

Checklist for Claims of Beneficial Use Received at CSG Counter

Application #	WRD Reviewer <i>Com M.</i>
Transfer # <i>12819</i>	
Date Received <i>3-4-2021</i>	
CWRE Name <i>Gary DeJarnatt</i>	

Priority Date: *1976 & 1982*

Fees Required:

YES NO A fee of \$200 must accompany this form for permits with priority dates of July 9, 1987, or later.

YES **(NO)** A fee of \$200 must accompany this form for any transfers including a water right with a priority date of July 9, 1987, or later.

Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

Fill in App or Transfer Number

Map Review:

- Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))
- Application & permit #; or transfer # (OAR 690-014-0100(1))
- Disclaimer (OAR 690-014-0170(5))
- North arrow (OAR 690-310-0050(2)(c))
- CWRE stamp and signature (OAR 690-014 & 310-0050)
- Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
- Township, range, section, and tax lot numbers (OAR 690-310-0050(4))

Report Review:

- On form provided by the Department (OAR 690-014-0100(1))
- Application & permit #; or transfer # (OAR 690-014)
- Ownership information (OAR 690-014)
- Date of survey (OAR 690-014)
- Person interviewed (OAR 690-014)
- County (OAR 690-014)
- CWRE stamp and signature (OAR 690-014-0100)
- Signature(s) of all permittee of transfer holder (OAR 690-014-0100)

MONEY SLIP	
DATE:	RECEIPT #:
RECEIVED FROM:	APPLICATION PERMIT TRANSFER
CASH CHECK #	OTHER (IDENTIFY)
<input type="checkbox"/>	<input type="checkbox"/>
TOTAL RECD \$	
1083 TREASURY 4178 MISC CASH ACCT.	
0407 COPIES	\$
OTHER (IDENTIFY)	\$
0243 Interm Lease	0244 Min Water Mgmt Plan
0245 Cons Water	
1083 TREASURY 4278 WRD OPERATING ACCT.	
MISCELLANEOUS	
0407 COPY & TAPE FEES	\$ <i>4611</i>
0410 RESEARCH FEES	\$
0408 MISC REVENUE (IDENTIFY)	\$
TC182 DEPOSIT LAB (IDENTIFY)	\$
0240 EXTENSION OF TIME	\$
WATER RIGHTS	
0201 SURFACE WATER	EXAM FEE RECORD FEE
0202 GROUND WATER	\$ 0202 \$
0205 TRANSFER	\$ 0204 \$
WELL CONSTRUCTION	
0218 WELL DRILL CONSTRUCTION	EXAM FEE RECORD FEE
LANDOWNERS PERMIT	\$ 0218 \$
OTHER (IDENTIFY)	\$ 0220 \$
0407 TREASURY 0487 HYDROELECTRIC	
LIC NUMBER	
0223 POWER LICENSE FEE (PWWP)	\$
0231 HYDRO LICENSE FEE (PWWP)	\$
HYDRO APPLICATION	
\$	
SPECIAL INSTRUCTIONS:	

RETURN TO APPLICANT - LETTER ATTACHED

Groundwater File Review: *N/A*

Pump Test Required? YES NO Pump Test Submitted? YES NO*

*If no, include pump test flyer w/acknowledgment letter

**CLAIM OF
BENEFICIAL USE
for Transfer with Multiple
Changes - Groundwater**



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

A fee of \$200 must accompany this form for any Transfer final orders including a water right with a priority date of July 9, 1987, or later.

Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

A separate form shall be completed for each transfer.

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 7" 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 503-986-0900 and ask for the Certificate Section.

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>

GENERAL INFORMATION

Type of Authorized Change

This Claim is being submitted for a transfer involving multiple changes.

YES NO

Mark all that apply:

- 1. Change in POA(s) or Additional POA(s)
- 2. Change in Place of Use
- 3. Change in Character of Use

A separate section will be completed for each type of change authorized in the transfer final order.

1. File Information

APPLICATION # T-12819

RECEIVED

MAR 04 2021

OWRD

2. Property Owner (current owner information)

OWRD

APPLICANT/BUSINESS NAME Travis L. & Kelly R. Singhose		PHONE NO. 541-493-2772	ADDITIONAL CONTACT NO.
ADDRESS 29327 Weaver Springs Lane			
CITY Burns	STATE OR	ZIP 97720	E-MAIL

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

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

TRANSFER HOLDER OF RECORD Same		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

8-27-2020

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Travis Singhose	8-27-2020	Owner

6. County:

Harney

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

OWNER OF RECORD N/A		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

SECTION 2
SIGNATURES

CWRE Statement, Seal and Signature

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



CWRE NAME Gary DeJarnatt Job # 20080		PHONE NO.	ADDITIONAL CONTACT NO. John Short 541-389-2837	
ADDRESS 20735 Double Peaks Drive				
CITY Bend	STATE OR	ZIP 97701	E-MAIL	

Transfer Holder of Record Signature or Acknowledgement

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

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

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
<i>Travis Singhose</i>	Travis Singhose	owner	2-29-21
<i>Kelly Singhose</i>	Kelly Singhose	owner	2-29-21

SECTION 3
Changes Made

Note: The Claim only needs to describe the changes that were authorized in the transfer final order.

Change #1

Change in POA(s) or Additional POA(s)

Did the transfer order authorize a change in the points of appropriation or additional points of appropriation? YES NO

If "NO", this Section can be deleted.

1. New or additional 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)	SOURCE (IF LISTED IN TRANSFER FINAL ORDER)
Well 1	HARN 1116		Malheur Lake Basin
Well 2	HARN 51588	L-94026	"
Well 3	HARN 1118	L-121032	"
Well 11	HARN 1115		"
Well 12	HARN 52930	L-132034	"
Well 13	HARN 52897	L-132039	"
Well 14	HARN 52901	L-132048	"
Well 15	HARN 1117		"
Well A	HARN 52934	L-124611	"
Well B	HARN 52835	L-132138	"

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

If well logs are available, items A and B below can be deleted

A. 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

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

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final?

YES NO **OWRD**

If yes, describe below.

(e.g. "The order allowed three new/additional points of appropriation. The water user only developed one of the points.")

Robey Well 1, Robey Well 2, Well 6, Well 10, & Well 16 were not developed as APOA wells for either C-55574 or C-82391. Well 5, already authorized under C-55574, was not developed as an APOA well for C-82391. Well 4, already authorized under C-82391, was not developed as an APOA well for C-55574.

