CLAIM OF BENEFICIAL USE for Transfer New or Additional POA Only



OREGON Oregon Water Resources Department

725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900

www.oregon.gov/OWRD

RECEIVEL

SEP 2 8 2022

A fee of \$230 must accompany this form for any <u>Transfer final orders</u> 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 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

Type of Authorized Change

This Claim is being submitted for a transfer where the <u>only</u> authorized change was a change in point(s) of appropriation or additional point(s) of appropriation, or a combination of both. **YES** If additional changes were authorized, you will need to select a different form.

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APPLICATION #
T-13550

OWRD

2. Property Owner (current owner information)

Burns	OR	97720		
CITY	STATE	ZIP	E-MAIL	
70475 N Newton Rd				
Address				
Kendall & Melanie Wedel		541-589-	3256	
APPLICANT/BUSINESS NAME		PHONE No.		ADDITIONAL CONTACT NO
Inwood	IA	51240 inwoodfeeders@gmail.com		eders@gmail.com
CITY	STATE	ZIP	E-MAIL	
1524 290h St				
Address				
Jesse & Tanya Van De Stroet		605-310-	6292	605-268-4343
APPLICANT/BUSINESS NAME		PHONE No).	ADDITIONAL CONTACT No.

If the current property owner is not the transfer holder of record, it is recommended that an assignment be filed with the Department. <u>Each</u> 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		oc, be the current property owner)	
Same as above			
Address			
CITY	STATE	ZIP	

4. Date of Site Inspection:

8/2/2022

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

		0
Kendall Wedal	8/2/2022	Farm Manager
NAME	DATE	ASSOCIATION WITH THE PROJECT

6. County:

Harney	
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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)):

A			
Сіту	STATE	ZIP	
Address			
NA			
Owner of Record			

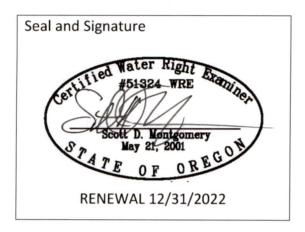
Add additional tables for owners of record as needed

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		PHONE NO.		ADDITIONAL CONTACT NO.	
Scott D Montgomery		541-548-5833 541		541-420-0401	
ADDRESS		A 7000 A		· ·	
PO Box 767					
CITY	STATE	ZIP	E-MAIL		
Terrebonne	OR	97760	scott@apea	and a second	

Transfer Holder of Record Signature or Acknowledgement

<u>Each</u> 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
	Jesse Van De Stroet	Owner/Permit Holder	
Tanya Van De Stoe	Tanya Van De Stroet	Owner/Permit Holder	
Kerdall Wedel	Kendall Wedel	Owner	
Melanie Wedel	Melanie Wedel	Owner	

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SECTION 3 CLAIM DESCRIPTION



Note: The Claim <u>only</u> needs to describe the new or additional point(s) of appropriation. This Claim does not need to provide information for the original point(s) of appropriation unless the original point of appropriation is either a new or additional point of appropriation on another right involved in this transfer.

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)
T1	HARN 52215	L-144447	Malheur Slough Basin
T2	HARN 51944	L-110811	Malheur Slough Basin
T3	HARN 52456	L-60070	Malheur Slough Basin
Τ4	HARN 52624	L-118054	Malheur Slough Basin
Т5	HARN 50789	L-41943	Malheur Slough Basin
Т6	HARN 50285	L-21274	Malheur Slough Basin

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
See well logs		A THE PARTY OF PERSONS ASSESSMENT OF THE PARTY OF THE PAR	en la provincia de la companya del la companya de l	PACIENATIONS		

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.

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

If yes, describe below.

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

3. Claim Summary:

New or Additional POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
T1	1.78 cfs*	3.30 cfs	1.49 cfs
T2	1.78 cfs*	1.31 cfs	Not on
T3	1.78 cfs*	1.75 cfs	0.53 cfs
T4	1.78 cfs*	1.75 cfs	1.11 cfs
T5	1.78 cfs*	1.17 cfs	Not on
Т6	1.78 cfs*	0.93 cfs	Not on

*All wells combined

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SECTION 4

SYSTEM DESCRIPTION



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

YES

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

T1 (HARN 52215)

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

Flowserve	UNK	32125451	SUBMERSIBLE) Turbine	12"	SIZE 10"
MANUFACTURER	MODEL SERIAL NUMBER		TYPE (CENTRIFUGAL, TURBINE OR	INTAKE SIZE	DISCHARGE

2. Motor Information

Nidec	200
Manufacturer	Horsepower

3. Theoretical Pump Capacity

200	40	325'	0'	3.30
		*IF A WELL, THE WATER LEVEL DURING PUMPING	PLACE OF USE	OUTPUT (IN CFS)
Horsepower	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO	TOTAL PUMP

4. Provide pump calculations:

Q = 7.04 ft4/s/hp x hp	= (7.04)(200)	=	3.30 cfs	Annual		
Total head, ft	426.6'					
Total head, ft = 101.6 +	325' + 0' = 426 .	6 '				

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME	TOTAL PUMP OUTPUT
and the second of the second s		OBSERVED	(IN CFS)
704949 gal x 1000	704950 gal x 1000	1 1/2 min	1.49

B. Groundwater Source Information (Well and Sump)

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



NO

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

T2 (HARN 51944)

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
Goulds	UNK	UNK	Submersible	12"	6"

2. Motor Information

Manufacturer	HORSEPOWER
Goulds	75

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)
75	40	300'	0'	1.31

4. Provide pump calculations:

Ti Trac partip carcar	acions.			
Q = 7.04 ft4/s/hp x hp	= (7.04)(75) =	1.31	fs	
Total head, ft	401.6'			
Total head, ft = 101.6 +	300' + 0' = 401.6'			
ιοται nead, π = 101.6 +	$300^{\circ} + 0^{\circ} = 401.6^{\circ}$			

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME	TOTAL PUMP OUTPUT
		OBSERVED	(IN CFS)
Not on			

B. Groundwater Source Information (Well and Sump)

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



NO

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

T3 (HARN 52456)

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

Flowserve	10EMM	1507CGC94080-1	OR SUBMERSIBLE) Turbine	12"	SIZE
MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE	INTAKE SIZE	DISCHARGE

2. Motor Information

MANUFACTURER	HORSEPOWER
Nidec	100

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)
100	40	300'	0'	1.75

4. Provide pump calculations:

Q = 7.04 ft4/s/hp x hp = (7.04)(100) = 1.75 cfs Total head, ft 401.6' Total head, ft = 101.6 + 300' + 0' = 401.6'

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)
367.956 AF	367.958 AF	2 ¾ min	0.53

B. Groundwater Source Information (Well and Sump)

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

NO

C. Additional notes or comments related to the system:

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

T4 GUND 4 (HARN 52624)

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

Flowserve	UNK	2125451	Turbine	12"	10"
MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE

2. Motor Information

3. Theoretical Pump Capacity

100	40	300'	0	(IN CFS)	
		*IF A WELL, THE WATER LEVEL	PLACE OF USE	OUTPUT	
HORSEPOWER OPERATING PSI		LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO	TOTAL PUMP	

4. Provide pump calculations:

Q = 7.04 ft4/s/hp x hp	= $(7.04)(100)$	=	1.75 cfs	
Total head, ft	401.6'			
Total head, ft = 101.6 +	300' + 0' = 401.6'	,		

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME	TOTAL PUMP OUTPUT
		OBSERVED	(IN CFS)
629318 gal x 1000	629319 gal x 1000	2 min	1.11

B. Groundwater Source Information (Well and Sump)

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

		-	_
	100		
0.40	100	PT.	
1000	-		Sec. of

NO

C. Additional notes or comments related to the system:

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

T5 (HARN 50789)

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

riowserve	UNK	6056CG95749-1	Turbine	16"	8"
Flowserve	esterates estat a la constitución de la constitució		SUBMERSIBLE)		SIZE
MANUFACTURER	Model	SERIAL NUMBER	Type (CENTRIFUGAL, TURBINE OR	INTAKE SIZE	DISCHARGE

2. Motor Information

Manufacturer	HORSEPOWER
Nidec	50

3. Theoretical Pump Capacity

HORSEPOWER OPERATING PS		LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT	
50	40	200'	0'	(IN CFS)	

4. Provide pump calculations:

 $Q = \frac{7.04 \text{ ft4/s/hp x hp}}{\text{Total head, ft}} = \frac{(7.04)(50)}{301.6'} = 1.17 \text{ cfs}$ Total head, ft = 101.6 + 200' + 0' = 301.6'

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

Initial Meter Reading	ENDING METER READING	DURATION OF TIME	TOTAL PUMP OUTPUT
		Observed	(IN CFS)
Not running			()

B. Groundwater Source Information (Well and Sump)

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3. Is the appropriation from a dug well (sump)?	OWRD	NO
C. Additional notes or comments related to the system:		

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

T6 (HARN 50285)

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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

	IK	UNK	100	The state of the s	100mm - 100mm
MANUFACTURER UNK	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE

2. Motor Information

MANUFACTURER	Horsepower
UNK	40

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	40	200'	0'	0.93

4. Provide pump calculations:

$Q = 7.04 \text{ ft4/s/hp} \times \text{hp}$	= (7.04)(40)	=	0.93 cfs	Т
	17.04/(40)	_	0.55 (13	1
Total head, ft	301 6'			
,	1,177			
Total head ft = 101 6 +	$200' \pm 0' - 201$	c'		
. otal licau, it = 101.0 +	200 + 0 - 301.	O		
				1
	Total head, ft	Total head, ft 301.6'	Total head, ft 301.6'	$Q = \frac{7.04 \text{ ft4/s/hp x hp}}{1.04 \text{ ft4/s/hp x hp}} = \frac{(7.04)(40)}{1.04 \text{ ft}} = 0.93 \text{ cfs}$ Total head, ft = $\frac{301.6}{1.04 \text{ ft}} = \frac{301.6}{1.04 \text{ ft}} = 301.6$

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

INITIAL METER READING	PROPERTY REPORT OF THE PROPERTY AND ADDRESS OF THE PROPERTY OF	S. was present and system	Control of the Contro
MATTAL WILTER READING	ENDING METER READING	DURATION OF TIME	TOTAL PUMP OUTPUT
(1) はいは、水水(物を含ませい)はは、水(水)、水(水)、水(水)、水(水)、水(水)、水(水)、水(水)、水		OBSERVED	(IN CFS)
Not running		The state of the s	(iii cio)

B. Groundwater Source Information (Well and Sump)

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3. Is the appropriation from a dug well (sump)?	OWRD	NO
C. Additional notes or comments related to the system:		: .

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SECTION 5

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 NEW AND/OR ADDITIONAL POA(s) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	2/8/2022	COMPLETENESS DATE
COMPLETENESS DATE FROM ORDER (C)	10/1/2023	8/3/2022

^{*} 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)?

NO

- 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?
- b. Has a meter been installed?

YES

c. Meter Information

POA NAME OR#	MANUFACTURER	SERIAL#	CONDITION (WORKING OR NOT)	CURRENT METER , READING	DATE INSTALLED
T1	McCrometer	16-06270-10	Not running	704.950 gal x 1000	Spring 2016
T2	McCrometer	16-06272-08	Not running	794.327 gal x 100	Spring 2016
T3	McCrometer	17-08123-08	Not running	367.958 AF	Summer 2020
T4	McCrometer	16-06269-10	Not running	629.319 gal x 1000	Spring 2016
T5	McCrometer	09-03506-08	Not running	256.792AF	Fall 2009
T6	McCrometer	17-07932-06	Not running	098.389AF	Spring 2017

4. Recording and reporting conditions

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

YES

b. Have the reports been submitted?

YES

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

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

a. Were there special well construction standards?

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NO

b. Was submittal of a ground water monitoring plan required?c. Other conditions?

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NO NO

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

9 11	

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well Logs	T1 to T6
Aerial imagery	USDA/FSA imagery June 2020
Site photo	Location & time stamped picture of well, T5 under construction

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SECTION 7

CLAIM OF BENEFICIAL USE MAP



The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on polyester 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.

For the purpose of this Claim, the map identifying the location of the place of use does not require a new survey. The location of the place of use identified on the Claim map should be based on the original right of record at the time the transfer final order was issued. In transfers approved for additional points of appropriation, the original points must be identified the map 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.

The wells, conveyances, sprinklers & place of use were tied using a Trimble GeoXT 6000 GIS data collector. Point data was imported into Trimble Pathfinder software and converted to Statewide Lambert Projection. Point data was compared with aerial imagery for accuracy.

Map Checklist

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



\boxtimes	Map on polyester film
\boxtimes	Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
\boxtimes	Township, Range, Section, Donation Land Claims, and Government Lots
\boxtimes	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.) *Not required for this type of Claim of Beneficial Use
\boxtimes	Point(s) of diversion or appropriation (illustrated and coordinates)
\boxtimes	Tax lot boundaries and numbers
	Source illustrated if surface water
\boxtimes	Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
\boxtimes	Application and permit number or transfer number
\times	North arrow
\times	Legend
\boxtimes	CWRE stamp and signature

CLAIM OF BENEFICIAL USE MAP

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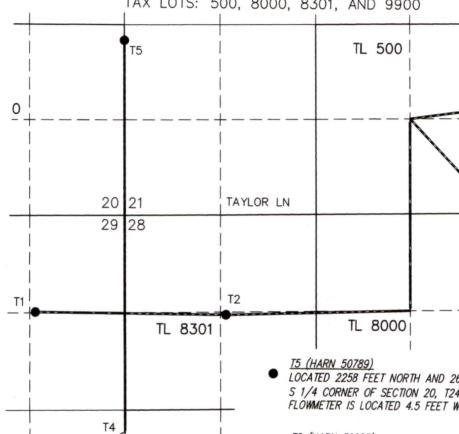
TO ADD POINTS OF APPROPRIATION FOR APPLICATION T-13550

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SOUTHEAST 1/4 OF SECTION 20, SOUTHEAST 1/4 SECTION 21, NORTH

1/2 SECTION 28, AND EAST 1/2 SECTION 29, TOWNSHIP 24 SOUTH, RANGE 32.5 EAST, W.M. TAX LOTS: 500, 8000, 8301, AND 9900





T1 (HARN 52215)

LOCATED 1335 FEET NORTH AND 1395 FEET EAST FROM THE C 1/4 CORNER OF SECTION 29, T24S R32.5E, W.M. FLOWMETER IS LOCATED 5 FEET NORTH FROM WELL.

