

**CLAIM OF  
BENEFICIAL USE  
for Transfer New or Additional  
POA Only**



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

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**A fee of \$230 must accompany this form for 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 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 only 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.*



1. File Information

APPLICATION # <b>T-13550</b>
---------------------------------

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME <b>Jesse &amp; Tanya Van De Stroet</b>		PHONE NO. <b>605-310-6292</b>	ADDITIONAL CONTACT NO. <b>605-268-4343</b>
ADDRESS <b>1524 290h St</b>			
CITY <b>Inwood</b>	STATE <b>IA</b>	ZIP <b>51240</b>	E-MAIL <b>inwoodfeeders@gmail.com</b>
APPLICANT/BUSINESS NAME <b>Kendall &amp; Melanie Wedel</b>		PHONE NO. <b>541-589-3256</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>70475 N Newton Rd</b>			
CITY <b>Burns</b>	STATE <b>OR</b>	ZIP <b>97720</b>	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 <b>Same as above</b>		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

<b>8/2/2022</b>
-----------------

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Kendall Wedal</b>	<b>8/2/2022</b>	<b>Farm Manager</b>

6. County:

<b>Harney</b>
---------------

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 <b>NA</b>		
ADDRESS		
CITY	STATE	ZIP

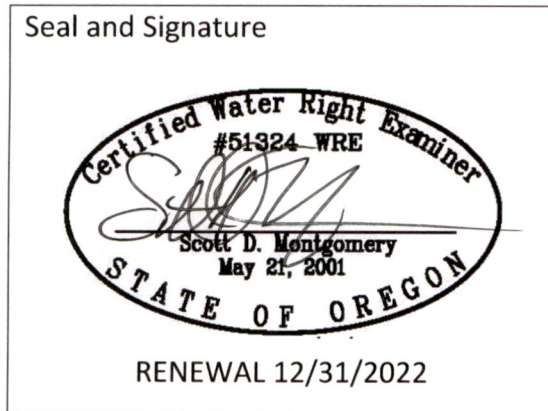
Add additional tables for owners of record as needed



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 <b>Scott D Montgomery</b>		PHONE NO. <b>541-548-5833</b>	ADDITIONAL CONTACT NO. <b>541-420-0401</b>	
ADDRESS <b>PO Box 767</b>				
CITY <b>Terrebonne</b>	STATE <b>OR</b>	ZIP <b>97760</b>	E-MAIL <b>scott@apeands.com</b>	

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
	<b>Jesse Van De Stroet</b>	<b>Owner/Permit Holder</b>	
	<b>Tanya Van De Stroet</b>	<b>Owner/Permit Holder</b>	
	<b>Kendall Wedel</b>	<b>Owner</b>	
	<b>Melanie Wedel</b>	<b>Owner</b>	

SECTION 3  
CLAIM DESCRIPTION

Note: The Claim only 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
T4	HARN 52624	L-118054	Malheur Slough Basin
T5	HARN 50789	L-41943	Malheur Slough Basin
T6	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 deepening)

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						

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?

NO

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
T6	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**

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

**2. Motor Information**

MANUFACTURER	HORSEPOWER
Nidec	200

**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)
200	40	325'	0'	3.30

**4. Provide pump calculations:**

$Q = \frac{7.04 \text{ ft}^4/\text{s}/\text{hp} \times \text{hp}}{\text{Total head, ft}} = \frac{(7.04)(200)}{426.6} = 3.30 \text{ cfs}$   
 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 OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
704949 gal x 1000	704950 gal x 1000	1 1/2 min	1.49



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

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

**OWRD** 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 SIZE
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:**

$$Q = 7.04 \text{ ft}^4/\text{s}/\text{hp} \times \text{hp} = (7.04)(75) = 1.31 \text{ cfs}$$

Total head, ft            401.6'

$$\text{Total head, ft} = 101.6 + 300' + 0' = 401.6'$$

**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)
Not on			

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

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

**OWRD** 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**

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Flowserve	10EMM	1507CGC94080-1	Turbine	12"	8"

**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:**

$$Q = \frac{7.04 \text{ ft}^4/\text{s}/\text{hp} \times \text{hp}}{\text{Total head, ft}} = \frac{(7.04)(100)}{401.6'} = 1.75 \text{ cfs}$$

$$\text{Total head, ft} = 101.6 + 300' + 0' = 401.6'$$

**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 3/4 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:

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

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

2. Motor Information

MANUFACTURER	HORSEPOWER
US Motors	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:

$Q = \frac{7.04 \text{ ft}^4/\text{s}/\text{hp} \times \text{hp}}{\text{Total head, ft}} = \frac{(7.04)(100)}{401.6'} = 1.75 \text{ cfs}$   
 $\text{Total head, ft} = 101.6 + 300' + 0' = 401.6'$

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)
629318 gal x 1000	629319 gal x 1000	2 min	1.11

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

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

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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**

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Flowserve	UNK	6056CG95749-1	Turbine	16"	8"

**2. Motor Information**

MANUFACTURER	HORSEPOWER
Nidec	50

**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)
50	40	200'	0'	1.17

**4. Provide pump calculations:**

$$Q = 7.04 \text{ ft}^4/\text{s}/\text{hp} \times \text{hp} = (7.04)(50) = 1.17 \text{ cfs}$$

Total head, ft                      301.6'

$$\text{Total head, ft} = 101.6 + 200' + 0' = 301.6'$$

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

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



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

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

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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):

T6 (HARN 50285)

**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
UNK	UNK	UNK	Submersible	14"	6"

**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:**

$$Q = 7.04 \text{ ft}^4/\text{s}/\text{hp} \times \text{hp} = (7.04)(40) = 0.93 \text{ cfs}$$

Total head, ft                      301.6'

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 OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
Not running			



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

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

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NO

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

**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 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?

**YES**

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:**



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- a. Were there special well construction standards?
- b. Was submittal of a ground water monitoring plan required?
- c. Other conditions?

NO  
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):

**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

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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.**



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## Map Checklist

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

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

# CLAIM OF BENEFICIAL USE MAP

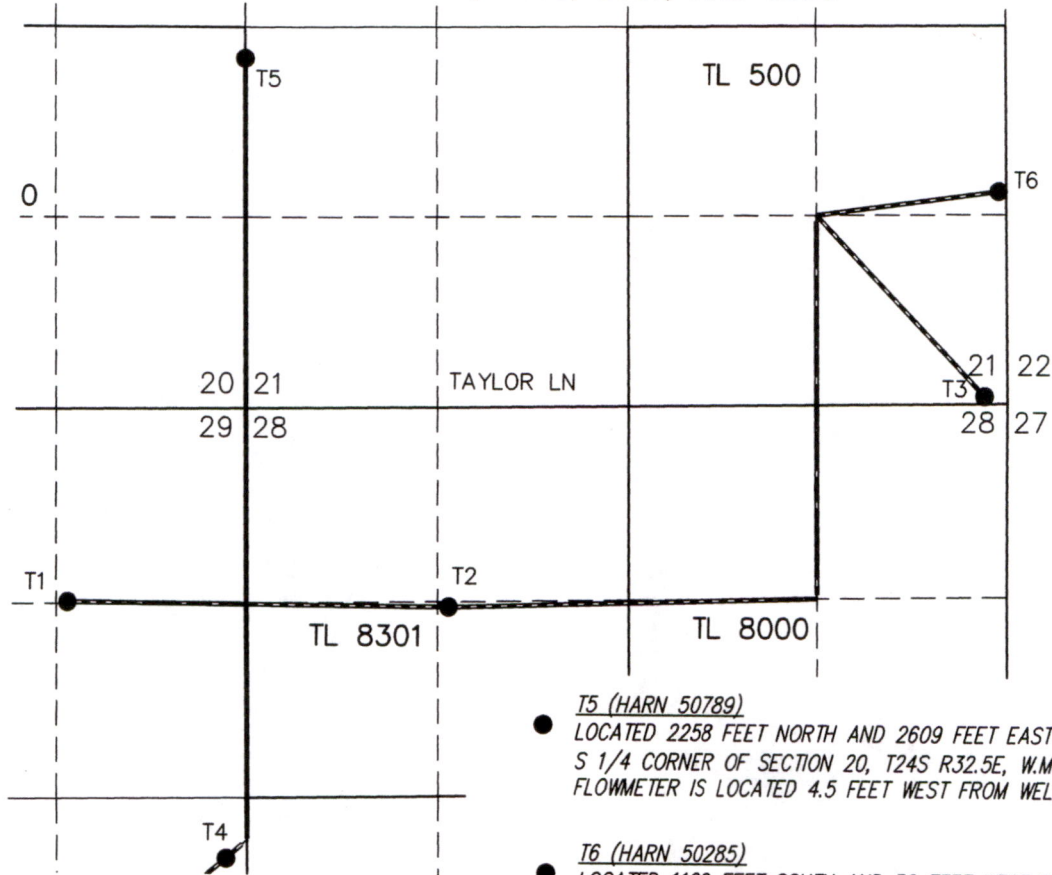
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TO ADD POINTS OF APPROPRIATION  
FOR APPLICATION T-13550

SEP 28 2022

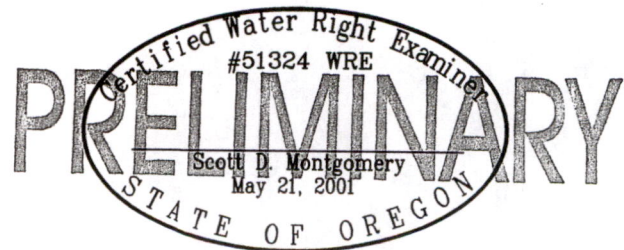
SOUTHEAST 1/4 OF SECTION 20, SOUTHEAST 1/4 SECTION 21, NORTH  
1/2 SECTION 28, AND EAST 1/2 SECTION 29,  
TOWNSHIP 24 SOUTH, RANGE 32.5 EAST, W.M.  
TAX LOTS: 500, 8000, 8301, AND 9900

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- 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.
- T3 (HARN 52456)  
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.

- T5 (HARN 50789)  
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 (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

<p>PREPARED FOR:</p> <p>JESSE VAN DE STROET 1524 29TH STREET INWOOD, IA 51240</p>	<p>PREPARED BY:</p> <div style="display: flex; align-items: center;"> <div> <p>ALL POINTS ENGINEERING AND SURVEYING, INC. P.O. BOX 767 (541) 548-5833 TERREBONNE, OR 97760 www.APEandS.com</p> </div> </div>
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# CLAIM OF BENEFICIAL USE MAP

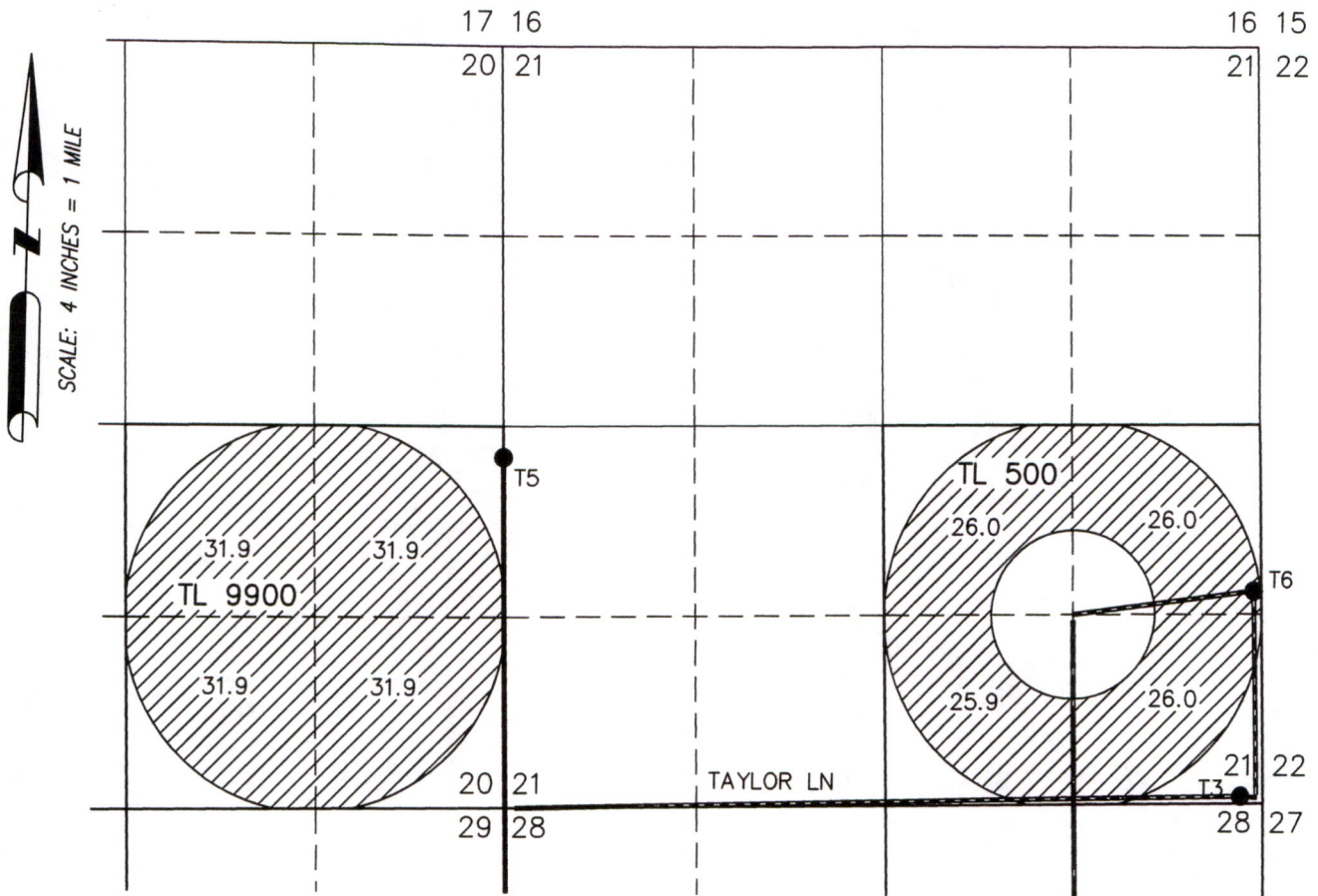
TO ADD POINTS OF APPROPRIATION  
FOR APPLICATION T-13550

SOUTHEAST 1/4 OF SECTION 20 & SOUTHEAST 1/4 SECTION 21,  
TOWNSHIP 24 SOUTH, RANGE 32.5 EAST, W.M.  
TAX LOTS: 500 & 9900


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

 231.5 AC IR FROM TRANSFER  
T-13550, AS SHOWN.

**PRELIMINARY**  
Certified Water Right Examiner  
#51324 WRE  
Scott D. Montgomery  
May 21, 2001  
STATE OF OREGON

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



STATE OF OREGON WATER SUPPLY WELL REPORT

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

HARN 52215

WELL I.D. LABEL#

94009-144447

START CARD #

1020274

6/20/2015

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.

First Name DUSTY Last Name ROBEY
Company
Address PO BOX 3402
City PRINCETON State OR Zip 97721

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion

[ ] Alteration (complete 2a & 10) [ ] Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrd
Material From To Amt sacks/lbs
Seal:

(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)

Depth of Completed Well 350.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, Sacks/lbs. Rows include Bentonite Chips and Calculated values.

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

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: [ ] Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes shoe location options.

(7) PERFORATIONS/SCREENS

Perforations Method torch

Screens Type Material

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

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

[ ] Pump [X] Bailer [ ] Air [ ] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 50, 10, 1.

Temperature 62 °F Lab analysis [ ] Yes By

Water quality concerns? [ ] Yes (describe below) TDS amount

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

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 24.00 S N/S Range 32.50 E E/W WM
Sec 29 SE 1/4 of the NE 1/4 Tax Lot 8400
Tax Map Number Lot
Lat " or DMS or DD
Long " or DMS or DD
[ ] Street address of well [ ] Nearest address

TURN ONTO SOUTH HARNEY RD OFF HIGHWAY 78 AND MAKE AN IMMEDIATE RIGHT O

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Rows for Existing Well / Pre-Alteration and Completed Well (3/19/2014, 71).

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 83

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Rows for dates 8/15/2013, 11/12/2013, 2/27/2014.

(11) WELL LOG

Ground Elevation

Table with columns: Material, From, To. Includes Topsoil, Brown Clay, Gray Clay, Green Clay, Coarse Sand and Gravel. Includes 'RECEIVED' and 'SEP 28 2022' stamps.

Date Started 6/24/2013 Completed 3/19/2014

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards.

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.

License Number 1675 Date 6/20/2015

Signed GEORGE VALENTINE (E-filed)

Contact Info (optional) 1675





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 RECEIVED

SEP 28 2022 OCT 07 2021

OWRD

OWRD

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

I. OWNER INFORMATION

Current Owner Name (please print): Jesse Van De Stroet
Mailing Address: 1524 290th St
City, State, Zip: Inwood, IA 51240
Mail Well ID Tag to: [ ] SAME AS ABOVE [X] 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 1/4
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 (L 94009)

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.

\* Replacement well ID \*

For Official Use Only by the Oregon Water Resources Department:

Received Date: 10-7-21 Well Log Number: HARN 52215 Well Identification #: L-144447



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

HARM 54944-2

WELL LABEL # L 110811  
START CARD # 1019713  
ORIGINAL LOG #

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

(1) LANDOWNER Owner Well I.D. \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Company DLR HAY CO. LLC  
Address PO Box 3042  
City PRINCETON State OR Zip 97721

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

(2a) PRE-ALTERATION: Well Depth \_\_\_\_\_ ft.  
Seal Material \_\_\_\_\_  
Casing Type:  Steel  Plastic  Other \_\_\_\_\_  
Casing Gauge \_\_\_\_\_ Casing Diameter \_\_\_\_\_

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

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

(5) BORE HOLE CONSTRUCTION  
Depth of Completed Well 920 ft. Special Standard:  Yes (attach copy)

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amount Scks/lbs
20"	0	33	BENTONITE	0	32	1650 lbs
16"	33	327				
10	327	920				

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 \_\_\_\_\_

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:

Calculated Amount Proposed to be Used: \_\_\_\_\_ sacks/lbs

Actual Amount Used: \_\_\_\_\_ sacks/lbs

(6) CASING/LINER

Csng	Liner	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
L		16"	+ 15"	33	327	.250	✓		✓	
	L	12"	+ 2"	327	327	.250	✓		✓	

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_

Temporary casing  Yes Diameter \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS

Perforations Method \_\_\_\_\_

Screens Type \_\_\_\_\_ Material \_\_\_\_\_

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

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min 1500 Drawdown 300' Drill stem/Pump depth 300' Duration (hr) 1.5

Temperature 97 °F Lab analysis  Yes By \_\_\_\_\_

Water quality concerns?  Yes (describe below) TDS \_\_\_\_\_ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 24 N of S Range 32/20 E or W W.M.  
Sec 28 SW 1/4 of the NW 1/4 Tax Lot 830  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Street Address of Well (or nearest address) 37584 TAYLOR LN. BURNS

(10) STATIC WATER LEVEL

Existing Well/Pre-Alteration	Date	SWL(psi)	+	SWL (ft)
Completed Well	<u>5-24-13</u>		-	<u>21'</u>

Flowing Artesian?  Yes Dry Hole?  Yes

WATER BEARING ZONES Depth water was first found 45

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>5-09-13</u>	<u>45</u>	<u>325</u>	<u>50 gpm</u>		-	<u>23'</u>
<u>5-22-13</u>	<u>325</u>	<u>800</u>	<u>200</u>		-	<u>22'</u>
<u>5-24-13</u>	<u>800</u>	<u>920</u>	<u>150 gpm</u>		-	<u>21'</u>

RECEIVED BY OWNER

(11) WELL LOG

Ground Elevation MAY 20 2013

Material	From	To
BRN SAND	0	24
BRN CLAY - SANDY	SALEM, OR 24	28
GRAY CLAY - SANDY	28	45
FINE BLACK SAND	45	45
SANDY CLAY	45	112
GRAY CLAY SAND	112	150
BRN. SANDY CLAY	150	158
BLACK CLAY - SAND SCREENS	158	190
GRAVEL - SAND	190	207
SAND - SILT	207	268
SILT - CLAY LAYERS	268	325
GRAY CLAY - CLAYSTONE	325	335
GRAY CLAYSTONE - CLAY LAYERS	335	370
CLAYSTONE	370	385
ROCK - CLAY LAYERS	385	428

CONTINUED ON PAGE 2

Date Started \_\_\_\_\_ Completed \_\_\_\_\_

(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 1940

Date 5/24/2013

Signed B. J. ...

(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 Arthur L. Jay

Contact Info. (optional)

RECEIVED

SEP 28 2022



STATE OF OREGON WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210)

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

WELL LABEL # L 110811

START CARD # 1019713

ORIGINAL LOG #

(1) LANDOWNER Owner Well I.D. First Name Last Name Company DER Hay Co LLC Address PO BOX 3042 City PRINCETON State OR Zip 97721

(2) TYPE OF WORK [X] New [ ] Conversion [ ] Deepening [ ] Alteration [ ] Abandonment

(2a) PRE-ALTERATION: Well Depth Seal Material Casing Type: [ ] Steel [ ] Plastic [ ] Other Casing Gauge Casing Diameter

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

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

(5) BORE HOLE CONSTRUCTION Depth of Completed Well 920 ft. Special Standard: [ ] Yes (attach copy)

Table with columns: Dia, From, To, Material, From, To, Amount, Scks/lbs. Under BORE HOLE and SEAL.

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E [ ] Other Backfill placed from ft. to ft. Material Filter pack from ft. to ft. Material Size

(5a) ABANDONMENT USING UNHYDRATED BENTONITE: Calculated Amount Proposed to be Used: Actual Amount Used:

(6) CASING/LINER Table with columns: Casing, Liner, Dia, Gauge, Steel, Plastic, Welded, Thrd.

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

(7) PERFORATIONS/SCREENS Perforations Method Screens Type Material

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

(8) WELL TESTS: Minimum testing time is 1 hour [ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) Temperature 97 °F Lab analysis [ ] Yes By Water quality concerns? [ ] Yes (describe below) TDS ppm

(9) LOCATION OF WELL (legal description) County HARNEY Twp 24 N or S Range 32 W or W W.M. Sec 28 SW 1/4 of the NW 1/4 Tax Lot 830 Tax Map Number Lot Lat Long Street Address of Well (or nearest address) 37584 TAYLOR LN BURNS

(10) STATIC WATER LEVEL Table with columns: Existing Well/Pre-Alteration, Completed Well, Date, SWL (psi), SWL (ft).

WATER BEARING ZONES Depth water was first found 45 Table with columns: SWL Date, From, To, Est Flow, SWL (psi), SWL (ft).

(11) WELL LOG Ground Elevation 2013 Table with columns: Material, From, To. Includes layers like GRAY PUMICE STONE, GRAY CLAY, BRN SANDY GRAVELLY CLAY, etc.

Date Started 5-07-13 Completed 5-23-13

(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. License Number 1940 Date 5/24/2013 Signed [Signature]

(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. License Number 1355 Date 5-24-13 Signed [Signature]

RECEIVED SEP 28 2022 OWRD



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

HARN 52456

WELL I.D. LABEL# 60072- 60070

START CARD # 1026802

11/23/2015

ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. First Name JESSE Last Name VAN DE STOET Company Address 1524 290TH STREET City INWOOD State IA Zip 51240

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

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

(3) DRILL METHOD [X] Rotary Air [ ] Rotary Mud [ ] 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) Depth of Completed Well 340.00 ft. BORE HOLE table with columns Dia, From, To, Material, SEAL, To, Amt, sacks/lbs

How was seal placed: Method [X] Other POURED Backfill placed from ft. to ft. Material Filter pack from ft. to ft. Material Size Explosives used: [ ] Yes Type Amount

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

(6) CASING/LINER Casing Liner table with columns Dia, From, To, Gauge, Stl, Plstc, Wld, Thr Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s) Temp casing [ ] Yes Dia From To

(7) PERFORATIONS/SCREENS Screens Type Method torch Material Perf/ Casing/ Screen table with columns Perf, Liner, Dia, From, To, width, length, # of slots, Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour [X] Pump [ ] Bailer [ ] Air [ ] Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) Temperature 57 °F Lab analysis [ ] Yes By Water quality concerns? [ ] Yes (describe below) TDS amount 191 ppm From To Description Amount Units

(9) LOCATION OF WELL (legal description) County HARNEY Twp 24.00 S N/S Range 32.50 E E/W WM Sec 21 SE 1/4 of the SE 1/4 Tax Lot 8400 Tax Map Number Lot Lat Long [X] Street address of well [ ] Nearest address THREE MILES WEST OF HWY 78 ON TAYLOR LANE

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) Existing Well / Pre-Alteration Completed Well 7/14/2015 81 Flowing Artesian? [ ] Dry Hole? [ ] WATER BEARING ZONES Depth water was first found 43.00 SWL Date From To Est Flow SWL(psi) + SWL(ft) 7/7/2015 43 340 600 81

(11) WELL LOG Ground Elevation Material From To Top Soil 0 5 Sandy Clay 5 7 Fine Sand 7 9 Claystone 9 43 Sandy Clay 43 46 Fine Sand 46 47 Sandy Clay 47 109 Claystone Fractured 109 246 Claystone with seams of Sand 246 319 Sandy Claystone Coarse Gravel 319 340 RECEIVED SEP 28 2022 OWRD

Date Started 7/7/2015 Completed 7/14/2015

(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. 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. License Number 1801 Date 11/23/2015 Signed JARRETT S HUMPHREY (E-filed) Contact Info (optional) Jarrett Humphrey #1801



(1) LAND OWNER Owner Well I.D.  
First Name Jesse Last Name Vande Straat  
Company \_\_\_\_\_  
Address 1524 290th St  
City Thwood State IA Zip 51240

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

(2a) PRE-ALTERATION RECEIVED BY OWRD  
Casing: \_\_\_\_\_ To Gauge, Stl Plstc Wld Thrd  
Material From To Amt sacks/lbs  
Seal: FEB 13 2017

(3) DRILL METHOD **SALEM, OR**  
 Rotary Air  Rotary Mud  Cable  Auger  Cable Mud  
 Reverse Rotary **SALEM, OR**

(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 208 ft.

BORE HOLE			SEAL			sacks/lbs
Dia	From	To	Material	From	To	Amt
20"	0	160	Bentonite	22	0	64
15"	160	208				2501
						Calculated

How was seal placed: Method  A  B  C  D  E  
 Other Bentonite 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	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16"	#	2	170	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	12"	#	1 1/2	154	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10"	-	145	154	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10"	-	214	218	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 Stainless Material steel

Perf/S	Casing/Screen	Screen/Slot	Slot	# of	Tele/			
green	Liner	Dia	From	To	width	length	slots	pipe size
Screen/Liner	10"	154	214	.20				10"

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailor  Air  Flowing Artesian  
Yield gal/min 1300 Drawdown 204' Pump depth 1 HR  
Temperature 58 °F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below) TDS amount 188 ppm  
From \_\_\_\_\_ To \_\_\_\_\_ Description \_\_\_\_\_ Amount \_\_\_\_\_ Units \_\_\_\_\_

(9) LOCATION OF WELL (legal description) **HARN 52624**  
County Harmy Twp 24 NS Range 32.5 EW WM  
Sec 29 NE 1/4 of the NE 1/4 Tax Lot 09301  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

Taylor Ln. Burns, OR

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+ SWL (ft)
Completed Well	<u>6/18/15</u>		<u>55</u>

Flowing Artesian?  Dry Hole?   
WATER BEARING ZONES Depth water was first found 190

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
<u>6/15/15</u>	<u>190</u>	<u>200</u>	<u>2800</u>		<u>55</u>

(11) WELL LOG

Material	From	To
Sandy Topsoil	0	5
Brown Sandy Clay	5	14
Gray Clay	14	51
Gray Sandy Clay	51	153
Gray Clay	153	189
Large Gravel	189	204
Gray Clay	204	218

K packer @ 145' **RECEIVED**  
**SEP 28 2022**  
**OWRD**

Date Started 6/10/15 Completed 6/18/15

(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 1562 Date 11/4/17  
Signed Sean C. O'Neil  
Contact Info (optional): \_\_\_\_\_



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

Amendment

WELL I.D. # L 41943  
START CARD # 131843

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

(1) OWNER: Joshua Nelson Well Number \_\_\_\_\_  
Name Joshua Nelson  
Address 375 Taylor Ln.  
City Burns State OR Zip 97720

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

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

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

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval  Yes  No Depth of Completed Well 420 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
7 1/2"	0 20	Bentonite	0 20	20	45
16"	20 420				

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

(6) CASING/LINER:

Diameter	From	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	0 420	20	<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"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
800	20'	77'	5

Temperature of water 60 Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done?  No  Yes By whom \_\_\_\_\_  
Did any strata contain water not suitable for intended use?  No  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
Depth of strata: 9.5

(9) LOCATION OF WELL by legal description:  
County Harney Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 24 N or S Range 32 1/2 E or W. WM.  
Section 26 SE 1/4 NE 1/4  
Tax Lot 500 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 375 Taylor Ln.

(10) STATIC WATER LEVEL:  
20 ft. below land surface. Date \_\_\_\_\_  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

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

From	To	Estimated Flow Rate	SWL
375'	420'	800	20

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

Material	From	To	SWL
Top Soil	0	3	
Clay	3	37	
Gray Clay	37	65	
Silt	65	170	
Gray Clay	170	325	20'
Sand & Gravel	325	420	

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WATER RESOURCES DEPT. SALEM, OREGON  
WATER RESOURCES DEPT. SALEM, OREGON

Date started 2-16-02 Completed 3-31-02  
(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

WVC Number \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

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

WVC Number 1752  
Signed Kenneth D. Smith Date 4-14-02



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

WELL I.D. # L 41943  
START CARD # 131843

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

(1) OWNER: Well Number \_\_\_\_\_  
Name Vern Cox  
Address 37518 Taylor Ln.  
City Burns State Or Zip 97720

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

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

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

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval  Yes  No Depth of Completed Well 420 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
<u>7 1/2"</u>	<u>0</u> <u>20</u>	<u>Bentonite</u>	<u>0</u> <u>20</u>		<u>45</u>
<u>16"</u>	<u>20</u> <u>420</u>				

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

(6) CASING/LINER:

Diameter	From	Gauge	Steel	Plastic	Welded	Threaded
Casing: <u>16"</u>	<u>0</u> <u>420</u>	<u>20</u>	<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"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>800</u>	<u>20'</u>	<u>77'</u>	<u>5</u>

Temperature of water 60 Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done?  No  Yes By whom \_\_\_\_\_  
Did any strata contain water not suitable for intended use?  No  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
Depth of strata: 97.5

(9) LOCATION OF WELL by legal description:  
County Harney Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 24 N or S Range 32 1/2 E or W. WM.  
Section 26 SE 1/4 NE 1/4  
Tax Lot 500 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 37518 Taylor Ln.

