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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)
1200 GPM	1200 GPM	30 SEC	2.67 CFS

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

**7. Is the distribution system piped?**

**YES**

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

**8. Mainline Information:**

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
10" entire project	15,133	PVC	Below
10" portable (all)	520'	steel	above

**9. Lateral or Handline Information:**

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4" (all)	1920'	Aluminum	above

**10. Sprinkler Information:**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
9/64 (hand)	50 psi	4 gpm	99	99 at a time	0.88 cfs

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

**11. Drip Emmitter Information:**

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

**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)
1223' Valley w/287' swing, & endgun 100' rad	1610' rad	60 psi	1200 gpm	2.67 cfs
1200' Valley w/287' swing & endgun 100' rad	1587' rad	60 psi	1200 gpm	2.67 cfs
Valley w/endgun 100' rad	1400' rad	60 psi	1100 gpm	2.45 cfs
Valley w/endgun 100' rad	1400' rad	60 psi	1100 gpm	2.45 cfs
1222' Valley w/287' swing & endgun 100' rad	1609' rad	60 psi	1200 gpm	2.67 cfs

**E. Storage**

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

NO

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

If "YES" is it a:

Storage Tank

YES NO

Bulge in System / Reservoir

YES NO

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

**2. Storage Tank:**

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED

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

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)

**F. Gravity Flow Pipe**

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

1. Does the system involve a gravity flow pipe?

NO

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

**2. Complete the table:**

PIPE SIZE	PIPE TYPE	"C" FACTOR	AMOUNT OF FALL	LENGTH OF PIPE	SLOPE	COMPUTED RATE OF WATER FLOW (IN CFS)

**3. Provide calculations:**

--

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**4. If an actual measurement was taken, provide the following:**

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)

Attach measurement notes.

**G. Gravity Flow Canal or Ditch**

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

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

**NO**

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

**2. Complete the table:**

CANAL OR DITCH TYPE (MATERIAL)	TOP WIDTH OF CANAL OR DITCH	BOTTOM WIDTH OF CANAL OR DITCH	DEPTH	"N" FACTOR	AMOUNT OF FALL	LENGTH OF CANAL / DITCH	SLOPE	COMPUTED RATE (IN CFS)

**3. Provide calculations:**

**4. If an actual measurement was taken, provide the following:**

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)

Attach measurement notes.

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

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**SECTION 5  
CONDITIONS**

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

**1. Time Limits:**

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

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	11/19/1997		
BEGIN CONSTRUCTION (A)	11/19/1998	10/19/1995	Original "Golden Well" completed
COMPLETE CONSTRUCTION (B)		2/06/2020	"Stein and Homan, Parker wells completed, hooked in to mainlines
COMPLETE APPLICATION OF WATER (C)	10/01/2001	7/5/2022	All wells in place, working meters in place, mainlines in place, pivots and hand lines in place water flowing on the crops as specified in permit.

\* MUST BE WITHIN PERIOD BETWEEN PERMIT, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

**2. Is there an extension final order(s)?**

**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?

**NO**

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

b. Were the Progress Reports submitted?

**YES NO**

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

**3. Initial Water Level Measurements:**

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

**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**

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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

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

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

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**

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

d. Has the pump test been approved by the Department? **YES one**

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

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

**6. Measurement Conditions:**

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? **YES**

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

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

b. Has a meter been installed? **YES**

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c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
"STEIN"	McCrometer	21-03490-8	Working, replaced Broken meter	10.173 AF	2021

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

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

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

NAME	TITLE	APPROXIMATE DATE

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED

7. Recording and reporting conditions:

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

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

b. Have the reports been submitted? YES

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

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

a. Were there special well construction standards? NO

b. Was submittal of a ground water monitoring plan required? NO

c. Was submittal of a water management and conservation plan required? NO

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

WELL ID #	DATE ATTACHED TO WELL
L-100224	3/25/2014

e. Other conditions? NO

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

**This well replace original well that failed. This new well completed in 3/25/2014 currently in place. Meter is located at the current well about 160' West of original well.**

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**SECTION 6**  
**ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
<b>Exhibit #1</b>	<b>Water Resource well test exemption dated 4/13/2015</b>
<b>Exhibits #2 through #4</b>	<b>Well Tests for Stein, Homan, and Parker wells</b>
<b>Exhibits #5 and #6</b>	<b>Extension #1 issued as PFO 315 7/2/2002 extension date extended to 10/1/2010 hand written on pg. 4 of permit., and Extension #2 changes completion date to 10/1/2023.</b>
<b>Exhibit #7</b>	<b>Pump capacity calculation sheets for , Golden, Homan, Stein &amp; Parker Wells.</b>
<b>Exhibit #8</b>	<b>Well logs for Golden, Homan, Stein, and Parker</b>

**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 well locations were located by using a Leica GPS receiver and physically tying the wells to existing government monuments. Much of the physical topographic locations for sloughs, ditches and irrigated circle wetted perimeters were located by overlaying aerial photos taken by Oregon Tax commission in 2016.**

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**SECTION 4  
SYSTEM DESCRIPTION**

Are there multiple POAs?

**YES**

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

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

**"HOMAN", ( well #2 on applications)**

**A. Place of Use**

1. Is the right for municipal use?

**NO**

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
<b>Total Acres Irrigated</b>									

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

**B. Groundwater Source Information (Well)**

1. Is the appropriation from a well?

**YES**

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

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

The port is a 2" pipe with cap located on the sw side of the well

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

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

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

**C. Groundwater Source Information (Sump)**

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

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**NO**

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

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

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

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

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

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

**4. Provide sump volume calculations:**

NA

**D. Diversion and Delivery System Information**

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

**1. Is a pump used?**

YES

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

**2. Pump Information:**

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Americanl Turbine	HK 60	unknown	Turbine	16"	8"

**3. Motor Information:**

MANUFACTURER	HORSEPOWER
US ELECTRIC MOTOR VARIABLE SPEED	100 hp

**4. Theoretical Pump Capacity:**

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
100 hp	65 psi	150'	+5	2.20 CFS

**5. Provide pump calculations:**

$$\frac{100 \times 7.04}{150' + 5 + 165.1} = \frac{704}{320.1} = 2.20 \text{ CFS}$$

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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)
NOT RUNNING AT TIME			

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

7. Is the distribution system piped? **YES**

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

**8. Mainline Information:**

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
10" entire project	15,133	PVC	Below
10" portable (all)	520'	steel	above

**9. Lateral or Handline Information:**

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4" (all)	1920'	Aluminum	above

**10. Sprinkler Information:**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
9/64 (hand)	50 psi	4 gpm	99	99 at a time	0.88 cfs

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

**11. Drip Emmitter Information:**

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

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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

**13. Pivot Information:**

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
1228' Valley w/287' swing, & endgun 100' rad	1610' rad	60 psi	1200 gpm	2.67 cfs
1200' Valley w/287' swing & endgun 100' rad	1587' rad	60 psi	1200 gpm	2.67 cfs
Valley w/endgun 100' rad	1400' rad	60 psi	1100 gpm	2.45 cfs
Valley w/endgun 100' rad	1400' rad	60 psi	1100 gpm	2.45 cfs
1222' Valley w/287' swing & endgun 100' rad	1609' rad	60 psi	1200 gpm	2.67 cfs

**E. Storage**

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

NO

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

If "YES" is it a:

Storage Tank

YES NO

Bulge in System / Reservoir

YES NO

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

**2. Storage Tank:**

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED

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

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)

**F. Gravity Flow Pipe**

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

1. Does the system involve a gravity flow pipe?

NO

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

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**2. Complete the table:**

PIPE SIZE	PIPE TYPE	"C" FACTOR	AMOUNT OF FALL	LENGTH OF PIPE	SLOPE	COMPUTED RATE OF WATER FLOW (IN CFS)

**3. Provide calculations:**

**4. If an actual measurement was taken, provide the following:**

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)

Attach measurement notes.

**G. Gravity Flow Canal or Ditch**

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

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

**NO**

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

**2. Complete the table:**

CANAL OR DITCH TYPE (MATERIAL)	TOP WIDTH OF CANAL OR DITCH	BOTTOM WIDTH OF CANAL OR DITCH	DEPTH	"N" FACTOR	AMOUNT OF FALL	LENGTH OF CANAL / DITCH	SLOPE	COMPUTED RATE (IN CFS)

**3. Provide calculations:**

**4. If an actual measurement was taken, provide the following:**

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)

Attach measurement notes.

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

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## SECTION 5 CONDITIONS

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

### 1. Time Limits:

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

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	11/19/1997		
BEGIN CONSTRUCTION (A)	11/19/1998	10/19/1995	Original "Golden Well" completed
COMPLETE CONSTRUCTION (B)		2/06/2020	"Stein and Homan, Parker wells completed, hooked in to mainlines
COMPLETE APPLICATION OF WATER (C)	10/01/2001	7/5/2022	All wells in place, working meters in place, mainlines in place, pivots and hand lines in place water flowing on the crops as specified in permit.

