

**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

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.*

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1. File Information

APPLICATION # T-13241

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Sunnyside Dairy, LLC		PHONE NO. 509-837-4779	ADDITIONAL CONTACT NO.
ADDRESS 4581 Maple Grove Rd			
CITY Sunnyside	STATE WA	ZIP 98944	E-MAIL rosalio@sunnysidedairy.com

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

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

TRANSFER HOLDER OF RECORD Same as above		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

05/17/2023

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Andy Root	05/17/2023	Farm Manager

6. County:

Harney

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

OWNER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

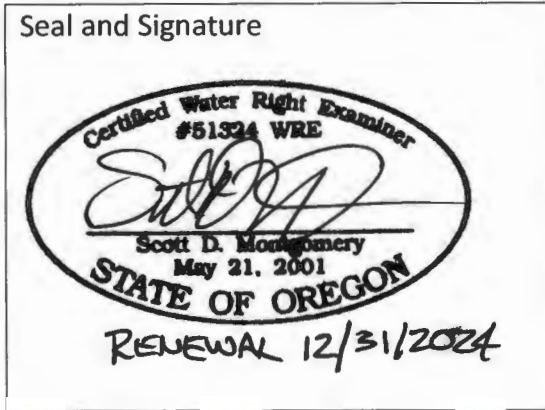
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SECTION 2

SIGNATURES

CWRE Statement, Seal and Signature

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



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

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
	Rosalio Brambilla	Manager	7-19-23

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**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)
South Well	HARN 51577	L-100256	Hot Springs Slough
1-R (N Replacement Well	HARN 52520	L-121232	Hot Springs Slough
#3 Middle Well	HARN 52064	L-114383	Hot Springs Slough

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

2. Variations:

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

If yes, describe below.

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

North Well is no longer in use

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
South Well	2.9 cfs not more than 1.9 cfs from each well	1.15 cfs	Off
#1-R (north Replacement	2.9 cfs not more than 1.9 cfs from each well	3.05 cfs	Off
#3 Middle Well	2.9 cfs not more than 1.9 cfs from each well	1.52 cfs	Off

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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):

1-R (N Replacement Well) (HARN 52520)

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	120HC	16115	Turbine	14"	8"

2. Motor Information

MANUFACTURER	HORSEPOWER
Nidec	150

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)
150	40	240'	5'	3.05

4. Provide pump calculations:

$$Q = 7.04 \text{ ft } 4/\text{sec}/\text{hp} \times \text{hp} = (7.04)(150) = 3.05 \text{ cfs}$$

Total Head, ft 346.6

Total head = 101.6' + 240' + 5' = 346.6'

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)
NA			

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

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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):

Middle Well #3 (HARN 52064)

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
Unknown	Unknown	Unknown	Submersible	16"	10"

2. Motor Information

MANUFACTURER	HORSEPOWER
Unknown	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	240'	5'	1.52

4. Provide pump calculations:

$$Q = \frac{7.04 \text{ ft}^3/\text{sec}/\text{hp} \times \text{hp}}{\text{Total Head, ft}} = \frac{(7.04)(75)}{346.6} = 1.52 \text{ cfs}$$

$$\text{Total head} = 101.6' + 240' + 5' = 346.6'$$

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)
NA			

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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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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	01/21/2021	
COMPLETENESS DATE FROM ORDER (C)	10/1/2022	May 2021

* 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 #	MANUFACTURE R	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
South Well	McCrometer	13-02675-10	Not running	130.856 AF	Fall 2013
1-R (North Replacement	McCrometer	17-08124-08	Not running	702.031 AF	Fall 2017
#3 Middle Well	McCrometer	13-02674-10	Not running	211.911 AF	Fall 2013

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? NO

b. Was submittal of a ground water monitoring plan required? NO

c. Other conditions?

NO

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

**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Well Logs	HARN 51577, 52520 & 52064
Aerial imagery	USDA/FSA image of site June 2020

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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 proposed and authorized points of appropriation & their conveyance to place of use were tied to approximate boundaries using a Trimble GeoXT 6000 GIS data collector. Points data was imported to Trimble Pathfinder software, converted to Statewide Lambert Projection and overlaid with aerial imagery to verify 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



HARN 51577

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

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

WELL LABEL # L 100256

START CARD # 200513

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

1) LAND OWNER Owner Well I.D. _____
 First Name DUSTY Last Name ROBEY
 Company _____
 Address 38095 COTON TAIL LN.
 City BURNS State OR Zip 97720

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
 Depth of Completed Well 600 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
19"	0	30	BENTONITE	0	30	57	Scks
14"	30	34'8"					
12"	34'8"	283 1/2					
10"	283 1/2	600					

How was seal placed: Method A B C D E
 Other POURED DRY
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		14"	+	16"	34'8"	.250	✓		✓	
	✓	12"	+	20"	283 1/2	.250	✓		✓	

Shoe Inside Outside Other Location of shoe(s) 283 1/2'
 Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type _____ Material _____

Perf	Scrn	Casing	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
 Yield gal/min 1000 Drawdown 560' Drill stem/Pump depth 220' Duration (hr) 1/2
650

Temperature 71 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County HARNEY Twp 27 No 33 Range 33 W.M.
 Sec 03 SW 1/4 of the SW 1/4 Tax Lot 100
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street Address of Well (or nearest address) QUINCY RD

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>5-26-09</u>		-	<u>30'6"</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 60'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>5-26-09</u>	<u>20'</u>	<u>600</u>	<u>1500+</u>			<u>30'6"</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
SANDY TORBIL	0	2
SANDY CLAY	2	14
GRAY CLAY	14	57
GRAY CLAY - SAND LAYERS	57	104
BLACK CLAY	104	126
GRAY CLAY - SAND LAYERS	126	154
SILT/SAND/CLAY LAYERS	156	268
GRAY CLAY/CLAYSTONE	268	482
SANDSTONE LAYERS		482
LAYERS OF CLAYSTONE	482	
SANDSTONE - PUMICE STONE		600
STREAKS OF BROWN CLAY		600

Date Started 5-04-09 Completed 5-26-09

(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 JUL 20 2023
 Signed OWRD

(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 5-29-09
 Signed [Signature]
 Contact Info. (optional) _____

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

HARN 52520 7/18/2016

WELL I.D. LABEL# L 121232 START CARD # 1030876 ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. First Name Last Name Company SUNNYSIDE DAIRY LLC Address 4581 MAPLE GROVE RD. City SUNNYSIDE State WA Zip 98944

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

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

(3) DRILL METHOD [] Rotary Air [X] 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 600.00 ft. BORE HOLE Dia From To Material SEAL From To Amt sacks/lbs

How was seal placed: Method [] A [] B [X] C [] D [] E Backfill placed from 0 ft to 512 ft. Material PEA GRAV Size pea gravel Filter pack from 0 ft to 512 ft. Material PEA GRAV Size pea gravel Explosives used: [] Yes Type Amount

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

(6) CASING/LINER Casing Liner Dia + From To Gauge Stil Plstc Wld Thrd Shoe [] Inside [] Outside [] Other Location of shoe(s) Temp casing [] Yes Dia From To

(7) PERFORATIONS/SCREENS Perforations Method Factory Screens Type Material Perf/ Casing/ Screen Screen Liner Dia From To width length # of slots Tel/ 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 63 °F Lab analysis [] Yes By Water quality concerns? [] Yes (describe below) TDS amount From To Description Amount Units

(9) LOCATION OF WELL (legal description) County HARNEY Twp 24.00 S N/S Range 33.00 E E/W WM Sec 3 NW 1/4 of the NW 1/4 Tax Lot 100 Tax Map Number Lot Lat Long Street address of well Nearest address 100 QUINCEY RD. CRAIN OR

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) Existing Well / Pre-Alteration Completed Well 7/17/2016 108 Flowing Artesian? Dry Hole? WATER BEARING ZONES Depth water was first found 45.00 SWL Date From To Est Flow SWL(psi) + SWL(ft)

(11) WELL LOG Ground Elevation Material From To brown sand 0 4 tan clay 4 7 brown sand 7 15 gray clay 15 32 black soft sandstone 32 45 gray clay with sand layers 45 70 soft gray clay 70 250 fractured green clay 250 345 gray pumice 345 352 green clay 352 365 gray clay with rock seams 365 410 gray pumice 410 432 green clay with rock seams 432 520 hard green clay 520 600

(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 1739 Date 7/18/2016 Signed CHARLES M FRY (E-filed)

(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 7/18/2016 Signed ARTHUR L FRY (E-filed) Contact Info (optional)

STATE OF OREGON
WATER SUPPLY WELL REPORT

HARN 52064

(ORS 537.765 & OAR 690-205-0210)

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

HAKN / LUV 1

WELL LABEL # 1. 49383 114383

START CARD # 1023145

ORIGINAL LOG #

(1) LANDOWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company SUNNYSIDE DAIRY LLC
 Address 4581 MAPLE GROVE RD.
 City SUNNYSIDE State WA. Zip 98944

(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 600 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
24"	0	36	CEMENT	0	36	42	SCKS
20"	36	510					
12"	510	600					

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 0 ft. to 600 ft. Material GRAVEL Size 3/8"

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

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		20"	+	1 1/2'	36 1/2'	.250	✓			✓
	✓	16"	+	2'	508'	.250	✓			✓

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

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

Perf	Scr	Csng	Lnr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
✓			✓		308	508	48	3"	5700	PIPE

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
700		180	

 Temperature 65 °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 or S Range 33 E or W W.M.
 Sec 03 SW 1/4 of the NW 1/4 Tax Lot 100
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) QUINCY RD.
BURNS

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	6-09-14		-	26'

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 10

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
6-09-14	10	600	700+		-	26'