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well 1	5.79 CFS	2.09 CFS	N/A
Well 2	5.79 CFS	3.32 CFS	"
Well 3	5.79 CFS	1.21 CFS	"
Well 11	5.79 CFS	2.56 CFS	"
Well 12	5.79 CFS	2.04 CFS	"
Well 13	5.79 CFS	2.00 CFS	"
Well 14	5.79 CFS	1.93 CFS	"
Well 15	5.79 CFS	1.22 CFS	"
Well A	5.79 CFS	1.26 CFS	"
Well B	5.79 CFS	2.37 CFS	"

System Description

Are there multiple new or additional Points of Appropriation (POA)?

YES NO

If "YES" you will need to copy and complete either Section A or B in this Section for each POA.

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

Well 1 HARN 1116

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
			Submersible		

2. Motor Information

MANUFACTURER	HORSEPOWER
	25

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
25	15	37'	9'	2.09 CFS

4. Provide pump calculations:

See attached OWRD Pump Calculations

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
n/a			

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

6. Additional notes or comments related to the system:

B. Groundwater Source Information (Well and Sump)

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

YES NO

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

Well 2 HARN 51588/L-94026

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Flowserve	10EHM	0906CGC84635-1	Turbine		

2. Motor Information

MANUFACTURER	HORSEPOWER
	40

OWRD

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
40	15	37.83'	9'	3.32 CFS

4. Provide pump calculations:

See attached OWRD Pump Calculations

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
n/a			

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

6. Additional notes or comments related to the system:

B. Groundwater Source Information (Well and Sump)

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

YES NO

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

Well 3 HARN 1118/L-121032

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
			Submersible		

2. Motor Information

MANUFACTURER	HORSEPOWER
	15

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
15	15	38.3'	11'	1.21 CFS

4. Provide pump calculations:

OWRD

See attached OWRD Pump Calculations

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
n/a			

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

6. Additional notes or comments related to the system:

B. Groundwater Source Information (Well and Sump)

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

YES NO

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

Well 11 HARN 1115

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Johnston		IJ-15318	Turbine		

2. Motor Information

MANUFACTURER	HORSEPOWER
US Motors	20

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
20	15	10'	7'	2.56 CFS

4. Provide pump calculations:

See attached OWRD Pump Calculations

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
n/a			

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

6. Additional notes or comments related to the system:

OWRD

B. Groundwater Source Information (Well and Sump)

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

YES NO

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

Well 12 HARN 52930/L-132034

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
			Submersible		

2. Motor Information

MANUFACTURER	HORSEPOWER
	25

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If a well, the water level during pumping	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
25	15	40'	8'	2.04 CFS

4. Provide pump calculations:

See attached OWRD Pump Calculations

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
n/a			

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

6. Additional notes or comments related to the system:

B. Groundwater Source Information (Well and Sump)

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

YES NO

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

Well 13 HARN 52897/L-132039

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
			Submersible		

2. Motor Information

MANUFACTURER	HORSEPOWER
	25

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
25	15	42'	8'	2.00 CFS

4. Provide pump calculations:

See attached OWRD Pump Calculations

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
n/a			

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

6. Additional notes or comments related to the system:

B. Groundwater Source Information (Well and Sump)

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

YES NO

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

Well 14 HARN 52901/L-132048

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
			Submersible		

2. Motor Information

MANUFACTURER	HORSEPOWER
	25

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
25	15	45'	8'	1.93 CFS

4. Provide pump calculations:

See attached OWRD Pump Calculations

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
n/a			

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

6. Additional notes or comments related to the system:

B. Groundwater Source Information (Well and Sump)

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

YES NO

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

Well 15 HARN 1117

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
			Submersible		

2. Motor Information

MANUFACTURER	HORSEPOWER
	15

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
15	15	39.5'	9'	1.22 CFS

4. Provide pump calculations:

See attached OWRD Pump Calculations

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
n/a			

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

6. Additional notes or comments related to the system:

B. Groundwater Source Information (Well and Sump)

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

YES NO

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

Well A HARN 52934/L-124611

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
			Submersible		

RECEIVED

MAR 04 2021

OWRD

RECEIVED

MAR 04 2021

OWRD

2. Motor Information

MANUFACTURER	HORSEPOWER
	20

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
20	15	60'	14'	1.26 CFS

4. Provide pump calculations:

See attached OWRD Pump Calculations

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
n/a			

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

6. Additional notes or comments related to the system:

B. Groundwater Source Information (Well and Sump)

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

YES NO

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

Well B HARN 52835/L-132138

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Fairbanks-Morse	10A6STG		Turbine		

2. Motor Information

MANUFACTURER	HORSEPOWER
US Motors	30

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
30	15	40'	11'	2.37 CFS

4. Provide pump calculations:

[See attached OWRD Pump Calculations](#)

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
n/a			

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

6. Additional notes or comments related to the system:

B. Groundwater Source Information (Well and Sump)

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

YES NO

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

Change #2

Change in Place of Use

Did the transfer order authorize a change in the place of use?

YES NO

If "NO", this Section can be deleted.

1. Claim Summary – Authorized Use:

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
463.0	463.0

If the new use(s) was not irrigation or nursery:

NEW USE(S)	WAS THE NEW PLACE OF USE DEVELOPED TO THE FULL EXTENT AUTHORIZED UNDER THE ORDER? (INCLUDE THE LOCATION OF THE DEVELOPED PLACE USE ON THE CLAIM MAP)
	YES NO <u>NA</u>
	YES NO <u>NA</u>

RECEIVED

MAR 04 2021

OWRD

2. Variations:

Was the use developed differently from what was authorized by the transfer final order? YES NO

If yes, describe below.

(e.g. "The order authorized a change in place of use for 40 acres. The water user only developed 38 acres.")

RECEIVED

MAR 04 2021

OWRD

Change #3

Change in Character of Use

Did the transfer order authorize a change in character of use? YES NO

If "NO", this Section can be deleted.

SECTION 4

CONDITIONS

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

1. Time Limits:

Describe how the water user has complied with each of the development timelines established in the transfer final order and any extensions of time issued for the transfer:

	DATE FROM TRANSFER	DATE THE AUTHORIZED CHANGES WERE COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	11-27-2018	
COMPLETENESS DATE FROM ORDER (C)	10-1-2020	10-1-2020

* MUST BE WITHIN PERIOD BETWEEN TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETE THE CHANGE

2. Is there an extension final order(s)? YES NO

If "NO", you may delete the following table.

