CLAIM OF BENEFICIAL USE for Groundwater Permits claiming more than 0.1 cfs

OREGON WATER RESOURCES DEPARTMENT

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

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

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:
https://www.oregon.gov/OWRD/Forms/Pages/default.aspx
The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

If you have questions regarding the completion of this form, please call 503-979-9103.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see
https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-15210	G-17665	T-12421, T-11666

2. Property Owner (current owner information):

Applicant/Business Name	Phone No.	Additional Contact No.
Threemile Canyon Farms LLC	**(541) 481-9274**	**N/A**

Address			
75906 Threemile Road			
City	State	Zip	E-Mail
Boardman	**OR**	**97818**	**gharris@rdoffutt.com**

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		
Same as Above		
Address		
City	State	Zip

Additional Permit Holder of Record		
Wells Fargo Bank, National Association		
Address		
1201 Pacific Avenue, 17th Floor		
City	State	Zip
Tacoma	**WA**	**98402**

4. Date of Site Inspection:

January 26, 2021

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

Name	Date	Association with the Project
Harry Bither	**January 26, 2021**	**Irrigation Manager**
Shannon Lee	**January 26, 2021**	**Dairy water system manager**

6. County:

Morrow

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		
Non-Applicable		
Address		
City	State	Zip

Add additional tables for owners of record as needed

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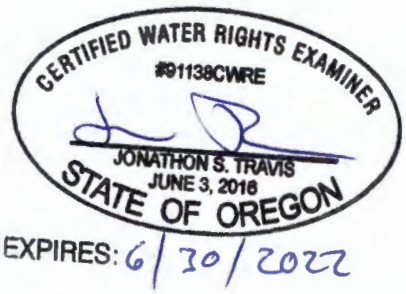
SECTION 2

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.

Seal and Signature



CWRE NAME		PHONE NO.	ADDITIONAL CONTACT NO.
Jonathon Travis, GeoEngineers, Inc.		(509) 209-2839	(509) 979-0332 CELL
ADDRESS			
8019 W. Quinault Avenue, Suite 201			
CITY	STATE	ZIP	E-MAIL
Kennewick	WA	99362	jtravis@geoengineers.com

Permit Holder of Record Signature or Acknowledgement

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

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

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
Greg Harris	Greg Harris	Director of Farming	3/14/2022

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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 2	MORR 50828	L-41910
Well 3	MORR 50783	L-41908
Well 4	MORR 50821	L-41911
Well 5	MORR 51237	L-64839
Well 6	MORR 51871	L-96342
Well 7	MORR 52387	L-107444

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	Groundwater, Willow Creek Basin	Columbia River
Well 3	Groundwater, Willow Creek Basin	Columbia River
Well 4	Groundwater, Willow Creek Basin	Columbia River
Well 5	Groundwater, Willow Creek Basin	Columbia River
Well 6	Groundwater, Willow Creek Basin	Columbia River
Well 7	Groundwater, Willow Creek Basin	Columbia River

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	Dairy, Ag	N/A	Year Round	525 gpm
Well 3	Dairy, Ag	N/A	Year Round	350 gpm
Well 4	Dairy, Ag	N/A	Year Round	300 gpm
Well 5	Dairy, Ag	N/A	Year Round	550 gpm
Well 6	Dairy, Ag	N/A	Year Round	450 gpm
Well 7	Dairy, Ag	N/A	Year Round	650 gpm
Total Quantity of Water Used				2825 gpm

4. Provide a general narrative description of the distribution works. This description must trace the water system from **each** point of appropriation to the place of use:

Well 2 – Groundwater is delivered by an 8" discharge pipe in the wellhouse to an 8" line that leads into the storage tank and then into the milking parlor to be used for washdown water, milk storage chillers, and waste management in the barns. Water is also diverted via 8" line to a 10" mainline that distributes water throughout the system.
Well 3 – Groundwater is delivered by a 6" discharge pipe to an 8" line that feeds a 10" mainline that distributes water throughout the system for use in the milking parlors for washdown water, milk storage chillers, and waste management in the barns.
Well 4 – Groundwater is delivered by a 6" discharge pipe in the wellhouse to an 8" line that leads into

the storage tank and then into the milking parlor to be used for washdown water, milk storage chillers, and waste management in the barns. Water is also diverted via an 8" line to a 10" mainline that distributes water throughout the system.
Well 5 – Groundwater is delivered by a 6" discharge pipe to an 8" line that feeds a 10" mainline that distributes water throughout the system for use in the milking parlors for washdown water, milk storage chillers, and waste management in the barns.
Well 6 – Groundwater is delivered by an 8" discharge pipe in the wellhouse to an 8" line that leads into the storage tank and then into the milking parlor to be used for washdown water, milk storage chillers, and waste management in the barns. Water is also diverted via an 8" line to a 10" mainline that distributes water throughout the system.
Well 7 – Groundwater is delivered by an 8" discharge pipe to an 8" line that feeds a 10" mainline that distributes water throughout the system for use in the milking parlors for washdown water, milk storage chillers, and waste management in the barns.

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. **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."*)

Non-Applicable

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	**2.67 cfs**	**1.68 cfs**	**600 gpm**	**Dairy, Ag**	**N/A**	**N/A**
Well 3	**2.67 cfs**	**1.01 cfs**	**350 gpm**	**Dairy, Ag**	**N/A**	**N/A**
Well 4	**2.67 cfs**	**1.40 cfs**	**350 gpm**	**Dairy, Ag**	**N/A**	**N/A**
Well 5	**2.67 cfs**	**2.14 cfs**	**350 gpm**	**Dairy, Ag**	**N/A**	**N/A**
Well 6	**2.67 cfs**	**2.14 cfs**	**208 gpm**	**Dairy, Ag**	**N/A**	**N/A**
Well 7	**2.67 cfs**	**2.09 cfs**	**350 gpm**	**Dairy, Ag**	**N/A**	**N/A**

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):

Well #2 – MORR 50828 – Columbia River Dairy Jersey Well (East Well)