(11) WELL LOG Ground Elevation _____

Material	From	To
SANDY BROWN TOPSOIL	0	2
BROWN CLAY	2	8
TAN CLAY - SAND	8	15
BLACK CLAY	15	47
SAND, GRAVEL - GRAY CLAY	47	80
SOFT FRACT. GRN. + GRM CLAYSTONE	80	430
GRAY CLAYSTONE - SAND, GRAVEL	430	465
GRN. CLAYSTONE - PUMICE STONE LAYERS	465	600

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 JUL 23 2014
 SALEM, OR
 Date Started 5-19-14 Completed 6-11-14

(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 1739 Date 7-09-14
 Signed Chad 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 7-08-14
 Signed Arthur L. Fry
 Contact Info. (optional) _____

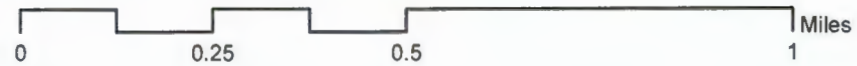
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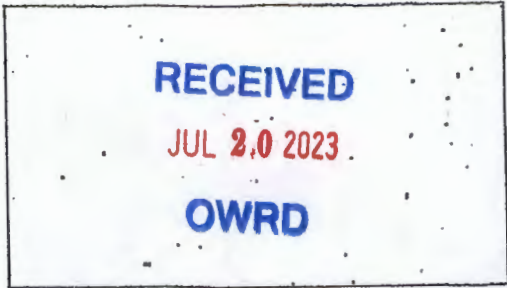
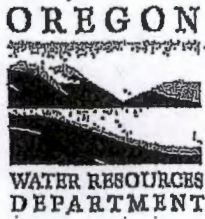
T23S R 33E, W.M.

2020 aerial imagery from NRCS Gateway website imported into ArcMap GIS software in statewide Lambert projection.



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OWPRD





Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Sunnyside Dairy, LLC

4581 Maple Grove Rd Sunnyside WA 98944

Transaction Type: COBU

Fees Received: \$ 230⁰⁰

Cash

Check;

Check No. 21219

Name(s) on Check: Sunnyside Dairy

Thank you for your submission. Oregon Water Resources Department (Department) staff will review your submittal as soon as possible.

If your submission is determined to be complete, you will receive a receipt for the fees paid and an acknowledgement letter stating your submittal is complete.

If determined to be incomplete, your submission and the accompanying fees will be returned with an explanation of deficiencies that must be addressed in order for the submittal to be accepted.

If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.

Sincerely,

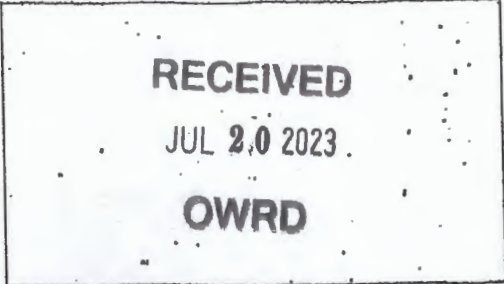
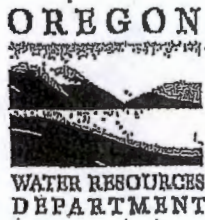
OWRD Customer Service Staff

Submission received by: Nick Reese

(Name of OWRD staff)

Instructions for OWRD staff:

- Complete this Submission Receipt and make two (2) copies. Place one copy with the check/cash; and place the other copy with the submission (i.e., the application or other document).
- Date-stamp all pages. (NOTE: Do not stamp check.)
- Give this original Submission Receipt to the applicant.
- Record Submission Receipt information on the "RECEIVED OVER THE COUNTER" log sheet.
- Fold and put one copy of the Submission Receipt with check/cash into the Safe slot. Place the other copy of the Submission Receipt with submission (application/other document) in the top drawer of filing cabinet.



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Applicant Name(s) & Address: Sunnyside Dairy, LLC

4581 Maple Grove Rd Sunnyside, OR 98944

Transaction Type: COBU

Fees Received: \$ 230.00

Cash Check; Check No. 21219

Name(s) on Check: Sunnyside Dairy

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

TRANSMITTAL

ATTN: Rosalio Brambilla
Sunnyside Dairy, LLC
4581 Maple Grove Rd
Sunnyside, WA 98944

Date: 6/25/23
Re: COBU

Prints Plans Plat Specifications Change order Other

Hello Rosalio

Attached is your Claim of Beneficial Use (COBU) and Final Proof Map for T-13241.

Please review and if it looks OK, sign page 3 of the COBU and forward all the documents to OWRD, ATTN: Certificates, 725 Summer St NE, Suite A Salem, OR 97301-1266 for processing. You will also need to send a check made out to OWRD for their fees of \$230.

We will be sending you the COBU for T-13756. Andy is working on getting a meter on Well #7.

If you have any questions please don't hesitate to call us at 541-548-5833 or email.

Copies	No.	Description
1	1	Claim of Beneficial Use (12 pages letter bond)
1	2	COBU Map (1 page mylar)
1	3	Well Logs (3 pages letter bond)
1	4	Aerial Imagery (1 page letter bond)
1	5	Invoice

Signed: _____

Denise A. Montgomery

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