3. Measurement Conditions:

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

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

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

b. Has a meter been installed? YES NO

RECEIVED

MAR 04 2021

OWRD

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 1	Aclara	84-281-890	Working	None	2020
Well 2	McCrometer	12-02502	Working	558961	2015
Well 3	Aclara	84-281-891	Working	None	2016
Well 5	McCrometer	12-02503	Working	227704	2015
Well 11	GF	61709201025	Working	None	2020
Well 12	GF	SB12009	Working	None	2020
Well 13	GF	NONE	Working	None	2020
Well 14	GF	NONE	Working	None	2020
Well 15	Aclara	82-815-722	Working	23663	2020
Well A	GF	62001151588	Working	27	2020
Well B	GF	NONE	Working	2	2020

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

4. Recording and reporting conditions

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

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

5. Other conditions required by the transfer final order or extension final order:

- a. Were there special well construction standards? YES NO
- b. Was submittal of a ground water monitoring plan required? YES NO
- c. Other conditions? YES NO

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

SECTION 5 ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Pump Calcs	OWRD Pump Calculations
Well Logs	HARN 1116, HARN 51588, HARN 1118, HARN 1128, HARN 1115, HARN 52930, HARN 52897, HARN 52901, HARN 1117, HARN 52934, HARN 52835
CBU Map	Claim of Beneficial Use Map

RECEIVED

MAR 04 2021

OWRD

SECTION 6

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.

The changes that were authorized under the transfer final order must be mapped based on the developed locations; new or additional points of appropriation and place of use.

In cases where the order involved additional points of appropriation, the additional points should be mapped based on their developed locations. The original points of appropriation should be mapped based on the original right of record at the time the transfer final order was issued.

In cases where the order involved changing the place of use for a portion of a water right, the portion of the place of use being changed should be mapped based on the developed location. If the transfer also included portions of the place of use that were not being modified, but were receiving a new or additional point of appropriation, the place of use for those lands should be mapped based on the original right of record at the time the transfer final order was issued.

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.

On-site direct measurement and NAIP imagery.

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
- N/A 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
- N/A 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

RECEIVED

MAR 04 2021

OWRD

Pump Capacity Calculation Sheet		WELL 1 T-12819				
using Department designed formula:						
(hp)(efficiency) / (lift + psi head) = capacity in cfs						
Efficiency:						
Centrifugal = 6.61						
Turbine = 7.04						
Data Entry (fill in underlined blanks)						
HP =	<u>25</u>					
Efficiency =	<u>7.04</u>					
Lift =	<u>46</u>					
PSI =	<u>15</u>					
Results Calculated						
(hp)(efficiency) =	176					
Head based on psi =	38.1					
Total dynamic head =	84.1					
(head + lift)						
Pump Capacity =	2.09	cfs				

RECEIVED

MAR 04 2021

OWRD

Pump Capacity Calculation Sheet		WELL 2 T-12819				
using Department designed formula:						
(hp)(efficiency) / (lift + psi head) = capacity in cfs						
Efficiency:						
Centrifugal = 6.61						
Turbine = 7.04						
Data Entry (fill in underlined blanks)						
HP =	<u>40</u>					
Efficiency =	<u>7.04</u>					
Lift =	<u>46.83</u>					
PSI =	<u>15</u>					
Results Calculated						
(hp)(efficiency) =	281.6					
Head based on psi =	38.1					
Total dynamic head =	84.9					
(head + lift)						
Pump Capacity =	3.32	cfs				

RECEIVED

MAR 04 2021

OWRD

Pump Capacity Calculation Sheet		WELL 3 T-12819	
using Department designed formula:			
$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$			
Efficiency:			
Centrifugal = 6.61			
Turbine = 7.04			
Data Entry (fill in underlined blanks)			
HP =	<u>15</u>		
Efficiency =	<u>7.04</u>		
Lift =	<u>49.3</u>		
PSI =	<u>15</u>		
Results Calculated			
$(hp)(\text{efficiency}) =$	105.6		
Head based on psi =	38.1		
Total dynamic head =	87.4		
(head + lift)			
Pump Capacity =	1.21	cfs	

RECEIVED

MAR 04 2021

OWRD

Pump Capacity Calculation Sheet		WELL 5 T-12819				
using Department designed formula:						
$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$						
Efficiency:						
Centrifugal = 6.61						
Turbine = 7.04						
Data Entry (fill in underlined blanks)						
HP =	<u>60</u>					
Efficiency =	<u>7.04</u>					
Lift =	<u>49.3</u>					
PSI =	<u>15</u>					
Results Calculated						
$(hp)(\text{efficiency}) =$	<u>422.4</u>					
Head based on psi =	<u>38.1</u>					
Total dynamic head =	<u>87.4</u>					
(head + lift)						
Pump Capacity =	4.83	cfs				

RECEIVED
MAR 04 2021
OWRD

Pump Capacity Calculation Sheet		WELL 11 T-12819					
using Department designed formula:							
(hp)(efficiency) / (lift + psi head) = capacity in cfs							
Efficiency:							
Centrifugal = 6.61							
Turbine = 7.04							
Data Entry (fill in underlined blanks)							
HP =	<u>20</u>						
Efficiency =	<u>7.04</u>						
Lift =	<u>17</u>						
PSI =	<u>15</u>						
Results Calculated							
(hp)(efficiency) =	140.8						
Head based on psi =	38.1						
Total dynamic head =	55.1						
(head + lift)							
Pump Capacity =	2.56	cfs					

RECEIVED
MAR 04 2021
OWRD

Pump Capacity Calculation Sheet		WELL 12 T-12819				
using Department designed formula:						
$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$						
Efficiency:						
Centrifugal = 6.61						
Turbine = 7.04						
Data Entry (fill in underlined blanks)						
HP =	<u>25</u>					
Efficiency =	<u>7.04</u>					
Lift =	<u>48</u>					
PSI =	<u>15</u>					
Results Calculated						
(hp)(efficiency) =	176					
Head based on psi =	38.1					
Total dynamic head =	86.1					
(head + lift)						
Pump Capacity =	2.04	cfs				

RECEIVED
MAR 04 2021
OWRD

Pump Capacity Calculation Sheet		WELL 13 T-12819					
using Department designed formula:							
(hp)(efficiency) / (lift + psi head) = capacity in cfs							
Efficiency:							
Centrifugal = 6.61							
Turbine = 7.04							
Data Entry (fill in underlined blanks)							
HP =	<u>25</u>						
Efficiency =	<u>7.04</u>						
Lift =	<u>50</u>						
PSI =	<u>15</u>						
Results Calculated							
(hp)(efficiency) =	176						
Head based on psi =	38.1						
Total dynamic head =	88.1						
(head + lift)							
Pump Capacity =	2.00	cfs					