(10) STATIC WATER LEVEL:  
20 ft. below land surface. Date \_\_\_\_\_  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

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

From	To	Estimated Flow Rate	SWL
<u>325'</u>	<u>420'</u>	<u>800</u>	<u>20</u>

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

Material	From	To	SWL
<u>Top Soil</u>	<u>0</u>	<u>3</u>	
<u>Clay</u>	<u>3</u>	<u>37</u>	
<u>Gray Clay</u>	<u>37</u>	<u>65</u>	
<u>Silt</u>	<u>65</u>	<u>170</u>	
<u>Gray clay</u>	<u>170</u>	<u>325</u>	<u>20'</u>
<u>Sand &amp; gravel</u>	<u>325</u>	<u>420</u>	

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WATER RESOURCES DEPT  
SALEM, OREGON

Date started 2-16-02 Completed 3-31-02

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

(bonded) Water Well Constructor Certification:  
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.  
Signed Hermet C. Smith WWC Number 1752  
Date 4-14-02



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

WATER RESOURCES DEPT. SALEM, OREGON

WELL I.D. # L 21274 START CARD # 098478

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

(1) OWNER: Well Number Name Double BG Ranches Address 1523 Hillcrest Dr City Burns State OR Zip 97720

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

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

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval [ ] Yes [X] No Depth of Completed Well 370 ft. Explosives used [ ] Yes [X] No Type Amount

Table with columns: HOLE Diameter, From, To, SEAL Material, From, To, Sacks or pounds. Row 1: 18, 0, 18, bentonite, 0, 18, 19 sacks. Row 2: 14, 18, 370.

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E [X] Other poured dry and tamped Backfill placed from ft. to ft. Material Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Casing: 14, +1.5, 100, 250, [X].

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner.

(8) WELL TESTS: Minimum testing time is 1 hour. [ ] Pump [X] Bailer [ ] Air [ ] Flowing Artesian. Yield gal/min 100, Drawdown 2, Drill stem at, Time 1 hr. Temperature of water 66, Depth Artesian Flow Found. Was a water analysis done? no [ ] Yes By whom. Did any strata contain water not suitable for intended use? [ ] Too little [ ] Salty [ ] Muddy [ ] Odor [ ] Colored [ ] Other. Depth of strata.

(9) LOCATION OF WELL by legal description: County Harney Latitude Longitude Township 24S N or S Range 32 1/2 E E or W. WM. Section 21 NE 1/4 SE 1/4 Tax Lot 500 Lot Block Subdivision Street Address of Well (or nearest address)

(10) STATIC WATER LEVEL: 22 ft. below land surface. Date 3-14-98 Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Depth at which water was first found 45

Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 57, 65, 50, 22. Row 2: 215, 270, 800, 22.

(12) WELL LOG: Ground Elevation

Table with columns: Material, From, To, SWL. sand brn topsoil (0-2), clay brn (2-38), clay grey (38-57), clay grey, sand blk (57-75), clay grey (75-180), clay blue (180-185), clay black (185-215), sandstone grey gravel (215-220), sand white pumice (220-250), clay claysotnes pumice (250-270), clay grey (270-370).

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Date started 3-5-98 Completed 3-14-98 (unbonded) Water Well Constructor Certification: I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief. WWC Number Signed Date

(bonded) Water Well Constructor Certification: I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief. WWC Number 1424 Signed Date 3-18-98



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14:12 02-08-2022

Lat: 43° 28' 29.18" N Lon: 118° 47' 14.84" W

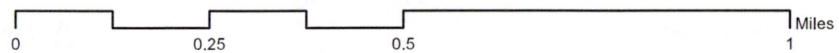


# T24S R 32.5E, W.M.

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







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ENGINEERING & SURVEYING, INC.  
P.O. Box 767  
Terrebonne, Oregon 97760

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### 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

Prints  Plans  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:

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

Remarks:

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

Signed:

