This form is subject to revision. Begin each new claim by checking for a new version of this form and downloading a new one if necessary.

If you have questions regarding the completion of this form, contact:

Steve Brown by e-mail at Stephen.C.BROWN@wrd.state.or.us or by phone at 503-986-0809

Or Gerry Clark by e-mail at Gerald.E.CLARK@wrd.state.or.us or by phone at 503-986-0811

The Department has a new program that allows a permit holder to pay the cost to have a private contractor review of the claim and, if appropriate, prepare a certificate. This new program means a certificate can be issued in about a month. The Department has a list of trained contractors that are selected on a rotating basis. For more information on this program see: http://www.wrd.state.or.us/programs/index.shtml.

**This box can be deleted

Oregon Water Resources Department
725 Summer St. NE, Suite A
Salem, OR 97301-1271

CLAIM OF BENEFICIAL USE

The completion of this form is required by OAR 690-014-010(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 numbered item must have a response. If any requested information does not apply to the Claim, insert "n/a." Do not delete 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. **A separate form shall be completed for each permit or transfer final order.**

I. General Information

1. File Information

Application Number (G, R, S or T)	Permit Number (if applicable)
T 9184	

2. Property owner (current owner information)

a. Individuals

Name	ROBERT E. FANKHAUSER	ROSE M. FANKHAUSER
Mailing Address	P.O. BOX 28	
City/State/Zip	POWELL BUTTE	OREGON 97753
Phone #	(541) 504-1381	(541) 279-9486
Fax #	(541) 504-1381	CALL AHEAD
e-mail address	FANKHAUSERTWO	@AOL.COM

b. Businesses/Organizations N/A

Name	
Contact Person and Title	
Mailing Address	
City/State/Zip	
Phone	
Fax	

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e-mail	N/A

If the current property owner is not the permittee or transfer holder of record, it is recommended that an assignment be filed with the Department.

3. Permittee / Transferee of record (this may not be the current property owner)

c. Individuals ORIGINAL TRANSFEREE

	Individual 1	Individual 2
Name	DAVID NORTHCRAFT	LISA NORTHCRAFT
Mailing Address	2221 SW WAMPLER LANE	
City/State/Zip	POWELL BUTTE, OREGON 97753	

d. Businesses/Organizations

Name	N/A
Contact Person and Title	
Mailing Address	
City/State/Zip	

4. Date of Site Inspection: JUNE 28, 2005

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

Name	Date	Association with the project
ROBERT FANKHAUSER	6/28/05	OWNER/TRANSFEREE

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6. County: CROOK

7. Tax Lot Information:

Tax map number	Tax lot number
15-14-11	105 (PARCEL 1 PARTITION PLAT NO. 1996-51)

8. If any property described in the place of use of the permit or transfer final order is excluded from this report, identify the owner of record for that property (ORS 537.230(3)):

**Mark "NA" if there are no owners of property not included in this claim

Name	N/A
Contact Person and Title	
Mailing Address	
City/State/Zip	
Phone #	

Name	N/A

Contact Person and Title	
Mailing Address	
City/State/Zip	
Phone #	

I. Points of Diversion/Appropriation and Place of Use

For each point of diversion or appropriation, provide the following information. If the claim is for more than one point of diversion/appropriation, copy and complete this section for each point of diversion or appropriation.

1. Provide a general narrative description of the distribution works. This description must trace the water system from the point of diversion or appropriation to and include the place of use:

WATER WELL IS LOCATED ON TL 117 ADJACENT PROPERTY. WELL HAS 10 HP SUBMERSIBLE PUMP INSTALLED WHICH PUMPS TO 4" PVC BURIED MAINLINE ALONG NORTH LINE OF TL 117 TO WEST LINE OF PROPERTY THEN MANIFOLDS TO 4" PVC BURIED MAINLINES ON PROPERTY. THESE HAVE 4"x3" RISERS WHICH HAVE 3" ALUMINUM HANDLINE WITH SPRINKLERS TO IRRIGATE PROPERTY.

2. Point of diversion/appropriation name or number (correspond to map):

Point of diversion/appropriation name or number (correspond to map)	Well log ID # for all work performed on the well (if applicable)	Well tag # (if applicable)
POINT OF DIVERSION	START 102025	L 23812

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

3. Point of diversion/appropriation source and, if from surface water, the tributary:

Source	Tributary to
GROUNDWATER	

4. Point of diversion/appropriation location:

(DLC, Government Lot, ¼ ¼, Section, Township, Range)	Reference to a recognized public land survey corner by distance and bearing or by coordinates
SW1/4SE1/4 SEC. 11, T.15S., R.14E., W.M.	1179 FT. NORTH & 1505 FT. WEST OF SE CORNER SEC. 11, T.15S., R.14E., W.M.

5. Actual use(s), period of use, and rate for each use:

Uses	If irrigation, list crop type	When water is used	Rate for use
IRRIGATION	GRASS/PASTURE	APRIL 1 - OCT. 1	0.09 CFS

Total Quantity of Water 0.09 CFS

6. Place of use for the point of diversion or appropriation:

DLC	Gov lot	1/4 1/4	Section	Township	Range	Use	# of primary acres	# of supplemental acres

12/11/1978 P.	NE¼SE¼	11	15S	14E	IRRI.	0.8 AC.	
12/28/1978 P.	NE¼SE¼	11	15S	14E	IRRI	6.7 AC.	

Total Acres Irrigated 7.5 AC.

Groundwater Source Information (Well and Sump)

**If the appropriation is not from ground water (well or sump), this section, items 1-5, can be deleted.

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

WELL HAS SANITARY SEAL WITH ACCESS PORT ABOVE GROUND. ACCESS PORT HAS AIR LINE INSTALLED.

2. 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

WELL LOG ENCLOSED

In addition to the information requested in item "2" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

**If the appropriation is not from a sump, the following section, items 3-4, can be deleted. Construction standards for sumps can be found in OAR 690-210-0400.

N/A

3. If the appropriation involves a **SUMP**, provide the following information for each **SUMP**:

Length	Width	Average diameter	Maximum depth	Surface area (in acres)	Volume in cubic feet or acre feet

N/A

4. If the sump is curbed constructed with watertight surface curbing, describe the curbing in the table below:

Curbing material (concrete, concrete tiles, or steel)	If concrete, provide the thickness of the wall

N/A

5. Provide sump volume calculations in the box below:

N/A

Reservoir Data N/A

**If this claim is not for a reservoir, or the system does not involve a reservoir as part of the distribution system, this section, items 1-7, can be deleted.

N/A

1. If the reservoir required the submittal of as-built plans and specifications, complete the table below:

Have the documents been submitted? yes or no	When were the documents submitted	Have they been approved by the Department?

N/A

2. If the reservoir stores less than 9.2 acre-feet of water or if the dam is less than 10 feet in height, and as-built plans and specifications are not required, complete the table below.

Maximum depth	Average depth	Surface area (in acres)	Volume in acre feet

N/A

3. Provide reservoir volume calculations in the box below:

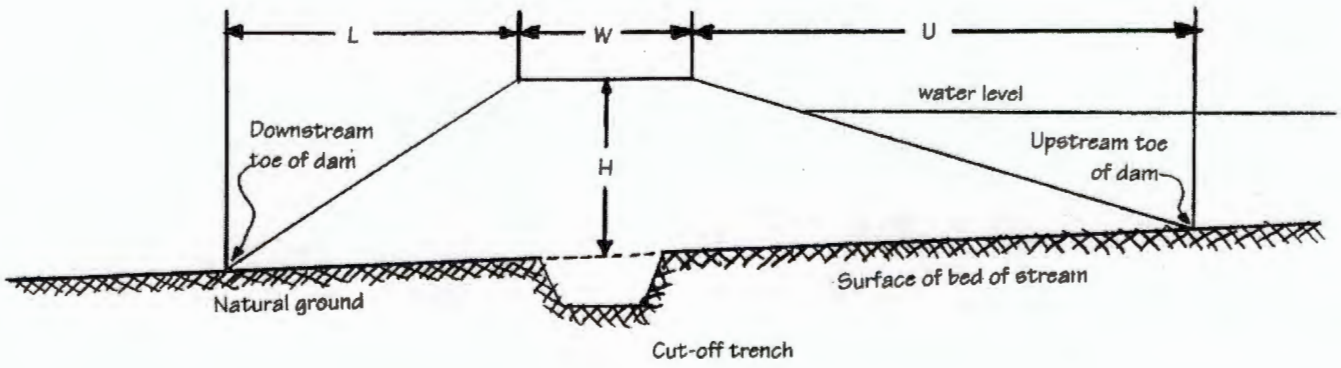
N/A

N/A

4. Provide the following information concerning the physical characteristics of the dam:

Crest width (W)	Dam height at centerline (H)	Distance from downstream top of dam to downstream toe (L)	Distance from upstream top of dam to upstream toe (U)	Water level at inspection	Downstream slope	Upstream slope

Example Dam Profile **This box can be deleted from the form



N/A

5. In the box below, provide a drawing showing the cross section of the dam at the maximum section indicating details and dimensions. The drawing should be drawn at a standard even scale.

N/A

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N/A

N/A

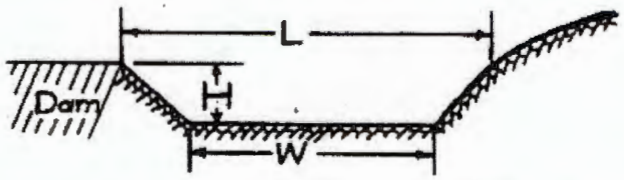
6. Describe the outlet works (size and type of the outlet conduit and location) in the box below:

N/A

7. Describe the emergency spillway (dimensions and location) in the box below:

Spillway location	Bottom width (W)	Top width (L)	Spillway depth (H)

Spillway cross section at the spillway crest



Storage tank data N/A

**If this system does not include a storage tank as part of the distribution system, this section, item 1, can be deleted.

1. If the system involved a storage tank, complete the table below:

Material (concrete, fiberglass, metal, etc.)	Capacity in gallons	Above ground or buried

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

N/A

**If this claim does not rely on a gravity flow pipe to convey the water as part of the distribution system, this section, items 1-3, can be deleted.

N/A

1. If the system involves a gravity flow pipe, complete the table below.

Pipe size	Pipe type	"C" factor	Amount of fall	Length of pipe	Slope	Computed rate of water flow

N/A

2. Provide calculations in the box below:

N/A

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3. If an actual measurement was taken, provide the following: N/A

Date of Measurement	Who made the measurement	Measurement method	Measured quantity of water

Attach measurements notes

Gravity flow canal or ditch (The Department typically uses Manning's formula for canals and ditches)

N/A

**If this claim does not rely on a gravity flow canal or ditch to convey the water as part of the distribution system, this section, items 1-3, can be deleted.

N/A

1. If the system involves a gravity canal or ditch, complete the table below.

Canal or ditch type (material)	Top width of canal or ditch	Bottom width of canal or ditch	Depth	"N" factor	Amount of fall	Length of canal/ditch	Slope	Computed volume

N/A

2. Provide calculations in the box below:

N/A

N/A

3. If an actual measurement was taken, provide the following:

Date of Measurement	Who made the measurement	Measurement method	Measured quantity of water

Attach measurements notes

System Information:

Provide the following information concerning the diversion and delivery system. Trace the flow of water from the point of diversion/appropriation to the place of use.

1. Pump information

Brand	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake size	Discharge size
BERKLEY	6T-90	—	SUBMERSIBLE	6"x3.5" SCREEN	3"

2. Motor information

Brand	Model	Horsepower	Max RPM	Voltage
FRANKLIN	236612	10 HP	3450	460

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3. Meter information (if required in permit or transfer final order)

Make	Serial #	Condition (working or not)	Current meter reading	Notes
BLUE-WHITE INDUSTRIES, INC		WORKING	523514 6/28/2005	MODEL F-1000RT 3054 (60-600)

4. Measurement device description SEE #3.

Device description	Condition (working or not)	Notes

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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
521714	523514	15 MIN.	120.0 GPM

6. Theoretical pump capacity

Horsepower	Operating psi	Lift from source to pump *If a well, the water level during pumping (see pump test results)	Lift from pump to place of use	Total pump output
10	36	68	50	0.34 CFS

7. Provide pump calculations in the box below:

$$Q_{pump\,(cfs)} = \frac{(HP)\,(PUMP\ EFFICIENCY)}{TOTAL\ HEAD\ IN\ FEET}$$

$$Q = \frac{(10)(7.04)}{(68) + (50) + (91.5)}$$

PUMP WELL LIFT PRESSURE

$$Q = 0.34\ CFS$$

**This box can be deleted from the form

$$Q_{pump} = \frac{(Hp)(550 \text{ ft lb/sec/Hp})(efficiency)}{(62.4 \text{ lb/cu ft})(lift + press) \text{ in feet}} = \frac{(efficiency)(Hp)}{\text{total head in feet}} = cfs$$

or

$$Q_{pump} = \frac{(Hp)(conversion\ factor)}{(lift + pressure)\ \textit{total head in feet}} = cfs$$

Conversion factors:

Centrifugal Pump, 75% eff. $\frac{(550 \text{ ft lb/sec/Hp})(.75)}{(62.4 \text{ lb/cu ft})} = 6.61 \text{ ft}^4\text{/sec/Hp}$

Turbine & Submersible Pumps, 80% eff. $\frac{(550 \text{ ft lb/sec/Hp})(.80)}{(62.4 \text{ lb/cu ft})} = 7.04 \text{ ft}^4\text{/sec/Hp}$

Efficiencies have been assumed to be 75% for centrifugal pump installations and 80% for turbine or submersible pumps. See the list below of converted psi's to feet of head. These figures account for minor friction losses. If the system involves unusually long pipelines friction losses should be accounted for by using standard charts and formulas.

Refer to the conversion table below to compute PSI to head for pump pressure in feet.

[(psi/.433)(1.1) = head (in feet/psi) = 2.54 feet head/psi]

PSI	HEAD	PSI	HEAD
25	63.5	55	139.7
30	76.2	60	152.4
35	88.9	65	165.1
40	101.6	70	177.8
45	114.3	75	190.5
50	127.0	80	203.2

8. Mainline information

Mainline size	Length	Type of pipe	Buried or above ground
4"	2010	PVC	BURIED

9. Lateral or handline information

Lateral or handline size	Length	Type of pipe	Buried or above ground
3" HANDLINE	40'-76	ALUMINUM	ABOVE GROUND
	3040'		

10. Sprinkler information Make and model:

Make	Model	Size	Operating psi	Sprinkler output	Maximum number used	Total sprinkler output
NELSON	F 33	3/16	36	6.0	11	66.0
RAINBIRD	30 H	5/32	36	4.1	12	49.2
RAINBIRD	30 WS	9/64	34	2.9	2	5.8

Refer to the chart of sprinkler output at various pressures for most nozzle sizes attached to this document.

121 GPM OR 0.27 CFS

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$Q_{sprinklers} = \frac{(\text{max \# heads})(\text{gpm/head})}{448.8\ \text{gpm/cfs}} = \text{cfs}$

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

PRESSURE WAS MEASURED AT THE NOZZLE AT SEVERAL SPRINKLER HEADS IN THE SYSTEM AS IT WAS OPERATING. THE GPM OF 121 GPM CALCULATED USING THE DEPARTMENT CALCULATOR WAS VERY CLOSE TO THE METER READING OF 120 GPM AT THE WELL HEAD. THE METER READING WAS TAKEN AFTER THE WELL HAD PUMPED DOWN AND FLOW HAD STABILIZED.

III. CONDITIONS

Please pay special attention to this section. All conditions contained in the permit or transfer final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. **Time Limits:**

a. Permits or transfer Final Orders contain any or all of the following dates; the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use is to be completed by. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or transfer final order:

	Dates from permit or transfer final order	Date accomplished	Description of actions taken by water user to comply with the time limits
Begin construction			
Complete construction	OCT. 1, 2004	OCT. 1, 2002	WELL DRILLED 4/9/99; PIPELINE COMPLETED
Complete application of water			2002, CHANGE COMPLETED 2002

2. **Initial Water Level Measurements:**

**If the Claim is for surface water or a reservoir, or if the water user was not required to submit static water level measurements, items b through e relating to this section can be deleted.

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

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

c. Did an authorized individual (as stated in the permit or transfer final order) make the initial static water level measurement in the month required?
YES NO

d. If "YES", was the measurement submitted to the Department? YES NO

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e. If the initial measurement not been submitted, provide that measurement now if available:

Date of measurement	Who made measurement	Method	Measurement

3. **Annual Static Water Level Measurements:**

**If the Claim is for surface water or a reservoir, or if the water user was not required to submit static water level measurements, items b through e relating to this section can be deleted.

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

b. In the box below, provide the month in which the static water level was to be made:

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

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

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

Year	Month	Measurement made by	Measurement

4. **Measurement, recording, and reporting conditions:**

a. Does the permit or transfer final order require the installation of a meter or approved measuring device?
(YES) NO **If "NO", items b through g relating to this section can be deleted.

b. Has a meter been installed? (YES) NO

c. Provide the date the meter was installed:

JUNE 20, 2005

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department? YES NO

e. If "YES", provide a copy of the letter approving the device, if available. If the letter is not available provide the name and title of the Water Resources Department employee approving the measuring device, and the approximate date of the approval:

Name	Title	Approximate date

f. Is the water user required to report the water use to the Department? YES (NO)

g. Have the reports been submitted? YES NO N/A

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

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5. **Fish Screening and/or By-pass Devices** N/A

a. Are any points of diversion required to be screened and/or have a by-pass device to prevent fish from entering the point of diversion? YES (NO) (NA)

**If "NO", items b through i relating to this section can be deleted

b. Has the fish screening been installed? YES NO

c. When was the fish screening installed?

Date	By whom

d. Is the **total** diversion rate of all rights at the point of diversion less than 0.5 cfs? YES NO

e. If the diversion rate is less than 0.5 cfs, the water user can self certify the fish screen.

f. Has a self certification form been previously submitted to the Department? YES NO

g. If not, is the self certification form attached to this Claim? YES NO

h. Has the by-pass device been installed? YES NO

i. Describe the by-pass device:

When installed	By whom	Approved by ODFW	Description

6. **Pump Test** (typically required for ground water uses prior to issuance of a certificate, but not a requirement of permit development)

a. Did the permit or transfer final order require the submittal of a pump test? YES (NO) NA

b. Has a pump test been submitted and approved by the Department? YES (NO)

c. If no, is the pump test attached to this Claim? YES (NO)

7. **Other Permit Conditions** (examples: special well construct standards, water conservation plans, no obstructions to fish without a fishway, etc.; number as appropriate.) N/A

IV. Attachments, Conclusions, Map and Signatures

Attachments

If you are attaching any documents to this report, provide a list below:

Attachment name	Description
WELL LOG	WELL ID. # L 23812

Permit and Transfer Final Order Rates and System Rates Comparisons:

POD or POA name or #	Maximum rate allowed by permit or	Calculated theoretical rate of water based on	Actual amount of water measured (if measured)	Developed use	# of acres allowed by permit or transfer final order	# of acres developed

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	transfer final order	system				
T 9184	0.09 CFS	TOTAL				
12/11/1978	0.01 CFS	0.34 CFS	0.27 CFS	0.09 CFS	0.8 AC.	0.8 AC.
12/20/1978	0.08 CFS				6.7 AC.	6.7 AC.

Claim of Beneficial Use Map

The Claim of Beneficial Use Map must be submitted with this Claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320', 1" = 400', or the original full-size scale of the county assessor map for the location.

In the following box, 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 MAP WAS PREPARED BY TRAVERSE SURVEY USING COMPASS AND STRING MACHINE USING THE SURVEY MONUMENTS OF THE PARTITION PLAT FOR BASIS.

CWRE Statement, Seal and Signature

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

Seal and Signature

Certified Water Right Examiner
145
David B. Armstrong
David B. Armstrong
May 17, 1988
STATE OF OREGON
9/01/05
Renewal 12/31/05

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SALEM, OREGON

Permit or Transfer Holders Signature or Acknowledgement

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.

Robert E. Fankhauser — Robert E. Fankhauser — 9-1-05
Signature — Print or type name — Date

Rose M Fankhauser — 9/1/05
Signature — Print or type name — Date
Rose M. Fankhauser

SPRINKLER CAPACITIES BY NOZZLE SIZE IN GALLONS PER MINUTE

This chart is comprised of information gathered from a number of sources and may differ slightly from the manufacturer's specifications.

("*" designates computed capacity)

**This page can be deleted

NOZZLE SIZE	P.S.I.																	
	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90
3/32				1.1	1.3	1.4	1.5	1.6	1.7	1.8								
7/64				1.5	1.7	1.9	2	2.2										
1/8				1.9	2.2	2.4	2.7	2.9	3	3.2								
9/64				2.3	2.6	2.9	3.1	3.4	3.7	4								
5/32				3	3.4	3.8	4.1	4.4	4.7	5								
11/64	1.9	2.7	3.3	3.7	4.2	4.6	5	5.4	5.7	6	6.3	6.6						
3/16	2.2	3.2	3.9	4.3	5	5.5	6	6.4	6.8	7.2	7.5	7.8						
13/64	2.9	3.6	4.5	5.1	5.9	6.5	7.1	7.6	8.1	8.5	8.9	9.2						
7/32		4.1	5.1	5.8	6.8	7.6	8.3	8.9	9.4	9.9	10.3	10.6						
15/64							8.8		10		11.2		12.4					
1/4		5.2	6.4	7.4	8.9	9.8	10.6	11.4	12.1	12.8	13.4	13.9	14.8*	15.3*	15.9*	16.4*	16.9*	17.4*
17/64								12.5		14		15.6		17.1				
9/32					11.2	12.3	13.3	14.3	15.2	16	16.8	17.5	18.1	18.9	19.7	20.7*	21.4*	22*
19/64									16.6		18.3		19.9		21.4			
5/16					13.1	15.2	16.5	17.7	18.9	20	21	22	23	23.9	24.8	25.7	26.4*	27.1*
21/64										20.8		22.7		24.6		26.4		
11/32					16.5	18	19.7	21.1	22.5	23.8	25	26.2	27.4	28.5	29.6	30.6	31.9*	32.8*
23/64										24.5		26.8		29.1		31.4		
3/8					19	21	22.8	24.4	26	27.5	29.1	30.6	32	33.2	34.5	35.7	38*	39*
13/32								29*	30.9*	32.7*	34.5*	36.2*	37.4*	38.9*	40.4*	41.9*	43.3*	44.7*
7/16								33.5*	35.6*	37.7*	39.7*	41.7*	43.6*	45.3*	46.9*	48.4*	50.1*	51.6*
1/2								42.5*	45.2*	47.7*	50.2*	52.5*	54.7*	56.8*	58.6*	60.6*	63.6*	66.7*

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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

Crook 50195

WELL ID # L23812
(START CARD) # 102925

(1) OWNER: Well Number: 62
Name: Wampler and Werth Farms
Address: 2490 S. Williams Rd.
City: Powell Butte State: OR Zip: 97753

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval [ ] Yes [X] No Depth of Completed Well 76 ft.
Explosives used [ ] Yes [X] No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds
12"	0	25	Bentonite	0	25	30 sacks
8"	25	76				

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

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	8"	+1	25	.250	[X]	[ ]	[X]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
Liner:					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]

Final location of shoe(s)

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]

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

Yield gal/min	Drawdown	Drill stem at	Time
50	0	55	1 hr.

Temperature of Water 56 Depth Artesian Flow found
Was a water analysis done? [ ] Yes By whom
Did any strata contain water not suitable for intended use? [ ] Too little
[ ] Salty [ ] Muddy [ ] Odor [ ] Colored [ ] Other
Depth of strata:

(9) LOCATION OF WELL by legal description:
County Crook Latitude Longitude
Township 15S N or S. Range 14E E or W. of WM.
Section 11 SW ¼ SE ¼
Tax Lot 117 Lot Block Subdivision
Street Address of Well (or nearest address)

(10) STATIC WATER LEVEL:
28 ft. below land surface. Date 6/25/98
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at which water was first found 68

From	To	Estimated Flow Rate	SWL
67	76	50+	28

(12) WELL LOG:
Ground elevation

Material	From	To	SWL
Brown Sandy Soil	0	3	
Ash, Boulders & Gravel	3	12	
Sand & Gravel	12	17	
Brown Broken Basalt	17	19	
Gray Basalt	19	42	
Red Cinder Lava	42	54	
Gray Basalt	54	67	
Broken Black/Red Basalt WB	67	76	28

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Date started 6/25/98 Completed 6/25/98

(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 my best 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 1385
Signed Robert D. Buckles Date 11-30-98
Western Water Development Corporation

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

T-9184

FINAL PROOF SURVEY MAP FOR T-9184 LOCATED IN SE1/4 OF SECTION 11, T.15S., R.14E., W.M., CROOK COUNTY, OREGON W.O. 05-3030

SURVEY FOR

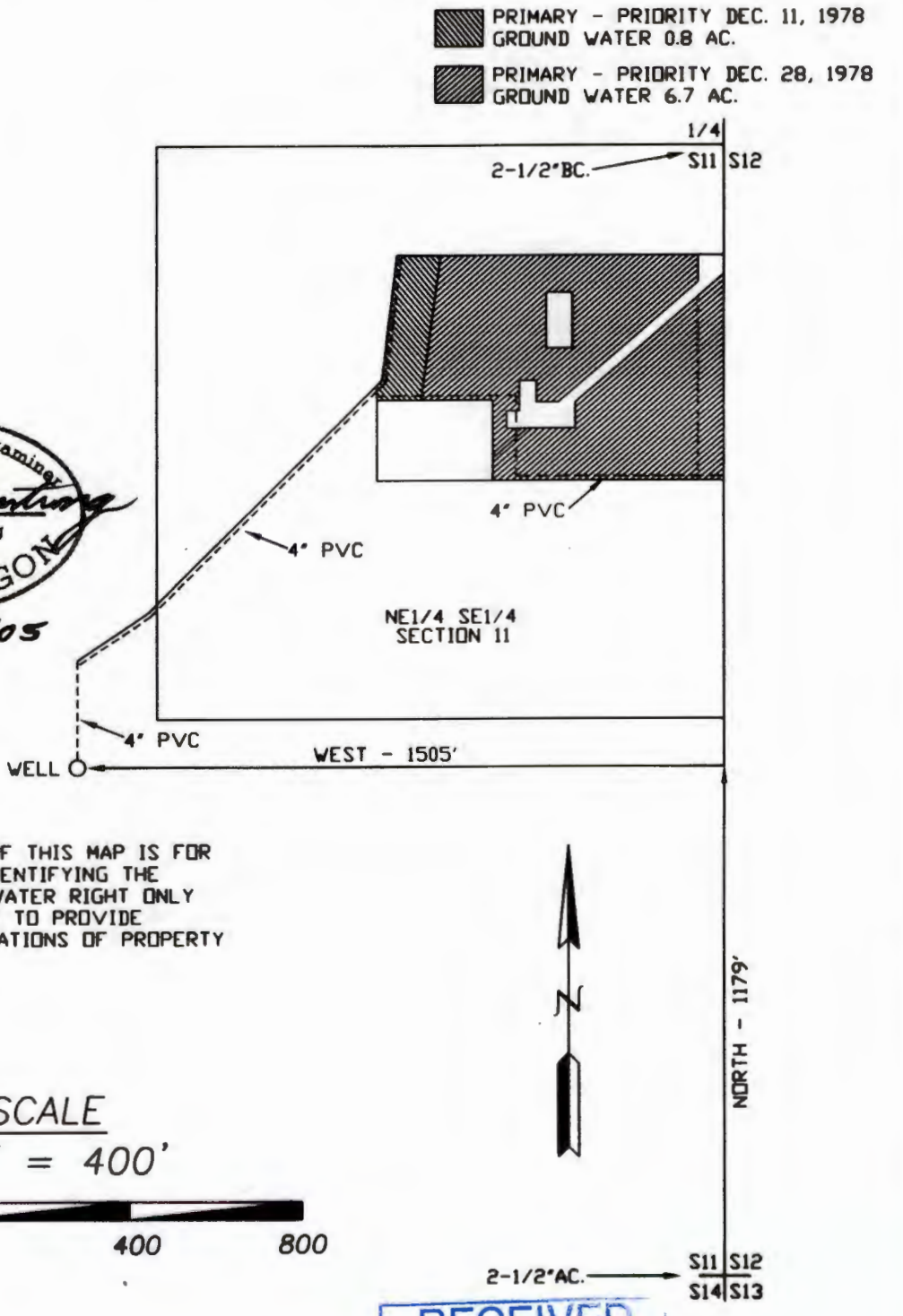
ROBERT E. FANKHAUSER
ROSE M. FANKHAUSER
P.O. BOX 28
POWELL BUTTE, OR
97753
(541)504-1381

SURVEY BY

ARMSTRONG SURVEYING
& ENGINEERING, INC.
378 NE SECOND ST.
PRINEVILLE, OR 97754
(541)447-7791

Certified Water Right Examiner
145
David B. Armstrong
May 17, 1988
STATE OF OREGON
5/01/05

Renews 12/31/05



MAP NOTE

THE PREPARATION OF THIS MAP IS FOR THE PURPOSE OF IDENTIFYING THE LOCATION OF THE WATER RIGHT ONLY AND HAS NO INTENT TO PROVIDE DIMENSIONS OR LOCATIONS OF PROPERTY OWNERSHIP LINES.

SCALE

1" = 400'

400 0 400 800

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SALEM, OREGON

W.O. 05-3030