RECEIVED

MAR 04 2021

OWRD

Pump Capacity Calculation Sheet		<u>WELL 14 T-12819</u>				
using Department designed formula:						
(hp)(efficiency) / (lift + psi head) = capacity in cfs						
Efficiency:						
Centrifugal = 6.61						
Turbine = 7.04						
Data Entry (fill in underlined blanks)						
HP =	<u>25</u>					
Efficiency =	<u>7.04</u>					
Lift =	<u>53</u>					
PSI =	<u>15</u>					
Results Calculated						
(hp)(efficiency) =	176					
Head based on psi =	38.1					
Total dynamic head =	91.1					
(head + lift)						
Pump Capacity =	1.93	cfs				

RECEIVED
MAR 04 2021
OWRD

Pump Capacity Calculation Sheet		<u>WELL 15 T-12819</u>					
using Department designed formula:							
(hp)(efficiency) / (lift + psi head) = capacity in cfs							
Efficiency:							
Centrifugal = 6.61							
Turbine = 7.04							
Data Entry (fill in underlined blanks)							
HP =	<u>15</u>						
Efficiency =	<u>7.04</u>						
Lift =	<u>48.5</u>						
PSI =	<u>15</u>						
Results Calculated							
(hp)(efficiency) =	105.6						
Head based on psi =	38.1						
Total dynamic head =	86.6						
(head + lift)							
Pump Capacity =	1.22	cfs					

RECEIVED
MAR 04 2021
OWRD

Pump Capacity Calculation Sheet		WELLA T-12819				
using Department designed formula:						
(hp)(efficiency) / (lift + psi head) = capacity in cfs						
Efficiency:						
Centrifugal = 6.61						
Turbine = 7.04						
Data Entry (fill in underlined blanks)						
HP =	<u>20</u>					
Efficiency =	<u>7.04</u>					
Lift =	<u>74</u>					
PSI =	<u>15</u>					
Results Calculated						
(hp)(efficiency) =		140.8				
Head based on psi =		38.1				
Total dynamic head =		112.1				
(head + lift)						
Pump Capacity =		1.26	cfs			

RECEIVED
MAR 04 2021
OWRD

Pump Capacity Calculation Sheet		WELL B T-12819					
using Department designed formula:							
(hp)(efficiency) / (lift + psi head) = capacity in cfs							
Efficiency:							
Centrifugal = 6.61							
Turbine = 7.04							
Data Entry (fill in underlined blanks)							
HP =	<u>30</u>						
Efficiency =	<u>7.04</u>						
Lift =	<u>51</u>						
PSI =	<u>15</u>						
Results Calculated							
(hp)(efficiency) =	211.2						
Head based on psi =	38.1						
Total dynamic head =	89.1						
(head + lift)							
Pump Capacity =	2.37	cfs					

RECEIVED

MAR 04 2021

OWRD

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report
are to be filed with the
WATER RESOURCES DEPARTMENT,
SALEM, OREGON 97310
within 30 days from the date
of well completion.

HARN 1116
See letter in Whols file dated 10/1/79 RE: #8255/31E-9a
RECEIVED
WATER WELL REPORT
STATE OF OREGON
FEB 23 1980
State Well No. 31255/9a
State Permit No. 1116

WATER RESOURCES DEPT

WATER RESOURCES DEPT

(1) OWNER: SALEM, OREGON
Name J.W. McAllister and Jett C. Blackburn
Address 771 PONDEROSA VILLAGE
BURNS, OREGON 97720

(2) TYPE OF WORK (check):
New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL: (4) PROPOSED USE (check):
Rotary Driven Domestic Industrial Municipal
Cable Jetted Irrigation Test Well Other
Dug Bored

(5) CASING INSTALLED: Threaded Welded
16" Diam. from +1 ft. to 156 ft. Gage 2.50
" Diam. from ft. to ft. Gage
" Diam. from ft. to ft. Gage

(6) PERFORATIONS: Perforated? Yes No.
Type of perforator used FACTORY LUVERD
Size of perforations 3 in. by 1/8 in.
2304 perforations from 60 ft. to 156 ft.
perforations from ft. to ft.
perforations from ft. to ft.

(7) SCREENS: Well screen installed? Yes No
Manufacturer's Name
Type Model No.
Diam. Slot size Set from ft. to ft.
Diam. Slot size Set from ft. to ft.

(8) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom?
Yield: 550 gal./min. with 90 ft. drawdown after 12 hrs.
" " " " " "
" " " " " "
Bailer test gal./min. with ft. drawdown after hrs.
Artesian flow none g.p.m.
Temperature of water 63 Depth artesian flow encountered ft.

(9) CONSTRUCTION:
Well seal—Material used cement grout
Well sealed from land surface to 18 ft.
Diameter of well bore to bottom of seal 30 in.
Diameter of well bore below seal 30 in.
Number of sacks of cement used in well seal 60 sacks
How was cement grout placed? poured
Was a drive shoe used? Yes No Plugs Size: location ft.
Did any strata contain unusable water? Yes No
Type of water? depth of strata
Method of sealing strata off
Was well gravel packed? Yes No Size of gravel: 3/8
Gravel placed from 18 ft. to 156 ft.

(10) LOCATION OF WELL:
SALEM, OREGON
County HARNEY Driller's well number #1
SR 1/4 NE 1/4 Section 9 T. 255 R. 31 E W.M.
Bearing and distance from section or subdivision corner

(11) WATER LEVEL: Completed well.
Depth at which water was first found 32 ft.
Static level 8 ft. below land surface. Date 7/25/79
Artesian pressure lbs. per square inch. Date

(12) WELL LOG: Diameter of well below casing 30"
Depth drilled 205 ft. Depth of completed well 156 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
top soil	0	4	
tan sand	4	10	
tan clay	10	32	
tan sandstone	32	34	
sand	34	40	
grey clay	40	52	
black sand	52	56	
green clay	56	70	
sandstone, course	70	89	
claystone	89	93	
hard tan claystone	93	94	
course sand	94	97	
claystone	97	120	
soft sandy clay	120	143	
tan claystone	143	150	
course sand	150	155	
hard fine sandstone	155	160	
green claystone	160	169	
green clay	169	205	

Work started 7/24 1979 Completed 7/25 1979
Date well drilling machine moved off of well 7/26 1979

Drilling Machine Operator's Certification:
This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] James B. Blair Date 7/25, 1979.
(Drilling Machine Operator)
Drilling Machine Operator's license No. 1035

Water Well Contractor's Certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Name WESTERN WATER WELLS INC.
(Person, firm or corporation) (Type or print)
Address P.O. BOX 294 BURNS, OREGON 97720
[Signed] James B. Blair
(Water Well Contractor)
Contractor's License No. 659 Date 7/25, 1979



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for
Well ID Number

RECEIVED

JAN 20 2016

WATER RESOURCES DEPT
SALEM, OREGON

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Travis L. & Kelly R. Singhose
Mailing Address: 29327 Weaver Springs Road
City, State, Zip: Burns, OR 97720-9403
Mail Well ID Tag to: [X] SAME AS ABOVE [] In Care Of (C/O)
Name & Address:
City, State, Zip:

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 25 S (North / South) Range: 31 E (East / West) Section: 9
Tax Lot: 1400 County Harney SE 1/4 NE 1/4
GPS Coordinates: 43.421296, -119.001333
Street Address of Well, City:
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation
Date Well Constructed (or property built): 7/25/1979 Total Well Depth: 205' Casing Diameter: 16"
Owner at time the well was constructed (if known): McAllister / Blackburn
Other Information: HARN 1116 - Well # 1

SUBMITTED BY (please print): John A. Short / Water Right Services, LLC
PHONE: 541-389-2837 EMAIL &/or FAX: johnshort@usa.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

1-20-16

Well Log Number:

HARN 1116

Well Identification #:

L-121031

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

06-19-2009

WELL LABEL # L 94026

START CARD # 1006752

(1) LAND OWNER Owner Well I.D. _____

First Name Tim Last Name Clemens
Company
Address 235 Hwy 20 N
City Hines State OR Zip 97738

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Row 1: 20, 0, 18, Bentonite Chips, 0, 18, 30, S

How was seal placed: Method [] A [] B [] C [] D [] E
[X] Other Poured and Packed
Backfill placed from ___ ft. to ___ ft. Material ___
Filter pack from ___ ft. to ___ ft. Material ___ Size ___
Explosives used: [] Yes Type ___ Amount ___

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Row 1: 16, 1, 19, .250, [X]

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

(7) PERFORATIONS/SCREENS

Table with columns: Perf, Casing, Screen, Dia, From, To, Scm/slot width, Slot length, # of slots, Tel/ pipe size. Row 1: 14, 38, 118, 25, 3, 3,840

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

Table with columns: Pump, Bailer, Air, Flowing Artesian, Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 850, 40, 60, 8

Table with columns: Temperature, Lab analysis, Water quality concerns, From, To, Description, Amount, Units. Row 1: 59, [] Yes, [] Yes (describe below)

(9) LOCATION OF WELL (legal description)

County Harney Twp 25.00 S N/S Range 31.00 E E/W WM
Sec 9 NE 1/4 of the SW 1/4 Tax Lot 1400
Tax Map Number Lot
Lat Long
[] Street address of well [] Nearest address

Dog Mountain Lane off Hwy 205, 12 miles south of Burns

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Row 1: 06-12-2009, 20

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 25

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 06-12-2009, 25, 135, 850, 20

(11) WELL LOG

Table with columns: Material, From, To. Rows: Top Soil (0-1), Sandstone (1-3), Brown Clay (3-25), Blue Clay (25-43), Brown Clay with some Coarse Sand (43-94), Gray Clay with Small Gravel (94-135)

RECEIVED
MAR 04 2021
OWRD

Date Started 06-02-2009 Completed 06-12-2009

(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
Electronically Filed
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 1675 Date 06-19-2009
Electronically Filed
Signed GEORGE VALENTINE (E-filed)
Contact Info (optional) George Valentine, 541-493-2065



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for
Well ID Number

RECEIVED

JAN 20 2016

WATER RESOURCES DEPT
SALEM, OREGON

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Travis L. & Kelly R. Singhose
Mailing Address: 29327 Weaver Springs Road
City, State, Zip: Burns, OR 97720-9403
Mail Well ID Tag to: [X] SAME AS ABOVE [] In Care Of (C/O)
Name & Address:
City, State, Zip:

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 25 S (North / South) Range: 31 E (East / West) Section: 9
Tax Lot: 1500 County Harney NE 1/4 SE 1/4
GPS Coordinates: 43.413888, -119.005048
Street Address of Well, City:
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation
Date Well Constructed (or property built): 7/31/1979 Total Well Depth: 180' Casing Diameter: 16"
Owner at time the well was constructed (if known): McAllister / Blackburn
Other Information: HARN 1118 - Well # 3

SUBMITTED BY (please print): John A. Short / Water Right Services, LLC
PHONE: 541-389-2837 EMAIL &/or FAX: johnshort@usa.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

1-20-16

Well Log Number:

HARN 1118

Well Identification #:

L-121032

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

HARN 1128
WATER WELL REPORT

STATE OF OREGON
(Please type or print)

STATE ENGINEER, SALEM, OREGON 973
within 30 days from the date
of well completion.

(Do not write above this line)

RECEIVED
SEP 20 1976
WATER RESOURCES DEPT.
SALEM, OREGON

State Well No. 253/31E-16
State Permit No. _____

(1) OWNER:

Name Tom Clemens
Address 90 W. Adams
Burns, Oregon 97720

(2) TYPE OF WORK (check):

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

(3) TYPE OF WELL:

Rotary Cable
Driven Jetted
Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

(5) CASING INSTALLED:

Threaded Welded
1 1/2" Diam. from 4.1 ft. to 142 ft. Gage 250
" Diam. from " ft. to " ft. Gage "
" Diam. from " ft. to " ft. Gage "

(6) PERFORATIONS:

Perforated? Yes No.
Type of perforator used Factory Saw
Size of perforations 1/8 in. by 3 in.
240 perforations from 60 ft. to 72 ft.
1320 perforations from 82 ft. to 137 ft.
perforations from " ft. to " ft.

(7) SCREENS:

Well screen installed? Yes No
Manufacturer's Name _____
Type _____ Model No. _____
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No. If yes, by whom? Driller
Yield: 869 gal./min. with 53 ft. drawdown after 8 hrs.
" " " " " "
" " " " " "
Failer test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m.

(9) CONSTRUCTION:

Well seal—Material used cement
Well sealed from land surface to 18 ft.
Diameter of well bore to bottom of seal 24 in.
Diameter of well bore below seal 24 in.
Number of sacks of cement used in well seal 21 sacks
Number of sacks of bentonite used in well seal _____ sacks
Brand name of bentonite _____
Number of pounds of bentonite per 100 gallons
of water _____ lbs./100 gals.
Was a drive shoe used? Yes No Plugs _____ Size: location _____ ft.
Did any strata contain unusable water? Yes No
Type of water? good depth of strata _____
Method of sealing strata off _____
Was well gravel packed? Yes No Size of gravel: 3/8
Gravel placed from 18 ft. to 142 ft.

(10) LOCATION OF WELL:

County Harney Driller's well number _____
NW 1/4 NE 1/4 Section 16 T. 25 R. 31 E W.M.
Bearing and distance from section or subdivision corner
584 ft. east and 20 ft. north
of southwest corner

(11) WATER LEVEL: Completed well.

Depth at which water was first found _____ ft.
Static level 11 ft. ft. below land surface. Date _____
Artesian pressure none lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing _____
Depth drilled 142 ft. Depth of completed well 142 ft.
Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
top soil, brown	0	12	
clay, green	12	28	10
sand stone, brown	28	44	
shale, gray	44	46	
clay, blue	46	52	
sandstone, gray	52	68	
clay, brown	68	89	
sandstone, brown blue	89	92	
small gravel	92	108	
fractured shale, gray	108	129	
coarse gravel	129	134	
sandstone, blue	134	142	10
	142		

Work started Aug 1 1976 Completed Aug 10 1976
Date well drilling machine moved off of well Aug 15 1976

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] Robert Kern Date Sept 10, 1976
(Drilling Machine Operator)
Drilling Machine Operator's License No. 994

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Name Western Drilling
(Person, firm or corporation) (Type or print)
Address P.O. Box 251
[Signed] John W. McAllister
(Water Well Contractor)
Contractor's License No. 426 Date Sept 10, 1976



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for
Well ID Number OWRD

RECEIVED

JAN 20 2016

Do not complete if the well already has a Well Identification Number.

WATER RESOURCES DEPT
SALEM, OREGON

I. OWNER INFORMATION

Current Owner Name (please print): Travis L. & Kelly R. Singhose
Mailing Address: 29327 Weaver Springs Road
City, State, Zip: Burns, OR 97720-9403
Mail Well ID Tag to: [X] SAME AS ABOVE [] In Care Of (C/O)
Name & Address:
City, State, Zip:

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 25 S (North / South) Range: 31 E (East / West) Section: 16
Tax Lot: 3000 County Harney NW 1/4 NE 1/4
GPS Coordinates: 43.406627, -119.007775
Street Address of Well, City:
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation
Date Well Constructed (or property built): 8/10/1976 Total Well Depth: 142' Casing Diameter: 16"
Owner at time the well was constructed (if known): Clemens
Other Information: HARN 1128 - Well # 5

SUBMITTED BY (please print): John A. Short / Water Right Services, LLC
PHONE: 541-389-2837 EMAIL &/or FAX: johnshort@usa.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

1-20-16

Well Log Number:

HARN 1128

Well Identification #:

L-121034

HARN 52930

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

WELL I.D. LABEL# 122034
 START CARD # 215737
 ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. _____
 First Name TRAVIS Last Name Singhose
 Company 35 Ranches
 Address 29327 Wever Spys Ln
 City Burns State OR Zip 97720

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

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 175 ft.
 BORE HOLE SEAL

Dia	From	To	Material	SEAL	From	To	Amt	sacks/lbs
16"	0	175	Bentinite	6	19	30	30	SKS
							15	SKS
							Calculated	

How was seal placed: Method A B C D E
 Other Banded Dry
 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 Pounds Actual Amount Pounds

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12"	4	1	19	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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

Perf/S	Casing/	Screen	Screen/slot	Slot	# of	Tele/
green	Liner	Dia	width	length	slots	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)
25 gpm	10		1 hr

 Temperature 54 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 205

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County HARNEY Twp 25 N Range 31 W WM
 Sec 9 NE 1/4 of the 5E 1/4 Tax Lot 1500
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+ SWL (ft)
Completed Well	12-31-20		40 ft

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
12-31-20	45	175	150		40 ft

(11) WELL LOG Ground Elevation _____

Material	From	To
Brown TOP SOIL	0	5
Brown clay	5	45
Layer clay w/sand	45	70
Thin clay w/sand	70	175

RECEIVED

JAN 13 2021

OWRD

RECEIVED

MAR 04 2021

OWRD

Date Started 4/15/20 Completed 12/30/20
(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 1882 Date 12/31/20
 Signed B. D. Williams
 Contact Info (optional) _____

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

HARN 52897

WELL I.D. LABEL# 132039
 START CARD # 215744
 ORIGINAL LOG # _____

(1) LAND OWNER
 First Name TRAVIS Owner Well I.D. _____
 Last Name Singhose
 Company SS Ranches
 Address 29327 Weaver Spys Ln.
 City Burns State OR Zip 97720

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

(2a) PRE-ALTERATION
 Dia + From To Gauge Stil Plstc Wld Thrd
 Casing: _____
 Seal: _____

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 248 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	lbs
14"	0	20	Bent-nite	0	20	32 SKS
12"	20	248				25 SKS
						Calculated

How was seal placed: Method A B C D E
 Other poured dry
 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 Pounds Actual Amount Pounds

(6) CASING/LINER
 Casing Liner Dia + From To Gauge Stil Plstc Wld Thrd
 10" 2 248 .250
 Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS Method Factory
 Screens Type _____ Material _____
 Perf/S Casing/Screen Scrm/slot Slot # of Tel/
 cren Liner Dia From To width length slots pipe size

		10"	0	248	3/8	3"	4420	
--	--	-----	---	-----	-----	----	------	--

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 2594 Drawdown 0 Drill stem/Pump depth _____ Duration (hr) 1 hr.
 Temperature 52 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 195
 From To Description Amount Units

(9) LOCATION OF WELL (legal description)
 County Harney Twp 28 N Range 31 W WM
 Sec 10 SW 1/4 of the SW 1/4 Tax Lot 1600
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

(10) STATIC WATER LEVEL
 Date SWL(psi) + SWL(ft)
 Existing Well / Pre-Alteration _____
 Completed Well 7/2/20 _____ 42 ft
 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
7/2/20	42	248	300 6PM		42 ft

(11) WELL LOG Ground Elevation _____

Material	From	To
TOP SOIL	0	5
TAN CLAY	5	25
GREEN CLAY	35	50
TAN CLAY w/ Sand	50	135
GREEN CLAY w/ Sand	135	240
White CLAY	240	248

RECEIVED RECEIVED
 JUL 06 2020 MAR 04 2021
 OWRD OWRD

Date Started 6/15/20 Completed 7/2/20

(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 1882 Date 7/2/20
 Signed B. P. White
 Contact Info (optional) _____

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

WELL I.D. LABEL# I 132048
START CARD # 217737
ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D.
First Name TRAVIS Last Name Singhose
Company 35 Ranches
Address 29327 Weaver Spgs Ln.
City Burns State OR Zip 97720

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

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 248 ft.

BORE HOLE

Dia	From	To	Material	From	To	Amt	sacks/lbs
14"	0	18	Bentind	0	18	21	sks
12"	18	250				15	sks
						Calculated	

How was seal placed: Method A B C D E
 Other pouring DRY
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 Pounds Actual Amount Pounds

(6) CASING/LINER
Casing Liner Dia + From To Gauge Sil Plstc Wld Thrd
 10" + 2 248 250
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method factory
Screens Type _____ Material _____
Perf/S Casing Screen Dia From To Scm/slot Slot # of Tel/ green Liner Dia From To width length slots pipe size
 10" 90 248 3/8" 3 304

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
25 gpm 0 1 HR
Temperature 55 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 195
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County Harney Twp 25 N Range 31 W WM
Sec 9 NE 1/4 of the SE 1/4 Tax Lot 1800
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

31597 Dog Mt Ln, Burns OR

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 8-3-20 45 ft
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
<u>8-3-20</u>	<u>45 ft</u>	<u>248 ft</u>	<u>250 gpm</u>		<u>45 ft</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
TOP SOIL	0	5
BROWN CLAY	5	45
GREEN CLAY w/ sand	45	65
TAN CLAY w/ sand	65	195
GREEN CLAY w/ sand	195	248

RECEIVED
AUG 06 2020
OWRD
RECEIVED
MAR 04 2021
OWRD

Date Started 7/6/20 Completed 8/3/20

(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 1882 Date 8/31/20
Signed B. D. Wilson
Contact Info (optional) _____

NOTICE TO WATER WELL CONTRACTOR

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

WATER RESOURCES DEPARTMENT,

SALEM, OREGON 97310

within 30 days from the date of well completion.

RECEIVED

AUG 3 - 1979

WATER WELL REPORT

STATE OF OREGON

(Please type or print)

RECEIVED

RECEIVED

MAR 04 2021

OWRD

WATER RESOURCES DEPT (Do not write above this line)

(1) OWNER:

SALEM, OREGON

Name **J.W. McALLISTER & JETT C. BLACKBURN**

Address **771 PONDEROSA VILLAGE**

BURNS, OREGON 97220

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Cable Dug Driven Jetted Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal Irrigation Test Well Other

(5) CASING INSTALLED:

16" Diam. from +1 ft. to 156 ft. Gage .312

(6) PERFORATIONS:

Perforated? Yes No.

Type of perforator used **LUPERED**

Size of perforations 3 in. by 1/8 in.

3840 perforations from 60 ft. to 156 ft.

(7) SCREENS:

Well screen installed? Yes No

Manufacturer's Name

Type Model No.

Diam. Slot size Set from ft. to ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level

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

Yield: 550 gal./min. with 140 ft. drawdown after 8 hrs.

Baller test gal./min. with ft. drawdown after hrs.

Artesian flow **NONE** g.p.m.

Temperature of water 63 Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Well seal—Material used **CEMENT**

Well sealed from land surface to 18 ft.

Diameter of well bore to bottom of seal 30 in.

Diameter of well bore below seal 30 in.

Number of sacks of cement used in well seal 60 sacks

How was cement grout placed? **POURED**

Was a drive shoe used? Yes No Plugs Size: location ft.

Did any strata contain unusable water? Yes No

Type of water? depth of strata

Method of sealing strata off

Was well gravel packed? Yes No Size of gravel: 3/8

Gravel placed from 18 ft. to 156 ft.

(10) LOCATION OF WELL:

County **HARNEY**

SE 1/4 NE 1/4 Section 9

Bearing and distance from section or subdivision corner

(11) WATER LEVEL: Completed well.

Depth at which water was first found 12 ft.

Static level 12 ft. below land surface. Date 7/29/79

Artesian pressure **NONE** lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing 30"

Depth drilled 165 ft. Depth of completed well 156 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
top soil	0	4	
fine sand	4	14	
tan claystone	14	24	
sand&sandstone	24	36	
gray clay	36	40	
gray sandstone	40	54	
green claystone	54	72	
soft sandy claystone	72	100	
green sandstone	100	107	
hard cemented gravel	107	109	
soft sandstone& gravel	109	116	
hard sandy claystone	116	122	
sandstone & gravel	122	124	
sandy claystone	124	129	
soft green sandstone			
&medium gravel	129	137	
green sand & sandstone	137	150	
green clay	150	165	

Work started 7/26 1979 Completed 7/28 1979

Date well drilling machine moved off of well 7/28 1979

Drilling Machine Operator's Certification:

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

(Signed) *[Signature]* Date 7/30 1979
(Drilling Machine Operator)

Drilling Machine Operator's License No. 1035

Water Well Contractor's Certification:

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

Name **WESTERN WATER WELLS INC.**
(Person, firm or corporation) (Type or print)

Address **P.O. BOX 294 BURNS, OREGON 97720**

(Signed) *[Signature]*
(Water Well Contractor)

Contractor's License No. 659 Date 7/30 1979

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

HARN 52934

WELL I.D. # L 174611

START CARD # 195485

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

(1) LANDOWNER Well Number _____
 Name Travis Singh
 Address 29327 Weavver Springs Rd
 City Burns State OR Zip 97720

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
 Depth of Completed Well 300 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
16"	0	60	benmite	0	60	5000 lbs
12"	60	300				

How was seal placed: Method A B C D E

Other packed dry

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

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

(6) CASING/LINER

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing: 12"	+1	300	150	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Drive Shoe used Inside Outside None

Final location of shoe(s) 300 feet

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

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
240	300	1/8"	1,440	12"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
250	100		24 hrs

Temperature of water 62 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 (legal description)
 County Harney
 Tax Lot 3000 Lot _____
 Township 25 S N of S Range 31 E or W WM
 Section 16 NE 1/4 NE 1/4

Lat _____ or _____ (degrees or decimal)
 Long _____ or _____ (degrees or decimal)

Street Address of Well (or nearest address) Dog Mountain Rd
Burns OR 97720

(10) STATIC WATER LEVEL
60 ft. below land surface. Date _____
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

From	To	Estimated Flow Rate	SWL
60	300	250	60

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
Soil	0	5	
Brown clay	5	60	60
Sandy gray clay	60	300	

RECEIVED

JAN 25 2021

RECEIVED

MAR 04 2021

OWRD

OWRD

Date Started 8/22/2017 Completed 9/15/2017

(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.

