

# 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)

RECEIVED

AUG 26 2022

OWRD

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

## SECTION 1 GENERAL INFORMATION

**1. File Information:**

APPLICATION # <b>G-18956</b>	PERMIT # (IF APPLICABLE) <b>G-18705</b>	PERMIT AMENDMENT # (IF APPLICABLE) <b>T-</b>
---------------------------------	--	---

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

APPLICANT/BUSINESS NAME <b>Albert L. Osmin</b>		PHONE No. <b>(541) 676-9707</b>	ADDITIONAL CONTACT No. <b>(541) 571-3571</b>	
ADDRESS <b>60355 Balm Fork Road</b>				
CITY <b>Heppner</b>	STATE <b>OR</b>	ZIP <b>97836-6253</b>	E-MAIL <b>adosmin@centurytel.net</b>	

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>SAME</b>		
ADDRESS		
CITY	STATE	ZIP

**4. Date of Site Inspection:**

**July 6<sup>th</sup>, 2022**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Al Osmin</b>	<b>7/6/2022</b>	<b>Owner</b>

**6. County:**

**Morrow**

RECEIVED

AUG 26 2022

OWRD

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>Paul Wattenburger</b>		PHONE NO. <b>541-567-8650</b>	ADDITIONAL CONTACT NO. <b>541-571-1112</b>	
ADDRESS <b>IRZ Consulting, 500 North 1<sup>st</sup> Street</b>				
CITY <b>Hermiston</b>	STATE <b>OR</b>	ZIP <b>97838</b>	E-MAIL <b>paul@irz.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>Albert Osmin</i>	<b>Albert Osmin</b>	<b>Owner</b>	<i>8-23-22</i>



RECEIVED  
AUG 26 2022

RECEIVED

AUG 26 2022

SECTION 3

CLAIM DESCRIPTION

OWRD

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 2	MORR 263 / MORR 52331	L116905

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
Well 2	Basalt Aquifer	Balm Fork Basin

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well 2	Irrigation	Pasture/Hay	April 1 – October 31	150 GPM / 110 AF
<b>Total Quantity of Water Used</b>				<b>150 GPM</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:

From Well 2, a 4" PVC buried mainline runs NW along the south side of Balm Fork Rd for 4,150 ft. It converts to 5" PVC and continues 1,200 ft to Well 1. Leaving Well 1 a 4" PVC pipeline heads in a SW direction and then S for 4,600 ft. This was all existing mainline. At the end of this existing pipeline a new 4" PVC buried pipeline was installed running SE and W a total of approximately 2,980 ft. As with the existing mainline there are 3" hand lines connections along its length. Also, along the existing 4" mainline a 7.5 hp booster pump was installed.

Reminder: The map associated with this claim must identify the location of the point(s) of diversion, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

5. Variations:

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

YES  NO

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

The area developed inside some Quarter-Quarters were different than what was permitted. However, the total acres added up to the same as what was permitted.

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well 2	0.29 CFS	0.45 / 0.33 CFS	0.34 CFS	Irrigation	36.7	36.7



RECEIVED  
AUG 26 2022

RECEIVED  
AUG 26 2022

SECTION 4  
SYSTEM DESCRIPTION

Are there multiple POAs?

OWRD

YES  NO

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

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

[Empty text box]

A. Place of Use

1. Is the right for municipal use?

YES  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
3S	26E	WM	11	NW SE	700		Irrigation	1.8	
3S	26E	WM	11	SE SW	700		Irrigation	0.2	
3S	26E	WM	11	SW SE	700		Irrigation	15.1	
3S	26E	WM	11	SE SE	700		Irrigation	8.3	
3S	26E	WM	14	NE NE	700		Irrigation	9.0	
3S	26E	WM	14	NE NW	700		Irrigation	2.3	
<b>Total Acres Irrigated</b>								<b>36.7</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  NO

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

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

3/4" hole in well's top plate with an airline

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 (DEEPENED) BY
8"	39'	518'	10/19/1977	3/29/2016	Albert Osmin	Garry Zollman

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.

Lat. 45.3207208429° Long. -119.5214763081° Datum WGS84



RECEIVED

AUG 26 2022

OWRD

YES  NO

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

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

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

**D. Diversion and Delivery System Information**

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

1. Is a pump used?

YES  NO

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Well - Berkley	6T30-4.523"	1200	Submersible		4"
Booster - Cornell	1.5WH		Centrifugal	2"	1½"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Well - Franklin	30 hp
Booster - Westinghouse	7.5 hp

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI (PUMP DISCHARGE)	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
Well - 30 hp	130 psi	160 ft	DOES NOT MATTER	0.45
Booster - 7.5 hp	80 psi/140 psi		DOES NOT MATTER	0.33

5. Provide pump calculations:

**WELL PUMP**

BHP = 30hp. Using a pump efficiency of 80%;  $WHP = BHP \times Eff_{pump} = 30 \times .80 = 24 \text{ hp}$   
 TDH = (psi x 2.31) + Lift + Friction Losses = (130 psi x 2.31) + 160 + 10 = 470 ft.  
 $WHP = [Q(\text{gpm}) * TDH(\text{ft})/3960, \text{ or } , Q(\text{gpm}) = WHP \times 3960 / TDH(\text{ft})$   
 $Q(\text{gpm}) = 24 \text{ hp} \times 3960 / 470 \text{ feet} = 202 \text{ gpm} = 0.45 \text{ cfs.}$

**BOOSTER PUMP**

BHP = 7.5hp. Using a pump efficiency of 75%;  $WHP = BHP \times Eff_{pump} = 7.5 \times .75 = 5.6 \text{ hp}$   
 TDH = (psi difference x 2.31) + Friction Losses = ((140 - 80) psi x 2.31) + 10 = 149 ft.  
 $WHP = [Q(\text{gpm}) * TDH(\text{ft})/3960, \text{ or } , Q(\text{gpm}) = WHP \times 3960 / TDH(\text{ft})$   
 $Q(\text{gpm}) = 5.6 \text{ hp} \times 3960 / 149 \text{ feet} = 149 \text{ gpm} = 0.33 \text{ cfs.}$

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)
743671	743676	3 min 19 sec	151 gpm / 0.34 CFS



YES  NO

7. Is the distribution system piped?

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
Existing 4"	4,150'	PVC	Buried
Existing 5"	1,200'	PVC	Buried
Existing 4"	4,610'	PVC	Buried
New 4"	2,980'	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3"	1,440'	Aluminum	Above Ground - Portable

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
5/32	41 (Ave.)	4.6 GPM	33	36	0.34 CFS

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

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
None					

12. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
None					

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
None				

E. Storage

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

YES  NO

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

YES  NO

RECEIVED  
AUG 26 2022  
OWRD

**G. Gravity Flow Canal or Ditch**

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

YES

NO

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

Operation information was from existing flow meter, pressure gauges, and interview. The pipeline network is connected to another well, (Well 1, POA for Certificate 60037). Well 1 was not being used at the time of the inspection.

RECEIVED

AUG 26 2022

OWRD



RECEIVED

AUG 26 2022

OWRD

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	9/3/2021		
BEGIN CONSTRUCTION (A)			
COMPLETE CONSTRUCTION (B)			
COMPLETE APPLICATION OF WATER (C)		4/1/2022	Full irrigation of developed area.

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

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

YES  NO

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

3. Initial Water Level Measurements:

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

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

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

March

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

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
3/17/2017	Sam Bellamy; Lexington Pump	Sounder	44.0'

4. Annual Static Water Level Measurements:

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

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

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

March

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



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

According to OWRD records these measurements have been submitted through 2019.

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
3/1/2019	PCPR	ETAPE	34 ft

**5. Pump Test:**

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

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

For additional information regarding pump tests see:

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

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

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

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

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

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

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

**6. Measurement Conditions:**

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

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

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

b. Has a meter been installed?  YES  NO

**c. Meter Information**

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 2	McCrometer	14-21941	Working	743,676 x 100	2015

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

**7. Recording and reporting conditions:**

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

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

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

a. Were there special well construction standards?  YES  NO

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

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

RECEIVED  
AUG 26 2022  
OWRD

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

**YES** NO

WELL ID #	DATE ATTACHED TO WELL
L116905	

e. Other conditions?

YES **NO**

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

**d. The Well ID tag was attached (L116905).**

### SECTION 6 ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Map	Final Proof Map
MORR 263	Original Well Log
MORR 52331	Log for Alteration of Well

### 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 base map was prepared using geo-referenced, high-resolution aerial imagery from USDA-NAIP (2020) and Section Lines from the Bureau of Land Management database. Reference as confirmed using a GPS and distances were checked against the Morrow County tax lot maps.**

RECEIVED  
AUG 26 2022  
OWRD



## Map Checklist

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

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

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

**RECEIVED**

**AUG 26 2022**

**OWRD**



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

RECEIVED WATER WELL REPORT MAT  
SEP 17 1968 STATE OF OREGON  
26 3

STATE ENGINEER, SALEM, OREGON 97310

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

State Well No. 1M/32-1

State Permit No. \_\_\_\_\_

(1) OWNER:

Name James R. Hanna  
Address 411 Bluff  
Rendleton, Oregon 97801

(2) TYPE OF WORK (check):

New Well  Deepening  Reconditioning  Abandon

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary  Driven   
Cable  Jetted   
 Bored

(4) PROPOSED USE (check):

Domestic  Industrial  Municipal   
Irrigation  Test Well  Other

CASING INSTALLED:

Threaded  Welded   
6" Diam. from 0 ft. to 110 ft. Gage 250  
" Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Gage \_\_\_\_\_  
" Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Gage \_\_\_\_\_

PERFORATIONS:

Perforated?  Yes  No.

Type of perforator used \_\_\_\_\_

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

(7) SCREENS:

Well screen installed?  Yes  No

Manufacturer's Name \_\_\_\_\_

Type \_\_\_\_\_ Model No. \_\_\_\_\_

Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ Set from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ Set from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

(8) WATER LEVEL: Completed well.

level 25 ft. below land surface. Date 9-3-68

an pressure \_\_\_\_\_ lbs. per square inch Date \_\_\_\_\_

(9) WELL TESTS:

Drawdown is amount water level is lowered below static level

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

gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.

Bailer test 40 gal./min. with 75 ft. drawdown after \_\_\_\_\_ hrs.

Artesian flow \_\_\_\_\_ g.p.m. Date \_\_\_\_\_

Temperature of water \_\_\_\_\_ Was a chemical analysis made?  Yes  No

(10) CONSTRUCTION:

Well seal—Material used Riddled clay

Depth of seal 60 ft.

Diameter of well bore to bottom of seal 8 in.

Were any loose strata cemented off?  Yes  No Depth \_\_\_\_\_

Was a drive shoe used?  Yes  No

Did any strata contain unusable water?  Yes  No

Type of water? \_\_\_\_\_ depth of strata \_\_\_\_\_

Method of sealing strata off \_\_\_\_\_

Was well gravel packed?  Yes  No Size of gravel: \_\_\_\_\_

Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

(11) LOCATION OF WELL:

County Umatilla Driller's well number \_\_\_\_\_  
¼ Section 1 T. 14 R. 32 E. W.M.  
Bearing and distance from section or subdivision corner \_\_\_\_\_

(12) WELL LOG:

Diameter of well below casing 6"  
Depth drilled 150 ft. Depth of completed well 150 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level as drilling proceeds. Note drilling rates.

MATERIAL	From	To	SWL
Topsoil	0	4	
Clay, dark red	4	24	
Clay, brown	24	60	
Clay, brown with gravel	60	90	
Gravel	90	110	
Rock, med brown with seams of yellow hard clay	110	150	

RECEIVED  
AUG 26 2022  
OVRD

Work started 9-3 1968 Completed 9-3 1968

Date well drilling machine moved off of well 9-4 1968

Drilling Machine Operator's Certification:

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

[Signed] Troy Griffin Date 9-4, 1968  
(Drilling Machine Operator)

Drilling Machine Operator's License No. 15

Water Well Contractor's Certification:

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

NAME TROY GRIFFIN  
(Person, firm or corporation) (Type or print)

Address 925 HERMISTON AVE, HERMISTON, OREG

[Signed] Troy Griffin  
(Water Well Contractor)

Contractor's License No. 65 Date 9-4, 1968



**(1) LAND OWNER**  
 Owner Well I.D. \_\_\_\_\_  
 First Name ALBERT Last Name OSMIN  
 Company \_\_\_\_\_  
 Address 60355 BALM FORK ROAD  
 City HEPPNER State OR Zip 97836-6253

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

**(2a) PRE-ALTERATION**

Casing:	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
	8	0	40	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Seal: Cement 0 40 9 Sacks

**(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 518.00 ft.

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amt sacks/lbs
12	0	39	Cement	0	39	16 S
8	39	518				Calculated 14

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_  
 Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_  
 Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**  
 Proposed Amount \_\_\_\_\_ Actual Amount \_\_\_\_\_

**(6) CASING/LINER**

Casing	Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	1	39	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
 Temp casing  Yes  No Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**

Perf/Screen	Casing/Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
200		518	2

Temperature \_\_\_\_\_ °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below) TDS amount \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ Description \_\_\_\_\_ Amount \_\_\_\_\_ Units \_\_\_\_\_

**(9) LOCATION OF WELL (legal description)**  
 County MORROW Twp 3.00 S N/S Range 26.00 E E/W WM  
 Sec 12 NW 1/4 of the SE 1/4 Tax Lot 700  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address  
60355 BALM FORK RD. HEPPNER APPLICATION G-17919

**(10) STATIC WATER LEVEL**

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
	3/23/2016		85
Completed Well	3/29/2016		55

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found \_\_\_\_\_

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

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

Material	From	To
Soil	0	20
Cemented Gravels	20	26
Hard Black Basalt	26	39
Existing Hole	39	518

RECEIVED  
AUG 26 2022  
OWRD

Date Started 3/23/2016 Completed 3/29/2016

**(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 1963 Date 3/30/2016  
 Signed JOHN KLINE (E-filed)

**(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 1881 Date 3/30/2016  
 Signed GARRY L ZOLLMAN (E-filed)  
 Contact Info (optional) Garry Zollman





RECEIVED

AUG 26 2022

OWRD

August 23<sup>rd</sup>, 2022

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

RE: Claim of Beneficial Use for Permit G-18705

Dear Sir/Madam:

Submitted here are the results of the Claim of Beneficial Use surveys for Permit G-18705 for Al Osmim. Please call if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul Wattenburger", written over a horizontal line.

Paul Wattenburger; PE, CWRE  
IRZ Consulting, LLC

Enclosures (15 pages a check)