\* MUST BE WITHIN PERIOD BETWEEN PERMIT, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

### 2. Is there an extension final order(s)?

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?

NO

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

b. Were the Progress Reports submitted?

YES NO

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

### 3. Initial Water Level Measurements:

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

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

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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

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

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

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**

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

d. Has the pump test been approved by the Department? **YES one**

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

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

**6. Measurement Conditions:**

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? **YES**

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

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

b. Has a meter been installed? **YES**

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c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
"HOMAN"	McCrometer	10-02207-8	Working,	409.528 AF	2008

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

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

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

NAME	TITLE	APPROXIMATE DATE

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED

7. Recording and reporting conditions:

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

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

b. Have the reports been submitted? YES

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

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

a. Were there special well construction standards? NO

b. Was submittal of a ground water monitoring plan required? NO

c. Was submittal of a water management and conservation plan required? NO

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

WELL ID #	DATE ATTACHED TO WELL
L-50700	11/25/2002

e. Other conditions? NO

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

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**SECTION 6**  
**ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
<b>Exhibit #1</b>	<b>Water Resource well test exemption dated 4/13/2015</b>
<b>Exhibits #2 through #4</b>	<b>Well Tests for Stein, Homan, and Parker wells</b>
<b>Exhibits #5 and #6</b>	<b>Extension #1 issued as PFO 315 7/2/2002 extension date extended to 10/1/2010 hand written on pg. 4 of permit., and Extension #2 changes completion date to 10/1/2023.</b>
<b>Exhibit #7</b>	<b>Pump capacity calculation sheets for , Golden, Homan, Stein &amp; Parker Wells.</b>
<b>Exhibit #8</b>	<b>Well logs for Golden, Homan, Stein, and Parker</b>

**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 well locations were located by using a Leica GPS receiver and physically tying the wells to existing government monuments. Much of the physical topographic locations for sloughs, ditches and irrigated circle wetted perimeters were located by overlaying aerial photos taken by Oregon Tax commission in 2016.**

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**SECTION 4  
SYSTEM DESCRIPTION**

Are there multiple POAs?

**YES**

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

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

**"PARKER", ( well #3 on applications)**

**A. Place of Use**

1. Is the right for municipal use?

**NO**

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
<b>Total Acres Irrigated</b>									

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

**B. Groundwater Source Information (Well)**

1. Is the appropriation from a well?

**YES**

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

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

The port is a 2" pipe with cap located on the West side of the well

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

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

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

**C. Groundwater Source Information (Sump)**

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

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**NO**

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

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

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

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

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

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

**4. Provide sump volume calculations:**

NA
----

**D. Diversion and Delivery System Information**

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

**1. Is a pump used?**

YES

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

**2. Pump Information:**

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Flowise	DN 11	A-06-7716207-004 R0003	Turbine	16"	8"

**3. Motor Information:**

MANUFACTURER	HORSEPOWER
NEMA PREMIUM US MOTOR VARIABLE SPEED	150 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)
150 hp	65 psi	150'	+5	3.30 CFS

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5. Provide pump calculations:

$$\frac{150 \times 7.04}{150' + 5 + 165.1} = \frac{1056}{320.1} = 3.30 \text{ CFS}$$

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
1403.53 GPM	1400 GPM	30 SEC	3.15 CFS

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

7. Is the distribution system piped?

YES

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
10" entire project	15,133	PVC	Below
10" portable (all)	520'	steel	above

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4" (all)	1920'	Aluminum	above

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
9/64 (hand)	50 psi	4 gpm	99	99 at a time	0.88 cfs

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

11. Drip Emmitter Information:

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

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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

**13. Pivot Information:**

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
1223' Valley w/287' swing, & endgun 100' rad	1610' rad	60 psi	1200 gpm	2.67 cfs
1200' Valley w/287' swing & endgun 100' rad	1587' rad	60 psi	1200 gpm	2.67 cfs
Valley w/endgun 100' rad	1400' rad	60 psi	1100 gpm	2.45 cfs
Valley w/endgun 100' rad	1400' rad	60 psi	1100 gpm	2.45 cfs
Valley w/287' swing & endgun 100' rad	1609' rad	60 psi	1200 gpm	2.67 cfs

**E. Storage**

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

NO

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

If "YES" is it a:

Storage Tank

YES NO

Bulge in System / Reservoir

YES NO

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

**2. Storage Tank:**

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED

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

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)

**F. Gravity Flow Pipe**

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

1. Does the system involve a gravity flow pipe?

NO

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

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**2. Complete the table:**

PIPE SIZE	PIPE TYPE	"C" FACTOR	AMOUNT OF FALL	LENGTH OF PIPE	SLOPE	COMPUTED RATE OF WATER FLOW (IN CFS)

**3. Provide calculations:**

**4. If an actual measurement was taken, provide the following:**

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)

Attach measurement notes.

**G. Gravity Flow Canal or Ditch**

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

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

**NO**

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

**2. Complete the table:**

CANAL OR DITCH TYPE (MATERIAL)	TOP WIDTH OF CANAL OR DITCH	BOTTOM WIDTH OF CANAL OR DITCH	DEPTH	"N" FACTOR	AMOUNT OF FALL	LENGTH OF CANAL / DITCH	SLOPE	COMPUTED RATE (IN CFS)

**3. Provide calculations:**

**4. If an actual measurement was taken, provide the following:**

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)

Attach measurement notes.

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

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## SECTION 5 CONDITIONS

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

### 1. Time Limits:

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

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	11/19/1997		
BEGIN CONSTRUCTION (A)	11/19/1998	10/19/1995	Original "Golden Well" completed
COMPLETE CONSTRUCTION (B)		2/06/2020	"Stein and Homan, Parker wells completed, hooked in to mainlines
COMPLETE APPLICATION OF WATER (C)	10/01/2001	7/5/2022	All wells in place, working meters in place, mainlines in place, pivots and hand lines in place water flowing on the crops as specified in permit.

\* MUST BE WITHIN PERIOD BETWEEN PERMIT, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

### 2. Is there an extension final order(s)?

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?

NO

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

b. Were the Progress Reports submitted?

YES NO

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

### 3. Initial Water Level Measurements:

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

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

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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

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

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

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**

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

d. Has the pump test been approved by the Department? **YES one**

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

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

**6. Measurement Conditions:**

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? **YES**

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

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

b. Has a meter been installed? **YES**

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c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
"PARKER"	Growsmart	GT16120 391	Working,	148,162.6 GAL	11/2016

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

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

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

NAME	TITLE	APPROXIMATE DATE

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED

7. Recording and reporting conditions:

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

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

b. Have the reports been submitted? YES

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

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

a. Were there special well construction standards? NO

b. Was submittal of a ground water monitoring plan required? NO

c. Was submittal of a water management and conservation plan required? NO

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

WELL ID #	DATE ATTACHED TO WELL
L-115866	02/06/2020

e. Other conditions? NO

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

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**SECTION 6**  
**ATTACHMENTS**

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

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**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 well locations were located by using a Leica GPS receiver and physically tying the wells to existing government monuments. Much of the physical topographic locations for sloughs, ditches and irrigated circle wetted perimeters were located by overlaying aerial photos taken by Oregon Tax commission in 2016.**

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Exempted GOLDEN  
EXHIBIT #1 well



**Oregon**  
Kate Brown, Governor

**Water Resources Department**  
725 Summer St NE, Suite A  
Salem, OR 97301  
(503) 986-0900  
Fax (503) 986-0904

April 13, 2015

STEVEN DELASHMUTT  
MANAGER  
MBD FARMS, LLC  
3640 H STREET  
BAKER CITY OR 97814

GW

The Department has accepted the pump test results for the following permitted well(s):

Application	Water Right	Permitted Well	Tested Well	Test Date	Test Status	Exemption	Owner's Well Name
G 14291	Permit: G 13254 *	UNIO 50302	UNIO 51275	08/22/2003	Exempted	Multiple Well	

Please contact me if you have any questions.

Sincerely,

JOSH HACKETT  
Ground Water/Hydrology Section

cc: GW Pump Test File

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Exhibit "Homan Well" #2

A

Well #2 Homan #2 Well

is mailed to WRLV 04/29/04

marker: NW Corner



STEIN-HOLMAN

Oregon Water Resources Department PUMP TEST COVER SHEET

also there was a map of Mr. Rich showing McCabe well and a map of Stein-Holman showing Pumped well & pivot.



PROJECT NUMBER 2, WELL NUMBER 2.