WWC Number _____ Date _____

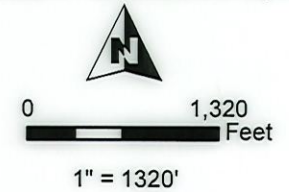
Signed _____

(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.

WWC Number 1557 Date 1/21/21

Signed [Signature]

T25S R31E, WM, HARNEY COUNTY, OR



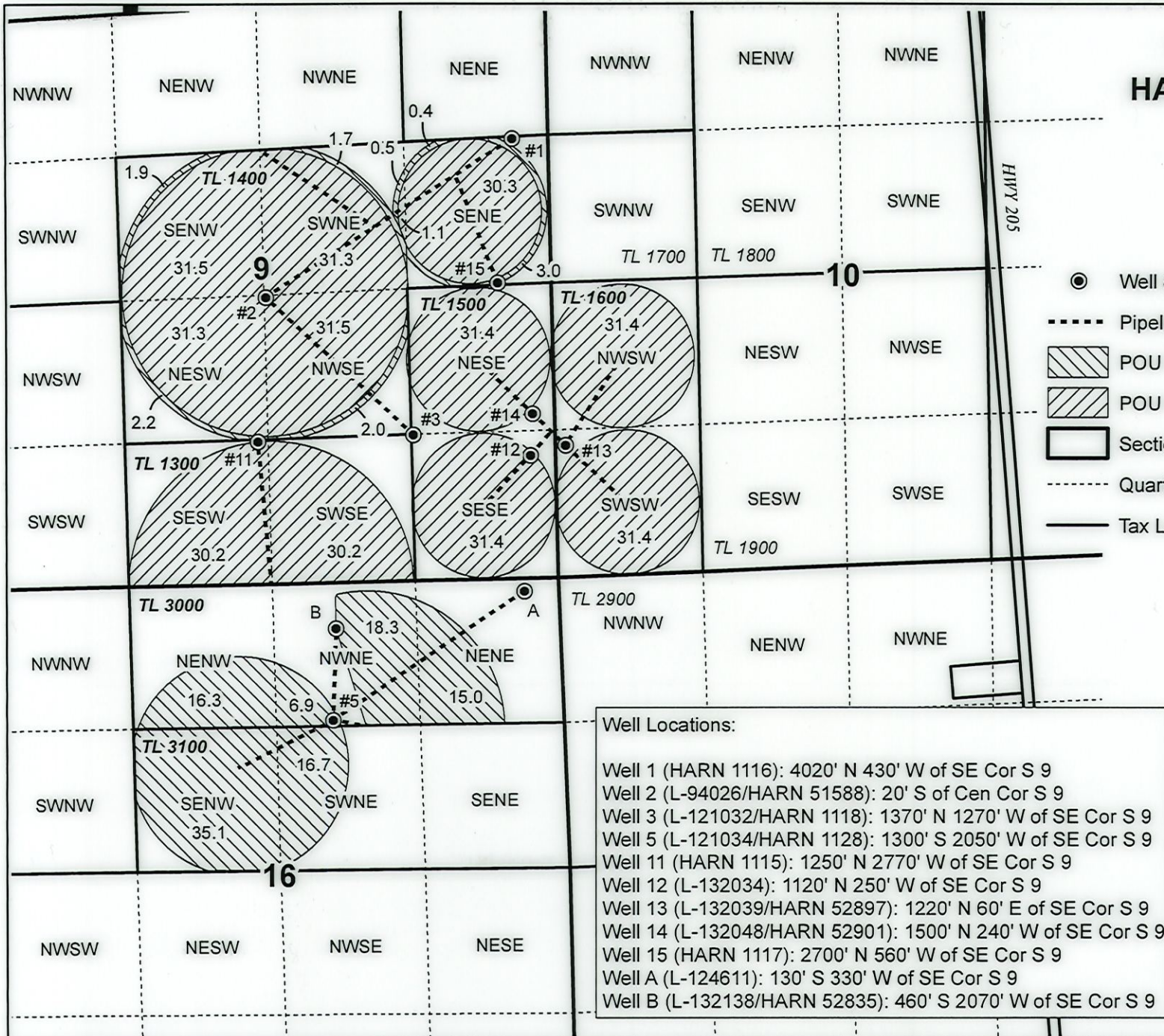
Hwy 205

- Well & Meter
- Pipeline
- POU IR (from G-6961) 8-12-1976 Priority
- POU IR (from G-9879) 4-19-1982 Priority
- Section
- Quarter Quarter
- Tax Lot

RECEIVED
MAR 04 2021
OWRD



RENEWAL DATE 12/31/2021



Well Locations:

Well 1 (HARN 1116): 4020' N 430' W of SE Cor S 9
 Well 2 (L-94026/HARN 51588): 20' S of Cen Cor S 9
 Well 3 (L-121032/HARN 1118): 1370' N 1270' W of SE Cor S 9
 Well 5 (L-121034/HARN 1128): 1300' S 2050' W of SE Cor S 9
 Well 11 (HARN 1115): 1250' N 2770' W of SE Cor S 9
 Well 12 (L-132034): 1120' N 250' W of SE Cor S 9
 Well 13 (L-132039/HARN 52897): 1220' N 60' E of SE Cor S 9
 Well 14 (L-132048/HARN 52901): 1500' N 240' W of SE Cor S 9
 Well 15 (HARN 1117): 2700' N 560' W of SE Cor S 9
 Well A (L-124611): 130' S 330' W of SE Cor S 9
 Well B (L-132138/HARN 52835): 460' S 2070' W of SE Cor S 9

CLAIM OF BENEFICIAL USE MAP TRAVIS & KELLY SINGHOSE

T-12819

Date: 2/10/2021

Project #20080

This map is not intended
to provide legal dimensions
or locations of property
ownership lines.

WATER RIGHT SERVICES, LLC
 PO BOX 1830, BEND, OR 97709
 WWW.OREGONWATER.US CCB # 197121
 johnshort@usa.com 541-389-2837