T2 (HARN 51944/52119)

LOCATED 1355 FEET SOUTH AND 1400 FEET EAST FROM THE NW CORNER OF SECTION 28, T24S R32.5E, W.M. FLOWMETER IS LOCATED 7.5 FEET SOUTH FROM CENTER PIVOT.

LOCATED 50 FEET NORTH AND 160 FEET WEST FROM THE SE CORNER OF SECTION 21, T24S R32.5E, W.M. FLOWMETER IS LOCATED 7.5 FEET NW'LY FROM WELL.

T4 (HARN 52624)

LOCATED 410 FEET SOUTH AND 2490 FEET EAST FROM THE C 1/4 CORNER OF SECTION 29, T24S R32.5E, W.M. FLOWMETER IS LOCATED 5 FEET NORTH FROM WELL

LOCATED 2258 FEET NORTH AND 2609 FEET EAST FROM THE S 1/4 CORNER OF SECTION 20, T24S R32.5E, W.M. FLOWMETER IS LOCATED 4.5 FEET WEST FROM WELL.

T6

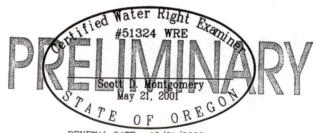
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27

28

T6 (HARN 50285)

LOCATED 1120 FEET SOUTH AND 50 FEET WEST FROM THE E 1/4 CORNER OF SECTION 21, T24S R32.5E, W.M. FLOWMETER IS LOCATED 4.5 FEET WEST FROM WELL.



RENEWAL DATE: 12/31/2022

THIS MAP IS FOR THE PURPOSE OF LOCATING A WATER RIGHT ONLY AND HAS NO INTENT TO PROVIDE LEGAL DIMENSIONS OR THE LOCATION OF PROPERTY LINES

PREPARED FOR:

JESSE VAN DE STROET 1524 29TH STREET INWOOD, IA 51240

PREPARED BY:



ALL POINTS ENGINEERING AND SURVEYING, INC. P.O. BOX 767 TERREBONNE, OR 97760 (541) 548-5833 www.APEandS.com

CLAIM OF BENEFICIAL USE MARRECEIVED

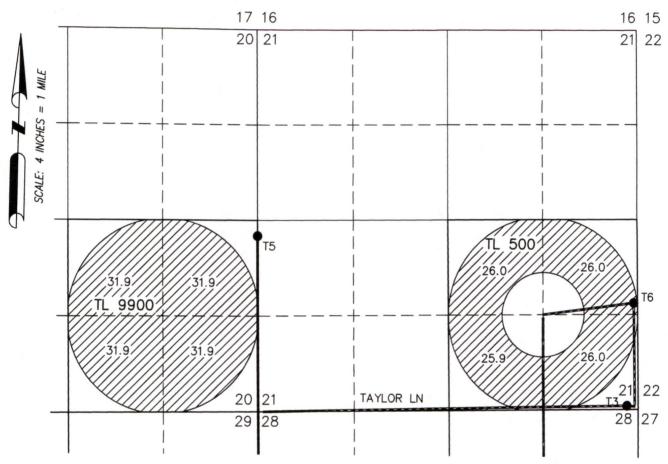
TO ADD POINTS OF APPROPRIATION FOR APPLICATION T-13550

SEP 28 2022

SOUTHEAST 1/4 OF SECTION 20 & SOUTHEAST 1/4 SECTION 21, TOWNSHIP 24 SOUTH, RANGE 32.5 EAST, W.M.

TAX LOTS: 500 & 9900

OWRD



* SEE ACCOMPANYING SHEET SHOWING WELLS T1, T2, T3, T4, T5, AND T6

231.5 AC IR FROM TRANSFER T-13550, AS SHOWN. Scott D. Montgomery
May 21, 2001

PATE OF OREG

RENEWAL DATE: 12/31/2022

THIS MAP IS FOR THE PURPOSE OF LOCATING A WATER RIGHT ONLY AND HAS NO INTENT TO PROVIDE LEGAL DIMENSIONS OR THE LOCATION OF PROPERTY LINES

PREPARED FOR:

JESSE VAN DE STROET 1524 29TH STREET INWOOD, IA 51240 PREPARED BY:



ALL POINTS ENGINEERING AND SURVEYING, INC. P.O. BOX 767 TERREBONNE, OR 97760 (541) 548-5833 www.APEandS.com

AIVIENDED 1-31-13 STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)

