

Completion Checklist for Claims of Beneficial Use

Application # B-14798
Date Received 2/3/2014
CWRE Name Wm Tye
File Marked _____
Oversized Map # _____
Reviewer C.O.

Transfer # _____

Claim Logged _____

Map Review:

- NO Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))
- Application & permit #; or transfer # (OAR 690-014-0100(1))
- Disclaimer (OAR 690-014-0170(5))
- North arrow (OAR 690-310-0050(2)(c))
- CWRE stamp and signature (OAR 690-014 & 310-0050)
- Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
- Township, range, section, and tax lot numbers (OAR 690-310-0050(4))
- Source illustrated if surface water (OAR 690-014-0170(3))
- Point(s) of diversion or appropriation (illustrated) (OAR 690-014(4) & 690-310-0050)
- Point(s) of diversion or appropriation (coordinates) (OAR 690-014(4) & 690-310-0050)
- Conveyance structures illustrated (pump, pipelines, ditches, etc.) (OAR 690-310-0050)
- Description of the location, in relation to the point of diversion or appropriation, of any fish screens, by-pass devices, and measuring devices required (OAR 690-014-0170(4))
- Place of use (1/4 1/4, or projected 1/4 1/4 lines within DLCs, or Gov Lots; if irrigation; # of acres in each subdivision; if for domestic or human consumption, location of dwelling or spigot) (OAR 690-310-0050, 690-014, 690-380-6010)

*Spoke w/ Dick on Feb 10, 2014
He will be sending polyester
map w/ meter locations
indicated. MC*

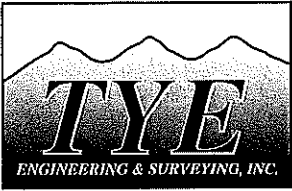
Report Review:

- On form or format provided by the Department (OAR 690-014-0100(1))
- Application & permit #; or transfer # (OAR 690-014)
- Ownership information (OAR 690-014)
- Date of survey (OAR 690-014)
- Person interviewed (OAR 690-014)
- County (OAR 690-014)
- Description of conveyances system (from POD to POU) (OAR 690-014-0100)
- Source(s) of water (OAR 690-014-0100)
- Place of use location (OAR 690-014-0100)
- Type of use (OAR 690-014-0100)
- Extent of use (OAR 690-014-0100)
- Rate and Duty (OAR 690-014-0100)
- Diversion rate for each use (OAR 690-014-0100)
- Diversion works description (pump make, serial model, capacity, and description) (OAR 690-014-0100)
- System capacity (OAR 690-014-0100)
 - Calculated capacity of system (required)
 - Measured amount of use (optional)
- Permit/Transfer Final Order Conditions (OAR 690-014-0100)
 - Time limits
 - Initial water level measurements
 - Annual static water level measurements
 - Measurement, recording, and reporting
 - Meter/measuring device
 - Water use reporting
 - Fish screening and/or by-pass
 - Pump test (ground water) 6/27/2013
 - Other conditions
- CWRE stamp and signature (OAR 690-014-0100)
- Signature(s) of permittee of transfer holder (OAR 690-014-0100)

DEF = deficient

N/A = Not Applicable

S:\groups\wr\certs\Resource Center\FORMS_Checklists_Mailing Instructions\COBU Checklist 11-20-2012.rtf



TYE ENGINEERING & SURVEYING, INC.

725 NW Hill, Bend, Oregon 97701 • (541) 389-6959 • Fax (541) 385-1341
email: tyeengr@bendcable.com webpage: tyeengineering.com

TRANSMITTAL FORM

DATE: 1-30-14

TO: Oregon Water Resources
725 Summer St., NE, Suite A
Salem, OR 97301

SUBJECT: Singhose COBA Reports

COMMENTS: Enclosed are 2 claim of
Beneficial Use Reports for
Permits G-13698 & G-15032
for Phillip & Lonissa Singhose
Enclosed is fee of \$350.00
Please call if you have any questions.

Please contact our office at 541-389-6959 for further assistance. Thank You.

Signed: Dirk Duryee

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cc: _____

FEB 03 2014

SALEM, OR

**CLAIM OF
BENEFICIAL USE
for Permits claiming more
than 0.1 cfs and All Transfers**



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

No fee is required for submitting this form for a transfer.

A fee of \$150 must accompany this form to be accepted for permits
with a priority date of July 9, 1987, or later. (ORS 536.050(1))

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:
http://www.wrd.state.or.us/OWRD/WR/cwre_info.shtml#.

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.

If you have questions regarding the completion of this form, please call 503-986-0900 and ask for the Certificate Section.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see
http://www.wrd.state.or.us/OWRD/mgmt_reimbursement_authority.shtml.

**SECTION 1
GENERAL INFORMATION**

1. File Information

APPLICATION # (G, R, S or T) G-14798	PERMIT # (IF APPLICABLE) G-13698	PERMIT AMENDMENT # (IF APPLICABLE) NA
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2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Phillip & Lorissa Singhose		PHONE No. 541-493-1920	ADDITIONAL CONTACT No. 541-480-8183
ADDRESS 67459 S. Ranch Road			
CITY Riley	STATE OREGON	ZIP 97758-9502	E-MAIL none

If the current property owner is not the permit or transfer holder of record, it is recommended that an assignment be filed with the Department. **The COBU must be signed by each permit or transfer holder of record.**

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1. Permit or transfer holder of record (this may, or may not, be the current property owner)

PERMIT OR TRANSFER HOLDER OF RECORD		
Phillip & Lorissa Singhose		
ADDRESS		
67459 S. Ranch Road		
CITY	STATE	ZIP
Riley	OREGON	97758-9502