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
T3N	R23E	WM	13	SW NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	13	SE NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	13	NE SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	13	NW SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	13	SW SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	13	SE SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	24	NE NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	24	NW NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	24	SW NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	24	SE NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	25	NW NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	25	SW NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	25	NW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	25	SW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NE NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NW NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SW NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SE NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NE NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NW NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SW NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SE NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NE SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SE SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NE SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NW SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SW SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SE SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R24E	WM	18	NE SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R24E	WM	18	NW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R24E	WM	18	SW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R24E	WM	18	SE SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R24E	WM	19	NW NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R24E	WM	19	SW NW	N/A	N/A	Ag Use	N/A	N/A
Total Acres Irrigated								N/A	N/A

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:

¾ inch port on northeast side of pump

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

Casing Diameter	Casing Depth	Total Depth	Completion Date of Original Well	Completion Dates of Alterations	Who the well was drilled for	Well drilled by
See Well Log	MORR					
	50828					

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.

MORR 50828

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)? NO

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

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	8HG6	Not available	Turbine	8 inch	8 inch

3. Motor Information:

Manufacturer	Horsepower
Hitachi Sub Motor	125 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)
125	60	340 feet	0	1.68

5. Provide pump calculations:

HP = 125
Efficiency = 6.61
Lift = 340
PSI = 60

Results Calculated

(hp)(efficiency) = 826.25
Head based on psi = 152.4
Total dynamic head = (head + lift) 492.4

Pump Capacity = 1.68 cubic feet per second

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)
18358300	18364900	10 min	1.47 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
8"	20,000 ft	PVC	Buried
10"	7,500 ft	PVC	Buried

9. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
Non-Applicable			

10. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (cfs)
N/A					

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)
N/A					

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
N/A					

13. Pivot Information:

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (GPM)	Total Pivot Output (CFS)
N/A	No Irrigation	N/A	N/A	N/A

E. Storage

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

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

If "YES" is it a: Storage Tank YES

Bulge in System / Reservoir 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
Steel	52,000	Above

3. Bulge in System / Reservoir:

Reservoir Name or Number (correspond to map)	Approximate Dam Height	Approximate Capacity (in acre feet)
N/A		

F. Gravity Flow Pipe

(The Department typically uses the Hazen-William's formula for a gravity flow pipe system)

1. Does the system involve a gravity flow pipe? NO

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

G. Gravity Flow Canal or Ditch

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

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? **NO**

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

H. Additional notes or comments related to the system:

It should be noted that the legal descriptions on the well logs for wells 3 and 4 differ from the permit and Final Proof Survey Map. The metes and bounds descriptions were determined by using current GPS and GIS software technology and therefore provide a more accurate description of all of the well locations than previously described in permit G-17665.

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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	August 8, 2002		
Begin construction (A)	October 1, 2006	March 7, 2001	Wells 2, 3 and 4 constructed prior to issuance of permit
Complete construction (B)	October 1, 2021	December 30, 2016	Additional wells constructed and infrastructure completed prior to October 1, 2021
Complete application of water (C)	October 1, 2021	March 31, 2020	Beneficial Use completed prior to October 1, 2021

* must be within period between permit, or any extension final order issuance and the date to completely apply water

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

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

a. Did the Extension Final Order require the submittal of Progress Reports? YES

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

b. Were the Progress Reports submitted? YES

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

3. Initial Water Level Measurements:

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

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

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

March

c. Was the measurement submitted to the Department? YES

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

Date of Measurement	Measurement Made By	Method	Measurement
All Measurements	Are on file with OWRD		

4. Annual Static Water Level Measurements:

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

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

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

c. Were the static water level measurements taken in the month(s) required? **YES**

d. If "YES", were those measurements submitted to the Department? **YES**

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
All Measurements	**Are on file with OWRD**		

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? **NO**

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

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

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**

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well #2 – CRD Jersey Well	**McCrometer**	**18-08079**	**Working**	**18349500 gal**	**February 2018**

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

7. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department? YES

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

b. Have the reports been submitted? YES

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

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

a. Were there special well construction standards? NO

b. Was submittal of a ground water monitoring plan required? YES

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-41910	January 4, 2001

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):

No other conditions

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Attachment #1	Final Proof Survey Map
Attachment #2	Well Logs

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 authorized points of appropriation, place of use, and visible system components were visited during the site inspection. The location of the points of appropriation and the extent of the place of use were located using an aerial photograph (9/28/2020 - Google Earth) and a field survey completed during the site inspection. The map was created using Geographic Information System software (GIS) and special datasets obtained from ESRI and Oregon Water Resources Department. Additional data and information specific to the water right holder's use of water under the water right described in this Claim of Beneficial Use report were obtained from the water right holder's dairy and farm operations managers.

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):

Well #3 – MORR 50783 – Haybarn (Shop) Well

A. Place of Use

1. Is the right for municipal use? NO

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
T3N	R23E	WM	13	SW NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	13	SE NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	13	NE SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	13	NW SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	13	SW SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	13	SE SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	24	NE NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	24	NW NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	24	SW NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	24	SE NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	25	NW NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	25	SW NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	25	NW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	25	SW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NE NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NW NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SW NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SE NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NE NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NW NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SW NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SE NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NE SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SE SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NE SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NW SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SW SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SE SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R24E	WM	18	NE SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R24E	WM	18	NW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R24E	WM	18	SW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R24E	WM	18	SE SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R24E	WM	19	NW NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R24E	WM	19	SW NW	N/A	N/A	Ag Use	N/A	N/A
Total Acres Irrigated								N/A	N/A

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:

¾ inch port on south side of pump

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

Casing Diameter	Casing Depth	Total Depth	Completion Date of Original Well	Completion Dates of Alterations	Who the well was drilled for	Well drilled by
See Well Log	MORR					
	50783					

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.

MORR 50783

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)? NO

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

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

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	10KC10STG		Turbine	6 inch	6 inch

3. Motor Information:

Manufacturer	Horsepower
Flowise	70HP

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)
70 HP	60 PSI	306 feet	30 feet	1.01 cfs

5. Provide pump calculations:

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HP = 70
Efficiency = 7.04
Lift = 336
PSI = 60

Results Calculated

(hp)(efficiency) = 492.8
Head based on psi = 152.4
Total dynamic head = (head + lift) 488.4

Pump Capacity = 1.01 cubic feet per second

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			

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
8"	20,000 ft	PVC	Buried
10"	7,500 ft	PVC	Buried

9. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
N/A			

10. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (cfs)
N/A					

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)
N/A					

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
N/A					

13. Pivot Information:

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (GPM)	Total Pivot Output (CFS)
N/A				

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 **NO**
Bulge in System / Reservoir **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

F. Gravity Flow Pipe

(The Department typically uses the Hazen-William's formula for a gravity flow pipe system)

1. Does the system involve a gravity flow pipe? **NO**

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

G. Gravity Flow Canal or Ditch

(The Department typically uses Manning's formula for canals and ditches)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? **NO**

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

H. Additional notes or comments related to the system:

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	August 8, 2002		
Begin construction (A)	October 1, 2006	March 7, 2001	Wells 2, 3, and 4 constructed prior to issuance of permit
Complete construction (B)	October 1, 2021	December 30, 2016	Additional wells constructed and infrastructure completed prior to October 1, 2021
Complete application of water (C)	October 1, 2021	March 31, 2020	Beneficial Use completed prior to October 1, 2021

* Must be within period between permit, or any extension final order issuance and the date to completely apply water

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

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

a. Did the Extension Final Order require the submittal of Progress Reports? YES

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

b. Were the Progress Reports submitted? YES

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

3. Initial Water Level Measurements:

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

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

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

March

c. Was the measurement submitted to the Department? YES

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

Date of Measurement	Measurement Made By	Method	Measurement
All Measurements	Are on file with OWRD		

4. Annual Static Water Level Measurements:

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

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

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

c. Were the static water level measurements taken in the month(s) required? **YES**

d. If "YES", were those measurements submitted to the Department? **YES**

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
All Measurements	**Are on file with OWRD**		

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? **NO**

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

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

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**

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well #3 Shop Well	**McCrometer**	**09-01423**	**Working**	**881204x.001 af**	**3-2009**

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

7. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department? **YES**

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

b. Have the reports been submitted? **YES**

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

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

a. Were there special well construction standards? **NO**

b. Was submittal of a ground water monitoring plan required? **YES**

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-41908	8-31-2000

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):

No other conditions.

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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):

Well #4 – MORR 50821 – Willow Creek Well (Sixmile #1)

A. Place of Use

1. Is the right for municipal use? NO

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
T3N	R23E	WM	13	SW NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	13	SE NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	13	NE SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	13	NW SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	13	SW SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	13	SE SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	24	NE NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	24	NW NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	24	SW NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	24	SE NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	25	NW NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	25	SW NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	25	NW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	25	SW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NE NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NW NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SW NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SE NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NE NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NW NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SW NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SE NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NE SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SE SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NE SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NW SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SW SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SE SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R24E	WM	18	NE SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R24E	WM	18	NW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R24E	WM	18	SW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R24E	WM	18	SE SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R24E	WM	19	NW NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R24E	WM	19	SW NW	N/A	N/A	Ag Use	N/A	N/A
Total Acres Irrigated								N/A	N/A

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:

¾ inch port on discharge head

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	MORR					
	50821					

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.

MORR 50821

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)? NO

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

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	9RCHC14STG		Turbine	6 inch	6 inch

3. Motor Information:

Manufacturer	Horsepower
Gould	125 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)
125 HP	68 PSI	437 feet	20 feet	1.40

5. Provide pump calculations:

HP = 125
Efficiency = 7.04
Lift = 457
PSI = 68

Results Calculated

(hp)(efficiency) = 880
Head based on psi = 172.7
Total dynamic head = (head + lift) 629.7

Pump Capacity = 1.40 cubic feet per second

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)
Flowmeter reads in AF			

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
8"	20,000 ft	PVC	Buried
10"	7,500 ft	PVC	Buried

9. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
N/A			

10. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (CFS)
N/A					

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

E. Storage

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

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

If "YES" is it a: Storage Tank **YES**
Bulge in System / Reservoir **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
Steel	**52,000**	**Above**

3. Bulge in System / Reservoir:

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

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe? **NO**

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

G. Gravity Flow Canal or Ditch

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

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? **NO**

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

H. Additional notes or comments related to the system:

Non-applicable.

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	**August 8, 2002**		
Begin construction (A)	**October 1, 2006**	**March 7, 2001**	**Wells 2, 3 and 4 constructed prior to issuance of permit**
Complete construction (B)	**October 1, 2021**	**December 30, 2016**	**Additional wells constructed and infrastructure completed prior to October 1, 2021**
Complete application of water (C)	**October 1, 2021**	**March 31, 2020**	**Beneficial Use completed prior to October 1, 2021**

* Must be within period between permit, or any extension final order issuance and the date to completely apply water

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

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

a. Did the Extension Final Order require the submittal of Progress Reports? **YES**

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

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

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

3. Initial Water Level Measurements:

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

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

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

March

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

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

Date of Measurement	Measurement Made By	Method	Measurement
All Measurements	**Are on file with OWRD**		

4. Annual Static Water Level Measurements:

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

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

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

c. Were the static water level measurements taken in the month(s) required? **YES**

d. If "YES", were those measurements submitted to the Department? **YES**

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
All Measurements	**Are on file with OWRD**		

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? **NO**

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

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

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**

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well #4 – Sixmile #1 Well	**McCrometer**	**19-08338**	**Working**	**441261x.001 af**	**4-2019**

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

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7. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department? **YES**

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

b. Have the reports been submitted? **YES**

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

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

a. Were there special well construction standards? **NO**

b. Was submittal of a ground water monitoring plan required? **YES**

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-41911	3-7-2001

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):

No other conditions.

