CLAIM OF BENEFICIAL USE for Groundwater Permits claiming more than 0.1 cfs

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

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A fee of $200 must accompany this form for permits with priority dates of July 9, 1987, or later.

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.oregon.gov/owrd/pages/wr/cwre_info.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 503-986-0900 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.oregon.gov/owrd/pages/mgmt_reimbursement_authority.aspx

SECTION 1
GENERAL INFORMATION

1. File Information

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-17575	G-18086	T-

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME		PHONE NO.	ADDITIONAL CONTACT NO.
James & Sue Gilmour			
ADDRESS			
30427 SW Stellmacher Dr			
CITY	STATE	ZIP	E-MAIL
Albany	OR	97320	

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

Seal and Signature

RENEWAL 12/31/2020

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

Permit Holder of Record Signature or Acknowledgement

Each *permit 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
J Gilmour	**James Gilmour**	**Owner/Permit Holder**	11-7-19
Sue Gilmour	**Sue Gilmour**	**Owner/Permit Holder**	11-7-19

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SECTION 3
CLAIM DESCRIPTION

1. 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)
#1	HARN 51541	L-96564
#2	HARN 50318	L-18168
#3	HARN 51069	L-26620
#4	HARN 51764	L-88119

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 appropriation source, if indicated on permit:

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
#1	Malheur Lake Basin	
#2	South Fork Malheur River Basin	
#3	Malheur Lake Basin	
#4	Malheur Lake Basin	

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
#1	IR	Alfalfa	Mar 1 to Oct 31	
#2	IR	Alfalfa	Mar 1 to Oct 31	
#3	IR	Alfalfa	Mar 1 to Oct 31	
#4	IR	Alfalfa	Mar 1 to Oct 31	
Total Quantity of Water Used				0.68 cfs*

***Total of wells #1, 3 & 4 combined**

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

Water is pumped from wells #1, 3 & 4 & conveyed by buried pipe to a center pivot sprinkler that irrigates place of use. Water is pumped from well #2 and conveyed by buried pipe to a mainline with risers to connect with a wheel line sprinkler that irrigates place of use.

5. Variations:

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below. NO

(e.g. *"The permit allowed three points of appropriation. 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."*)

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
#1	0.57 cfs*	1.17 cfs		IR	31.5*	31.5*
#2	0.11 cfs	3.87 cfs		IR	9.2	9.2
#3	0.57 cfs*	0.44 cfs		IR	31.5*	31.5*
#4	0.57 cfs*	1.22 cfs		IR	31.5*	31.5*

***combined flow and area of use for wells #1, 3 & 4 combined**

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? YES

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

#4 (HARN 51541)

A. Place of Use

1. Is the right for municipal use? NO

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
27S	33E	WM	1	SW NW			IR	31.5	
Total Acres Irrigated								31.5	

B. 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 appropriation to the place of use.

1. Is a pump used? YES

2. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
National	UNK	314726	Turbine	14"	6"

3. Motor Information

MANUFACTURER	HORSEPOWER
US Electric	40

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)
40				

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5. Provide pump calculations:

$Q = \frac{7.04 \text{ ft } 4/\text{sec/hpxhp}}{\text{Total head, ft}} = \frac{(7.04)(40)}{231.6} = 1.22 \text{ cfs}$

Total head = 101.6' + 120' + 10' = 231.6'

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)

7. Is the distribution system piped? YES

8. Mainline Information

Mainline Size	Length	Type of Pipe	Buried or Above Ground
6"	1320 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)
NA					

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)
Valley	1300 LF	30	1000	2.23

12. Additional notes or comments related to the system:

C. Groundwater Source Information (Well and Sump)

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

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

¾" hole E side of casing under tag

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

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D. Storage

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

E. 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

F. 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

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

#2 (HARN 50318)

A. Place of Use

1. Is the right for municipal use? NO

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
27S	34E	WM	5	SW NW			IR	9.2	
Total Acres Irrigated								9.2	

B. 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 appropriation to the place of use.

1. Is a pump used? YES

2. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
UNK	UNK	HD 6X8	Turbine		8"

3. Motor Information

MANUFACTURER	HORSEPOWER
GE	75

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	40	25'	10'	3.87

5. Provide pump calculations:

Q = 7.04 ft 4/sec/hpxhp / Total head, ft = (7.04)(75) / 136.6 = 3.87 cfs

Total head = 101.6' + 25' + 10' = 136.6'

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)

7. Is the distribution system piped? YES

8. Mainline Information

Mainline Size	Length	Type of Pipe	Buried or Above Ground
6"	890 LF	Steel	Buried

9. Lateral or Handline Information

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
4"	1300 LF	Aluminum	Above ground

10. Sprinkler Information

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (CFS)
3/16"	40	6.4	22	22	0.31

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)
NA				

12. Additional notes or comments related to the system:

C. Groundwater Source Information (Well and Sump)

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

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

1 ½" open pipe E side of casing

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

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D. Storage

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

E. 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

F. 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

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

#3 (HARN 51069)

A. Place of Use

1. Is the right for municipal use? NO

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
27S	33E	WM	1	SW NW			IR	31.5	
Total Acres Irrigated								31.5	

B. 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 appropriation to the place of use.

1. Is a pump used? YES

2. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
National	UNK	UNK	Turbine	12"	8"

3. Motor Information

MANUFACTURER	HORSEPOWER
US Motors	15

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)
15	40	140'	0'	0.44

5. Provide pump calculations:

Q = 7.04 ft 4/sec/hpxhp = (7.04)(15) = 0.44 cfs
Total head, ft 241.6
Total head, ft = 101.6' + 140' + 0' = 241.6'

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)

7. Is the distribution system piped? **YES**

8. Mainline Information

Mainline Size	Length	Type of Pipe	Buried or Above Ground
8"	150 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)
NA					

11. Pivot Information

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (GPM)	Total Pivot Output (CFS)
Valley	1300 LF	30	1000	2.23

12. Additional notes or comments related to the system:

C. Groundwater Source Information (Well and Sump)

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

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

2" capped pipe NW side of casing

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

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D. Storage

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

E. 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

F. 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

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

#1 (HARN 51764)

A. Place of Use

1. Is the right for municipal use? NO

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
27S	33E	WM	1	SW NW			IR	31.5	
Total Acres Irrigated								31.5	

B. 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 appropriation to the place of use.

1. Is a pump used? YES

2. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
National	UNK	312410	Turbine	12"	8"

3. Motor Information

MANUFACTURER	HORSEPOWER
US Electric	40

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)
40	40	140'	0'	1.17

5. Provide pump calculations:

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Q = 7.04 ft 4/sec/hpxhp / Total head, ft = (7.04)(40) / 241.6 = 1.17 cfs

Total head = 101.6' + 140' + 0' = 241.6'

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)

7. Is the distribution system piped? YES

8. Mainline Information

Mainline Size	Length	Type of Pipe	Buried or Above Ground
8"	190 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)
NA					

11. Pivot Information

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (GPM)	Total Pivot Output (CFS)
Valley	1300 LF	30	1000	2.23

12. Additional notes or comments related to the system:

C. Groundwater Source Information (Well and Sump)

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

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

¾" threaded plug SE side of pump base

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

D. Storage

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

E. 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

F. 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

SECTION 5

CONDITIONS

All conditions contained in the permit, permit amendment, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Permits and 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 or permit extension order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	09/12/2018		
BEGIN CONSTRUCTION (A)	Not mentioned	NA	NA
COMPLETE CONSTRUCTION (B)	Not mentioned	NA	NA
COMPLETE APPLICATION OF WATER (C)	09/12/2023	10/15/2019	Wells constructed with flow meters plumbed to sprinklers & watering POU and reporting well levels & water use

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

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

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? YES

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

March

c. Was the measurement submitted to the Department? YES

d. If the initial measurement was not submitted, provide that measurement now, if available:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? **YES**

b. Provide the month, or months, the static water level measurement(s) were to be made:
March

c. Were the static water level measurements taken in the month(s) required? **YES**

d. If "YES", were those measurements submitted to the Department? **YES**

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

5. 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**

b. Has the pump test been previously submitted to the Department? **NO**

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

d. Has the pump test been approved by the Department? **NO**

e. Has a pump test exemption been approved by the Department? Attached **NO**

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6. Measurement Conditions:

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

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
#1	McCrometer	12-06970-06	Not running	764.679 AF	Summer 2012
#2	McCrometer	12-06777-08	Not running	298.088 AF	Summer 2012
#3	McCrometer	12-06711-08	Not running	85.827 AF	Summer 2012
#4	McCrometer	15-17721-08	Not running	970.510 AF	Spring 2015

7. 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.

8. Other conditions required by permit, permit amendment 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. Was submittal of a water management and conservation plan required? **NO**

d. Other conditions? **YES**

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

OWRD Well ID Tag's have been attached.

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SECTION 6
ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well logs	**HARN 51541, 50318, 51069 & 51764**
Aerial imagery	**USDA/FSA imagery from 2016**
Site photos	**Date/location stamped pictures of POA's & POU's**
Pump Test	**Previously submitted Pump Test Exemption Form**

Reimb Auth estimate App

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.

The wells, conveyances, sprinklers & place of use were tied to approximate boundaries using data collector with Terrasync software, a Trimble GeoXT GIS and imported into ESRI Arc Map software. Aerial imagery was imported and overlaid to compare for accuracy.

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
- ☐ NAocations 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.)
- ☒ Point(s) of diversion or appropriation (illustrated and coordinates)

☒ Tax lot boundaries and numbers

☐NAource 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

FINAL PROOF MAP

TO ADD A POINT OF APPROPRIATION AND PLACE OF USE FOR APPLICATION G-17575 JAMES & SUE GILMOUR

TOWNSHIP 27 SOUTH, RANGE 34 EAST, SECTION 5, W.M.
TAX LOT: 601

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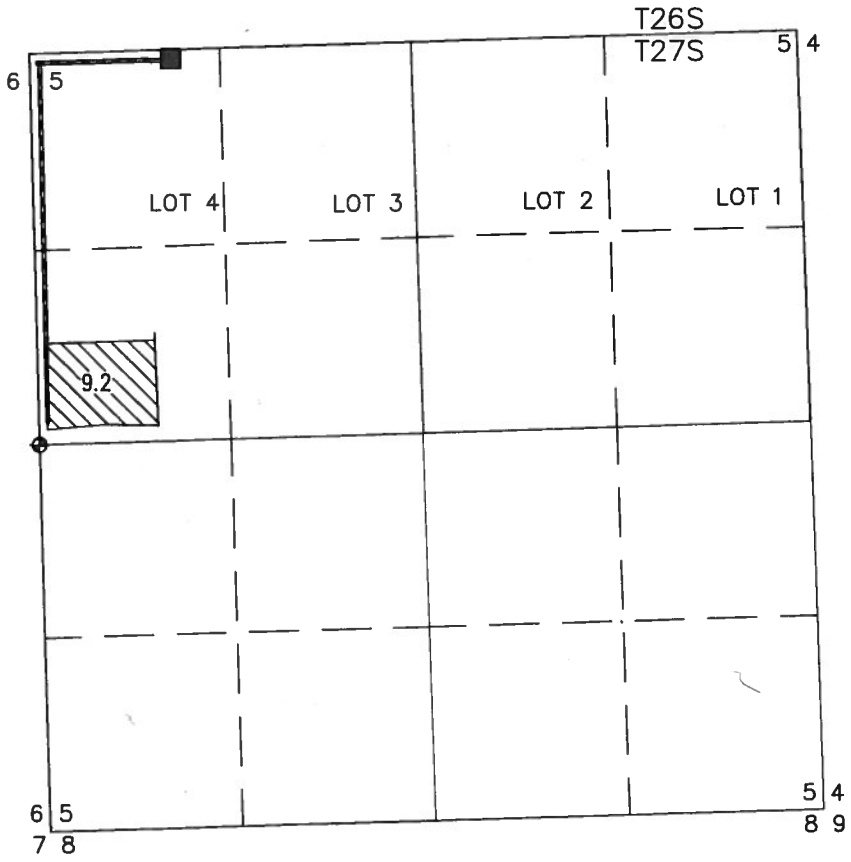


Certified Water Right Examiner
#51324 WRE
Scott D. Montgomery
May 21, 2001
STATE OF OREGON

RENEWAL DATE: 12/31/2012

9.2 ACRES WATER RIGHTS FROM WELL 2 AND PERMIT G-18086, AS SHOWN. FLOW METER IS LOCATED 6.5' SOUTH FROM WELL.

WELL 2 (HARN 50318)

LOCATED IN THE NW 1/4 NW 1/4 SECTION 5, T27S R34E, W.M. AND 35 FEET SOUTH AND 975 FEET EAST FROM THE NW CORNER OF SECTION 5.

FLOW METER IS APPROXIMATELY 6.5 FEET SOUTHEAST ALONG DELIVERY PIPE FROM WELL.

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

PREPARED FOR:

JAMES & SUE GILMOUR
30427 STELLMACHER DRIVE
ALBANY, OR 97321

PREPARED BY:

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

FINAL PROOF MAP

TO ADD POINTS OF APPROPRIATION AND PLACE OF USE FOR APPLICATION G-17575
JAMES & SUE GILMOUR

TOWNSHIP 27 SOUTH, RANGE 33 EAST, SECTIONS 1 & 2, W.M.
TAX LOT: 200

■ *HARN 51514 – WELL 4*

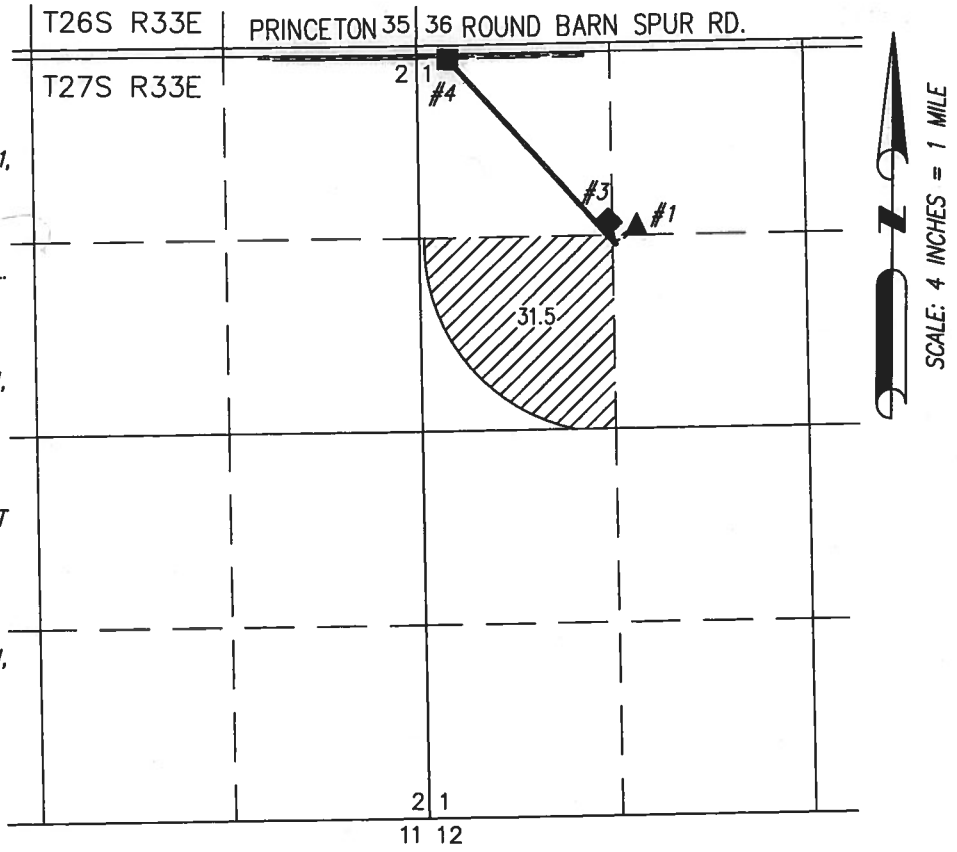
LOCATED IN THE NW 1/4 NW 1/4 SECTION 1, T27S R33E, W.M. AND GEODETIC COORDINATES OF 43°15'42.58" NORTH AND 118°36'05.52" WEST IN WGS84 PROJECTION. FLOW METER LOCATED 5' NORTH FROM WELL.

▲ *HARN 51764 – WELL 1*

LOCATED IN THE NE 1/4 NW 1/4 SECTION 1, T27S R33E, W.M. AND GEODETIC COORDINATES OF 43°15'30.89" NORTH AND 118°35'48.29" WEST IN WGS84 PROJECTION. FLOW METER LOCATED ON CENTER PIVOT 43°15'29.94" NORTH AND 118°35'50.32" WEST IN WGS84 PROJECTION.

◆ *HARN 51069 – WELL 3*

LOCATED IN THE NW 1/4 NW 1/4 SECTION 1, T27S R33E, W.M. AND GEODETIC COORDINATES OF 43°15'31.26" NORTH AND 118°35'51.37" WEST IN WGS84 PROJECTION. FLOW METER LOCATED 5' SOUTH FROM WELL



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

RENEWAL DATE: 12/31/2020

31.5 ACRES WATER RIGHTS FROM POAS 1, 3 & 4 & PERMIT G-18086, AS SHOWN.

BURIED 6 OR 8 INCH STEEL PIPE

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

PREPARED FOR:	PREPARED BY:
JAMES & SUE GILMOUR 30427 STELLMACHER DRIVE ALBANY, OR 97321	ALL POINTS ENGINEERING AND SURVEYING, INC. P.O. BOX 767 (CRR) TERREBONNE, OR 97760 (541) 548-5833 www.APEandS.com

Corrected Copy

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST MULTIPLE WELL EXEMPTION REQUEST FORM

NAME/BUSINESS NAME			
JAMES & SUE GILMOUR	541-979-4124	ADDITIONAL CONTACT NO.	
ADDRESS			
30427 SW Stellmacher Dr			
CITY	STATE	ZIP	E-MAIL
Albany	**OR**	**97321**	

NOTE: To qualify for an exemption from testing your well you must meet all the following three criteria.

1. **You own multiple wells producing water from the same aquifer;**
2. **One of the wells has been previously tested and the test approved; and**
3. **The wells are within 5 miles of the previously tested well.**

OAR 690-217-0020(3)

1. This request is for the following water permit(s):

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APPLICATION (APP) #	PERMIT #
G-17575	**G-18086**
G-17751	**G-17273**

2. List all wells you are requesting exemption(s) for:

WELL LOG # EX. MARI 99999	WELL TAG # EX. L-999999	OWNER WELL NAME OR NUMBER	IF THIS WELL IS LISTED ON MORE THAN ONE WATER RIGHT, COMPLETE THIS SECTION:
HARN 51541	**L-96564**	**#4**	APP #: **G-** PERMIT #: **G-**
HARN50318	**L-18168**	**#2**	APP #: **G-12117** PERMIT #: **G- 11338**
HARN 51069	**L-26620**	**#3**	APP #: **G-** PERMIT #: **G-**
HARN 51764	**L-88119**	**#1**	APP #: **G-** PERMIT #: **G-**
HARN 51923	**L-109958**	**#4 (PRINCETON STORE**	

3. List the well(s) previously tested and approved by the Department:

WELL LOG # EX. MARI 99999	WELL TAG # EX. L-999999	OWNER WELL NAME OR NUMBER	DATE OF APPROVAL
HARN 50318	**L-18168**	**#2**	**9/29/2008**

4. For each well listed in number 1 and 2 above, attach water well reports or other documentation showing the water producing zones.

I hereby certify that the previously tested well(s) and the well(s) requested for exemption(s) are under my ownership and are located within 5 miles of each other.

OWNER SIGNATURE: _____ DATE: 11-7-19

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OWRD

HARN 51541

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

WELL LABEL # L 96564

START CARD # 1006152

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

(1) LAND OWNER Owner Well I.D. _____
First Name Jim Last Name Gilmour
Company _____
Address 30427 S.W. Stellmacher
City Albany State OR Zip 97321

(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 120 ft.

BORE HOLE Dia	From	To	Material	SEAL From	To	Amount	sacks/lbs
28"	0	18	Bentonite	0	18		
22"	18	120					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Poured DRY & Tamped
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from 0 ft. to 120 ft. Material Pea gravel Size 3/8
Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
	X	12"		+2	120	.250	X		X	
X		20"		+1	20	.250	X			

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

(7) PERFORATIONS/SCREENS
Perforations Method Saw Cut Steel
Screens Type Rossemoss Material Stainless

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size
X			X	12"	100	120		3"	480	
	X		X	12"	60	100	.125	cont.	2	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
20	10'		1 HR

Temperature 54 °F Lab analysis ☐ Yes By _____
Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

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MAR 05 2009
WATER RESOURCES DEPT
SALEM, OREGON

(9) LOCATION OF WELL (legal description)
County Harney Twp 27 N or S Range 33 E or W W.M.
Sec 1 NW 1/4 of the NW 1/4 Tax Lot 200
Tax Map Number 200 Lot _____
Lat ___ ° ___ ' ___ . ___ " or ___ . ___ DMS or DD
Long ___ ° ___ ' ___ . ___ " or ___ . ___ DMS or DD
Street Address of Well (or nearest address) 57935 Lava Bed Rd. Princton

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	1-28-09		2	12

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found 35

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
1-28-09	35	120	600		2	12

(11) WELL LOG Ground Elevation _____

Material	From	To
clay loam topsoil	0	2
clay blk	2	35
clay green	35	40
clay blk	40	43
clay green	43	75
Sand fine blk	75	85
clay stone green	85	100
silt grey	100	110
clay green	110	120

Date Started 1-21-09 Completed 1-28-09

(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 _____
Signed _____

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

License Number 1424 Date 2-3-09
Signed _____
Contact Info. (optional)

ORIGINAL – WATER RESOURCES DEPT ONE COPY FOR CONSTRUCTOR ONE COPY FOR CUSTOMER
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK 10/16/2006

HARN 50318

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NOV 18 2019
OWRD

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

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

WELL I.D. # L 19168
START CARD # 106124

(1) OWNER: Well Number
Name Roger & Virginia Haworth
Address P.O. Box 3030
City Princeton State OR Zip 97721

(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 208 ft.
Explosives used ☐ Yes ☒ No Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
20"	0	20'	Cement	0	20'	26
12"	20'	208				

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:	12"	+12"	202	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 202'

(7) PERFORATIONS/SCREENS:
☐ Perforations Method ____
☐ Screens Type ____ Material ____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
NONE						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.
~~950~~	~~44~~		6 hr
950	44		6 hr

Temperature of water 56 Depth Artesian Flow Found ____
Was a water analysis done? ☐ Yes By whom ____
Did any strata contain water not suitable for intended use? N/O ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other ____
Depth of strata: ____

(9) LOCATION OF WELL by legal description:
County Harney Latitude ____ Longitude ____
Township 27 ☒ N or S Range 34 E or ☒ WM.
Section 5 NW 1/4 SE 1/4
Tax Lot 600 Lot ____ Block ____ Subdivision ____
Street Address of Well (or nearest address) ____
Princeton Saur Rd.

(10) STATIC WATER LEVEL:
14 ft. below land surface. Date 6-24-98
Artesian pressure ____ lb. per square inch. Date ____

(11) WATER BEARING ZONES:
Depth at which water was first found 21'

From	To	Estimated Flow Rate	SWL
21'	23'	5 GPM	14'
96'	124'	100 GPM	14
203'	208'	1200	14'

(12) WELL LOG:
Ground Elevation ____

Material	From	To	SWL
Top Soil Sandy Loam	0	3'	
Brown Clay	3'	96'	14
Brown Sand	96'	124'	
Brown Clay	124	162	
Gray Clay	162	203	14
Coarse Sand	203	208	14

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JUL 21 1998
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 4-14-98 Completed 6-24-98

(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 1675
Signed Roger Valentine Date 7-16-98

(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 1435
Signed Joe Valentine Date 7-16-98

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

RECEIVED HARN 51069

NOV 1 8 2019

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

HARN 51069

WELL I.D. # L 26620
START CARD # 155953

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

(1) LAND OWNER Well Number
Name Fred Kregen
Address 57935 Lava Bed Rd
City Parkdale State Or Zip 97721

(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 130 ft.
Explosives used ☐ Yes ☒ No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
16	0	31	Bent	0	31	17
12	+2	130	—	-	-	—

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:	12	+2	28	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☒ None
Final location of shoe(s)

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
400+	70'	80'	1 hr

Temperature of water 66 Depth Artesian Flow Found
Was a water analysis done? NO ☐ Yes By whom
Did any strata contain water not suitable for intended use? NO ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other
Depth of strata:

(9) LOCATION OF WELL by legal description:
County Harney Latitude Longitude
Township 27S N or S Range 33E E or W WM
Section 1 NW 1/4 NW 1/4
Tax Lot 200 Lot Block Subdivision
Street Address of Well (or nearest address) 57935 Lava Bed Rd Parkdale, Or. 97721

(10) STATIC WATER LEVEL:
9 ft. below land surface. Date 7-12-04
Artesian pressure lb. per square inch Date

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

From	To	Estimated Flow Rate	SWL
85	128	400	9

(12) WELL LOG:
Ground Elevation

Material	From	To	SWL
Top Soil	0	7	—
Brown Sand	7	16	—
Brown Clay	16	38	—
Grey Sand	38	67	-
Green Clay	67	85'	—
Brown Green Clay w/cinder			
Layers (w/B)	85	128	9
Grey Clay	128	130	9

RECEIVED JUL 15 2004 WATER RESOURCES DEPT SALEM, OREGON

RECEIVED AUG 05 2004 WATER RESOURCES DEPT SALEM, OREGON

Date started 7-9-04 Completed 7-12-04

(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 1521
Signed Donald H. Reed Date 7-12-04

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER

HARN 51764

02-17-2011

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

WELL LABEL # L 88119

START CARD # 185605

(1) LAND OWNER

Owner Well I.D. _____

First Name JIM Last Name GILMOUR

Company _____

Address 30427 SW STELLMACHER

City ALBANY State OR Zip 97321

(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/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 140.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
32	0	20	Cement	0	20	62	S
24	20	140					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other Tremie Pipe

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from 0 ft. to 140 ft. Material Gravel Size pea gravel

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
●	○	24	☒	1	19	.250	●	○	☐	☐
●	○	12	☒	1	59	.250	○	●	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type Johnson Material Stainless

Perf/Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen	Liner	12	59	139	80		80	12

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

● Pump ○ Bailer ○ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
950	83	120	10

Temperature 59 °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 27.00 S N/S Range 33.00 E E/W WM

Sec 1 NW 1/4 of the NW 1/4 Tax Lot 200

Tax Map Number _____ Lot _____

Lat ° ' " or _____ DMS or DD

Long ° ' " or _____ DMS or DD

◯ Street address of well ◯ Nearest address

57935 LAVA BED RD, PRINCETON; ALSO SECTION 2

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening			☐	
Completed Well	08-05-2008		☐	17

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 28

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
07-08-2008	28	140			☐	17
					☐	
					☐	
					☐	
					☐	

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top Soil	0	2
Brown Clay	2	43
Gray Clay / Fine Sand	43	97
Green Clay	97	134
Blue Clay / Coarse Sand	134	140

RECEIVED
NOV 18 2019
OWRD

Date Started 06-17-2008 Completed 08-05-2008

(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 _____

Electronically Filed

Signed _____

(bonded) Water Well Constructor Certification

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

License Number 1675 Date 02-17-2011

Electronically Filed

Signed GEORGE VALENTINE (E-filed)

Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

WATER SUPPLY WELL REPORT - continuation page

HARN 51764

02-17-2011

WELL I.D. # L 88119

START CARD # 185605

(5) BORE HOLE CONSTRUCTION

BORE HOLE

Dia	From	To

SEAL

Material	From	To	Amt	sacks/ lbs

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

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

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

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

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

Water Bearing Zones

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)

(11) WELL LOG

Material	From	To

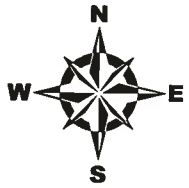
RECEIVED
NOV 1 8 2019
OWRD

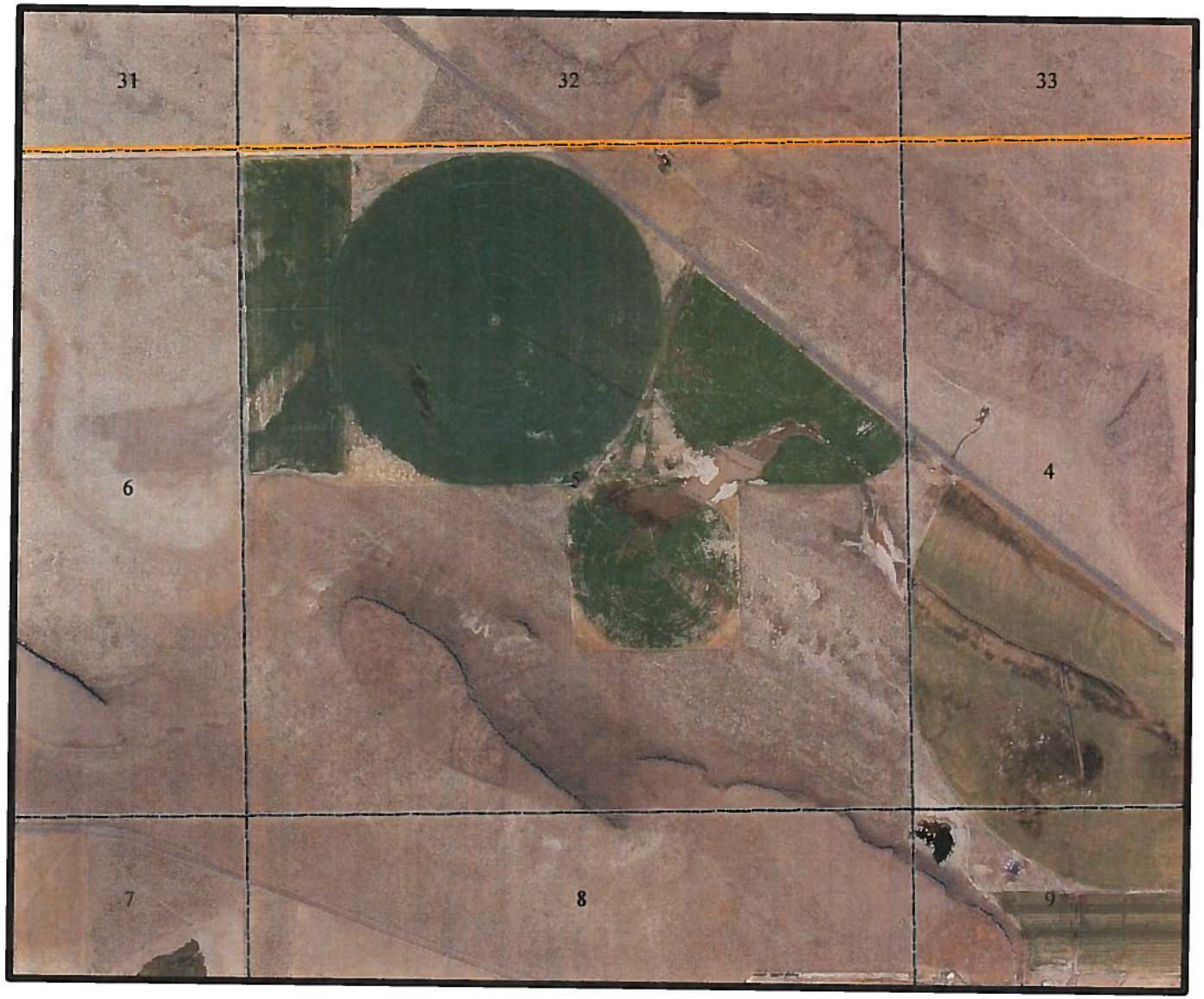
Comments/Remarks

Below the 12" casing is 80' of Johson Screen (80 slot)welded in 20ft lengths.

T27S R 34E, W.M.

June 2016 aerial imagery from NRCS Gateway website imported into ArcMap GIS software in statewide Lambert projection.

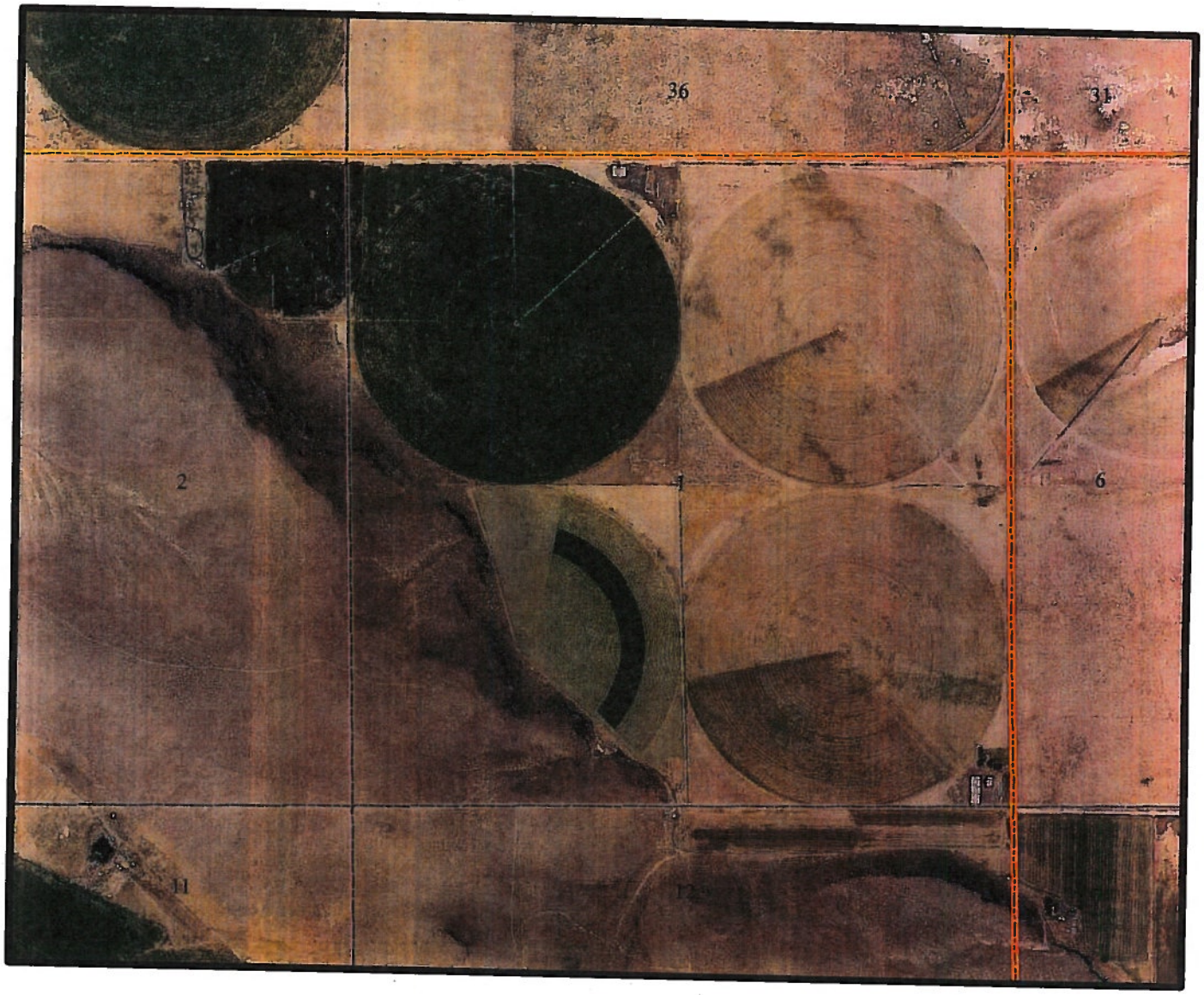




0 0.15 0.3 0.6 Miles

T27S R 33E, W.M.

June 2016 aerial imagery from NRCS Gateway website imported into ArcMap GIS software in statewide Lambert projection.



13:45 15-10-2019 Lat: 43° 15' 39.58" N Lon: 118° 35' 35.81" W


RECEIVED
NOV 1 8 2019
OWRD
14:40 15-10-2019
Lat: 43° 15' 42.37" N Lon: 118° 33' 48.66" W


RECEIVED
NOV 18 2019
OWRD
14:35 15-10-2019
Lat: 43° 15' 42.55" N Lon: 118° 33' 36.52" W