HARN 52215

WELL I.D. LABEL# L. START CARD#

LUO	11	Page 1 of
94009	144447)
102027	4	

(as required by OKS 357.703 & OAR 050-203-0210)	6/20/2015 ORIGINAL LOG#
(1) LAND OWNER Owner Well I.D.	
First Name DUSTY Last Name ROBEY	(9) LOCATION OF WELL (legal description)
Company	
Address PO BOX 3402	County HARNEY Twp 24.00 S N/S Range 32.50 E E/W WM
City PRINCETON State OR Zip 97721	Sec 29 SE 1/4 of the NE 1/4 Tax Lot 8400
(2) TYPE OF WORK New Well Deepening Conversion	Tax Map Number Lot Lat ° ' " or DMS or DD Long ° ' " or DMS or DD
Alteration (complete 2a & 10) Abandonment(complete 5a)	Lat o ' or DMS or DD
(2a) PRE-ALTERATION	Long o ' or DMS or DD
Dia + From To Gauge Stl Plstc Wld Thrd	Street address of well Nearest address
Casing:	TURN ONTO SOUTH HARNEY RD OFF HIGHWAY 78 AND MAKE AN
Material From To Amt sacks/lbs	IMMEDIATE RIGHT O
Seal:	
(3) DRILL METHOD	(10) STATIC WATER LEVEL
Rotary Air Rotary Mud X Cable Auger Cable Mud	Date SWL(psi) + SWL(ft)
Reverse Rotary Other	Existing Well / Pre-Alteration
	Completed Well 3/19/2014 71
(4) PROPOSED USE Domestic X Irrigation Community	Flowing Artesian? Dry Hole?
☐ Industrial / Commericial ☐ Livestock ☐ Dewatering	
Thermal Injection Other	WATER BEARING ZONES Depth water was first found 83
	SWL Date From To Est Flow SWL(psi) + SWL(ft)
(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)	8/15/2013 84 178 71
Depth of Completed Well 350.00 ft.	71
BORE HOLE SEAL sacks/	2/27/2014
Dia From To Material From To Amt lbs	2/27/2014 318 350 1000 71
20 0 40 Bentonite Chips 0 40 72 S	
14 40 106 Calculated 10.59	
12 106 350	
Calculated	(11) WELL LOG Ground Elevation
How was seal placed: Method A B C D E	76.11
X Other POURED	Material From To Topsoil 0 2
Backfill placed from ft. to ft. Material	
Filter pack from ft. to ft. Material Size	
	0 01 11 71 0 1
Explosives used: Yes Type Amount	
(5a) ABANDONMENT USING UNHYDRATED BENTONITE	C CI WE TO I
Proposed Amount Actual Amount	0 01
	20, 316
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wid Thrd	Coarse Sand and Gravel 318 350
To Caage Sti Tiste Wid Tilld	DECENTED.
	RECEIVED
● 14 X 1 106 .250 ● X	
0 10 300 350 .250	SEP 2 8 2022
	JEF # O LULL
Shoe Inside Outside Other Location of shoe(s)	ON THE PARTY OF TH
Temp casing Yes Dia From To	WIND
(7) PERFORATIONS/SCREENS	
Perforations Method torch	
G	Data Ctarta de la 1901a
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/	Date Started 6/24/2013 Completed 3/19/2014
Screen Liner Dia From To width length slots pipe size	(unbonded) Water Well Constructor Certification
Perf Liner 10 300 350 .25 3 1000	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
(8) WELL TESTS: Minimum testing time is 1 hour	Date
	Signed
Pump	
	(bonded) Water Well Constructor Certification
50 10	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
Temperature 62 °F Lab analysis Yes By	construction standards. This report is true to the best of my knowledge and belief.
Water quality concerns? Yes (describe below) TDS amount From To Description Amount Units	License Number 1675 Date 6/20/2015
	Signed GEORGE VALENTINE (E-filed)
	Contact Info (optional) 1675
	Commer into (optional) 1075



Application for Well ID Number

RECEIVED RECEIVED

Do not complete	if the well alrea	dy has a Well Ideni	tification Number.
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SEP 2 8 2022 OCT 0 7 2021

Township: 24S (North / South) Range: 32.5 (East / West) Section: 29 SE 1/4 of the NE 1. Tax Lot (usually last 3-5 numbers of Tax Map #): 8400 County Harney GPS Coordinates: 43.27'52.82"N 118.47'31.80"W Street Address of Well, City: 37584 Taylor Lane, Burns, OR 97720 If the property had a different street address in the past: III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Log, if available) Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation Date Well Constructed (or property built): 3/19/2014 Total Well Depth: 350' Casing Diameter: 12" Owner at time the well was constructed (if known): Jesse Van De Stroet Well Log # (if known): HARN 52215 Other Information: Tag was lost (2 94009) SUBMITTED BY (please print): Scott D Montgomery PHONE: 541-548-5833 EMAIL &/or FAX: scott@apeands.com			20. 0 1 2021
Current Owner Name (please print): Jesse Vall De Stroet Mailling Address: 1524 290th St City, State, Zip: Inwood, IA 51240 Mail Well ID Tag to: SAME AS ABOVE In Care Of (C/O) Name & Address: All Points Engr & Surveying, Scott Montgomery City, State, Zip: PO Box 767, Terrebonne, OR 97760 II. WELL LOCATION INFORMATION (Please fill out as completely as possible) Township: 24S (North / South) Range: 32.5 (East / West) Section: 29 SE 1/4 of the NE 1. Tax Lot (usually last 3-5 numbers of Tax Map #): 8400 County Harney GPS Coordinates: 43.27'52,82"N 118.47'31.80"W Street Address of Well, City: 37584 Taylor Lane, Burns, OR 97720 If the property had a different street address in the past: III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Log, if available) Use of Well Constructed (or property built): 3/19/2014 Total Well Depth: 350' Casing Diameter: 12" Owner at time the well was constructed (if known): Jesse Van De Stroet Well Log # (if known): HARN 52215 Other Information: Tag Was lost { L. 94.009} SUBMITTED BY (please print): Scott D Montgomery PHONE: 541-548-5833 EMAIL &/or FAX: Scott@apeands.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.		OWRD	OWRD
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& Roofgeement well IDA			
	As Reg		ell IDA
For Official Use Only by the Oregon Water Resources Department:		D	
Received Date: Well Log Number: Well Identification # L-14444-		Department:	

HARN 54944 2 STATE OF OREGON WELL LABEL # L //C811 WATER SUPPLY WELL REPORT (ORS 537.765 & OAR 690-205-0210) START CARD# 1019713 Instructions for completing this report are on the last page of this form. **ORIGINAL LOG#** (1) LANDOWNER Owner Well I.D. (9) LOCATION OF WELL (legal description) First Name Last, Name County HARNEY Twp 24 No(5) Range 32/26 or W W.M. ompany _ PO BOX Sec 28 5w 1/4 of the NW 1/4 Tax Lot 830 iddress City PRINCETON Zip 4772 State OR Tax Map Number Lat ° (2) TYPE OF WORK A-New ☐ Conversion ☐ Deepening DMS or DD ☐ Alteration (complete Sections 2a & 10) ☐ Abandonment (complete Section 5a) Street Address of Well (or nearest address) 37584 TAYLOR LNG (2a) PRE-ALTERATION: BURNS Seal Material Casing Type: ☐ Steel ☐ Plastic Other (10) STATIC WATER LEVEL Casing Diameter Casing Gauge Date SWL(psi) SWL (ft) Existing Well/Pre-Alteration (3) DRILL METHOD Rotary Air Rotary Mud Auger Completed Well 5-24-13 ☐ Cable ☐ Cable Mud Reverse Rotary Other Flowing Artesian? Yes Dry Hole? Yes WATER BEARING ZONES Depth water was first found _ (4) PROPOSED USE Domestic Firigation ☐ Community ☐ Industrial/Commercial Livestock ☐ Dewatering ☐ Injection SWL Date Est Flow SWL (psi) | + | SWL (ft) 5-09-13 45 Thermal ☐ Other 325 - 20 (5) BORE HOLE CONSTRUCTION 800 - 22 5-24-13 800 121 Depth of Completed Well **920** ft. Special Standard: Yes (attach copy) BORE HOLE Dia From To Material From | To | Amount | Scks/lbs Ground Alevation 2013 (11) WELL LOG 20 0 32 1650 165 BENTONTE Material BRU SALEM. OF BAN CLAY - SANDY GRAY CLAY-SANDY How was seal placed: Method $\square A \square B \square C \square D \square E$ BLACK Pother PEURED DRY SANDY CLAY Backfill placed from ft. to ft. Material GRAY CLAY" SAND 150 ilter pack from ft. Material BRN. SANDY CLAY 150 BLACK CLAY- SAND SCREAKS 138 (5a) ABANDONMENT USING UNHYDRATED BENTONITE: GRAVEL - SA SAND - SILT 20 Calculated Amount Proposed to be Used: sacks/lbs Actual Amount Used: SILT - CLAY LAYERS 268 LAY- CLAY STENE 355 GRAY CLAY STONE - CLAY LAYUS 335 (6) CASING/LINER 370 CLAY STONE Csng Linr Dia + From To Gauge | Steel | Plastic | Welded | Thrd 2'7c 385 + 15" - CLAY LAYERS 33 CNTINUED PAGE a 63 Date Started Completed (unbonded) Water Well Constructor Certification Shoe Inside Outside Other Location of shoe(s) I certify that the work I performed on the construction, deepening, alteration, or Temporary casing Yes Diameter abandonment of this well is in compliance with Oregon water supply well (7) PERFORATIONS/SCREENS

construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

License Number 1940

(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 1355	Date _	5-24-13
Signed Conthin	Z. Ja	, Dr
Contact Info. (optional)		RE

RECEIVED

SEP 2 8 2022

Material Screen/

slot

width

Slot

length

☐ Flowing Artesian

Amount

of

slots

Duration (hr)

Perforations

Pump

Yield gal/min

1500

From

Screens

Method

Perf Scrn Csng Linr Dia

Screen

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

Bailer

emperature 97°F Lab analysis 1 Yes By Water quality concerns? Yes (describe below) TDS

From

Air

Drawdown | Drill stem/Pump depth

Description

300

Tele/

pipe

size

WATER SUPPLY WELL REPORT

HARN 51944

STATE OF OREGON

WATER	CHIPPI V		DEPO	DT		•		14 0	WELL LABEL # L [[081]
(ORS 537.				KI					START CARD# 1019713
				t are on the	e last pa	age of th	is form.		ORIGINAL LOG#
the same of the sa			-			_			
First Name			La	Owner ast Name _					(9) LOCATION OF WELL (legal description)
ompany _	DER	HAY	Co 1	-LC=					County HARNEY Twp 24 (Nor S Range 52 1/2 (E) or W W.I
City (2)	PO 30	746 36	14 L.	State 🔼	10	7in (7777	7 3	Sec 28 5w 1/4 of the NW 1/4 Tax Lot 830
City	NEET			_ State C.	15	Zip _	,,,		Tax Map Number Lot Lat DMS or D
(2) TYPE	OF WO	RK [New	☐ Conve	ersion	☐ Dee	pening		Long or DMS or D
				(0) Aba					Long bivis of D.
(2a) PRE	-ALTER	ATION	:	,	Well D	epth		ft.	Street Address of Well (or nearest address) 37584 TAYLUR LW
Seal Mate	rial								
Casing Ty	pe:	Steel	□ P	lastic [Other				(10) STATIC WATER LEVEL
Casing Gar	ige		_ Ca	asing Dian	neter				Date SWL(psi) + SWL (ft)
									Existing Well/Pre-Alteration
(3) DRILL	L METH	OD [Rotary	Air 🖳	₹otary N	∕lud [Auger		Completed Well S-24-13 - 2i
☐ Cable	Cable N	Mud [Reverse	Rotary [Other				Flowing Artesian? \(\text{Ves} \) Dry Hole? \(\text{Ves} \)
(A) DD OD	OCED III	2E =	15				• • • • • • • • • • • • • • • • • • • •		WATER BEARING ZONES Depth water was first found 45
(4) PROP							ommunit	У	SWL Date From To Est Flow SWL (psi) + SWL (ft)
☐ Thermal			Other_		watering	5 - 1111	cetion		\$\text{SwL Date} \text{Point} \text{ 10 \text{ Est Plow} \text{ \$\text{SwL (psi)} + \$\text{ \$\text{SwL (li)}} \\ \$\text{\$\tex{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitex{\$\texit
(5) BORE									5-22.13 325 800 200 - 22
Depth of Co					Standard	i: 🗌 Ye	s (attach	copy)	5-24-13 800 926E68NED BY OWRD 21
	•			1			,	137	3 (5)
1	RE HOLE	To	Mate	erial	SEA From		Amount	Scks/Ib	1444 0 0 0012
	10111		17,440				ount	DOILUI TO	(11) WELL LOG Groun MAY 2013
,									Material From To
									GRAY PUMICE STONE SALEM, ONES 480
									GRAY CLAY. SALLIVI, 1980 982
How was sea	-		d \square A	В	□с	☐ D	E		GRAY PUMILE STEWE 482 557 BEN SANDY GRAVELY CLAY 557)
Other			G 4-	A 14-					N of CLAY STONE LAYERS 4 570 /
Backfill place									BRN SANDY CLAY- ROCK 570 S81
iner pack in	10111	_ 11. 10 _	11	. Material		512			RECK CLAY - SAND LAYERS 581 690
(5a) ABAN	DONMEN	T USIN	G UNHY	DRATED	BENT	ONITE:			BRN SAND - CLAY - CLAYSTONE 690 798
Calculated A	mount Pro	posed to	be Used:				sacl	ks/lbs	CLAYSTONE - CLAY LAYERS 800 835
Actual Amor	unt Used:				.,		sac	ks/lbs	BROKEN ROCK CONGLOWERAN 835 842
									ROLL - LLAYSTONE LAYERS 842 873
(6) CASIN	G/LINE	3				l me			CLAYSTENE LAYERS 973
Csng Linr	Dia +	From	10	Gauge	Steel	Plastic	Welded	Thrd	LECKY STEREZ A YERS
	-1								
									Date Started 5-07-13 Completed 5-23-13
Shoe Ins	ide 🔲 Ou	tside 🗌	Other La	ocation of s	hoe(s)_				(unbonded) Water Well Constructor Certification I certify that the work I performed on the construction, deepening, alteration, or
Temporary c	asing	Yes Dia	meter _	Fro	om	T	0		abandonment of this well is in compliance with Oregon water supply well
(7) PERFO	PATION	JS/SCD	FFNS						construction standards. Materials used and information reported above are true to
Perforations									the best of my knowledge and belief.
Screens	Type _			M	aterial				License Number 1946 Date 5/24/2013
1 1	1 1	1		1	Screen/			Tele/	
	5	Screen			slot	Slot	# of	pipe	Signed 12 16
Perf Scm C	sng Linr	Dia	From	То	width	length	slots	size	(bonded) Water Well Constructor Certification
	-								l 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
(Q) W/ET 1	TESTS.	Mini	Im 40-4	na time !	1 her-				and belief.
(8) WELL Pump		Minimi Bailer	ım testii Ai			ing Arte	sian		License Number 1355 Date 5-24-13
Yield gal/		rawdowr		stem/Pump			ration (h	· · ·	
750°C		iawuowi	ı Qılı	300	depth		·/·	ш)	Signed Kithin Jan RECEIVED
emperature		Lah and	lysis \square	-					Contact Info. (optional)
Water quality					S			ppm	SEP 28 2022
From	То		Descri		1	nount	Unit	-	
					1				MAIN
					1				CWRD