ADDITIONAL PERMIT OR TRANSFER HOLDER OF RECORD		
NA		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Phillip Singhose	5/5/2011	Applicant-Permit holder, Land Owner

6. County:

7. 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(4)):

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

OWNER OF RECORD		
NA		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL OWNER OF RECORD		
NA		
ADDRESS		
CITY	STATE	ZIP

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SECTION 2
SYSTEM DESCRIPTION

A. Points of Diversion/Appropriation

1. Point of diversion/appropriation name or number:

POINT OF DIVERSION/APPROPRIATION (POD/POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well 1V	HARN 50251	L21271
Well 2U	HARN 50249	L16815
Well 3M	HARN 50231	NOT PRESENT

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

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

POD/POA NAME OR NUMBER	SOURCE	TRIBUTARY
Well 1V, 2U & 3M	Silver Creek Basin	

3. Developed use(s), period of use, and rate for each use:

POD/POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	RATE OR VOLUME FOR USE (CFS, GPM, OR AF)
Well 1V	Irrigation	Alfalfa	March 1 – Oct 31	2 CFS (per meter)
Well 2U	Irrigation	Alfalfa	March 1 – Oct 31	3.9 CFS (per meter)
Well 3M	Irrigation	Alfalfa	March 1 – Oct 31	2 cfs (per meter)
Total Quantity of Water Used				7.9 CFS

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

There are 3 points of diversion under this permit: 1V Well, 2U Well and 3M Well

From the 1V Well the water is pumped to a 120.0 acre pivoted irrigated hay field lying in the NE corner of section 22 by a buried 8" steel pipe.

From the 2U Well the water is pumped to 2 pivoted irrigated hay fields lying in the East ½ of Section 23 and in Section 24 totaling 252.6 acres an 11" steel pipe, then by 8" steel pipes.

From the 3M Well the water is pumped to a 120.0 acre pivoted irrigated hay field lying in West ½ of Section 23 by a 8" steel pipe.

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SECTION 2
SYSTEM DESCRIPTION (B through H)

Are there multiple PODs or POAs?

YES

If "YES" you will need to copy and complete Sections 2B through 2H for each POD/POA.

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

Well 1V

B. Place of Use

1. Is the right for municipal use?

NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
24 S.	27 E.	W.M.	22	NE NE			Irrigation	30.1	
24 S.	27 E.	W.M.	22	NW NE			Irrigation	31.7	
24 S.	27 E.	W.M.	22	SW NE			Irrigation	29.7	
24 S.	27 E.	W.M.	22	SE NE			Irrigation	28.5	
Total Acres Irrigated								120.0	

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLot), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLot, and QQ.

C. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of diversion/appropriation to the place of use.

1. Is a pump used?

YES

If "NO" items 2 through item 6 may be deleted.

2. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
American Turbine	Not Known	Not Available	Turbine	Not Available	8"

* Pump was in use when current owner took over use, no records transferred.

3. Motor Information

MANUFACTURER	HORSEPOWER
High Thrust	60hp 3 phase 1775 RPM, 460 Volt 74. 3 amps

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4. 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)
60	15psi	20ft	40 ft	5.2

5. Provide pump calculations:

$$Q = \text{eff} * \text{hp} * 550 / 62.4H$$

$$= 0.60 * 60 * 550 / 62.4 * 60 = 5.2 \text{ cfs}$$

6. 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 Available	114678 AF (2013)	Not Available	2 CFS

*System was not operating

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

7. Is the distribution system piped?

YES

If "NO" items 8 through item 11 may be deleted.

8. Mainline Information

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8"	1420 LF	steel	Buried

9. Lateral or Handline Information

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
NA			

10. Sprinkler Information

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
varies	15		116	116	1.75cfs (Per meter reading)

Reminder: For sprinkler output determination use the reference information at the end of this document.

11. Pivot Information

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Nelson	1300	15	790 gpm	1.75 cfs

12. Additional notes or comments related to the system:

D. Groundwater Source Information (Well and Sump)

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1. Is the appropriation from ground water (well or sump)?

YES

If "NO", items 2 through 8 relating to this section may be deleted.

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

1" Pipe at 45° at corner of concrete pad with plug,

3. 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 attached well logs						

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

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

NO

If "NO", items 6 through 8 relating to this section may be deleted.

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

E. Storage

1. Does the distribution system include in-system storage (i.e. storage tank, bulge in system / reservoir)

NO

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a: Storage Tank

NO

Bulge in System / Reservoir

NO

Complete appropriate table(s), unused table may be deleted.

F. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe?

NO

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

G. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

NO

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

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SALEM, OR

Well 2U

B. Place of Use

1. Is the right for municipal use?

NO

If "YES" the table below may be deleted.

TWP	RNG	MBR	SEC	QQ	GLot	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
24 S.	27 E.	W.M.	23	NE SE			Irrigation	29.3	
24 S.	27 E.	W.M.	23	SE SE			Irrigation	20.0	
24 S.	27 E.	W.M.	23	SE NE			Irrigation	1.6	
24 S.	27 E.	W.M.	24	NE NW			Irrigation	32.4	
24 S.	27 E.	W.M.	24	NW NW			Irrigation	25.5	
24 S.	27 E.	W.M.	24	SW NW			Irrigation	30.7	
24 S.	27 E.	W.M.	24	SE NW			Irrigation	33.9	
24 S.	27 E.	W.M.	24	NE SW			Irrigation	5.1	
24 S.	27 E.	W.M.	24	NW SW			Irrigation	39.3	
24 S.	27 E.	W.M.	24	SW SW			Irrigation	30.7	
24 S.	27 E.	W.M.	24	SE SW			Irrigation	2.4	
24 S.	27 E.	W.M.	24	NW NE			Irrigation	0.8	
24 S.	27 E.	W.M.	24	SW NE			Irrigation	0.9	
Total Acres Irrigated								252.6	

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLot), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLot, and QQ.