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):

Well #5 – MORR 51237

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A. Place of Use

1. Is the right for municipal use? NO

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
T3N	R23E	WM	13	SW NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	13	SE NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	13	NE SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	13	NW SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	13	SW SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	13	SE SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	24	NE NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	24	NW NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	24	SW NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	24	SE NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	25	NW NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	25	SW NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	25	NW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	25	SW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NE NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NW NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SW NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SE NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NE NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NW NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SW NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SE NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NE SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SE SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NE SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NW SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SW SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SE SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R24E	WM	18	NE SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R24E	WM	18	NW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R24E	WM	18	SW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R24E	WM	18	SE SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R24E	WM	19	NW NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R24E	WM	19	SW NW	N/A	N/A	Ag Use	N/A	N/A
Total Acres Irrigated								N/A	N/A

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:

3/4 inch port on west side of 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	MORR					
	51237					

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.

MORR 51237

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)? NO

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

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
Flowserve	10HH14STG		Turbine	6 inch	6 inch

3. Motor Information:

Manufacturer	Horsepower
Flowserve	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	60 PSI	340 feet	0 feet	2.14 cfs

5. Provide pump calculations:

HP = 150
Efficiency = 7.04
Lift = 340
PSI = 60

Results Calculated

(hp)(efficiency) = 1056
Head based on psi = 152.4
Total dynamic head = (head + lift) 492.4

Pump Capacity = 2.14 cubic feet per second

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)
Flowmeter totalizer in AF			

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
8"	**20,000 ft**	**PVC**	**Buried**
10"	**7,500 ft**	**PVC**	**Buried**

9. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
N/A			

10. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (cfs)
N/A					

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

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	**NO**
	Bulge in System / Reservoir	**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? **NO**

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

G. Gravity Flow Canal or Ditch

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

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? **NO**

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

H. Additional notes or comments related to the system:

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	**August 8, 2002**		
Begin construction (A)	**October 1, 2006**	**March 7, 2001**	**Wells 2, 3 and 4 constructed prior to issuance of permit**
Complete construction (B)	**October 1, 2021**	**December 30, 2016**	**Additional wells constructed and infrastructure completed prior to October 1, 2021**
Complete application of water (C)	**October 1, 2021**	**March 31, 2020**	**Beneficial Use completed prior to October 1, 2021**

* must be within period between permit, or any extension final order issuance and the date to completely apply water

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

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

a. Did the Extension Final Order require the submittal of Progress Reports? **YES**

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

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

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

3. Initial Water Level Measurements:

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

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

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

October

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
All Measurements	**Are on file with OWRD**		

4. Annual Static Water Level Measurements:

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

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

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

c. Were the static water level measurements taken in the month(s) required? **YES**

d. If "YES", were those measurements submitted to the Department? **YES**

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
All Measurements	**Are on file with OWRD**		

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? **NO**

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

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

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**

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well #5	**McCrometer**	**09-08110**	**Working**	**554587x.001 af**	**March 2009**

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

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7. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department? **YES**

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

b. Have the reports been submitted? **YES**

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

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

a. Were there special well construction standards? **NO**

b. Was submittal of a ground water monitoring plan required? **YES**

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-64839	7-4-2004

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):

No other conditions.

rifice size and operating pressure or from OWRD chart.

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):

Well #6 – MORR 51871 – Columbia River Dairy – Holstein Replacement Well

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A. Place of Use

1. Is the right for municipal use? NO

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
T3N	R23E	WM	13	SW NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	13	SE NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	13	NE SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	13	NW SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	13	SW SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	13	SE SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	24	NE NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	24	NW NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	24	SW NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	24	SE NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	25	NW NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	25	SW NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	25	NW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	25	SW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NE NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NW NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SW NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SE NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NE NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NW NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SW NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SE NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NE SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SE SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NE SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NW SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SW SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SE SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	18	NE SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	18	NW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	18	SW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	18	SE SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	19	NW NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	19	SW NW	N/A	N/A	Ag Use	N/A	N/A
Total Acres Irrigated								N/A	N/A

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:

¾ inch port on discharge head

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						

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.

MORR 51871

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)? NO

If "NO", items 2 through 4 relating to this section may be deleted.
Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

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
15 Stage		Not available	Turbine	8 inch	8 inch

3. Motor Information:

Manufacturer	Horsepower
GE	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	60 PSI	340 feet	0	2.14

5. Provide pump calculations:

HP = 150
Efficiency = 7.04
Lift = 340
PSI = 60

Results Calculated

(hp)(efficiency) = 1056
Head based on psi = 152.4
Total dynamic head = (head + lift) 492.4

Pump Capacity = 2.14 cubic feet per second

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)
624219000gal	624220000 gal	10 min	0.14 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
8"	20,000 ft	PVC	Buried
10"	7,500 ft	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
N/A			

10. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (CFS)
N/A					

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

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 NO
Bulge in System / Reservoir 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? NO

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

G. Gravity Flow Canal or Ditch

(The Department typically uses Manning's formula for canals and ditches)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? NO

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

H. Additional notes or comments related to the system:

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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	August 8, 2002		
Begin construction (A)	October 1, 2006	March 7, 2001	Wells 2, 3 and 4 constructed prior to issuance of permit
Complete construction (B)	October 1, 2021	December 30, 2016	Additional wells constructed and infrastructure completed prior to October 1, 2021
Complete application of water (C)	October 1, 2021	March 31, 2020	Beneficial Use completed prior to October 1, 2021

* Must be within period between permit, or any extension final order issuance and the date to completely apply water

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

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

a. Did the Extension Final Order require the submittal of Progress Reports? YES

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

b. Were the Progress Reports submitted? YES

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

3. Initial Water Level Measurements:

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

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

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

March

c. Was the measurement submitted to the Department? YES

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

Date of Measurement	Measurement Made By	Method	Measurement
All Measurements	Are on file with OWRD		

4. Annual Static Water Level Measurements:

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

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

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

c. Were the static water level measurements taken in the month(s) required? **YES**

d. If "YES", were those measurements submitted to the Department? **YES**

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
All Measurements	**Are on file with OWRD**		

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? **NO**

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

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

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**

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well #6 - Holstein Well	**McCrometer**	**17-05395**	**Working**	**624220000 gal**	**3/2017**

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

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7. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department? **YES**

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

b. Have the reports been submitted? **YES**

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

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

a. Were there special well construction standards? **NO**

b. Was submittal of a ground water monitoring plan required? **YES**

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-96342	8-12-2010

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):

No other conditions.

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):

Well #7 – MORR 52387 – Dairy Well #7

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A. Place of Use

1. Is the right for municipal use? NO

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
T3N	R23E	WM	13	SW NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	13	SE NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	13	NE SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	13	NW SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	13	SW SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	13	SE SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	24	NE NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	24	NW NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	24	SW NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	24	SE NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	25	NW NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	25	SW NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	25	NW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	25	SW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NE NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NW NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SW NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SE NE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NE NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NW NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SW NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SE NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NE SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SE SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NE SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	NW SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R23E	WM	26	SW SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R24E	WM	26	SE SE	N/A	N/A	Ag Use	N/A	N/A
T3N	R24E	WM	18	NE SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R24E	WM	18	NW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R24E	WM	18	SW SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R24E	WM	18	SE SW	N/A	N/A	Ag Use	N/A	N/A
T3N	R24E	WM	19	NW NW	N/A	N/A	Ag Use	N/A	N/A
T3N	R24E	WM	19	SW NW	N/A	N/A	Ag Use	N/A	N/A
Total Acres Irrigated								N/A	N/A

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:

¾ inch port on discharge head

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	MORR					
	52387					

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.

MORR 52387

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)? NO

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

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	11CMC10STG	Not available	Turbine	8 inch	8 inch

3. Motor Information:

Manufacturer	Horsepower
Gould	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	60 PSI	302 feet	30 feet	2.09 CFS

5. Provide pump calculations:

Data Entry (fill in underlined blanks)

HP =	150
Efficiency =	7.04
Lift =	332
PSI =	68

Results Calculated

(hp)(efficiency) =	1056
Head based on psi =	172.7
Total dynamic head = (head + lift)	504.7

Pump Capacity = 2.09 cubic feet per second

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)
Meter Reads in AF			

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
8"	**20,000 ft**	**PVC**	**Buried**
10"	**7,500 ft**	**PVC**	**Buried**

9. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
N/A			

10. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (CFS)
N/A					

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)
N/A					

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 **NO**
Bulge in System / Reservoir **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? **NO**

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

H. Additional notes or comments related to the system:

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	**August 8, 2002**		
Begin construction (A)	**October 1, 2006**	**March 7, 2001**	**Wells 2, 3 and 4 constructed prior to issuance of permit**
Complete construction (B)	**October 1, 2021**	**December 30, 2016**	**Additional wells constructed and infrastructure completed prior to October 1, 2021**
Complete application of water (C)	**October 1, 2021**	**March 31, 2020**	**Beneficial Use completed prior to October 1, 2021**

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

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

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

a. Did the Extension Final Order require the submittal of Progress Reports? **YES**

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

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

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

3. Initial Water Level Measurements:

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

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

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

March

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

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

Date of Measurement	Measurement Made By	Method	Measurement
All Measurements	**Are on file with OWRD**		

4. Annual Static Water Level Measurements:

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

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

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

c. Were the static water level measurements taken in the month(s) required? **YES**

d. If "YES", were those measurements submitted to the Department? **YES**

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
All Measurements	**Are on file with OWRD**		

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? **NO**

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

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

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**

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well #7	**McCrometer**	**17-02348**	**Working**	**573 af**	**February 2017**

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

7. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department? **YES**

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

b. Have the reports been submitted? **YES**

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

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

a. Were there special well construction standards? **NO**

b. Was submittal of a ground water monitoring plan required? **YES**

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-107444	10-12-2016

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):

No other conditions.

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Map Checklist

Please be sure that the map you submit includes ALL the items listed below.
(Reminder: Incomplete maps and/or claims may be returned.)

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

Attachment #1

Final Proof Survey Map

Claim of Beneficial Use G-17665

Attachment #2

Well Logs

Claim of Beneficial Use G-17665

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AUG 27 2001 50828

WATER RESOURCES DEPT.

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765) [Instructions for completing this report are on the last page of this form.]

WELL I.D. # L 41910

START CARD # 91465

(1) OWNER: Well Number

Name R D OFFUT Co.

Address 75704 Threemile Rd

City Boardman State OR Zip 97818

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Other

(4) PROPOSED USE:

☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation ☐ Thermal ☐ Injection ☒ Livestock ☐ Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☐ Yes ☒ No Depth of Completed Well 835 ft.

Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
20	0	80	cement	25	60	50 sks
			Bentonite	0	25	32 sks
16	80	483	cement	0	483	14 yds
12	483	835				

How was seal placed: Method ☐ A ☒ B ☐ C ☐ D ☐ E

☒ Other Bentonite dry granule

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	16	0	80	250	☒	☐	☒	☐
	12	0	483	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 80

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
800		835	1 hr.

Temperature of water 56° 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 Sandy

Depth of strata: 295 - 400

(9) LOCATION OF WELL by legal description:

County Morrow Latitude _____ Longitude _____

Township 3 ☒ N ☐ S Range 23 ☒ E ☐ W. WM.

Section 26 SE 1/4 NE 1/4

Tax Lot 100 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:

163 ft. below land surface. Date 1-4-01

Artesian pressure _____ lb. per square inch. Date _____

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(11) WATER BEARING ZONES:

Depth at which water was first found 64

From	To	Estimated Flow Rate	SWL
64	74	10	
159	166	40	122
379	375	500	122
348	[illegible]	[illegible] 50	163
742	802	800	163

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Silt	0	14	
Tan Clay	14	74	
Black Basalt	74	159	
Vesicular Blue Clay	159	166	69
Blue Clay	166	223	122
Black Basalt	223	295	
Blue Clay	295	340	
Sandy Blue Clay	340	375	
Blue Clay	375	400	
Tan Clay	400	416	
Grey Clay	416	468	
Black Basalt	468	548	
Vesicular Basalt	548	587	163
Black Basalt	587	642	
Grey Basalt	642	743	
Vesicular Basalt	743	750	
Fractured Basalt	750	757	
Vesicular Basalt	757	780	
Fractured Basalt	780	802	
Black Basalt	802	835	

Date started 11-1-00 Completed 1-04-01

(unbonded) Water Well Constructor Certification:

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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.

WWC Number _____

Signed _____ Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 759

Signed T. Brown Date 1-19-01

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

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2 casings
cemented
16" from 25 to 80
12" 0 - 483

MORR 50783

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WATER RESOURCES DEPT
SALEM, OREGON

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

Morr 50783

WELL I.D. # 41708
START CARD # 91431

(1) OWNER:
Name R.D. OFFUT Co.
Address 95906 3 mile Rd
City Boardman State OR Zip 97818

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 750 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
20	0	56	cement	0	65	68 sks
16	56	464	cement	270	464	85 sks
12	464	750				

How was seal placed: Method ☐ A ☒ B ☐ C ☐ D ☐ E
☐ Other
Backfill placed from ____ ft. to ____ ft. Material _____
Gravel placed from ____ ft. to ____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	16	0	56	250	☒	☐	☒	☐
	12	-3	464	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 464

(7) PERFORATIONS/SCREENS:
☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tubing or Casing	Liner
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
250 +		750	1 hr.

Temperature of water 68° 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 Morrow Latitude _____ Longitude _____
Township 3 ☒ N or S Range 24 ☒ E or W. WM.
Section 19 NW 1/4 SW 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:
127 ft. below land surface. Date 8-31-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 285

From	To	Estimated Flow Rate	SWL
28	48		
321	370	350	127
428	505	125	127
535	565	100	127
658	674	500	127

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Silt	0	6	
Caliche	6	7	
Tan Clay	7	47	28
Black Basalt	47	90	
Gray Basalt	90	102	
Vesicular	102	115	
Blue Clay	115	138	
Black Basalt	138	150	
Gray Basalt	150	265	
Blue Clay	265	321	
Sandy Blue Clay	321	370	321
Gray Clay	370	459	
Blue & Gray Basalt	459	478	
Vesicular	478	505	127
Black Basalt	505	535	
Vesicular Basalt	535	565	127
Black Basalt	565	595	
Gray Basalt	595	658	
Vesicular	658	674	127
Gray Basalt	674	750	

Date started 7-20-00 Completed 8-31-00

(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.

WWC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 757
Signed _____ Date 9-12-00

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

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MORR 50821

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
Instructions for completing this report are on the page of this form.

MAR 15 200'
WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 41911
START CARD # 91466

(1) OWNER: Well Number
Name R D OFFUTT Co
Address 75906 Threemile Rd
City Boardman State OR Zip 97818

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 775 ft.
Explosives used ☐ Yes ☒ No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
20	0	48	cement	0	48	40 sks
16	48	493	Cement	10	493	40 yds
12	493	775				

How was seal placed: Method ☐ A ☒ B ☐ C ☐ D ☐ E
☐ Other
Backfill placed from ft. to ft. Material
Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	16	0	48	250	☒	☐	☒	☐
	12	10	493	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 48

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
750+		775	1 hr.

Temperature of water 58° 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 Morrow Latitude Longitude
Township 3 (N) or S Range 24 (E) or W. WM.
Section 19 NW 1/4 NW 1/4
Tax Lot 100 Lot Block Subdivision
Street Address of Well (or nearest address)

(10) STATIC WATER LEVEL:
359 ft. below land surface. Date 3-7-01
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at which water was first found 30

From	To	Estimated Flow Rate	SWL
30	40	50	30
122	161	30	82
367	398	500	182
746	754	750	359

(12) WELL LOG:
Ground Elevation

Material	From	To	SWL
Silt	0	1	
Caliche	1	26	
Sandy Tan Clay	26	40	30
Black Basalt	40	58	
Brown Basalt	58	98	
Black Basalt	98	122	
Viscular / Blue Clay	122	161	82
Black Basalt	161	204	
Grey Bslt	204	283	
Black Clay	283	367	
Sandy Clay	367	398	182
Tan Clay	398	481	
Black Basalt	481	510	
Visicular Basalt	510	552	
Fractured / Blue Clay	552	577	
Visicular	577	595	
Grey Basalt	595	693	
Red Basalt	693	ROCK	
~~Red Basalt~~ Grey Basalt	ROCK	746	
Visicular	746	775	359

Date started 1-9-01 Completed 3-7-01

(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.
WWC Number
Signed Date

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 759
Signed [signature] Date 3-10-01

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

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

Morr 51237

WELL I.D. # L 64839
START CARD # 158627

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Well Number
Name R.D. OFFUT Co.
Address 75906 Threemile rd
City Boardman State OR Zip 97818

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 980 ft.
Explosives used ☐ Yes ☒ No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
20	0	71	cement	0	71	15 1/2 yds
16	71	485	cement	0	495	22 1/2 yds
12	495	980				

How was seal placed: Method ☒ A ☐ B ☐ C ☐ D ☐ E
☐ Other
Backfill placed from ft. to ft. Material
Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	16	0	71	250	☒	☐	☒	☐
	12	0	495	[illegible]	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ None
Final location of shoe(s) 495

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
1200		980	1 hr.

Temperature of water 72° 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:

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(9) LOCATION OF WELL by legal description:
County Morrow Latitude Longitude
Township 3 N N or S Range 23 E E or W. WM.
Section 27 NW 1/4 SE 1/4
Tax Lot 100 Lot Block Subdivision
Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:
427 ft. below land surface. Date 7-1-04
Artesian pressure lb. per square inch Date

(11) WATER BEARING ZONES:
Depth at which water was first found 22

From	To	Estimated Flow Rate	SWL
22	63	30	22
160	170	150	29
560	600	350	427
828	835	100	427
925	940	1200	427

(12) WELL LOG:
Ground Elevation

Material	From	To	SWL
Silt	0	45	22
Caliche	45	63	
Brown Basalt	63	105	
Tan Clay	105	144	
Blue Clay	144	160	
Black visicular	160	170	29
Grey Basalt	170	278	
Black visicular	278	303	
Blue Clay	303	475	
Black Basalt	475	524	
Grey Basalt	524	560	427
Black visicular	560	600	
Black Basalt	600	635	
Grey Basalt	635	748	
Black Basalt	748	828	
visicular Basalt	828	835	
Grey Basalt	835	929	
visicular Basalt	929	940	
Black Basalt	940	980	

Date started 5-7-04 Completed 7-4-04

(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.
WWC Number
Signed Date

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 7766
Signed Date 7-30-04

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MORR 51871

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

WELL LABEL # L 96342

START CARD # 1010352

(1) LAND OWNER

Owner Well I.D. 1R

First Name _____ Last Name _____

Company R.D. Offut Co

Address 75906 Threemile Rd

City Boardman State OR Zip 97818

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD

[X] Rotary Air [X] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other _____

(4) PROPOSED USE

[ ] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commericial [X] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] Attach copy

Depth of Completed Well 1,260 ft.

BORE HOLE

Dia	From	To
20	0	174
16	174	480
12	480	1,260

SEAL

Material	From	To	Amt	sacks/ lbs
Cement	0	174	171	S
Cement	[illegible]	480	243	S

How was seal placed: Method [ ] A [X] 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 _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
●	○	16	X	2	174	.375	●	○	X	○
●	○	12	○	0	480	.375	●	○	X	○
○	○		○				○	○	○	○
○	○		○				○	○	○	○
○	○		○				○	○	○	○

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s) _____
Temp casing [ ] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

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

[X] Pump ○ Bailer ◉ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
3,000		1,260	1
1500	20'		5

Temperature 78 °F Lab analysis [ ] Yes By _____
Water quality concerns? [ ] Yes (describe below)

From	To	Description	Amount	Units

SEP 2 - 2010

(9) LOCATION OF WELL (legal description)

County MORROW Twp 3 N N/S Range 23 E E/W WM
Sec 26 SW 1/4 of the NE 1/4 Tax Lot 100
Tax Map Number _____ Lot _____
Lat ° ' " or 0 DMS or DD
Long ° ' " or _____ DMS or DD
◉ Street address of well ○ Nearest address

75906 Threemile Rd

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	08-10-2010			252

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 512

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
07-27-2010	512	630	650			255
07-28-2010	630	770	1,250			257
07-29-2010	770	910	2,000			253
08-10-2010	910	1,200	3,000			254

(11) WELL LOG

Ground Elevation _____

Material	From	To
Sandy top soil	0	2
Packed sand brown	2	13
Packed sand & claystone rock	13	15
Packed sand & streaks of sandstone & claystone	15	31
Silty clay more sticky	31	36
Little claystone mixed	36	42
More claystone	42	44
Tan shaley clay silty	44	53
Tan & grey bentonite clay	53	75
Tan & brown shale rock Soft	75	85
Visc rock Grey & brown Med	85	93
Visc rock Grey & brown Hard	93	100
Black grey basalt Hard	100	114
Black grey brown borken rock Hard	114	116
Black grey brown borken rock with clay	116	118
Brown & blue clay w/ rock & sand mixed	118	123
Blue shaley sticky clay	123	126
Blue shaley rock & clay	126	138
(CONTINUED BELOW)		

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Date Started 06-30-2010 Completed 08-12-2010

(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 1293 Date 08-24-2010
Password : (if filing electronically) _____
Signed _____
Contact Info (optional) _____

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

Form Version: 0.95

MORR 51871

WATER SUPPLY WELL REPORT - continuation page

WELL I.D. # L 96342

START CARD # 1010352

(5) BORE HOLE CONSTRUCTION

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

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(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

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)

(11) WELL LOG

Material	From	To
Blue shaley rock w/ few clay streaks	138	142
Blue & black shaley rock w/ clay & sandstone	142	161
Black visicular Hard	161	168
Black & brown blue rock Harder	168	171
Grey 7 black basalt w/ blue Hard	171	177
Black rock w/ blue shale in seams & reddish brown	177	186
visicular (little water 3gpm)	177	186
Black basalt w/ blue shale in seams Med	186	203
Grey basalt Hard	203	265
Black rock blue shale med	265	282
Broken black rock blue shale vis. WB	282	300
Black blue shale rock Soft & sandstone	300	320
More blue clay & sandstone	320	335
More sandstone	335	355
Sandstone shale clay little brown rock	355	360
Blue sticky clay	360	361
Shale rock. Less sandstone clay seam	361	396
Same. More firm some rock brown & black	396	401
Brown clay rock & wood mixed	401	406
Brown shaley clay	406	414
Grey shaley clay	414	432
Broken rock & blue clay	432	441
Blue black shale rock	441	448
Blue black shale rock Harder	448	460
Blue sticky clay	460	463
Black basalt fractured layers	463	512
Black & grey rock Soft blue shale in seams WB	512	531
Black & grey rock badly borken hole 532-533 WB	531	535
(CONTINUED ON ATTACHED)		

Comments/Remarks

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MORR 51871

WATER SUPPLY WELL REPORT -
continuation page

WELL I.D. # L _____

START CARD # _____

(5) BORE HOLE CONSTRUCTION

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

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(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

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)

(11) WELL LOG

Material	From	To
Black basalt Hard Fractured	535	545
Broken visicular brown, black rock	545	592
Black basalt fractured Hard	592	610
Brown black vis. rock Med Blue shale WB	610	633
Black basalt Fractured Hard. Med layers Some broke	633	754
Black & brownish tint rock Some visicular	754	775
hard & Med layers WB	754	775
Black visicular Trace of brown rock w/ black coal	775	783
looking soft seams. Hard Med & Soft layers WB	775	783
Black basalt w/ fractured zones. Broken layers &	783	1,260
6"-5' layers of visicular rock w/ trace of brown	783	1,260

Comments/Remarks

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SEP 2 - 2010

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

MORR 52387

11/3/2016

WELL I.D. LABEL# L 107444
START CARD # 1031614
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. #7 SHOP WELL
First Name R.D. Last Name OFFUT
Company THREE MILE CANYON FARMS
Address 75906 THREEMILE RD
City BOARDMAN State OR Zip 97818

(2) TYPE OF WORK

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

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	Material	From	To	Amt	sacks/lbs
Seal:					

(3) DRILL METHOD

[X] Rotary Air [X] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[X] Reverse Rotary [ ] Other

(4) PROPOSED USE

[ ] Domestic [ ] Irrigation [ ] Community
[X] Industrial/ Commericial [X] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 1005.00 ft.

BORE HOLE

Dia	From	To
20	0	139
15	139	559
12	559	1008

SEAL

Material	From	To	Amt	sacks/lbs
Cement	0	139	105	S
		Calculated	93	
Cement with 5% Bento	139	540	597	S
		Calculated	215	

How was seal placed: Method [ ] A [X] B [ ] C [ ] D [ ] E
[X] Other TREMIE PIPE
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
(•)	( )	16	[X]	1	139	0.375	(•)	( )	[X]	[ ]
(•)	( )	12	[X]	1	540	0.375	(•)	( )	[X]	[ ]
(•)	( )	8	[ ]	528	873	0.322	(•)	( )	[X]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s)
Temp casing [ ] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method
Screens Type Material

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)
720	179.5	500	0.5
720	181.7	500	1
720	182.4	500	

Temperature 78 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount 392 mg/L

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MORROW Twp 3.00 N N/S Range 24.00 E E/W WM
Sec 19 SW 1/4 of the SW 1/4 Tax Lot 100
Tax Map Number Lot
Lat ° ' " or 45.72230000 DMS or DD
Long ° ' " or -119.87440000 DMS or DD
( ) Street address of well (•) Nearest address
WELL #7
SW CORNER OF SHOP LOT

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	10/18/2016			265.1

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 550.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
9/10/2016	550	587	300			347.4
9/13/2016	638	648	200			389.7
9/14/2016	698	715	100			361
9/15/2016	810	818	300			274.4
9/15/2016	830	839	300			274.4

(11) WELL LOG

Ground Elevation 600.00

Material	From	To
Silt, Caliche	0	27
Slightly weathered dense Basalt	27	83
Clay	83	117
Dense Basalt	117	241
Clay	241	325
Sandy clay	325	350
Clay	350	430
Sandstone	430	439
Vesicular Basalt, blue sec min	439	446
Dense Basalt	446	489
Vesicular Basalt with green baked clay	489	497
Sandy Siltstone	497	515
Vesicular Basalt, light blue sec min	515	532
Dense Basalt	532	543
Siltstone	543	550
Vesicular Basalt, oxidized, blue sec min	550	587
Dense Basalt, blue sec min in joints	587	638
Vesicular Basalt	638	650
Dense Basalt, blue sec min in joints	650	698

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Date Started 8/5/2016 Completed 10/12/2016

(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 Date

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 1934 Date 11/3/2016

Signed DWAYNE PERSON (E-filed)

Contact Info (optional) Dwayne Person

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

WATER SUPPLY WELL REPORT - continuation page

MORR 52387

11/3/2016

WELL I.D. LABEL# L 107444
START CARD # 1031614
ORIGINAL LOG #

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

Water Quality Concerns

From	To	Description	Amount	Units

(5) BORE HOLE CONSTRUCTION

BORE HOLE Dia	From	To

SEAL Material	From	To	Amt	sacks/lbs
Cement	540	873	305	S
		Calculated	143	
		Calculated		
		Calculated		
		Calculated		

FILTER PACK

From	To	Material	Size

(10) STATIC WATER LEVEL

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
9/15/2016	916	930	300		274.4

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(11) WELL LOG

Material	From	To
Heavily oxidized vesicular Basalt	698	715
Dense Basalt	715	810
Slightly vesicular Basalt	810	818
Dense Basalt	818	830
Slightly vesicular Basalt	830	839
Dense Basalt	839	916
Vesicular black Basalt	916	930
Dense Basalt	930	1008

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(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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
710	180.4	500	24

Comments/Remarks

*(5b) Bore hole construction line items needed modification in order to avoid Efile error notice.
The first line item under Seal should read: From 0 to 139
The second line item under Seal should read: From 0 to 540
Third line item under Seal should read: From 528 to 873

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

MORR 52387

11/3/2016

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Map of Hole

Person Pump & Drilling, Inc.

1015 E Broadway
Goldendale, WA 98620
Phone 509-773-4085
personpumpandwelldrilling.com

October 28, 2016

Oregon Water Resources Department

RE: Well Log L107444 Additional Information Letter.

Dear Director,

Person Pump & Drilling, Inc. (Person) has recently drilled a well for Three Mile Canyon Farms, L107444. The following is additional information to be submitted with the well log.

While drilling the production zone of the well the static water rose while drilling to total depth. A decision was made to separate water bearing intervals of different static water levels. To do this the bottom of the well was plugged with pea gravel, bentonite, and a cement cap to a depth of 867.5 feet beneath ground surface (ft bgs). Then an eight inch casing was cemented in place from 528 to 873 ft bgs. This additional casing sealed off all water except for 916 ft bgs and below. The seal was tested by filling the casing with 265 ft of water head. Over a 24 hour period there was no drop in water level within the casing giving evidence that the casing seat and seal does leak. The production zone beneath the eight inch casing was then drilled to a depth of 1005 ft bgs with reverse air drilling.

Dwayne Person, Oregon Well Constructor License 1934

Vice President
Person Pump & Drilling, Inc.
Mobile 541 288 7293