Page 1 of 1

STATE OF OREGON	HARN	52456	WELL I.D. L			,
WATER SUPPLY WELL REPORT			START (F	1026802	
(as required by ORS 537.765 & OAR 690-205-0210)	11/23	/2015	ORIGINAL	LOG#		
(1) LAND OWNER Owner Well I.D.						
First Name JESSE Last Name VAN DE STOET		(9) LOCATI	ON OF WELL	(legal de	scription)	
Company			Twp 24.00			E E/W WM
Address 1524 290TH STREET		See 21 S	E 1/4 of the	SF 1/	4 Tax Lot 8	400
City NWOOD State IA Zip 51240		Ter Man Nameho	1/4 01 the	<u> </u>	Lot	
(2) TYPE OF WORK New Well Deepening Conve	ersion	Tax Map Numbe	r" or			DMS or DD
Alteration (complete 2a & 10) Abandonment(co	mplete 5a)					DMS or DD
(2a) PRE-ALTERATION		Long		○ Name	at address	DIVIS OF DD
Dia + From To Gauge Stl Plstc Wld Thrd			et address of well			
Casing:		THREE MILES	WEST OF HWY 7	8 ON TAIL	OR LANE	
Material From To Amt sacks/lbs						
Seal:		(10) STATIC	WATER LEV	EI.		
(3) DRILL METHOD Rotary Air Rotary Mud Cable Auger Cable Mud		(10) 5171110	WILLIAM DE	Date	SWL(psi)	SWL(ft)
		Existing We	1/Pre-Alteration			
Reverse Rotary Other		Completed V		7/14/2015		81
(4) PROPOSED USE Domestic X Irrigation Community			Flowing Artes	sian?	Dry Hole?	
Industrial/ Commercial Livestock Dewatering		WATER BEARIN	IG ZONES	Depth water	was first found	43.00
Thermal Injection Other		SWL Date	From To	_	ow SWL(psi)	
(5) BORE HOLE CONSTRUCTION Special Standard (A	Attach copy)	7/7/2015	43 34	10 600	0	81
Depth of Completed Well 340.00 ft.						
BORE HOLE SEAL	sacks/					
Dia From To Material From To At 16 0 20 Bentonite Chips 0 20 2	mt lbs 21 S					
16 0 20 Bentonite Chips 0 20 2 14.75 20 210 Calculated 15						
12 210 340						
Calculated		(11) WELL L	OG Groun	d Elevation		
How was seal placed: Method A B C D	E		Material		From	To
Other POURED	_	Top Soil			0	5
Backfill placed from ft. to ft. Material		Sandy Clay			5	7
Filter pack from ft. to ft. Material Size		Fine Sand			7	9
The state of the s		Claystone			9	43
Explosives used: Yes Type Amount Amount		Sandy Clay			43	46
5a) ABANDONMENT USING UNHYDRATED BENTONIT	TE	Fine Sand			46	109
Proposed Amount Actual Amount		Sandy Clay Claystone Fractur	ead.		109	246
6) CASING/LINER		Claystone with se			246	319
Casing Liner Dia + From To Gauge Stl Plstc V		Sandy Claystone			319	340
● 12 X 1.5 210 .250 ● ○	္ 무니			2. J. 90		
0 10 200 340 .250	의 니ㅣ		REC	EIVE		
	$\dashv H \parallel$		-			
	$\dashv H \parallel$		CED	9 9 9022		+
			SEF	2 8 ZOZZ	-	
Shoe Inside Outside Other Location of shoe(s)						+
Temp casing Yes Dia From To				MRD		
7) PERFORATIONS/SCREENS				HILL		
Perforations Method torch	- '					
Screens Type Material	T-1-/	Date Started 7/2	7/2015	Comple	eted 7/14/2015	
Perf/ Casing/Screen Scrn/slot Slot # of Screen Liner Dia From To width length slots	Tele/ pipe size	(unbonded) Wat	er Well Construct	or Certificat	ion	
Screen Liner Dia From To width length slots Perf Liner 10 240 340 .25 4 16	pipe size		work I performed			ing, alteration, or
Tell Ellier 10 240 340 .23 4 10		abandonment of	this well is in o	compliance v	vith Oregon wa	ater supply well
		construction stan	dards. Materials us	sed and inform	mation reported	above are true to
		the best of my kn	owledge and belief.			
		License Number		Date		
8) WELL TESTS: Minimum testing time is 1 hour		G:1				
Pump Bailer Air Flowing Art	tesian	Signed				
	Г	(bonded) Water	Well Constructor	Certification		
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr		,	bility for the consti			. or abandonment
		work performed of	n this well during the	he construction	on dates reported	above. All work
		performed during	this time is in	compliance v	with Oregon wa	ater supply well
Temperature 57 °F Lab analysis Yes By		construction stand	lards. This report is	true to the b	est of my knowle	edge and belief.
Water quality concerns? Yes (describe below) TDS amount 191	ppm	License Number	1801	Date	11/23/2015	
Water quality concerns? Yes (describe below) TDS amount 191 Prom To Description Amount	Units	-				
			TT S HUMPHREY			
		Contact Info (opti	onal) Jarrett Hump	hrey #1801		

STATE OF OREGON START CARD# **HARN 52624** WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210) ORIGINAL LOG# (1) LAND OWNER Owner Well I.D First Name JESS Last Name (9) LOCATION OF WELL (legal description Address Tax Lot O 8 Zip 5/ Tax Map Number DMS or DD Lat DMS or DD Long or (2a) PRE-ALTERATI Nearest address X Street address of well Casing: Seal: (10) STATIC WATER LEVEL (3) DRILL METHOD Date SWL(psi) SWL(ft) Cable Mud Rotary Air | Rotary Mud Auger Existing Well / Pre-Alteration Reverse Rotary Completed Well Domestic Irrigation Flowing Artesian (4) PROPOSED USE Community Industrial/ Commericial Livestock Dewatering Depth water was first found WATER BEARING ZONES Thermal ___Injection Other Est Flow SWL(psi) + SWL(ft) To (5) BORE HOLE CONSTRUCTION Special Standard (Attach copy) Depth of Completed Well 268 ft. **BORE HOLE** SEAL sacks/ From Material Calculated 2 (11) WELL LOG Calculated Ground Elevation From How was seal placed: _ ft. to _ Backfill placed from _ ft. Material Size Filter pack from . ft. to ft. Material Explosives used: Yes Type_ Amount (5a) ABANDONMENT USING UNHYDRATED BENTONITE **Pounds** Pounds Proposed Amount Actual Amount (6) CASING/LINER Dia Liner From RECEIVED SEP 28 2022 Inside Outside Other Location of shoe(s) Temp casing Yes Dia From. (7) PERFORATIONS/SCREENS Perforations Method Screens Type Stagn Material 57ee Completed Perf/S Casing/ Screen Scrn/slot Slot Tele/ (unbonded) Water Well Constructor Certification slots creen Liner width length pipe size I certify that the work I performed on the construction, deepening, alteration, or 10" Screen liner 10" 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 (8) WELL TESTS: Minimum testing time is 1 hour

Contact Info (optional)

(bonded) Water Well Constructor Certification

work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well

construction standards. This report is true to the best of my knowledge and belief.