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C. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of diversion/appropriation to the place of use.

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SALEM, OR

1. Is a pump used?

YES

If "NO" items 2 through item 6 may be deleted.

2. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
American Turbine	Not Known	Not Known	Turbine	10"	12"

3. Motor Information

MANUFACTURER	HORSEPOWER
U.S. Electrical Motors High Thrust	150 HP, 1775 RPM, 460 Volts, 116 amps, phase 3, 92.4 NEMA

4. 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	15 psi	20	50	11 cfs per cales

5. Provide pump calculations:

$$Q = \text{eff} * \text{hp} * 550 / 62.4H$$

$$= 0.60 * 150 * 550 / 62.4 * 70 = 11 \text{ cfs}$$

6. 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	3270 Af (2013)	NA	3.9 CFS (Per meter reading)

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

7. Is the distribution system piped?

YES

If "NO" items 8 through item 11 may be deleted.

8. Mainline Information

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8"	1390 LF	Steel	Buried to pivot to NE of Well
8"	1465 LF	Steel	Buried to pivot to S of Well

9. Lateral or Handline Information

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
NA			

10. Sprinkler Information

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Varies	20psi	1.5-150	127	127	2.1cfs

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Reminder: For sprinkler output determination use the reference information at the end of this document.

11. Pivot Information

SALEM, OR

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Valley w/ Nelson end gun	1390	20	932	2.1
Valley w/ Nelson end gun	1410	20	932	2.1

12. Additional notes or comments related to the system:

Guns at end of pivot.

D. Groundwater Source Information (Well and Sump)

1. Is the appropriation from ground water (well or sump)?

YES

If "NO", items 2 through 8 relating to this section may be deleted.

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

No access port for this well. Water level monitoring cannot be measured at this well but at neighboring 1V and 3M locations

3. 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 Log						

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

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

NO

If "NO", items 6 through 8 relating to this section may be deleted.

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

E. Storage

1. Does the distribution system include in-system storage (i.e. storage tank, bulge in system / reservoir)

NO

If "NO", item 2 and 3 relating to this section may be deleted.

F. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe?

NO

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

G. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

NO

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

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Well 3M

B. Place of Use

1. Is the right for municipal use?

YES NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
24 S.	27 E.	W.M.	23	NE NW			Irrigation	30.0	
24 S.	27 E.	W.M.	23	NW NW			Irrigation	30.0	
24 S.	27 E.	W.M.	23	SW NW			Irrigation	30.0	
24 S.	27 E.	W.M.	23	SE NW			Irrigation	30.0	
Total Acres Irrigated								120.0	

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLOT), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLOT, and QQ.

C. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of diversion/appropriation to the place of use.

1. Is a pump used?

YES

If "NO" items 2 through item 6 may be deleted.

2. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Johnston	Not Known		Turbine		8"

3. Motor Information

MANUFACTURER	HORSEPOWER
GE	75 HP, 60 HZ, 3 phase, 230/460 volts, FL Amps 180/90, 1775 RPM

4. 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	20	20	40	6.6 cfs

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5. Provide pump calculations:

$$Q = \text{eff} * \text{hp} * 550 / 62.4H$$

$$= 0.60 * 75 * 550 / 62.4 * 60s = 6.6 \text{ cfs}$$

6. 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	7514 AF		2 cfs (Per meter reading)

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

7. Is the distribution system piped? YES

If "NO" items 8 through item 11 may be deleted.

8. Mainline Information

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8"	1275 LF	Galv. Steel	Buried

9. Lateral or Handline Information

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
NA			

10. Sprinkler Information

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
	20psi				

Reminder: For sprinkler output determination use the reference information at the end of this document.

11. Pivot Information

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Zimatic	1300	20	840 gpm	1.9cfs

12. Additional notes or comments related to the system:

No end gun

D. Groundwater Source Information (Well and Sump)

1. Is the appropriation from ground water (well or sump)? YES

If "NO", items 2 through 8 relating to this section may be deleted.

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

4" Pipe steel cast in concrete

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3. 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 log						

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

5. Is the appropriation from a dug well (sump)? NO

If "NO", items 6 through 8 relating to this section may be deleted.

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

E. Storage

1. Does the distribution system include in-system storage (i.e. storage tank, bulge in system / reservoir) NO

If "NO", item 2 and 3 relating to this section may be deleted.

F. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe? NO

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

G. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? NO

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

H. Reservoir

1. Does the claim involve a reservoir modified through a transfer? NO

Reminder: Complete this section if the reservoir right has been modified through the transfer process. If the claim is for a permitted reservoir use the Claim of Beneficial Use form for reservoirs.

If "NO", items 2 through 9 relating to this section may be deleted.

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SECTION 3 CONDITIONS

All conditions contained in the permit, permit amendment, 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:

Permits, transfer final orders, and any extension 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 was to be completed. 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, extension or transfer final order:

	DATE FROM PERMIT OR TRANSFER	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	July 16, 1999		
BEGIN CONSTRUCTION (A)	May 14, 2000	Feb 1998	Wells drilled
COMPLETE CONSTRUCTION (B)	Not on permit	Before July 2001	Pivots installed and ground cultivated per google earth images
COMPLETE APPLICATION OF WATER (C)	October 1, 2003	Before July 2001	Per google earth images

* MUST BE WITHIN PERIOD BETWEEN PERMIT, TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

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

If "NO", you may delete item 3 in this section.

4. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? **NO**

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

5. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? **NO**

If "NO", items 5b through 5e relating to this section may be deleted.

6. Pump Test (Required for most ground water permits prior to issuance of a certificate).

a. Did the permit require the submittal of a pump test? **YES**

If "NO", items 6b through 6e relating to this section may be deleted.

Per a special request, a single pump test was completed for the greater South Silver Creek Ranch Area. Please see attached letter

b. Has the pump test been previously submitted to the Department? **YES**

c. Is the pump test attached to this claim? **NO**

d. Has the pump test been approved by the Department? **YES**

e. Has a pump test exemption been approved by the Department? **YES, see previous note**

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7. Measurement Conditions:

a. Does the permit, permit amendment, transfer final order, or any extension final order require the installation of a meter or approved measuring device? **YES**

If "NO", items 7b through 7f relating to this section may be deleted.

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

b. Has a meter been installed? **YES**

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 1V	AquaMaster 900	50174	Working	114678 af	2011
Well 2U	AquaMaster 900	40253	Working	3270 af	2011
Well 3M	AquaMaster 900	40312	Working	7514 af	2011

If a meter has been installed, items 7d through 7f relating to this section may be deleted.

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department?

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. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED

8. Recording and reporting conditions

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

If "NO", item 8b relating to this section may be deleted.

b. Have the reports been submitted? **NO**

METHOD OF SUBMITTING REPORT (PAPER OR ELECTRONIC)	WATER USER REPORTING ID
No water reports have been kept through out the years. Power usage records may be provided upon request. Water usage is controlled heavily on the pivot sprinklers.	

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

9. Fish Screening

a. Are any points of diversion required to be screened to prevent fish from entering the point of diversion? **NO**

If "NO", items 9b through 9e relating to this section may be deleted.

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10: By-pass Devices

a. Are any points of diversion required to have a by-pass device to prevent fish from entering the point of diversion?

NO

If "NO", items 10b and 10c relating to this section may be deleted.

11. Other conditions required by permit, permit amendment final order, extension final order, or transfer final order:

- a. Were there special well construction standards? **NO**
- b. Was submittal of a ground water monitoring plan required? **NO**
- c. Was the water user required to restore the riparian area if it was disturbed? **NO**
- d. Was a fishway required? **NO**
- e. Was submittal of a letter from an engineer required prior to storage of water? **NO**
- f. Was submittal of a water management and conservation plan required? **NO**
- g. 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):

None

**SECTION 4
VARIATIONS**

Include a description of variations from the permit, permit amendment final order, extension final order, or transfer final order. (i.e. *"The permit allowed three points of diversion. The water user only developed one of the points."* or *"The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres."*)

None

**SECTION 5
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Well logs	
Pump test	RECEIVED BY OWRD

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**SECTION 6
CLAIM SUMMARY**

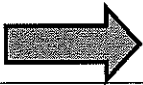
POD / POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
1V Well	1.47 CFS	2 CFS	na	irrigation	117.2	120
2U Well	3.23 CFS	3.9 CFS	na	irrigation	259.1	252.6
3M Well	1.47 CFS	2 CFS	na	irrigation	117.2	120

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 poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

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.



Tye Engineering & Surveying used a Topcon GB 500 base with two recovers, Topcon Hiper Plus with a TDS Ranger data collector and a Topcon Hiper with a TDS Recon data collector.

Map Checklist

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

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- 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.)

SALEM, OR

- 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

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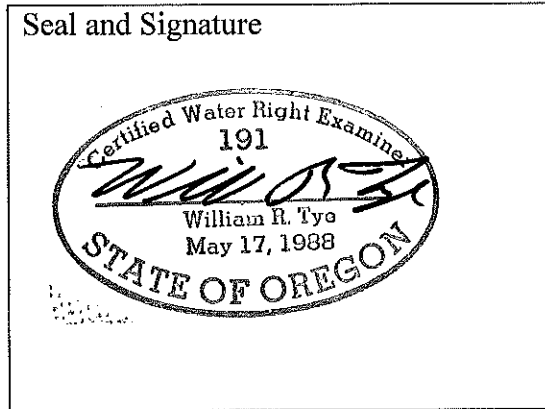
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SALEM, OR

**SECTION 8
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 William R. Tye		PHONE No. 541-389-6959	ADDITIONAL CONTACT No.
ADDRESS 725 NW Hill Street			
CITY Bend	STATE OREGON	ZIP 97701	E-MAIL tyeengr@bendcable.com

Permit or Transfer Holder's of Record Signature or Acknowledgement

This Claim of Beneficial Use must be signed by each permit or transfer holder of record.

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	DATE
<i>x Phillip W. Singhose</i>	Phillip Singhose	<i>x 1-24-14</i>
<i>x Lorissa L. Singhose</i>	Lorissa Singhose	<i>x 1-24-14</i>

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STATE OF OREGON
WATER RESOURCES DEPT.
WATER SUPPLY WELL REPORT
(as required by ORS 537.763)
SALEM, OREGON

WELL I.D. # L L21271
START CARD # 098475

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

(1) OWNER: Well Number _____

Name Denny Land & Cattle Co.
Address HC 73 13738
City Burns State OR Zip 97738

(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) BOREHOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 540 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
20	0	20	cement	0	20	24 sacks
16	20	17				
14	117	540				

How was seal placed: Method A B C D E
 Other _____
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: 16	+1	23	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	+1.5	117	250	<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:

Perforations Method factory cut
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Telephone size	Casing	Liner
97	117	1/8x4	960	14		<input checked="" 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	Flowing Time
1100	119	200	6 hr.

Temperature of water 58 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 27E E or W. WM.
Section 22 NE 1/4 NE 1/4
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) South Ranch South

(10) STATIC WATER LEVEL:
27 ft. below land surface. Date 1-30-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 60

From	To	Estimated Flow Rate	SWL
80	217	300	27
288	354	400	27
400	520	400	27

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
topsoil clay loam	0	3	
gravel med	3	12	
clay gravel	12	42	
sand cemented	42	60	
clay gravel	60	78	
rock blk	78	128	
clay/sand, coarse brn	128	152	
sand coarse/clay	152	200	
claystone brn	200	205	
sandstone brn	205	217	
clay tan	217	245	
clay green	245	252	
clay tan	252	275	
clay yellow	275	281	
sandstone yellow	281	320	
sandstone greensigh	320	354	
clay grey	354	360	
clay green	360	400	
clay green sand	400	443	
continued			

Date started _____ Completed _____

(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 Timothy K. Rife Date 2-1-98

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

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STATE OF OREGON WATER RESOURCES DEPT. WATER SUPPLY WELL REPORT SALEM, OREGON (as required by ORS 537.765)

WELL I.D. # L 21271
START CARD # 098475

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

(1) OWNER: Well Number _____
Name Danny Landis (Attree)
Address _____
City _____ State _____ Zip _____

(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 _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL table with columns: Diameter, From, To, Material, From, To, Sacks or pounds

How was seal placed: Method A B C D E
 Other _____
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

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS: table with columns: From, To, Slot size, Number, Diameter, Type, Coaling, Liner

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min Drawdown Drill stem at Time

Temperature of water _____ 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 _____ Latitude _____ Longitude _____
Township _____ N or S Range _____ E or W. WM. _____
Section _____ 1/4 _____ 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

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

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

Table with columns: From, To, Material, SWL

(12) WELL LOG:
Ground Elevation _____

WELL LOG table with columns: Material, From, To, SWL

Date started 1-2-98 Completed 1-30-98

(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.

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 Chris K. Wilson WWC Number 1424 Date 2-1-98

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

WELL I.D.# L 116815
START CARD # 098476

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

(1) OWNER: Well Number _____
Name Denny Land & Cattle Co.
Address HC 73 13738
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 41 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
22	0	23	cement	0	23	20 sacks
18	23	97				
16	97	410				

How was seal placed: Method A B C D E
 Other _____
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: 18	+1	40	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	+1	97	250	<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	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
 Pump Bailer Air Flowing Artesian
Yield gal/min 900 Drawdown 100ft Drill stem at 160 Time 1 hr.

Temperature of water 53.5 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 sandy
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Harney Latitude _____ Longitude _____
Township 24S N or S Range 27E E or W. WM.
Section 24 SW 1/4 NW 1/4
Tax Lot 700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) South Ranch Rd

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date 12-23-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 20

From	To	Estimated Flow Rate	SWL
25	360	900	17
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(12) WELL LOG: WATER RESOURCES DEPT.
Ground Elev. _____ SALEM, OREGON

Material	From	To	SWL
clay loom topsoil	0	2	
clay grey	2	6	
clay brn	6	18	
clay gravel	18	25	
gravel clay caving	25	38	17
clay gravel	38	78	17
rock blk	78	80	17
sandstone brn	80	90	17
rock blk	90	121	17
sandstone brn	121	156	17
clay yellow, gravel fine	156	174	17
clay grey	174	202	17
clay brn	202	260	17
clay green	260	300	17
clay brn	300	320	17
clay green	320	345	17
sand blk med fine	345	360	17
clay green	360	410	17

Date started 12-5-97 Completed 12-23-97

(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 1424
Signed Timothy K. Riley Date 1-3-98

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

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FEB 24 1998

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

WATER RESOURCES DEPT. WELL ID. # L 098481 L16815 SALEM, OREGON START CARD # 098481

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

(1) OWNER: Well Number L16815 Name Denny Land & Cattle Co. Address HC 73 13738 City Burns State OR Zip 97720

(2) TYPE OF WORK: [] New Well [x] 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 610 ft. Explosives used [] Yes [x] No Type Amount

Table with columns: HOLE (Diameter, From, To), SEAL (Material, From, To), Sacks or pounds. Row 1: 14, 410, 610

How was seal placed: Method [] A [] B [] C [] D [] E [] Other 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. Rows for Casing and Liner.

Final location of shoe(s)

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

(8) WELL TESTS: Minimum testing time is 1 hour. [] Pump [] Bailer [] Air [] Flowing Artesian. Yield gal/min, Drawdown, Drill stem at, Time 1 hr.

Temperature of water 60° 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 Harney Latitude Longitude Township 24S N or S Range 27E E or W. WM. Section 24 SW 1/4 NW 1/4 Tax Lot 700 Lot Block Subdivision Street Address of Well (or nearest address) South Ranch Rd

(10) STATIC WATER LEVEL: 17 ft. below land surface. Date 2-18-98 Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 414, 585, 600, 17

(12) WELL LOG: Ground Elevation

Table with columns: Material, From, To, SWL. Rows: clay green, gravel & sand, clay green, claystone green, clay green, pumice white & cinders blk, clay green, pumice, clay green, cinders blk/sand med, sand med/clay green, clay green, sand greenish, clay green, sand med/pumice grey, clay grey, clay/sand brn

APR 15 1998

WATER RESOURCES DEPT. Date started 2-14-98 SALEM, OREGON Completed Date 2-18-98

(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 2-19-98

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

FEB 03 2014

SALEM, OR

3117

For Official Use Only:

Received Date:

10-27-97

County Well Log ID No.