Well Owner: Name Donald McCabe Address 64347 OR HWY 237 City, State, Zip LA GRANDE OR 97850 County Union

Well Location: TwNShp 3 (N or S), Range 38 (E or W) Section 12 1/4, 1/4, 1/4 NW NW NW Well Depth 496' Date Drilled 11/25/02 Owner's Well No. (if any) 2, POD-ID 46309

Water Right Information:

Application No. G-14291 Permit No. G-13254 Certificate No. Is this well used for more than one water right? Y (Y/N) If Yes, fill out numbers below: App. No. G-14205 Permit No. G-12951 Cert. No. App. No. G-14292 Permit No. G-13253 Cert. No.

Pump Test:

Test conducted by Donald McCabe Well Owner? Y (Y/N) Company Address 64347 OR HWY 237 Date of Test 08/22/03 City, State, Zip LA GRANDE OR 97850

Method of Discharge Measurement Mechanical Flow Meter Method of Water Level Measurement Electric Water Level Measuring Tape Depth of Air Line (if used) Pump Type (Turbine, Submersible, etc.) Turbine Was pump test conducted during normal use of the well Y (Y/N)

Description of point from which water level was measured Access port for measuring device Is measuring point above or below ground level? Above Distance between measuring point and ground level (correction factor)

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

Is there a lake, stream or other surface water body within 1/4 mile of the tested well? N (Y/N) If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head: Approximate distance Approximate elevation difference Is well elevation above or below the surface water body?

Static Water Level Measurements: (Three measurements at least 20 minutes apart are required in the hour before pumping begins):

Time: 7:10 AM Depth to Water: 20' 2" (ft/in) Time: 7:35 AM Depth to Water: 20' 2" (ft/in) Time: 8:00 AM Depth to Water: 20' 2" (ft/in)

Discharge Measurements: (A discharge measurement is required at the start of pumping and once an hour during the test):

Time: 8:00 AM Discharge Rate: 1192 (gpm) Time: 9:00 AM Discharge Rate: 1159 (gpm) Time: 10:00 AM Discharge Rate: 1239 (gpm) Time: 11:00 AM Discharge Rate: 1229 (gpm) Time: 12:00 PM Discharge Rate: 1239 (gpm)

Pump turned on: Date: 08/22/03 Time: 8:00 AM Pump turned off: Date: 08/22/03 Time: 12:30 PM Total pumping time: 4 hours, 30 minutes.

Note: Well must be idle for at least 16 hours prior to the test.

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## PUMP TEST DATA SHEET

APPLICATION NO. G-14291

PERMIT NO. G-13254

P.O.D.-ID 46309

All water level measurements must either be in (1) feet and inches, or (2) feet and decimal fractions. (Circle one)

DRAWDOWN DATA						RECOVERY DATA							
DATE	TIME	TIME SINCE PUMP STARTED (minutes)	DEPTH TO WATER FROM MEASURING PT	CORRECTION FACTOR	DEPTH TO WATER FROM GROUND LEVEL	COMMENTS	DATE	TIME	TIME SINCE PUMP STOPPED (minutes)	DEPTH TO WATER FROM MEASURING PT	CORRECTION FACTOR	DEPTH TO WATER FROM GROUND LEVEL	COMMENTS
3/22/03	8:00AM		22'6"	28"	20'2"		8/24/08	12:30	0	92'10"	28"	90'6"	
	8:02AM	2	43'5"		41'1"			12:31	1	54'0"		51'8"	
	8:04AM	4	62'3"		59'11"			12:33	3	52'5"		48'1"	
	8:06AM	6	71'0"		68'8"			12:35	5	51'8"		49'4"	
	8:08AM	8	76'8"		74'4"			12:37	7	50'1"		47'9"	
	8:10AM	10	79'5"		77'1"			12:38	8	47'8"		45'4"	
	8:15AM	15	81'5"		79'1"			12:40	10	44'6"		42'2"	
	8:20AM	20	82'4"		80'0"			12:43	13	42'1"		39'11"	
	8:25AM	25	82'7"		80'3"			12:45	15	41'4"		39'0"	
	8:30AM	30	82'6"		80'2"			12:48	18	39'9"		37'5"	
	8:45AM	45	82'7"		80'3"			12:52	22	38'2"		35'10"	
	9:00AM	60	82'9"		80'5"			12:56	26	36'6"		34'2"	
	9:15AM	75	83'2"		80'8"			13:00	30	35'9"		33'5"	
	9:30AM	90	83'5"		81'1"			13:03	33	34'11"		32'7"	
	9:45AM	105	83'10"		81'6"			13:13	43	32'7"		30'3"	
	10:00AM	120	84'3"		81'11"			13:20	50	31'0"		28'8"	
	10:15AM	135	84'7"		82'3"			13:35	65	25'5"		23'1"	
	10:30AM	150	84'10"		82'6"			13:50	80	25'8"		23'4"	
	10:45AM	165	85'3"		82'11"			14:20	90	25'4"		23'0"	
	11:00AM	180	85'9"		83'5"								
	11:15AM	195	88'4"		86'0"								
	11:30AM	210	89'0"		86'8"								
	11:45AM	225	89'10"		87'6"								
	12:00PM	240	90'10"		88'6"								
	12:15PM	255	91'11"		89'7"								
	12:30PM	270	92'10"		90'6"								

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Stein well  
Exhibit #3

A



Well #4

STEIN-HOLMAN Stein Part I  
STEIN WELL Send part I & part II to WRD  
Oregon Water Resources Department  
PUMP TEST COVER SHEET



Well Owner:  
Name Donald McCabe  
Address 64347 OR Hwy 237  
City, State, Zip La Grande OR 97850  
County Union

Well Location:  
Township 3 (N or S), Range 38 (E or W)  
Section 12 1/4, 1/4, 1/4 NE NE NE  
Well Depth 500' Date Drilled 11-17-96  
Owner's Well No. (if any) Project 2 Well #4  
POD-ID 46311

Water Right Information:

Application No. G-14291 Permit No. G-13254 Certificate No. \_\_\_\_\_  
Is this well used for more than one water right? Y (Y/N) If Yes, fill out numbers below:  
App. No. G-14205 Permit No. G-12951 Cert. No. \_\_\_\_\_  
App. No. G-14292 Permit No. G-13253 Cert. No. \_\_\_\_\_

Golden

Pump Test:

Test conducted by Donald McCabe Well Owner? Y (Y/N)  
Company \_\_\_\_\_  
Address 64347 HWY 237 Date of Test 03/24/97  
City, State, Zip LAGRANDE OR 97850

Method of Discharge Measurement Mechanical Flow Meter  
Method of Water Level Measurement Electric Water Level Measuring Tape  
Depth of Air Line (if used) \_\_\_\_\_  
Pump Type (Turbine, Submersible, etc.) Turbine  
Was pump test conducted during normal use of the well N (Y/N)

Description of point from which water level was measured Access port for measuring device  
Is measuring point above or below ground level? Above  
Distance between measuring point and ground level (correction factor) 10"

Are you aware of any wells, other than domestic or stock wells, pumping within 1000 feet of the tested well during the test or within 24 hours prior to the test? N (Y/N) If yes, give approximate distances to each and approximate pumping rate of each. If, possible, indicate if they were turned on or off during the test \_\_\_\_\_

Is there a lake, stream or other surface water body within 1/4 mile of the tested well? N (Y/N)  
If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head: Approximate distance \_\_\_\_\_  
Approximate elevation difference \_\_\_\_\_  
Is well elevation above or below the surface water body? \_\_\_\_\_

Static Water Level Measurements: (Three measurements at least 20 minutes apart are required in the hour before pumping begins):

Time: 9:00 Depth to Water: 16' 1" (ft/in)  
Time: 9:20 Depth to Water: 16' 1" (ft/in)  
Time: 9:40 Depth to Water: 16' 1" (ft/in)

Discharge Measurements: (A discharge measurement is required at the start of pumping and once an hour during the test):

Time: 10:00 AM Discharge Rate: 1122 (gpm)  
Time: 11:00 AM Discharge Rate: 1032 (gpm)  
Time: 12:00 Noon Discharge Rate: 1009 (gpm)  
Time: 1:00 PM Discharge Rate: 1009 (gpm)  
Time: 2:00 PM Discharge Rate: 987 (gpm)

Pump turned on: Date: 3-24-97 Time: 10:00 AM Pump turned off: Date: 3-24-97 Time: 8:10 PM  
Total pumping time: 10 hours, 10 minutes.

Note: Well must be idle for at least 16 hours prior to the test.

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STATE OF OREGON WATER RESOURCE DEPARTMENT  
**PUMP TEST DATA SHEET**

APPLICATION NO. G-14291 PERMIT NO. G-13254 P.O.D.-ID 46311

All water level measurements must either be in (1) feet and inches, or 2) feet and decimal fractions. (Circle one)

DRAWDOWN DATA						RECOVERY DATA							
DATE	TIME	TIME SINCE PUMP STARTED (minutes)	DEPTH TO WATER FROM MEASURING PT	CORRECTION FACTOR	DEPTH TO WATER FROM GROUND LEVEL	COMMENTS	DATE	TIME	TIME SINCE PUMP STOPPED (minutes)	DEPTH TO WATER FROM MEASURING PT	CORRECTION FACTOR	DEPTH TO WATER FROM GROUND LEVEL	COMMENTS
3-24-97	10:00 AM		16' 1"	-10"	15' 3"		3/24/97	8:10 AM	0	141'	-10"	140' 2"	
	10:02 A		51' 8"		50' 10"			8:11 P	1	65'		64' 2"	
	10:04 A		75' 4"		74' 6"			8:13 P	3	63'		62' 2"	
	10:06 A		86' 4"		85' 6"			8:15 P	5	62'		61' 2"	
	10:08 A		93' 6"		92' 8"			8:17 P	7	60'		59' 2"	
	10:10 A		97'		96' 2"			8:18 P	8	57'		56' 2"	
	10:15 A		99' 6"		98' 8"			8:20 P	10	53'		52' 2"	
	10:20 A		100' 4"		99' 6"			8:23 P	13	50'		49' 2"	
	10:25 A		101' 6"		100' 8"			8:25 P	15	49'		48' 2"	
	10:30 A		101' 10"		101'			8:28 P	18	47'		47' 2"	
	10:45 A		101' 8"		100' 10"			8:32 P	22	45'		44' 2"	
	11:00 A		101' 10"		101'			8:36 P	26	43'		42' 2"	
	11:15 A		102'		101' 2"			8:40 P	30	42'		41' 2"	
	11:30 A		102' 6"		101' 8"			8:43 P	33	41'		40' 2"	
	11:45 A		103' 1"		102' 3"			8:53 P	43	38'		37' 2"	
	12:00 P		103' 6"		102' 8"			9:00 P	50	36'		35' 2"	
	12:45 P		103' 10"		103'			9:15 P	65	29'		28' 2"	
	12:30 P		104' 4"		103' 6"			9:30 P	80	23'		22' 2"	
	12:45 P		104' 11"		104' 7"			10:00 P	95	19'		18' 2"	
	1:00 P		108' 2"		107' 4"								
	1:15 P		109'		108' 2"								
	1:30 P		110' 1"		109' 3"								
	1:45 P		111' 4"		110' 6"								
	2:00 P		112' 8"		111' 10"								
	2:15 P		113' 10"		113'								
	2:30 P		113' 6"		112' 8"								
	2:45 P		113' 10"		113'								
	3:00 P		113' 11"		113' 1"								
	3:15 P		126' 2"		125' 4"								
	3:30 P		127' 6"		126' 8"								

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Parker Well  
Exhibit #4

1st Well  
Parker.



**PUMP TEST FORM  
COVER SHEET**

**Owner Information:**

OWNER NAME/BUSINESS NAME: MDB FARMS (Steve Delashmutt)		PHONE No.:	ADDITIONAL CONTACT No.:
ADDRESS: 61070 PIERCE RD			
CITY: LA GRANDE	STATE: OR	ZIP: 97850	E-MAIL:

**Pump Test Conducted By (if Different From Owner):**

TEST CONDUCTED BY NAME: JUAN CASTRO	QUALIFICATION: (SELECT) Pump Installer	LICENSE #:
COMPANY: RIVERSIDE INCORPORATED	PHONE No.: 208-722-6731	ADDITIONAL CONTACT No.:
ADDRESS: 111 S ROSWELL BLVD		
CITY: PARMA	STATE: ID	ZIP: 83660 E-MAIL:

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

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
	L- 115866	PARKER WELL	635		02/06/202038	

(CONTINUED)

TWP (EX: 25S)	RNG (EX: 31E)	SEC (EX: 12)	QQ (EX: SE/SW)	SURVEYED LOCATION (EX: 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (EX: 44.94473859)	LONGITUDE (EX: -123.02787000)
3S	38E	12	NW		45.31865	-188.013821

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-	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)
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)

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. Approximate distance: \_\_\_\_\_ ft.  
Well elevation is  above the surface water body. Approximate elevation difference: \_\_\_\_\_ ft.

Was the test conducted during normal use of the well?  
Please indicate where pumped water was discharged: \_\_\_\_\_ ft.  
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>.

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**PUMP TEST FORM  
COVER SHEET**

**Water-Level Measurement Method:** Acoustic Sounder \*Verify here: { Airline: \_\_\_\_\_ psi \_\_\_\_\_ feet.  
E-Tape: 0-500 \_\_\_\_\_ feet.

Length of air line (if used): 290'  
\*Airline measurements must be verified by an E-Tape measurement

Pressure transducer (if used):  
Manufacturer: POWERS Serial #: \_\_\_\_\_  
Date Last Calibrated: \_\_\_\_\_ Units: \_\_\_\_\_

**Pump Type:** Turbine  
HP: 600 Pump set at: 300' feet.  
Pump idle time: 30

**Discharge Measurement Method:** Manometer  
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) TOP OF WELL CASING

**Time pump turned on:** Date 02/06/2020 Time 4:00 PM  
**Time pump turned off:** Date 02/06/2020 Time 8:00  
Total pumping time: 4 hours 0 minutes.

**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=1BdwLynsYAPNSQW330ZjSFZuMscp4Hf1l-1ftsDAAEsMC2\\_ROSsl-277278532?selectedDivision=3186](https://secure.sos.state.or.us/oard/displayDivisionRules.action?JSESSIONID=OARD=1BdwLynsYAPNSQW330ZjSFZuMscp4Hf1l-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)

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I hereby certify that this test has been conducted in accordance with OAR 690-217:  
OPERATOR SIGNATURE: [Signature] DATE: 05/13/2020  
OWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
	L- 115866	PARKER WELL	635'	STEVE		02/06/2020

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, )	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
02/06/202	3:00	0	46	0	Pre-test			
	3:20	0	46	0	Pre-test			
	3:40	0	46	0	Pre-test			
	4:00	-	-	-				
	4:02	2	108'6"	1500 GPM				60.1 DEGREE
	4:04	4	111'	1500				
	4:06	6	111'8"	1500				CLEAN WATER
	4:08	8	112'3"	1500				
	4:10	10	112'11"	1500				
	4:12	12	113'6"	1500				
	4:14	14	118'	1500				
	4:16	16	118'8"	1500				
	4:18	18	119'2"	1500				
	4:20	20	119'8"	1500				NO SAND
	4:24	24	120'	1500				
	4:26	26	120'2"	1500				
	4:28	28	120'4"	1500				
	4:30	30	120'7"	1500				
	4:35	35	121'	1500				
	4:40	40	121'4"	1500				
	4:45	45	121'8"	1500				
	4:55	55	122'	1500				
	5:10	70	125'2"	1500				60 DEGREES
	5:15	75	125'9"	1500				
	5:30	90	126'3"	1500				
	5:45	105	126'	1500				
	6:00	120	126'2"	1500				
	6:15	135	126'3"	1500				
	6:30	150	126'4"	1500				WELL
	6:45	165	126'6"	1500				
	7:00	180	126'9"	1500				
	7:15	195	126'7"	1500				
	7:36	216	126'8"	1500				
	7:45	225	126'7"	1500				
	8:00	240	126'7"	1500				SHUT DOWN

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Exhibit 7 Extension: Permit w/lot extension  
#5 on Pg 4

STATE OF OREGON

COUNTY OF UNION

PERMIT TO APPROPRIATE THE PUBLIC WATERS

THIS PERMIT IS HEREBY ISSUED TO

WILLIAM A. DELASHMUTT, DONALD T. McCABE,  
WILLIAM R. DELASHMUTT, ETTA LOU DeLASHMUTT,  
AND EVA FERN BAY  
64813 HWY 237  
LA GRANDE, OREGON 97850

PHONE: (541) 523-6671

The specific limits and conditions of the use are listed below.

APPLICATION FILE NUMBER: G-14291

SOURCE OF WATER: WELL #1, WELL #2, WELL #3, AND WELL #4, IN THE GRANDE RONDE RIVER BASIN

PURPOSE OR USE: IRRIGATION OF 866.5 ACRES

MAXIMUM RATE: A CUMULATIVE TOTAL OF NOT MORE THAN 10.8 CUBIC FEET PER SECOND (CFS) AT ANY ONE TIME, BEING UP TO 4.0 CFS FROM ANY OF THE FOUR WELLS

PERIOD OF USE: MARCH 1 THROUGH OCTOBER 31

DATE OF PRIORITY: APRIL 8, 1996

POINT OF DIVERSION LOCATION: NE 1/4 SE 1/4, SECTION 12, SW 1/4 SW 1/4, SECTION 1, NE 1/4 NE 1/4, SW 1/4 NW 1/4, SECTION 12, T3S, R38E, W.M.;  
WELL #1 - 2575 FEET NORTH & 45 FEET WEST FROM SE CORNER, SECTION 12,  
WELL #2 - 2564 FEET NORTH & 103 FEET EAST FROM SW CORNER, SECTION 1,  
WELL #3 - 2706 FEET NORTH & 124 FEET EAST FROM SW CORNER, SECTION 12,  
WELL #4 - 2700 FEET SOUTH & 100 FEET WEST FROM E1/4 CORNER, SECTION 1

The amount of water used for irrigation under this right, together with the amount secured under any other right existing for the same lands, is limited to a diversion of ONE-EIGHTIETH of one cubic foot per second (or its equivalent) and 3.0 acre-feet for each acre irrigated during the irrigation season of each year.

THE PLACE OF USE IS LOCATED AS FOLLOWS:

NE 1/4 SW 1/4 39.1 ACRES  
NW 1/4 SW 1/4 38.2 ACRES  
SW 1/4 SW 1/4 39.1 ACRES  
SE 1/4 SW 1/4 40.0 ACRES  
NE 1/4 SE 1/4 38.2 ACRES  
NW 1/4 SE 1/4 39.1 ACRES  
SW 1/4 SE 1/4 40.0 ACRES  
SE 1/4 SE 1/4 39.1 ACRES

SECTION 1

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Application G-14291 Water Resources Department

PERMIT G-13254

NE 1/4 NE 1/4 39.1 ACRES  
 NW 1/4 NE 1/4 40.0 ACRES  
 SW 1/4 NE 1/4 40.0 ACRES  
 SE 1/4 NE 1/4 39.1 ACRES  
 NE 1/4 NW 1/4 40.0 ACRES  
 NW 1/4 NW 1/4 39.1 ACRES  
 SW 1/4 NW 1/4 39.1 ACRES  
 SE 1/4 NW 1/4 39.1 ACRES

## SECTION 12

TOWNSHIP 3 SOUTH, RANGE 38 EAST, W.M.

NE 1/4 SW 1/4 40.0 ACRES  
 NW 1/4 SW 1/4 39.1 ACRES  
 SW 1/4 SW 1/4 39.1 ACRES  
 SE 1/4 SW 1/4 40.0 ACRES

## SECTION 6

NE 1/4 NW 1/4 40.0 ACRES  
 NW 1/4 NW 1/4 39.1 ACRES

## SECTION 7

TOWNSHIP 3 SOUTH, RANGE 39 EAST, W.M.

Measurement, recording and reporting conditions:

- A. Before water use may begin under this permit, the permittee shall install a meter or other suitable measuring device as approved by the Director. The permittee shall maintain the meter or measuring device in good working order, shall keep a complete record of the amount of water used each month and shall submit a report which includes the recorded water use measurements to the Department annually or more frequently as may be required by the Director. Further, the Director may require the permittee to report general water use information, including the place and nature of use of water under the permit.
- B. The permittee shall allow the watermaster access to the meter or measuring device; provided however, where the meter or measuring device is located within a private structure, the watermaster shall request access upon reasonable notice.

Use of water under authority of this permit may be regulated if analysis of data available after the permit is issued discloses that the appropriation will measurably reduce the surface water flows necessary to maintain the free-flowing character of a scenic waterway in quantities necessary for recreation, fish and wildlife in effect as of the priority date of the right or as those quantities may be subsequently reduced.

If substantial interference with a senior water right occurs due to withdrawal of water from any well listed on this permit, then use of water from the well(s) shall be discontinued or reduced and/or the schedule of withdrawal shall be regulated until or unless the Department approves or implements an alternative administrative action to mitigate

the interference. The Department encourages junior and senior appropriators to jointly develop plans to mitigate interferences.

In the event of a request for a change in point of appropriation, an additional point of appropriation or alteration of the appropriation facility associated with this authorized diversion, the quantity of water allowed herein, together with any other right, shall not exceed the capacity of the facility at the time of perfection of this right.

#### STANDARD CONDITIONS

The wells shall be constructed in accordance with the General Standards for the Construction and Maintenance of Water Wells in Oregon. The works shall be equipped with a usable access port, and may also include an air line and pressure gauge adequate to determine water level elevation in the well at all times.

The use shall conform to such reasonable rotation system as may be ordered by the proper state officer.

Prior to receiving a certificate of water right, the permit holder shall submit the results of a pump test meeting the department's standards, to the Water Resources Department. The Director may require water level or pump test results every ten years thereafter.

Failure to comply with any of the provisions of this permit may result in action including, but not limited to, restrictions on the use, civil penalties, or cancellation of the permit.

This permit is for the beneficial use of water without waste. The water user is advised that new regulations may require the use of best practical technologies or conservation practices to achieve this end.

By law, the land use associated with this water use must be in compliance with statewide land-use goals and any local acknowledged land-use plan.

The use of water shall be limited when it interferes with any prior surface or ground water rights.

The Director finds that the proposed use(s) of water described by this permit, as conditioned, will not impair or be detrimental to the public interest.

SEE NEXT PAGE

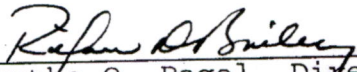
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Actual construction of the well shall begin within one year from permit issuance. Complete application of water to the use shall be made on or before October 1, 2001.

Issued November 19 , 1997

  
Martha O. Pagel, Director  
Water Resources Department

"C" Ext. to: 10-1-2010

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Application G-14291  
Basin 08  
LKS

Water Resources Department  
Volume 1 GRANDE RONDE R  
MGMT.CODES 7BG 7BR 7JG 7JR

PERMIT G-13254  
District 07

EXTENSION #2  
Exhibit #6 FINAL

**Oregon Water Resources Department  
Water Right Services Division**

**Application for Extension of Time**

In the Matter of the Application for an Extension of Time )  
for Permit G-13254, Water Right Application G-14291, in ) FINAL  
the name of MDB Farms, LLC ) ORDER

Permit Information

Application: G-14291  
Permit: G-13254  
Basin: 8 – Grande Ronde / Watermaster District 6  
Date of Priority: April 8, 1996  
Source of Water: Well #1, Well #2, Well #3, and Well #4,  
in the Grande Ronde River Basin  
Purpose or Use: Irrigation of 866.5 acres  
Maximum Rate: a cumulative total of not more than 10.8 cubic feet per second (cfs)  
at any one time, being up to 4.0 cfs from any of the four wells  
cubic feet per second (cfs)

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This Extension of Time request is being processed in accordance with Oregon Revised Statute 537.630 and 539.010(5), and Oregon Administrative Rule Chapter 690, Division 315.

Appeal Rights

This final order is subject to judicial review by the Court of Appeals under ORS 183.482. Any petition for judicial review must be filed within the 60-day time period specified by ORS 183.482(1). Pursuant to ORS 536.075 and OAR 137-003-0675, you may petition for judicial review or petition the Director for reconsideration of this order. A petition for reconsideration may be granted or denied by the Director, and if no action is taken within 60 days following the date the petition was filed, the petition shall be deemed denied.

Application History

Permit G-13254 was issued by the Department on November 19, 1997. The permit specified actual construction of the well to begin by November 19, 1998, and complete application of water to beneficial use by October 1, 2001. The most recent extension authorized complete application of water to beneficial use by October 1, 2010. On June 19, 2019, MDB Farms, LLC, submitted an Application for Extension of Time for Permit G-13254. In accordance with OAR 690-315-0050(2), on July 30, 2019, the Department issued a Proposed Final Order proposing to extend the time to fully apply water to beneficial use to October 1, 2023. The protest period closed September 13, 2019, in accordance with OAR 690-315-0060(1). No protest was filed.



## FINDINGS OF FACT

The Department adopts and incorporates by reference the findings of fact in the Proposed Final Order dated July 30, 2019.

At time of issuance of the Proposed Final Order the Department concluded that, based on the factors demonstrated by the applicant, any comments received, and information within the file, the permit may be extended subject to the following condition:

## LIMITATIONS AND CONDITIONS

### 1. Permit Amendment Condition

No water may be appropriated from UNIO 52399, under Permit G-13254 unless authorized by Permit Amendment.

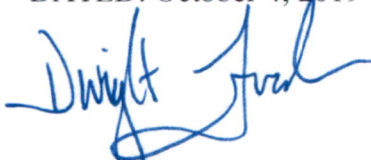
## CONCLUSION OF LAW

The applicant has demonstrated good cause for the permit extension pursuant to ORS 537.630, 539.010(5) and OAR 690-315-0040(2).

## ORDER

The extension of time for Application G-14291, Permit G-13254, therefore, is approved. The deadline for applying water to full beneficial use within the terms and conditions of the permit is extended from October 1, 2010, to October 1, 2023.

DATED: October 4, 2019



Dwight French  
Water Right Services Division Administrator, for  
Thomas M. Byler, Director  
Oregon Water Resources Department

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- 
- If you have any questions about statements contained in this document, please contact the Permit Extension Specialist at 986-0802.
  - If you have other questions about the Department or any of its programs, please contact our Water Resources Customer Service Group at (503) 986-0900
-

Exhibit #7

### Pump Capacity Calculation Sheet

using Department designed formula:

"GOLDEN" WELL

$$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$$

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

---

#### Data Entry (fill in underlined blanks)

---

HP = 75  
Efficiency = 7.04  
Lift = 155  
PSI = 65

---

#### Results Calculated

---

(hp)(efficiency) = 528  
Head based on psi = 165.1  
Total dynamic head = 320.1  
(head + lift)

**Pump Capacity = 1.65 feet per second**

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## Pump Capacity Calculation Sheet

using Department designed formula:

HOMAN WELL

$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

---

### Data Entry (fill in underlined blanks)

---

HP = 100  
Efficiency = 7.04  
Lift = 155  
PSI = 65

### Results Calculated

---

$(hp)(\text{efficiency}) = 704$   
Head based on psi = 165.1  
Total dynamic head = 320.1  
(head + lift)

**Pump Capacity = 2.20 feet per second**

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## Pump Capacity Calculation Sheet

using Department designed formula:

STEIN WELL

$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

---

### Data Entry (fill in underlined blanks)

---

HP = 125  
Efficiency = 7.04  
Lift = 155  
PSI = 65

---

### Results Calculated

---

(hp)(efficiency) = 880  
Head based on psi = 165.1  
Total dynamic head = 320.1  
(head + lift)

**Pump Capacity = 2.75 feet per second**

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## Pump Capacity Calculation Sheet

using Department designed formula:

PARKER WELL

$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

---

### Data Entry (fill in underlined blanks)

---

HP = 150  
Efficiency = 7.04  
Lift = 155  
PSI = 65

---

### Results Calculated

---

$(hp)(\text{efficiency}) = 1056$   
Head based on psi = 165.1  
Total dynamic head = 320.1  
(head + lift)

**Pump Capacity = 3.30 feet per second**

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*DFG - NOT GILDED New one*

**Well Report Query Results** *GPS points, where available are at the far right of the table. Click link to view on map*

**Well Log: UNIO 50302, Township: 3 S, Range: 38 E**

Well Log	Details	T-R-S/ Q-Q-Q	Taxlot	Street of Well	Owner	Company	Special Standards	Well Type	First Water	Completed Depth	Static Water Level	Yield	Completed Date	Received Date	Bonded Constructor	Starcard	Well Id #	New	Abandon	Deepen	Alteration	Conversion	Domestic	Irrigation	Community	Livestock	Industrial	Injection	Thermal	Dewatering	Piezometer	Latitude/ Longitude	
<a href="#">UNIO_50302 Groundwater Info</a>	<a href="#">Details</a>	3.00S-38.00E-12 NE-SE	2600	ANSON RD	DELASHMUTT, WILLIAM A 64813 OR HWY 237 LA GRANDE OR 97850			W	20.00	262.00	17.8	990.0	06/17/1995	10/19/1995	DAUGHERTY, DENNIS RIVERSIDE INC.	64019		✓							✓								45.3186, -117.9946

[Download Data](#)

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Oregon Water Resources Department  
Water Rights Information Query

Permit: G 13254 \*

- [Main](#)
- [Help](#)
- [Return](#)
- [Contact Us](#)

Contact Information (Click to Collapse...)

▼ Prior Contact information

OWNER:  
WILLIAM DELASHMUTT  
▶ MCCABE, DONALD T; DELASHMUTT, WILLIAM R  
64813 HWY 237  
LA GRANDE, OR 97850



Water Right Information (Click to Collapse...)

**Status:** Non-Cancelled  
**County:** Union  
**File Folder Location:** Salem  
[Watermaster District:](#) 6

Scanned Documents (Click to Expand...)

Point(s) of Diversion (Click to Collapse...)

- ▶ [POD 1 - A WELL > GRANDE RONDE RIVER BASIN \(View Groundwater Site UNIO0052399\)](#)
- ▶ [POD 2 - A WELL > GRANDE RONDE RIVER BASIN \(View Groundwater Site UNIO0051275\)](#)
- ▶ [POD 3 - A WELL > GRANDE RONDE RIVER BASIN \(View Groundwater Site UNIO0050049\)](#)
- ▶ [POD 4 - A WELL > GRANDE RONDE RIVER BASIN \(View Groundwater Site UNIO0050073\)](#)

Processing History (Click to Collapse...)

▶ Application: G 14291

▼ Permit: G 13254 [document](#), [paper map](#)

▶ Signature: 11/19/1997

Process Step	Date Completed	Result	Completed By
Completion Date [C Date]	10/1/2001		
Extension Application Received	12/5/2001		<a href="#">ANN REECE</a>
Extension Comment Period Ends	12/11/2001		<a href="#">ANN REECE</a>
Extension PFO 315 Issued	3/26/2002	Propose to Approve	<a href="#">ANN REECE</a>
Extension FO Issued	7/2/2002		
Extension Checkpoint 320 Received	10/1/2006		
CBU Received	11/21/2008		<a href="#">GREGORY BLACKMAN</a>
▶ Pump Test Received	2/13/2009		<a href="#">CONNIE VANCE</a>
Pump Test Reviewed	2/13/2009	Approved	
Extended Completion Date [Extension C Date]	10/1/2010		<a href="#">ANN REECE</a>
Extension Application Received	6/19/2019		<a href="#">JEFFREY PIERCEALL</a>
Extension Comment Period Ends	7/25/2019		<a href="#">JEFFREY PIERCEALL</a>
Extension PFO 315 Issued	7/30/2019	Propose to Approve	<a href="#">JEFFREY PIERCEALL</a>
Extension PFO Protest Period Ends	9/13/2019	Propose to Approve	<a href="#">JEFFREY PIERCEALL</a>
Extension FO Issued	10/4/2019	Approved	<a href="#">JEFFREY PIERCEALL</a>
Extended Completion Date [Extension C Date]	10/1/2023		<a href="#">JEFFREY PIERCEALL</a>

▶ Related Documents

- ▶ [View right with Web Mapping](#)
- ▶ [View Places of Use from Water Rights in the Same Area](#)
- ▶ [View Reported Water Use](#)

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Place(s) of Use (Click to Collapse...)

[Add TRS grouping](#)



► **Use - IRRIGATION**  
**(Primary) - 865.6 acres; Priority Date: 4/8/1996**

Water Right Genealogy (Click to Collapse...)

...No genealogy records available for this water right, try the family link below instead.



[View Water Rights in same Family](#)      [Report Errors with Water Right Data](#)

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"Golden Well"

UNIO 52399

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 100219
START CARD # 1019349

(1) LAND OWNER
Owner Well I.D.
First Name Steve Last Name Delashmutt
Company MDB Farms LLC
Address 61070 Pierce Rd
City La Grande State OR Zip 97850

(2) TYPE OF WORK
[X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD
[ ] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[X] Reverse Rotary [ ] Other

(4) PROPOSED USE
[ ] Domestic [X] Irrigation [ ] Community
[ ] Industrial/ Commercial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION
Special Standard [ ] (Attach copy)
Depth of Completed Well 518 ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, lbs, sacks/

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

Backfill placed from 58 ft. to 105 ft. Material Fill
Filter pack from 105 ft. to 520 ft. Material SEE COMMENTS
Explosives used: [ ] Yes Type Amount

(6) CASING/LINER
Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type Johnson Material Mild Steel

Table with columns: Perf/S, Casing/Screen, Dia, From, To, Sern/slot width, Slot length, # of slots, Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
Pump [ ] Bailer [ ] Air [X] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Table with columns: From, To, Description, Amount, Units

(9) LOCATION OF WELL (legal description)
County UNION Twp 3 S N/S Range 38 E E/W WM
Sec 12 NE 1/4 of the SE 1/4 Tax Lot 2600
Tax Map Number Lot
Lat 45.3181 DMS or DD
Long 117.9939 DMS or DD
Street address of well [ ] Nearest address [X]

1/2 mile north of the intersection of Anson Rd and Gekeler Rd

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Predeepening
Completed Well 05-17-2013 51
Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES
Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft)

(11) WELL LOG
Ground Elevation
Table with columns: Material, From, To

Date Started 03-29-2013 Completed 04-19-2013

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

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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.
License Number 1509 Date 5/7/13
Password: (if filing electronically)
Signed
Contact Info (optional)

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ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

OWRD

UNIO 52399

WATER SUPPLY WELL REPORT - continuation page

WELL I.D. # L 100219

START CARD # 1019349

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		

FILTER PACK

From	To	Material	Size
105	143		pea gravel
143	207	Colorado Sand	6/9
207	276		pea gravel

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
	16	<input type="checkbox"/>	415	453	.375			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	16	<input type="checkbox"/>	463	503	.375			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	16	<input type="checkbox"/>	513	518	.375			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS

Perf/S creen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen	Casing	16	453	463	.03			
Screen	Casing	16	503	513	.03			

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

Water Bearing Zones

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
04-16-2013	282	292			51
04-16-2013	299	305			51
04-16-2013	309	334			51
04-16-2013	340	345			51
04-16-2013	380	394			51
04-16-2013	405	415			51
04-16-2013	445	463			51
04-16-2013	505	515			51

(11) WELL LOG

Material	From	To
Fine to Coarse Blue Sand	299	305
Grey Clay	305	309
Fine To Med Blue Sand Some Pea Gravel	309	334
Grey Clay	334	340
Fine Sand	340	345
Grey Clay	345	380
Coarse Sand with Pea Gravel	380	394
Grey Clay	394	405
Fine Blue Sand	405	415
Grey Clay	415	425
Blue and Grey Clay Mix	425	445
Dirty Fine to Med Sand	445	463
Grey Clay	463	505
Coarse Blue Sand	505	515
Grey Sticky Clay	515	535

Comments/Remarks

Continuation of filter pack:  
 276-338 Colorado Sand #6/9  
 338-380 Pea Gravel  
 380-422 Colorado Sand #8/12  
 422-447 Pea Gravel  
 447-465 Colorado Sand #8/12  
 465-493 Pea Gravel  
 493-512 Colorado Sand #8/12  
 512-535 Pea Gravel

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MAY 10 2013

SALEM, OR

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51275

EXHIBIT #8  
"HORNMAN WELL"

STATE OF OREGON  
WATER SUPPLY WELL REPORT  
(as required by ORS 537.765)  
WATER RESOURCES DEPT.  
SALE OF OREGON

DEC 07 2002

WELL I.D. # L. 50700  
START CARD # 141870

Instructions for completing this report are on the back of this form.

(1) OWNER: Well Number South  
Name DONALD T. McCABE  
Address 64347 OR HWY 287  
City LA GRANDE State OR Zip 97780

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

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

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

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval  Yes  No Depth of Completed Well 496 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
28"	0	496	5/8 BENTONITE	10	40	6500
			CEMENT	0	10	1.25 yds
			5/8 BENTONITE	90	100	3000

How was seal placed: Method  A  B  C  D  E  
 Other OVER BORE + POUR  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from 132 ft. to 90 ft. Size of gravel 1/4"

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
16"	+B	120	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16"	190	232	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16"	252	261	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16"	281	314	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16"	434	464	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16"	484	496	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) N/A

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Type	Material	Tele/pipe size	Casing	Liner
120	190	.035	JOHNSON WIRE WRAP	MILD STEEL		<input checked="" type="checkbox"/>	<input type="checkbox"/>
232	252	.035				<input checked="" type="checkbox"/>	<input type="checkbox"/>
261	281	.035				<input checked="" type="checkbox"/>	<input type="checkbox"/>
314	434	.035				<input checked="" type="checkbox"/>	<input type="checkbox"/>
464	484	.035				<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing  Artesian  
Yield gal/min 400 Drawdown \_\_\_\_\_ Drill stem at \_\_\_\_\_ Time 1 hr.  
NOT A GOOD TEST  
Temperature of water 60° Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done?  Yes By whom \_\_\_\_\_  
Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
Depth of strata: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
County UNION Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 3 N or S Range 38 E or W. WM.  
Section 12 NW 1/4 NW 1/4  
Tax Lot 2300 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 61477 PIERCE ROAD

(10) STATIC WATER LEVEL:  
9 ft. below land surface. Date 11/25/02  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
<u>DRILLED REVERSE CIRCULATION</u>			
<u>N/A</u>			

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
SANDY LOAM	0	13	
SAND GRAVEL	13	67	
SAND GRAVEL CLAY MIX	67	70	
BROWN CLAY	70	110	
SAND GRAVEL	110	147	
BLEUE CLAY w/SM LAYER SAND	147	231	
FINE-MED SAN	231	248	
BLUE CLAY w/SM SAND LAYER	248	416	
FINE-MED SAND	416	427	
BLUE CLAY	427	465	
SAND, PEA GRAVEL	465	468	
BLUE CLAY	468	470	
FINE-MED SAND	470	473	
BLUE CLAY	473	475	
MED-FINE SAND, PEA GRAVEL	475	485	
BLUE CLAY	485	496	

Date started 11/18/02 Completed 11/25/02  
(unbonded) Water Well Constructor Certification:  
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.  
Signed [Signature] WWC Number 1909 Date 11-27-02  
(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 [Signature] WWC Number 1906 Date 11-27-02

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

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Exhibit # 8  
Page 1 of 2  
"Stein well" UNIO 5245

STATE OF OREGON  
WATER SUPPLY WELL REPORT  
(as required by ORS 537.765 & OAR 690-205-0210)  
MAY 05 2014  
SALEM, OR

APR 14 2014  
SALEM, OR

WELL LABEL # L 100224  
START CARD # 1022239

(1) LAND OWNER Owner Well I.D. \_\_\_\_\_  
First Name Steve Last Name Delashmutt  
Company MDB Farms LLC  
Address 61070 Pierce Rd  
City LaGrande State OR Zip 97850

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

(3) DRILL METHOD  
 Rotary Air  Rotary Mud  Cable  Auger  Cable Mud  
 Reverse Rotary  Other

(4) PROPOSED USE  Domestic  Irrigation  Community  
 Industrial/ Commercial  Livestock  Dewatering  
 Thermal  Injection  Other

(5) BORE HOLE CONSTRUCTION Special Standard  (Attach copy)  
Depth of Completed Well 478 ft.  
BORE HOLE **SEE COMMENTS** SEAL sacks/  
Dia From To Material From To Amt lbs  
24 0 525 Bentonite Chips 0 50 10,000 P

How was seal placed: Method  A  B  C  D  E  
 Other Dry pour  
Backfill placed from 50 ft. to 120 ft. Material 3/8" pea gravel  
Filter pack from 120 ft. to 480 ft. Material Sand Size 8/16  
Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(6) CASING/LINER  
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrld  
16 2 146 375  
16 206 255 375  
16 265 355 375  
16 365 380 375  
16 390 410 375  
Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS  
Perforations Method \_\_\_\_\_  
Screens Type Wire Wrap Material Stainless Steel  
Perf/ Casing/Screen Dia From To Scrn/slot Slot # of Tel/ Screen Liner Dia From To width length slots pipe size  
Screen Casing 16 146 206 .03  
Screen Casing 16 255 265 .03  
Screen Casing 16 355 365 .03  
Screen Casing 16 380 390 .03  
Screen Casing 16 410 420 .03

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)  
150 CAT 300 1  
Temperature 66 °F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below)  
From To Description Amount Units

(9) LOCATION OF WELL (legal description)  
County UNION Twp 3 S N/S Range 38 E E/W WM  
Sec 12 NE 1/4 of the NE 1/4 Tax Lot 2400  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or 45.325833 DMS or DD  
Long \_\_\_\_\_ " or -117.99475 DMS or DD  
 Street address of well  Nearest address  
2,674 Feet South of Cove Highway and 5,026 Feet East of Pierce Rd

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)  
Existing Well / Predeepening \_\_\_\_\_  
Completed Well 03-25-2014 74  
Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 74

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
03-13-2014	74	90			74
03-14-2014	99	112			74
03-15-2014	118	206			74
03-16-2014	237	241			74
03-16-2014	255	263			74

(11) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To
Top soil	0	6
Brown clay	6	19
Gravel	19	48
Tan clay	48	53
Gravel	53	90
Brown clay	90	99
Gravel	99	112
Brown clay	112	118
Fine - coarse sand, gravel	118	206
Grey clay	206	212
Blue clay	212	237
Med blue sand	237	241
Hard blue clay	241	245
Sandy blue clay	245	255
Fine - med blue sand	255	263
Blue clay	263	291
Fine blue sand	291	294
Blue clay, soft sandstone	294	323
Fine - med blue sand, clay, sandstone	323	343

Date Started 03-12-2014 Completed 03-25-2014  
(unbonded) Water Well Constructor Certification  
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.  
License Number \_\_\_\_\_ Date \_\_\_\_\_  
Password: (if filing electronically) \_\_\_\_\_  
Signed \_\_\_\_\_

(bonded) Water Well Constructor Certification  
I accept responsibility for the construction, deepening, 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.  
License Number 1505 Date 04-07-2014  
Password: (if filing electronically) \_\_\_\_\_  
Signed \_\_\_\_\_  
Contact info (optional) \_\_\_\_\_

UNIO 52451

APR 24 2014

WATER SUPPLY WELL REPORT - continuation page

SALEM, OR

WELL I.D. # L 100224

START CARD # 102239

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs

**FILTER PACK**

From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	16	<input type="checkbox"/>	420	435	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	16	<input type="checkbox"/>	445	453	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	16	<input type="checkbox"/>	473	478	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(10) STATIC WATER LEVEL

**Water Bearing Zones**

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
03-17-2014	291	294			74
03-18-2014	323	343			74
03-18-2014	357	363			74
03-18-2014	380	385			74
03-19-2014	412	417			74
03-20-2014	435	439			74
03-21-2014	457	465			74
03-22-2014	467	470			74

(11) WELL LOG

Material	From	To
Burnt, hard, and sticky blue clays	343	357
Fine blue sand	357	363
Sticky blue clay	363	380
Fine blue sand	380	385
Sticky and sandy blue clays, sandstone	385	412
Fine - med blue sand	412	417
Blue siltstone, sandstone	417	435
Fine - med blue sand	435	439
Blue clay, sandstone, siltstone	439	445
Dark grey clay	445	457
Fine - med blue sand	457	465
Blue clay	465	467
Fine - med blue sand	467	470
Blue, grey clays	470	525

(7) PERFORATIONS/SCREENS

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size
Screen	Casing	16	435	445	.03			
Screen	Casing	16	453	473	.03			

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Water Quality Concerns

From	To	Description	Amount	Units

Comments/Remarks

Empty box for comments/remarks.

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"Parker"

EXHIBIT #8

STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)

UNIO 52813

WELL I.D. LABEL# L 115866 START CARD # 1045386 ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. PARKER WELL First Name STEVE Last Name DELASHMUTT Company MDB FARMS LLC Address 61070 PIERCE RD City LA GRANDE State OR Zip 97850

(2) TYPE OF WORK [X] New Well [ ] Deepening [ ] Conversion [ ] Alteration (complete 2a & 10) [ ] Abandonment (complete 5a)

(2a) PRE-ALTERATION Casing: Dia + From To Gauge Stl Plstc Wld Thrd Seal: Material From To Amt sacks/lbs

(3) DRILL METHOD [ ] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud [X] Reverse Rotary [ ] Other

(4) PROPOSED USE [ ] Domestic [X] Irrigation [ ] Community [ ] Industrial/ Commercial [ ] Livestock [ ] Dewatering [ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION Special Standard [ ] (Attach copy) Depth of Completed Well 635 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, lbs. Row 1: 24, 0, 637, Bentonite Chips, 0, 68, 12,500 P, Calculated 8,800

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E [X] Other Dry pour

Backfill placed from 68 ft. to 213 ft. Material 3/8" pea gravel

Filter pack from 213 ft. to 249 ft. Material Sand Size 8/16

Explosives used: [ ] Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER Table with columns: Casing, Liner, Dia, +, From, To, Gauge, Stl, Plstc, Wld, Thrd. Rows for various casing diameters (16, 16, 16, 16, 16) and lengths.

(7) PERFORATIONS/SCREENS Perforations Method Screens Type Wire Wrap Material Stainless Steel

Table with columns: Perf/S, Casing/Screen, Dia, From, To, width, length, # of slots, Tel/pipe size. Rows for screen specifications.

(8) WELL TESTS: Minimum testing time is 1 hour [X] Pump [ ] Bailer [ ] Air [ ] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Rows for test results at 1,500, 2,000, and 2,500 gpm.

Temperature 60 °F Lab analysis [ ] Yes By Water quality concerns? [ ] Yes (describe below) TDS amount

(9) LOCATION OF WELL (legal description) County UNION Twp 3 S N/S Range 38 E E/W WM Sec 12 SW 1/4 of the NW 1/4 Tax Lot 2300

1/2 MILE NORTH OF GEKELER LANE ON PIERCE RD

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) Existing Well / Pre-Alteration Completed Well 02-06-2020 32

WATER BEARING ZONES Depth water was first found 32 SWL Date From To Est Flow SWL(psi) + SWL(ft)

Table with handwritten entry: ALL SAND AND GRAVEL BELOW 32'

(11) WELL LOG Ground Elevation

Table with columns: Material, From, To. Rows for well log layers: TOP SOIL, BROWN CLAY, SAND, SMALL-LARGE GRAVEL, BLUE CLAY, LG BROKEN BLACK ROCK, BLUE CLAY, MED BLUE SAND, BLUE CLAY, MED. SAND, SM CLAY SEAM, BLUE CLAY, HARD BLUE CLAY, BLUE CLAY, MED SAND, CLAY, FINE SAND MIX STREAKS, FINE-MED SAND, BLUE CLAY, FINE SAND STREAKS, FINE SAND W/SOME CLAY MIX, BLUE CLAY, HARD BLUE CLAY.

Date Started 10-23-2019 Completed 02-06-2020

(unbonded) Water Well Constructor Certification I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards.

(bonded) Water Well Constructor Certification I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above.

**WATER SUPPLY WELL REPORT -**  
continuation page

**UNIO 52813**

WELL I.D. LABEL# **115866**  
START CARD # **1045386**  
ORIGINAL LOG #

**(2a) PRE-ALTERATION**

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Material	From	To	Amt	sacks/lbs

**(5) BORE HOLE CONSTRUCTION**

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	lbs
						Calculated
						Calculated
						Calculated
						Calculated

**FILTER PACK**

From	To	Material	Size
249	297	Pea Gravel	pea gravel
297	370	Sand	8/16
370	456	Pea Gravel	pea gravel

**(6) CASING/LINER**

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	16		545	568	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	16		578	590	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	16		630	635	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**(7) PERFORATIONS/SCREENS**

Perf/S	Casing/Screen	Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size
Screen	Casing		16	568	578	.035			
Screen	Casing		16	590	630	.035			

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

**Water Quality Concerns**

UNIO 52813

From	To	Description	Amount	Units

**(10) STATIC WATER LEVEL**

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)

**(11) WELL LOG**

Material	From	To
BLUE CLAY, SAND MIX	285	305
FINE-COARSE SAND	305	319
CLAY W/SAND MIX	319	325
SM.SAND STREAKS, SM. CLAY STREAKS	325	335
FINE-MED. SAND	335	349
SAND CLAY MIX	349	361
FINE-MED SAND	361	365
BLUE CLAY	365	433
FINE SAND	433	437
BLUE CLAY	437	468
FINE-MED SAND, SM CLAY SEAM	468	495
CLAY	495	505
CLAY W/SAND MIX STREAKS	505	515
FINE SAND W/CLAY MIX STREAKS	515	523
BLUE CLAY	523	525
SANDW/CLAY MIX STREAKS	525	540
FINE-MED SAND	540	545
CLAY	545	570
FINE SAND,SOME CLAY MIX	570	576
CLAY	576	590
FINE-MED SAND	590	595
FINE SAND CLAY MIX	595	605
FINE SAND SOME CLAY	605	630
CLAY	630	637

RECEIVED

FEB 20 2020

**Comments/Remarks**

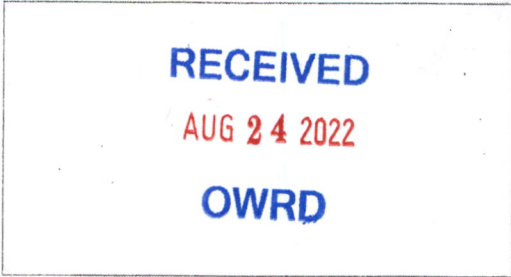
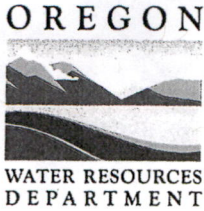
OWRD

Filter Pack Continued: 456' to 637' Sand 8/16

RECEIVED

AUG 24 2022

OWRD



Date Received (Date Stamp Here)

## OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: MDB Farms LLC

3640 H. Street, Baker City, OR 97814

Transaction Type: Cobu

Fees Received: \$ 230.00

Cash       Check:      Check No. 1443

Name(s) on Check: Steven Delashmutt

Thank you for your submission. Oregon Water Resources Department (Department) staff will review your submittal as soon as possible.

If your submission is determined to be complete, you will receive a receipt for the fees paid and an acknowledgement letter stating your submittal is complete.

If determined to be incomplete, your submission and the accompanying fees will be returned with an explanation of deficiencies that must be addressed in order for the submittal to be accepted.

If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.

Sincerely,  
OWRD Customer Service Staff

Submission received by: Conie L.  
(Name of OWRD staff)

**Instructions for OWRD staff:**

- Complete this Submission Receipt and make two (2) copies. Place one copy with the check/cash; and place the other copy with the submission (i.e., the application or other document).
- Date-stamp all pages. (NOTE: Do not stamp check.)
- Give this original Submission Receipt to the applicant.
- Record Submission Receipt information on the "RECEIVED OVER THE COUNTER" log sheet.
- Fold and put one copy of the Submission Receipt with check/cash into the Safe slot. Place the other copy of the Submission Receipt with submission (application/other document) in the top drawer of filing cabinet.