Signed

ORIGINAL - WATER RESOURCES DEPARTMENT

°F Lab analysis L

Water quality concerns?

Yes (describe below) TDS amount / 88

WATER SU	OF OREGON JPPLY WELL R by ORS 537.765)		Amen		ent	WELL I.D. # L_1 START CARD #	131	3	
Instructions	for completing this r	eport are on the	hast page of thi	s form.			, ,		
(1) OWNER:	Joshya	J Onsal Mell	Number		(9) LOCATION OF W	ELL by legal desc	ription:		
Name 1	Can	_			County B. and	Latitude		ngitude	
Address 3	75-1	Tai les	do		Township 7 L	N or Range_	32-	(E)or	W. WM.
City Bu	113	State /91	Zip	97710	Section 2-6	SE 1/4	NE	1/4	
(2) TYPE OF	WORK				Tax Lot SOO Lo	t Block		ubdivision	
	Deepening Alter	ation (repair/recor	ndition) Aba	ndonment	Street Address of Well	(or nearest address)	75 18	taules	da.
(3) DRILLM								-	
	Rotary Mud	Table 7	Auger		(10) STATIC WATER	LEVEL:			
Other		_			20 ft. belov	w land surface.		Date	
(4) PROPOSE	ED USE:				Artesian pressure	lb. per squa	re inch.	Date	
Domestic	-	Industrial	Irrigation		(11) WATER BEARIN	G ZONES:			
Thermal		Livestock	Other		1				
	DLE CONSTRUC	TION:	- Anna Anna Anna Anna Anna Anna Anna Ann		Depth at which water was	irst found			
	ction approval Yes		Completed Wel	120 ft.					
Explosives used	Yes No Typ	× -	Amount		From	То		d Flow Rate	
HOLE		SEAL			375'	420'	86	<u>Y) </u>	20
Diameter From	To Materi	al From T	o Sacks or	pounds					100
24" 0	121 Rente	10 20	2 45						
16 20	420								
1	7								
					(12) WELL LOG:				
How was seal pla	aced: Method	□A □B		D □E	. ,	Elevation			
Other	Day 18								_
Backfill placed fr	rom ft. to	ft. Ma	aterial		Material		From	То	SWL
Gravel placed fro		ft. Siz	e of gravel		750 S	ril_	0	13	
(6) CASING/I					Story	Clan	.3	32	
Diameter		Gauge Steel Pla	stic Welded	Threaded	Gray P	laut	37	65	
1/ 1	1 1	360 N			sill	-,	45	170'	
Casing:	7 / 1			ā	Gran- P.	Coun	170	315	20'
	+-++		5 5		Sand W	Grane	315	420	
	+				RECEIVI	=0	T	1	
Lines			5 5		1111111111				
Liner:			i i		070 00 66	100			
Final location of	choe(e)				SEP 2820	12			
	TIONS/SCREEN	S:							1
		.			-	RE	TEI	VED	
Perforation	Type		Material		CHIKL	, ,,,,	· VLI	10	
Screens	Slot		e/pipe			alt ro	2030	-	
From To	size Number	Hemeler	Casing	C.mei.	DECEIVE			UUJ	
	 		H		11 Coming	WATER	BISOUNC	EC DEDE	
	1		— H		APR 1 7 200		EM, ORE	ON DEPT.	
					APR 1 / EUC	16		1018	
					WATER RESOURCES	DEPT.			
					SALEM, OREGO	N			
(8) WELL TES	STS: Minimum te	sting time is 1	hour		Date started 2 - 1	6 ~ (97) Comp	leted 3	- 31 -	02
(b) WEEL TE				!	(unbonded) Water Well C	onstructor Certificati	ion:		
Pump	Bailer	Air		wing esian	I certify that the work I	performed on the const	ruction, alter	ation, or aba	andonment
Yield gal/min	Drawdown	Drill stem at	-	Time	of this well is in compliance				
Tield gavilla	DIAMGONE	Diameter Contract		1 hr.	Materials used and informa and belief.	uon reported above are	true to the c	est of my ki	nowledge
800	20'	77'	.5				WWC Nur	nber	
OW	10.	,			Signed			Date	
Temperature of w	vater LA	Depth Artesian Flo	ow Found		(bonded) Water Well Con-	structor Certification			
	ysis done? XO Y	•			I accept responsibility for			andonment v	work
Did any strata acr	ntain water not suitabl	le for intended use	ZALOT Too I	ittle	performed on this well duri	ng the construction dat	es reported a	bove. All w	ork
	ddy Odor O				performed during this time construction standards. Thi	is in compliance with (oregon water est of my kno	supply well owledge and	l l belief.
_ , _	CA C					A	_ WWC Nur	(147)	57
Depth of strata:	70		-		Signed Henry	1 0-5	کم	Date 4	- 14-00
					T PROVIDE	¥ - m	-		HATC')
ORIGINAL - V	WATER RESOURCE	S DEPARTMEN	T FIRST C	OPY - CO	NSTRUCTOR SECOND	COPY – CUSTOME	ER		