"HARN 50231"

Well Identification Tag No.

21467

WELL IDENTIFICATION APPLICATION FORM

BUYER/CURRENT WELL OWNER:

Name:

Denny Land & Cattle Co. LLC % Jett Blackburn RE
707 Ponderosa Village

Mailing Address:

500 Boylston St Suite 1880 Burns, OR 97720

City:

Boston

State: MA

Zip: 02116 Phone: _____

WELL LOCATION:

County:

Harney

Owner's Well Number:

Ⓞ Boston Well

Township:

24 N or S S

Range:

27 E or W E

Section: 24

NW 1/4 NW 1/4

Tax Lot #:

300

Type of Well:

water supply monitoring _____

Street Address of Well (if different from above):

South Silver C. Ranch

Piley OR 97758

WELL INFORMATION: (do not complete remainder of application if well log is available)

Start Card Number: _____

Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: _____

Well Depth (in feet): _____

Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it?

Yes: No: _____

If Yes: Application #: _____

Permit #: 610702 Certificate #: _____

Please Return Completed Form to:

Lisa Juul
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

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SALEM, OR



Oregon

John A. Kitzhaber, MD, Governor

Water Resources Department

North Mall Office Building

725 Summer Street NE, Suite A

Salem, OR 97301-1271

503-986-0900

FAX 503-986-0904

June 27, 2013

PHILLIP SINGHOSE
LORISSA SINGHOSE
PO BOX 55
RILEY OR 97758

GW

The Department has accepted the pump test results for the following permitted well(s):

Application	Permit	Permitted Well	Tested Well	Test Date	Test Status	Exemption	Owner's Well Name
G 15168	G 15158	HARN 753	HARN 753	05/22/2013	Approved	None	WELL 1, UPPER DAM (L-21453)
G 15168	G 15158	HARN 757	HARN 753	05/22/2013	Exempted	Multiple Well	WELL 2, MIDDLE WELL
G 15168	G 15158	HARN 761	HARN 753	05/22/2013	Exempted	Multiple Well	WELL 3, DUSENBERG WELL
G 15168	G 15158	HARN 758	HARN 753	05/22/2013	Exempted	Multiple Well	WELL 4, STOCK WELL
G 15168	G 15158	HARN 767	HARN 753	05/22/2013	Exempted	Multiple Well	WELL 5, PIVOT WELL
G 15168	G 15158	HARN 756	HARN 753	05/22/2013	Exempted	Multiple Well	WELL 6, SANDER WELL
G 14901	G 15032	HARN 755	HARN 753	05/22/2013	Exempted	Multiple Well	L-21454
G 14798	G 13698	HARN 50251	HARN 753	05/22/2013	Exempted	Multiple Well	L-21271
G 14798	G 13698	HARN 50249	HARN 753	05/22/2013	Exempted	Multiple Well	L-16815
G 14798	G 13698	HARN 763	HARN 753	05/22/2013	Exempted	Multiple Well	L-21463

Please contact me if you have any questions.

Sincerely,

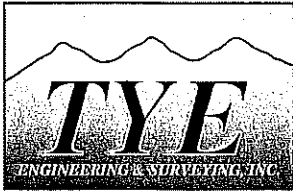
Karl Wozniak
Ground Water/Hydrology Section

cc: GW Pump Test File

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TYE ENGINEERING & SURVEYING, INC.

725 NW Hill, Bend, Oregon 97701 • (541) 389-6959 • Fax (541) 385-1341
 email: tyeengr@bendcable.com webpage: tyeengineering.com

May 24, 2013

Mike Zwart
 Water Resources Department
 725 Summer Street NE, Suite A
 Salem, OR 97301

RE: Well ID 21443 Pump Test for Permits G-15158, G-15032 & G-13698 COBUs

Dear Mike,

Tye Engineering and Surveying, Inc. was hired by Phillip Singhose, at the South Silver Creek Ranch, to complete the COBU reports for ground water permits G-15158, G-15032 and G-13698. All three of these permits include a standard condition that the permit holder, submit the results of a pump test, meeting the department's standards, before a certificate can be issued. These three permits allow water use from the following 10 wells:

Permit	Well Logs	Well ID	Well Descrip. (as shown on permit)	Owner's Well No.	
G-15158	HARN 753 HARN 50784	21453	Well #1 – Upper Dam Well	#1	✓
	HARN 757 HARN 50863	21457	Well #2 – Middle Well	#7	✓
	HARN 761 HARN 50785	21461 (or 21466)	Well #3 – Dusenberg Well	#10	✓
	HARN 758 HARN 50786	21458	Well #4 – Stock Well	#8	✓
	HARN 767 HARN 764 HARN 50787	21465	Well #5 – Pivot Well	#23	✓
	HARN 756 HARN 50803	21456	Well #6 – Sander Well	#20	✓
G-15032	HARN 754	21455	n/a	#3	✓
G-13698	HARN 50251	21271	Well 1V	#11	✓
	HARN 50232	21468	Well 3M	#12	✓
	HARN 50249 HARN 50258	16815	Well 2U	#15	←

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Pump Test Information:

On May 22, 2013 I performed a pump test on the "Upper Dam Well", well id 21453 listed above. The pump test form cover sheet and data sheet are enclosed along with well logs HARN 753, and HARN 50787. For the test the well averaged about 1600 gpm, with a static water level at 51 feet and a maximum drawdown of 74.3 measured from the well head.

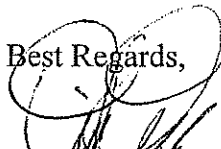
Pump Test Exemption Request:

Based on the attached pump test results, from the "Pivot Well", we request that the other 9 wells included in the 3 permits be exempt from the required pump tests. Mr. Singhose is the well owner for all 10 wells, they are all within 5 miles of the well that was tested and appear to pull from the same aquifer.

Please contact me with any questions or concerns regarding this request.

Thank you for your consideration.

Best Regards,



Dirk Duryee P.E., P.L.S.
Project Manager

Cc: Phillip Singhose
Gerry Clark

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Oregon Water Resources Department
PUMP TEST FORM COVER SHEET

Well Owner:
 Name: Phillip Singhose
 Address: 67459 S Ranch RD
 County: Taney
 City: Riley State: OR Zip: 97153
 Original owner (from well log): _____

Well Location:
 Township: 24 S (N/S) Range: 27 E (E/W)
 Section: 3 1/4: SE 1/16: SE 1/64: _____
 Well depth: _____ Date drilled: _____
 Owners well no. (if any): _____
 POD ID: _____

Water Right Information:
 Application: G15168 Permit: G15158 Certificate: _____
 Is this well listed on more than one water right? Yes If yes, list additional water rights below:
 Application: G15168 Permit: G15158 Certificate: _____
 Application: _____ Permit: _____ Certificate: _____

Pump Test:
 Test Conducted by: Dirk Duryee Well Owner? Yes
 Company: Tye Engineering and Surveying
 Address: 725 NW Hill Date of Test: 5/22/13
 City: Bend State: OR Zip: 97701
 Daytime phone: 541 - 389 - 6959

Method of discharge measurement (see our brochure for acceptable methods): Note - Aquamaster 12
 Method of water-level measurement (pick one or enter other method used): Wire depth gauge
 Length of air line (if used): _____
 Pump type (pick one or enter other method used): Verticle Turbine
 Was the pump test conducted during normal use of the well? Yes Note: _____
 Are you aware of any wells, other than domestic or stock wells, pumping within 1000 feet of the tested well during the test or within 24 hours prior to the test? Yes Note: No
 If yes, give approximate distances to each and approximate pumping rate of each. If possible, indicate if they were turned on or off during the test: _____

Is there a lake, stream or other surface water body within 1/4 mile of the tested well? Yes If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head. Approx. distance: 100 ft Approx. elevation difference: 0 ft
 Well elevation is above surface water body.
 Description of measuring point (e.g. top port of 1 inch port pipe, west side) Top of Well Head

Measuring point distance _____ land surface 1 feet.

Static water level measurements: (A minimum of three measurements are required in the hour before pumping begins at no less than 20 minutes apart):

Time	Depth to water below meas. point	Depth to water below land surface
<u>9 am</u>	<u>51</u>	<u>50</u>
<u>9:20</u>	<u>51</u>	<u>50</u>
<u>10 am</u>	<u>51</u>	<u>50</u>

Discharge measurements: (A discharge measurement is required at the start of pumping and at least once an hour during the test; additional measurements should be noted on the Pump Test Data Sheet):

Time	Discharge Rate	Discharge Units (e.g. gpm, cfs, etc)
<u>10 am</u>	<u>2140 gpm</u>	<u>gpm</u>
<u>11 am</u>	<u>1620</u>	_____
<u>12 pm</u>	<u>1648</u>	_____
<u>1 pm</u>	<u>1592</u>	_____
<u>2 pm</u>	<u>1573</u>	_____

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Time pump turned on: Date 10 am 5/22/13 Time 10 am
 Time pump turned off: Date 5/22/13 Time 2 pm SALEM, OR
 Total pumping time: 4 hours _____ minutes

Note: Well must be idle for at least 16 hours prior to the test.
 Additional forms can be obtained from our web site at: <http://www.wrd.state.or.us>

Required Signature: [Signature]

PUMP TEST DATA SHEET

Application: G15/68 Permit: G15/58 Certificate: Pod Id: Upper Dam Well #1

All water-level measurements must either be in feet and inches, or feet and decimal fractions.

Drawdown Data

Recovery Data

Date	Time	Time Since Pump Started (minutes)	Depth to Water Below Measuring Pt	Depth to Water Below Land Surface	Comments	Date	Time	Time Since Pump Stopped (minutes)	Depth to Water Below Measuring Pt	Depth to Water Below Land Surface	Comments
5/22/13	4pm				Pump Off						
5/22/13	9am		51	50	off						
	9:20		51	50							
	10:00		51	50							
	10:06				Pump ON						
	10:08	02	65	64	2140 GPM						
	10:10	4	66	65	1650 GPM	46 PSI					
	10:12	6	68	67	1599 gpm						
	10:14	8	69	68	1620						
	10:16	10	70	69	1599						
	10:18	12	70	69	1599						
	10:20	14	70.5	69.5	1660						
	10:25	19	71	70	1660						
	10:30	24	71	70	1599						
	10:35	29	71.5	70.5	1574						
	10:40	34	72	71	1578						
	10:45	39	72.5	71.5	1578						
	10:50	44	72.5	71.5	1615						
	11:05	52	72.5	71.5	1620						
	11:35	84	73	72	1683						RECEIVED BY OWRD
	11:50	99	73	72	1648						
	12:08	117	73.5	72.5	1613						
	12:20	129	74	73	1585						FEB 08 2014
	12:35	144	74	73	1648						
	12:50	159	74	73	1606						SALEM, OR
	1:05	174	74.1	73.1	1592						
	1:20	189	74.2	73.2	1580						
	1:35	209	74.2	73.2	1620						
	1:50	224	74.3	73.3	1630						
	2:05	239	74.3	73.3	1590	46 PSI					PUMP OFF
	2:06	240	74.3	73.3	1573				56	55	
									56	55	
									55.5	54.5	
									55.2	54.2	
									55	54	
									54.5	53.5	
									54	53	
									53.7	52.7	
									53	52	
									52.5	51.5	
									52	51.0	

Pump off

1m/h

5m/h

15m/h

(1) OWNER: JIM TOWERY (SILVER CREEK RANCH)
Address: GEN. DELIVERY RILEY O 97152

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

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

(5) CASING INSTALLED: Threaded Welded
1.8" Diam. from 1 ft. to 3.8 ft. Gage 250
" Diam. from " ft. to " ft. Gage "
" Diam. from " ft. to " ft. Gage "

(6) PERFORATIONS: Perforated? Yes No.
Type of perforator used _____
Size of perforations in. by in.
perforations from " ft. to " ft.
perforations from " ft. to " ft.
perforations from " ft. to " ft.

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

(8) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom?
Yield: gal./min. with ft. drawdown after hrs.
" " " " " "
" " " " " "
Bailer test 100 gal./min. with 10 ft. drawdown after 1 hrs.
Artesian flow g.p.m.
Temperature of water 51° Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION: Well seal—Material used CEMENT
Well sealed from land surface to 1.8 ft.
Diameter of well bore to bottom of seal 2.2 in.
Diameter of well bore below seal 1.8 in.
Number of sacks of cement used in well seal 30 sacks
How was cement grout placed? DROP DOWN

(10) LOCATION OF WELL:
County HARNEY Driller's well number _____
1/4 1/4 Section 10 T. 24S. R. 27E. W.M.
Bearing and distance from section or subdivision corner _____

(11) WATER LEVEL: Completed well.
Depth at which water was first found 8.5' ft.
Static level 20' 6" ft. below land surface. Date 4-11-78
Artesian pressure lbs. per square inch. Date _____

(12) WELL LOG: Diameter of well below casing 18"
Depth drilled 408 ft. Depth of completed well 408 ft.

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

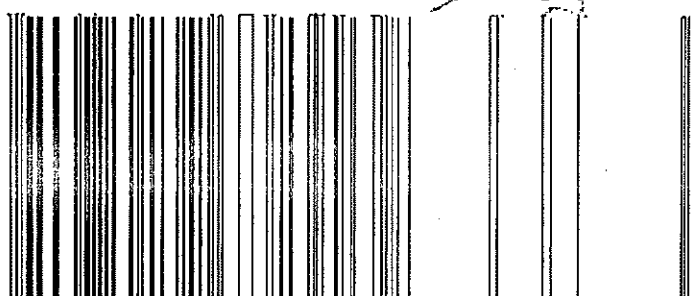
MATERIAL	From	To	SWL
Brown clay & Gravel	0	35	
Brown clay & Torpe	35	85	
decompose of rock	85	124	
Lava—Hard	124	130	
Hard clay	130	134	
Hard gray Rock	134	150	
Brown sandstone—small gravel	150	235	
Green & Blue sticky clay	235	280	
Green sticky clay	280	315	
Hard clay Brn	315	335	
Sandstone 1+ grey	335	353	
Clay Brn	353	363	
Sandstone Brn	363	375	
Sandstone Blk	375	395	
Clay green sticky	395	408	

Reduced well dia. to 16" from 335-408

Work started 12-10- 1977 Completed 4-11 1978
Date well drilling machine moved off of well 4-11 1978

Drilling Machine Operator's Certification:
This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] Art Miller Date 4-18, 1978
(Drilling Machine Operator)
Drilling Machine Operator's License No. 967

Water Well Contractor's Certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.



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HARN 753

For Official Use Only:

Received Date:

10-27-97

County Well Log ID No.

HARN 753

Well Identification Tag No.

21453

WELL IDENTIFICATION APPLICATION FORM

BUYER/CURRENT WELL OWNER:

Name: Denny Land & Cattle Co, LLC Jett Blackburn R.E. 707 Ponderosa Village

Mailing Address: 500 Boylston St. Suite 1880 Burns, OR 97720

City: Boston State: MA Zip: 02116 Phone:

WELL LOCATION:

County: Harney Owner's Well Number: C Upper dam well

Township: 24 N or S S Range: 27 E or W E Section: 10 NE 1/4 NE 1/4

Tax Lot #: Type of Well: water supply X monitoring

Street Address of Well (if different from above): South Silver Cr. Ranch Riley, OR 97758

WELL INFORMATION: (do not complete remainder of application if well log is available)

Start Card Number: Approx. Construction Date:

Well Constructor:

Name of Owner at Time of Construction:

Well Depth (in feet): Static Water Level (in feet):

Diameter of Exposed Well Casing (in inches):

Does this well have a formal water right associated with it? Yes: X No:

If Yes: Application #: Permit #: G-5256 Certificate #: 29360

Please Return Completed Form to:

Lisa Juul Well Identification Program Oregon Water Resources Department 158 12th Street NE Salem, OR 97310

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