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_	119	43	
START CARD#_			3

(1) OWNER: Well Number	(9) LOCATION OF WELL County Township Section Tax Lot Street Address of Well (or nea (10) STATIC WATER LEV 1t. below land Artesian pressure (11) WATER BEARING ZO Depth at which water was first for	atitude or Range S A 1/4 Block rest address) 37 EL: surface. lb. per square ONES:	Longitude 3 2 E or W 1/4 Subdivision Date	MM.
Special Construction approval Yes No Depth of Completed Well 16 ft.	From	То	Estimated Flow Rate	SWL
Explosives used Yes No Type Amount	From	4201	700	20
		7 76	2,6.0	100
Diameter From To Material From To Sacks or pounds				1
				\top
16 20 420				
How was seal placed: Method A B C D E	(12) WELL LOG: Ground Elevati	-		
	GIOING Elevati	OII		
	Material		From To	SWL
Backfill placed from ft. to ft. Material Gravel placed from ft. to ft. Size of gravel	The Suid	/	0 3	
(6) CASING/LINER:	Bland (Van	13 32	
Diameter From Gauge Steel Plastic Welded Threaded	Gagy Co	u A	37 65	
IGN LA I HER LACO DE DE DE	318	7	45 170'	= 1-
Casing: 16" - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Gran Plan			20'
	Sand W G	DIALD	325 420	
			1	
Liner:			RECEIVE	
			**~~~~	
Final location of shoe(s) (7) PERFORATIONS/SCREENS:			050 0 0 400	
. ,			SEP 2 8 202	
Perforations Method				
Slot Tele/pipe			OWRD	
From To size Number Diameter size Casing Liner	DECEIVED		- Connu	
	HECK! VED			
	APR 17 2002			
	WATER RESOURCES DEP	T		
	SALEM, OREGON			
(8) WELL TESTS: Minimum testing time is 1 hour	Date started 7 - 1/a	Complete	ted 3-31-	01
	(unbonded) Water Well Constru			
Flowing Pump ☐ Bailer ☐ Air ☐ Artesian	I certify that the work I perform	ned on the constru	iction, alteration, or aband	donment
Yield gal/min Drawdown Drill stem at Time	of this well is in compliance with Materials used and information rep			
I hr.	and belief.	JOING AUDITE ALC U	and to take obstroil my kno	icuge
800 20' 77' 5			WWC Number	
	Signed		Date	
Temperature of water AD Depth Artesian Flow Found	(bonded) Water Well Constructo	r Certification:		
Was a water analysis done? 10 Yes By whom	I accept responsibility for the c	onstruction, altera	ution, or abandonment wo	rk
Did any strata contain water not suitable for intended use? ************************************	performed on this well during the	construction dates	reported above. All wor	k
Salty Muddy Odor Colored Other	performed during this time is in co construction standards. This report	t is true to the bes	st of my knowledge and b	elief.
Depth of strata:	/		WWC Number 17	52
	Signed Remark	1-mi	Date 44 -	14-0

Mary 65

RECEIVED

MAR 2 0 1998

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

WATER RESOURCES DEPT.

	WELL I.D. # L_L21274
START CARD # 098478	008/178

(as required by ORS 537.765) Instructions for completing this report are on the last page of this form.	EM, OREGON START CARD#_	(1902	+70		
	(9) LOCATION OF WELL by legal descri	ption:			
(1) OWNER: Well Number	Transport Letterde	Longit	ude		
Name Double BG Ranches	Township 24S N or S Range	32½E	E or W	. WM.	
Address 1523 Hillcrest Dr	Section 21 NE 1/4	SE 1/	4		
City Burns. State OR Zip 97720	Tax Lot 500 Lot Block	Subd	ivision		
(2) TYPE OF WORK	Street Address of Well (or nearest address)				
New Well Deepening Alteration (repair/recondition) Abandonment	Street Address of Well (or hourest about 055)				
(3) DRILL METHOD:	(10) STATIC WATER LEVEL:				
Rotary Air Rotary Mud Cable Auger	22 ft. below land surface.	Date	3-14	4-98	
Other	Artesian pressure lb. per square				
(4) PROPOSED USE:	(11) WATER BEARING ZONES:				
Domestic Community Industrial Irrigation	(II) WATER BEARING 2011251				
Thermal Injection Livestock Other	Depth at which water was first found	45			
(5) BORE HOLE CONSTRUCTION:	Depth at which water was first found	7			
Special Construction approval Yes No Depth of Completed Well 370 ft.	From To	Estimated F	low Rate	SWL	
Explosives used Yes XNo Type Amount	57 65	50		2.2	
HOLE SEAL	215 270	800		22	
Diameter From To Material From To Sacks or pounds					
18 0 18 bentonite 0 18 19 sacks					
14 18 370					
	(12) WELL LOG:				
How was seal placed: Method A B C D E	Ground Elevation				
Other poured dry and tamped	Material	From	To	SWL	
Backfill placed from ff. to ft. Material	sand brn topsoil	0	2		
Gravel placed from ft. to ft. Size of gravel	clay brn	2	38		
(6) CASING/LINER:		38	57		
Diameter From To Gauge Steel Plastic Welded Threaded	clay grey	57	75		
Casing: 14 +1.5 100 250 Gt	clay grey, sand blk	75	180		
	clay grey clay blue	180	185		
		185	215		
	clay black sandstone grey gravel	215	220		
Liner:		220	250		
	sand white pumice clay claysotnes pumice	250	270		
Final location of shoe(s)		270	370		
(7) PERFORATIONS/SCREENS:	clay grey	2/0	210		
Perforations Method	RECEIVED	+			
Screens Type Material	110000000000000000000000000000000000000	1			
From To size Number Diameter size Casing Liner	SEP 2 8 7022	+			
From 10 I	SEP 60 LULL				
	OWRD				
		1			
	Date started 3-5-98 Comp	leted 3-1	4-98		
(8) WELL TESTS: Minimum testing time is 1 hour	(unbonded) Water Well Constructor Certificat				
Flowing	I and if that the work I performed on the cons	truction alterat	ion, or aba	ındonment	
Pump Bailer Air Artesian	of this well is in compliance with Oregon Water S	unniv well cons	truction st	andards.	
Yield gal/min Drawdown Drill stem at Time	Materials used and information reported above ar and belief.	e true to the bes	st of my ki	10 w le age	
100 2 1 hr. and belief. WWC Number					
	Signed	D	ate		
	(bonded) Water Well Constructor Certification	n:			
Temperature of water 00 Popular abstraction or abandonment work					
was a water analysis doller 110 in 168 by whom it is well during the construction dates reported above. All work					
Did any strata contain water not suitable for allegation	performed during this time is in compliance with construction standards. This report is true to the	best of my know	wiedge and		
Salty Muddy Odor Colored Other	College Office of the College of the	WWC Num	ber /4/.	24	
Depth of strata:	Signed War Infill		Date 3	18-98	
	the state of the state	-		- / /	



SEP 28 2022

2017 aerial imagery from NRCS Gateway website imported into ArcMap GIS software in statewide Lambert projection.





ALL POINTS ENGINEERING & SURVEYING, INC.

OWRD

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SEP 2 8 2022

P.O. Box 767 Terrebonne, Oregon 97760

TRANSMITTAL

To:
Oregon Water Resources Department
725 Summer St. NE Suite A
Salem, OR 97301-1266

Date: 9/23/2022 Attention: Certificates

Re: COBU T-13550

[x] Prints [] Plans [x] Map/Plat [] Specifications [] Change order [] Other

Copies	No.	Description
1	1	COBU T-13550 (17 sheets letter bond)
1	2	Final Proof Maps (`2 sheets mylar)
1	3	Well logs (9 sheets letter bond)
1	4	Site photo (1 sheet letter bond)
1	5	Aerial imagery (1 sheet ltr bond)
1	6	Check for \$230

These are transmitted as checked below:

[x	[] For OWRD approval [] Approved as submitted [] Approved as noted
[]	Copies for distribution [] Returned for corrections [] Returned corrected prints
П	Review and comment [] For bids due [] Other

Remarks:

Thanks, and if you have questions please don't hesitate to call (541) 548-5833.

Signed: