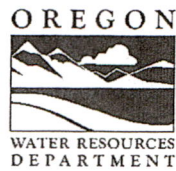


**CLAIM OF
BENEFICIAL USE
for Transfer New or Additional
POA Only**



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

A fee of \$230 must accompany this form for any Transfer final orders including a water right with a priority date of July 9, 1987, or later.

Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

A separate form shall be completed for each transfer.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.\

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

If you have questions regarding the completion of this form, please call 503-979-9103.

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

<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

**SECTION 1
GENERAL INFORMATION**

Type of Authorized Change

This Claim is being submitted for a transfer where the only authorized change was a change in point(s) of appropriation or additional point(s) of appropriation, or a combination of both. **YES**
If additional changes were authorized, you will need to select a different form.

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1. File Information

APPLICATION #

T-11751**2. Property Owner (current owner information)**

APPLICANT/BUSINESS NAME Mike & Sallie Peila Jonathon White Trustee		PHONE NO. (541) 589-0207	ADDITIONAL CONTACT NO.
ADDRESS P.O. Box 537 PO Box 813			
CITY Hines	STATE OR	ZIP 97738	E-MAIL peilafam@gmail.com

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

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

TRANSFER HOLDER OF RECORD Mike Peila		
ADDRESS PO Box 537		
CITY Hines	STATE OR	ZIP 97738

4. Date of Site Inspection:**11/14/2023****5. Person(s) interviewed and description of their association with the project:**

NAME	DATE	ASSOCIATION WITH THE PROJECT
Mike Peila	11/14/2023	Owner/applicant

6. County:**Harney**

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

OWNER OF RECORD		
ADDRESS		
CITY	STATE OR	ZIP

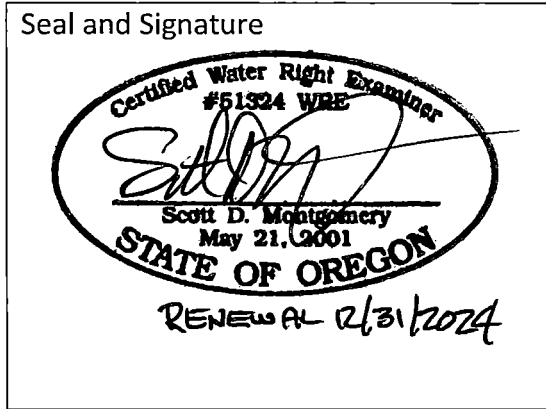
Add additional tables for owners of record as needed

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SECTION 2 SIGNATURES

CWRE Statement, Seal and Signature

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



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

Transfer Holder of Record Signature or Acknowledgement

Each transfer holder of record must sign this form in the space provided below.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	John M. Peila, III	Owner/applicant	2-17-24
	Sallie M. Peila	Owner	2-17-24
	Jonathon White	Owner	2-14-24
	Margarita White	Owner	2-14-24

SECTION 3

CLAIM DESCRIPTION

Note: The Claim only needs to describe the new or additional point(s) of appropriation. This Claim does not need to provide information for the original point(s) of appropriation unless the original point of appropriation is either a new or additional point of appropriation on another right involved in this transfer.

1. New or additional point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)	SOURCE (IF LISTED IN TRANSFER FINAL ORDER)
#1	HARN 841/2		Malheur Lake Basin
#2	HARN 844		Malheur Lake Basin
#3	HARN 51332	L86798	Malheur Lake Basin
#5	HARN 53133	L147296	Malheur Lake Basin
#7	HARN 52696	L125295	Malheur Lake Basin

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

2. Variations:

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

YES

If yes, describe below.

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

The order allowed five new points of appropriation. The water user only developed three of these points.

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
#1	1/80 cfs per acr3	1.56 cfs	Off
#2	1/80 cfs per acr3	3.11 cfs	Off
#3	1/80 cfs per acr3	1.27 cfs	Off
#5	1/80 cfs per acr3	2.33 cfs	Off
#7	1/80 cfs per acr3	2.57 cfs	Off

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SECTION 4

SYSTEM DESCRIPTION

Are there multiple new or additional Points of Appropriation (POA)?

YES

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

#1 (HARN 841/2)

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
National			turbine	16"	8"

2. Motor Information

MANUFACTURER	HORSEPOWER
US Electric	50

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
50	30	150'	0'	1.56

4. Provide pump calculations:

$$Q = \frac{7.04 \text{ ft}^4/\text{s}/\text{hp} \times \text{hp}}{\text{Total head, ft}} = \frac{(7.04)(50)}{226.2} = 1.56 \text{ cfs}$$

$$\text{Total head} = 76.2' + 150' + 0' = 226.2'$$

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
Pump off			

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

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B. Groundwater Source Information (Well and Sump)

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

NO

C. Additional notes or comments related to the system:

The well supplies water to the existing flood irrigation system.

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

#2 (HARN 844)

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Lane Bowler			turbine	16"	10"

2. Motor Information

MANUFACTURER	HORSEPOWER
GE	100

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
100	30	150'	0'	3.11

4. Provide pump calculations:

$$Q = 7.04 \text{ ft}^4/\text{s}/\text{hp} \times \text{hp} = (7.04)(100) = 3.11 \text{ cfs}$$

Total head, ft 226.2

$$\text{Total head} = 76.2' + 150' + 0' = 226.2$$

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
Pump off			

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

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B. Groundwater Source Information (Well and Sump)

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

NO

C. Additional notes or comments related to the system:

The well supplies water to the existing flood irrigation system

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

#3 (HARN 51332)

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
National			turbine	14"	8"

2. Motor Information

MANUFACTURER	HORSEPOWER
US Electric	40

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN GFS)
40	40	110'	10'	1.27

4. Provide pump calculations:

$$Q = 7.04 \text{ ft}^4/\text{s}/\text{hp} \times \text{hp} = (7.04)(40) = 1.27 \text{ cfs}$$

$$\text{Total head, ft} = 221.6$$

$$\text{Total head} = 101.6' + 110' + 10' = 221.6'$$

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN GFS)
Pump off			

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

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B. Groundwater Source Information (Well and Sump)

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

NO

C. Additional notes or comments related to the system:

The well supplies water to the existing flood irrigation system

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

#5 (HARN 53133)

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Goulds	UNK	UNK	turbine		10"

2. Motor Information

MANUFACTURER	HORSEPOWER
Nidec	75

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
75	30	150'	0'	2.33

4. Provide pump calculations:

$$Q = 7.04 \text{ ft}^4/\text{s}/\text{hp} \times \text{hp} = (7.04)(75) = 2.33 \text{ cfs}$$

$$\text{Total head, ft} = 226.2$$

$$\text{Total head} = 76.2' + 150' + 0' = 226.2'$$

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
Pump off			

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

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B. Groundwater Source Information (Well and Sump)

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

NO

C. Additional notes or comments related to the system:

The well supplies water to the existing flood irrigation system.

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

#7 (HARN 52696)

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Fairbanks Morse	UNK	UNK	turbine	16"	10"

2. Motor Information

MANUFACTURER	HORSEPOWER
GE	150

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If a well, the water level DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
150	40	300'	10'	2.57

4. Provide pump calculations:

$$Q = 7.04 \text{ ft}^4/\text{s}/\text{hp} \times \text{hp} = (7.04)(150) = 2.57$$

$$\text{Total head, ft} = 411.6$$

$$\text{Total head} = 101.6' + 300' + 10' = 411.6'$$

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
Pump off			

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

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B. Groundwater Source Information (Well and Sump)

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

NO

C. Additional notes or comments related to the system:

The well supplies water to the existing flood irrigation system.

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SECTION 5 CONDITIONS

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

1. Time Limits:

Describe how the water user has complied with each of the development timelines established in the transfer final order and any extensions of time issued for the transfer:

	DATE FROM TRANSFER	DATE THE NEW AND/OR ADDITIONAL POA(S) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	8/29/2018	
COMPLETENESS DATE FROM ORDER (C)	10/1/2023	9/5/2023

* MUST BE WITHIN PERIOD BETWEEN TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETE THE CHANGE

2. Is there an extension final order(s)?

YES

If for a transfer extension order, provide the following information:

VOLUME	PAGE	DATE EXTENDED TO
109	255	10/1/2023

3. Measurement Conditions:

a. Does the transfer final order, or any extension final order require the installation of a meter or other approved measuring device?

YES

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 appropriation.

b. Has a meter been installed?

YES

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
#1	Lindsay	GT20084209	off	128661.5 galx1000	2022
#2	Aquamaster	50519	off	407.431 AF	2018
#3	Aquamaster	50192	off	047.640 AF	2013
#5	Lindsay	GT200	off	48 galx1000	2023
#7	McCrometer	18-00197-10	off	974.282 galx1000	2018

4. Recording and reporting conditions

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

NO

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5. Other conditions required by the transfer final order or extension final order:

- a. Were there special well construction standards? **NO**
- b. Was submittal of a ground water monitoring plan required? **NO**
- c. Other conditions? **NO**

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

--

SECTION 6 ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well logs	Well reports for wells 1, 2, 3, 5 & 7
Site Photos	Date/locatin stamped photos of irr.system

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SECTION 7

CLAIM OF BENEFICIAL USE MAP

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

For the purpose of this Claim, the map identifying the location of the place of use does not require a new survey. The location of the place of use identified on the Claim map should be based on the original right of record at the time the transfer final order was issued. In transfers approved for additional points of appropriation, the original points must be identified the map based on the original right of record at the time the transfer final order was issued.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

The map was created using ties made with a Trimble GeoXT 6000 GIS data collector. Point data was imported into Trimble Pathfinder GIS software where geodetic coordinates were converted to statewide Lambert projection. Recent aerial imagery was overlaid to confirm accuracy.

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Map Checklist

Please be sure that the map you submit includes ALL the items listed below.

(Reminder: Incomplete maps and/or claims may be returned.)

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

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HARN 841

ORIGINAL

File Original, and
Duplicate with the
STATE ENGINEER,
SALEM, OREGON

WATER WELL DRILLERS REPORT
STATE OF OREGON

Do Not
Fill In

State Well No.

State Permit No.

24/30-2461

(1) OWNER:

Name W.T. Clayton
Address P.O. Box 8
Burns, Oregon

(2) LOCATION OF WELL:

County Hailey Owner's number, if any— #1
R. F. D. or Street No. Box 8 Burns, Ore
Bearing and distance from section or subdivision corner

(3) TYPE OF WORK (check):

New well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐
Abandonment, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☒ Test Well ☐ Other ☐

(5) EQUIPMENT:

Rotary ☐
Cable ☒
Dug Well ☐

CASING INSTALLED:

Threaded ☐ Welded ☒

FROM	ft. to	ft.	Diam	ft.	Gage or Wall
"	0	230	18	3/16	"
"	"	"	"	"	"
"	"	"	"	"	"
"	"	"	"	"	"
"	"	"	"	"	"

If gravel packed

Diameter of Bore	from ft.	to ft.
"	"	"
"	"	"
"	"	"
"	"	"
"	"	"

Type and size of shoe or well ring 18-6-3 Size of gravel:

Describe joint welded

(7) PERFORATIONS:

Type of perforator used 1/4" X 3 1/2" SLOTS

SIZE of perforations	ft. to	ft.	in., length, by	No. of rows
"	"	"	"	"
"	"	"	"	"
"	"	"	"	"
"	"	"	"	"
"	"	"	"	"

SCREENS:

Give Manufacturer's Name, Model No. and Size

(8) CONSTRUCTION:

Was a surface sanitary seal provided? ☒ Yes ☐ No To what depth 30 ft.

Were any strata sealed against pollution? ☒ Yes ☐ No

If yes, note depth of strata

FROM 60 ft. to 71 ft.

METHOD OF SEALING dove casing into clay

(9) WATER LEVELS:

Depth at which water was first found Artesian ft.

Standing level before perforating

Standing level after perforating

Log Accepted by:

[Signed] _____ Dated _____, 19____

Owner

(10) WELL TESTS:

Was a pump test made? ☒ Yes ☐ No If yes, by whom? Inter-#8 ST. PUMP Co.

Yield: 2200 gal./min. with 85 ft. draw down after 4 hrs.

" " " "

" " " "

Artesian flow 250 g.p.m.

Shut-in pressure unknown lbs. per square inch.

Boiler test none g.p.m. with _____ ft. drawdown

Temperature of water 58 Was a chemical analysis made? ☐ Yes ☒ No

Was electric log made of well? ☐ Yes ☒ No

(11) WELL LOG:

Diameter of well, 18 inches.

Total depth 503 ft. Depth of completed well 503 ft.

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

0	ft. to	2 1/2	ft.	soil
2 1/2	4	"	hardpan	
4	16	"	clay & sand	
16	27	"	green quick sand	
27	43	"	green chalk	
43	48	"	sand & gravel	
48	107	"	clay & sand	
107	125	"	shale	
125	144	"	green chalk	
144	158	"	white sand & black gravel	
158	364	"	green clay & streaks of sand	
364	370	"	basalt sandstone	
370	391	"	cinders, sand & gravel	
391	406	"	red & gray sandstone	
406	494	"	black shale	
494	503	"	green clay	

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Ground elevation at well site _____ feet above mean sea level.

Work started 5, 11 1959 Completed 5/31 1959

Well Driller's Statement:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME John A. VanMeter

(Person, firm, or corporation)

(Typed or printed)

Address Box 204 Malin, Oregon

Driller's well number

[Signed] John A. VanMeter

(Well Driller)

License No. 170 Dated 6/15, 1959



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

Application for Well ID Number

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

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I. OWNER INFORMATION

Current Owner Name (please print): Mike Peila

OWRD

Mailing Address: PO Box 537

City, State, Zip: Hines, OR 97738

Mail Well ID to: ☒ SAME AS ABOVE

☐ In Care Of (C/O)

Name & Address: _____

City, State, Zip: _____

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 24S (North / South) Range: 30E (East / West) Section: 24 SW 1/4 of the NE 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 2101 County Harney

GPS Coordinates: 43.47647544, -119.06677008

Street Address of Well, City: OR Hwy 31 (near)

If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation

Date Well Constructed (or property built): 5/31/59 Total Well Depth: 503 Casing Diameter: 18

Owner at time the well was constructed (if known): w.r. Clayton Well Report # (if known): HARN 841

Other Information: _____

SUBMITTED BY (please print): Denise A Montgomery, All Points Engr & Surveying

POB 767 Terrebonne

PHONE: 541-548-5833

EMAIL &/or FAX: neecee@apeands.com

97760

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

12-18-2020

Well Report Number:

HARN 841

Well Identification #:

L 140933

Last Update: 5/15/18

Well ID Number/2

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ORIGINAL
File Original, and
Duplicate with the
STATE ENGINEER,
SALEM, OREGON

WATER WELL DRILLERS REPORT

STATE OF OREGON 61797

Do Not
Fill In

State Well No.

State Permit No.

24/30-24 G1

(1) OWNER:

Name W.B. Clayton

Address Burns, Oregon

(2) LOCATION OF WELL:

County Horn

Owner's number, if any /

R. F. D. or Street No.

Bearing and distance from section or subdivision corner

(3) TYPE OF WORK (check):

well ☐ Deepening ☐ Reconditioning ☒ Abandon ☐
Abandonment, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☒ Test Well ☐ Other ☐

(5) EQUIPMENT:

Rotary ☐
Cable ☒
Dug Well ☐

(6) CASING INSTALLED:

Threaded ☐ Welded ☐

FROM	ft. to	ft.	Diam.	Gage or Wall
"	"	"	"	"
"	"	"	"	"
"	"	"	"	"
"	"	"	"	"
"	"	"	"	"

If gravel packed

Diameter of Bore	from ft.	to ft.
"	"	"
"	"	"
"	"	"
"	"	"
"	"	"

Type and size of shoe or well ring

Describe joint

Size of gravel:

(7) PERFORATIONS:

Type of perforator used

SIZE	of perforations	in., length, by	in.
FROM	ft. to	ft.	No. of rows
"	"	"	"
"	"	"	"
"	"	"	"
"	"	"	"
"	"	"	"

SCREENS:

Give Manufacturer's Name, Model No. and Size

(8) CONSTRUCTION:

Was a surface sanitary seal provided? ☐ Yes ☐ No To what depth ft.

Were any strata sealed against pollution? ☐ Yes ☐ No
If yes, note depth of strata

FROM ft. to ft.

METHOD OF SEALING

(9) WATER LEVELS:

Depth at which water was first found ft.

Standing level before perforating ft.

Standing level after perforating ft.

Log Accepted by:

[Signed] _____ Dated _____, 19____
Owner

(10) WELL TESTS:

Was a pump test made? ☐ Yes ☐ No If yes, by whom?

Yield: gal./min. with _____ ft. draw down after _____ hrs.

" " " "

" " " "

Artesian flow _____ g.p.m.

Shut-in pressure _____ lbs. per square inch.

Boiler test _____ g.p.m. with _____ ft. drawdown

Temperature of water _____ Was a chemical analysis made? ☐ Yes ☐ No

Was electric log made of well? ☐ Yes ☐ No

(11) WELL LOG:

Diameter of well, _____ inches.

Total depth _____ ft. Depth of completed well _____ ft.

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

ft. to _____ ft. repair on well No. 1

" " Installed 200 210ft. of

" " 16in. O.D, 1/4 in. wall

" " casing,

" " Bottom 145ft. perforated

" " with six rows of 1/4 in. by

" " 4in. torch perforations

" " per ft.

" " Installed 20ft. 5in. of

" " liner in bottom of 16in.

" " casing.

" " Pulled 80 ft. of 18in.

" " O.D. casing.

" " "

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HARN 844

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File Original, and
Duplicate with the
STATE ENGINEER,
SALEM, OREGON

OBSERVATION WELL
WATER WELL DRILLERS REPORT

STATE OF OREGON

Do Not
Fill In

State Well No. _____

State Permit No. _____

24/30-26R1

(1) OWNER:

Name W.P. ClaytonAddress Burns, Oregon

(2) LOCATION OF WELL:

County HG Owner's number, if any— 2

R. F. D. or Street No. _____

Bearing and distance from section or subdivision corner _____

(3) TYPE OF WORK (check):

New well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐
abandonment, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☒ Test Well ☐ Other ☐

(5) EQUIPMENT:

Rotary ☐
Cable ☒
Dug Well ☐

CASING INSTALLED:

Threaded ☐ Welded ☒FROM 0 ft. to 150 ft. 16 Diam. 3/16 Gage or Wall

If gravel packed

Diameter of Bore from ft. to ft.

Type and size of shoe or well ring 1/2-6Describe joint welded

Size of gravel: _____

(7) PERFORATIONS:

Type of perforator used torch

SIZE of perforations	in., length, by	in.
FROM <u>90</u> ft. to <u>95</u> ft.	per foot	No. of rows
" <u>110</u> " <u>115</u> "	" " "	" " "
" <u>130</u> " <u>135</u> "	" " "	" " "
" " "	" " "	" " "

SCREENS:

Give Manufacturer's Name, Model No. and Size _____

(8) CONSTRUCTION:

Was a surface sanitary seal provided? ☐ Yes ☒ No To what depth _____ ft.Were any strata sealed against pollution? ☐ Yes ☒ No

If yes, note depth of strata _____

FROM _____ ft. to _____ ft.

METHOD OF SEALING _____

(9) WATER LEVELS:

Depth at which water was first found 24 ft.Standing level before perforating 23' 8" ft.Standing level after perforating 23' 8" ft.

Log Accepted by: _____

[Signed] _____ Dated _____, 19____
Owner

(10) WELL TESTS:

Was a pump test made? ☒ Yes ☐ No If yes, by whom? Interstate Pump Co.Yield: 2500 gal./min. with 16' ft. draw down after 4 hrs.

" " " "

Artesian flow _____ g.p.m.

Shut-in pressure _____ lbs. per square inch.

Boiler test _____ g.p.m. with _____ ft. drawdown

Temperature of water 54 Was a chemical analysis made? ☐ Yes ☒ NoWas electric log made of well? ☐ Yes ☒ No

(11) WELL LOG:

Diameter of well, 16" inches.Total depth 501 ft. Depth of completed well 501 ft.

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

0	ft. to	4	ft.	hardpan
4	"	31	"	loose brown sand
31	"	37	"	boulders and sand
37	"	50	"	layers of hard & soft sand
50	"	58	"	lava boulders & sand
58	"	70	"	yellow clay & sand
70	"	124	"	layers of green & yellow clay
124	"	126	"	green shale
126	"	181	"	green clay
181	"	184	"	pumice sand & lava gravel
184	"	197	"	layers of green shale & clay
197	"	224	"	gray mud
224	"	243	"	green shale & clay
243	"	252	"	layers of hard & soft sand
"	"	"	"	& gravel
252	"	332	"	gray shale
332	"	335	"	broken zone shale
335	"	501	"	black shale, broken

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MAR 15 2024

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Ground elevation at well site 4150 feet above mean sea level.Work started 10/13 19 59 Completed 12/8 19 59

Well Driller's Statement:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME John A. VanMeter (Person, firm, or corporation) (Typed or printed)Address Box 204 Malin, Oregon

Driller's well number _____

[Signed] John A. VanMeter (Well Driller)License No. 170 Dated Dec 15, 1959



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

Application for Well ID Number

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JUL 09 2020

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

I. OWNER INFORMATION

Current Owner Name (please print): John M Peila III

Mailing Address: PO Box 537

City, State, Zip: Hines, OR 97738

Mail Well ID Tag to: ☒ SAME AS ABOVE ☐ In Care Of (C/O)

Name & Address: _____

City, State, Zip: _____

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 24S (North/South) Range: 30 (East/West) Section: 26 SE 1/4 of the SE 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 2200 County: Harney

GPS Coordinates: 43.455516 -119.0825561

Street Address of Well, City: Engstrom Ln

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If the property had a different street address in the past: _____

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III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Log, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation

Date Well Constructed (or property built): 12/8/1959 Total Well Depth: 501' Casing Diameter: 16"

Owner at time the well was constructed (if known): W.B. Clayton Well Log # (if known): HARN 844

Other Information: _____

SUBMITTED BY (please print): Scott D Montgomery

POB 767 Terrebonne 97760

PHONE: 541-548-5833

EMAIL &/or FAX: scott@apeands.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

7-9-2020

Well Log Number:

HARN 844

Well Identification #:

L-139208

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

WELL I.D. LABEL# L 147296

START CARD # 1059663

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. _____

First Name MIKE Last Name PEILACompany TRIANGLE 11 RANCHAddress PO BOX 537City HINES State OR Zip 97738**(2) TYPE OF WORK**☒ New Well ☐ Deepening ☐ Conversion☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)**(2a) PRE-ALTERATION**

Casing: Dia + From To Gauge Stl Plstc Wld Thrd

Material From To Amt sacks/lbs

Seal: _____

(3) DRILL METHOD☒ Rotary Air ☒ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud☐ Reverse Rotary ☐ Other _____**(4) PROPOSED USE**☐ Domestic ☒ Irrigation ☐ Community☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering☐ Thermal ☐ Injection ☐ Other _____**(5) BORE HOLE CONSTRUCTION**Special Standard ☐ (Attach copy)Depth of Completed Well 421.00 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	lbs
26	0	62	Bentonite Chips	0	78	24600 P
21	62	227	Calculated			
15	227	421	Cement	78	227	396 S
			Calculated			

Seal placement method ☐ A ☐ B ☐ C ☒ D ☐ E ☒ Other: POURED DRY

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

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 6/8/2023 Begin Time 11 00**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**

Proposed Amount

Actual Amount

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd

☒	☐	16	☒	1.5	38.5	.250	☒	☐	☒	☐
☒	☐	16	☐	38.5	227	.375	☒	☐	☒	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____Temp casing ☐ Yes Dia _____ From + _____ To _____**(7) PERFORATIONS/SCREENS**

Perforations Method _____

Screens Type _____ Material _____

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

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1500		400	1
2100	60	160	4

Temperature 67 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 315 mg/L

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County HARNEY Twp 24.00 S N/S Range 30.00 E E/W WMSec 25 SW 1/4 of the NE 1/4 Tax Lot 2100

Tax Map Number _____ Lot _____

Lat _____ " or 43.46458495 DMS or DDLong _____ " or -119.06414891 DMS or DD☐ Street address of well ☒ Nearest address66349 POTTER SWAMP ROAD, HINES, OR 977382022 COVE IRRIGATION WELL**(10) STATIC WATER LEVEL**

Date _____ SWL(psi) + SWL(ft)

Existing Well / Pre-Alteration _____

Completed Well 7/21/2023 _____Flowing Artesian? ☐ Dry Hole? ☐**WATER BEARING ZONES**Depth water was first found 31.00

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

11/29/2022	31	60	25		31
11/30/2022	130	205	70		31
6/28/2023	242	315	250		31
6/29/2023	315	387	700		31
6/30/2023	387	421	1500		31

(11) WELL LOG

Ground Elevation _____

Material	From	To
Brown Clayee Top Soil	0	7
Brown Clay	7	31
Black Sand & Black Clay Mix	31	68
Gray Clay	68	104
Brown Sandstone	104	130
Brown Rock with some Sandstone Mix	130	155
Soft Black Sandstone	155	171
Medium Hard Brown Rock small fractures	171	205
Hard Gray Rock	205	223
Green & Gray Claystone Mix	223	242
Brown Sandstone & Rubble Seams	242	315
Soft Brown Sandstone some Red Cinders	315	334
Black Sand	334	340
Brown Conglomerate some hard seams	340	387
Hard Gray Rock with Ash Fractures	387	421

Construction

Begin Date 11/14/2022 Begin Time 00 00 End Date 7/21/2023**(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 _____

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(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 1385 Date 12/13/2023Signed ROBERT BUCKNER (E-filed)

Contact Info (optional) _____

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ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: New exempt use wells must be submitted with a map and recording fee.

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WATER SUPPLY WELL REPORT -
continuation page

WELL I.D. LABEL# L147296

START CARD # 1059663

ORIGINAL LOG #

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
								
								
								

Material
From
To
Amt
sacks/lbs

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
					Calculated		
					Calculated		
					Calculated		
					Calculated		

FILTER PACK			
From	To	Material	Size

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
--------	-------	-----	---	------	----	-------	-----	-------	-----	------

(7) PERFORATIONS/SCREENS

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

[illegible]

(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

[illegible]

(11) WELL LOG

[illegible]

Name of person(s) who assisted with construction and Trainee License # / Helper #

Assistant Name

Type

#

Comments/Remarks

--

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

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Map of Hole

STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301

(503)986-0900



LOCATION OF WELL

Latitude: 43.46458495 Datum: WGS84

Longitude: -119.06414891

Township/Range/Section/Quarter-Quarter Section:

WM24.00S30.00E25SWNE

Address of Well:

POTTER SWAMP ROAD, HINES, OR

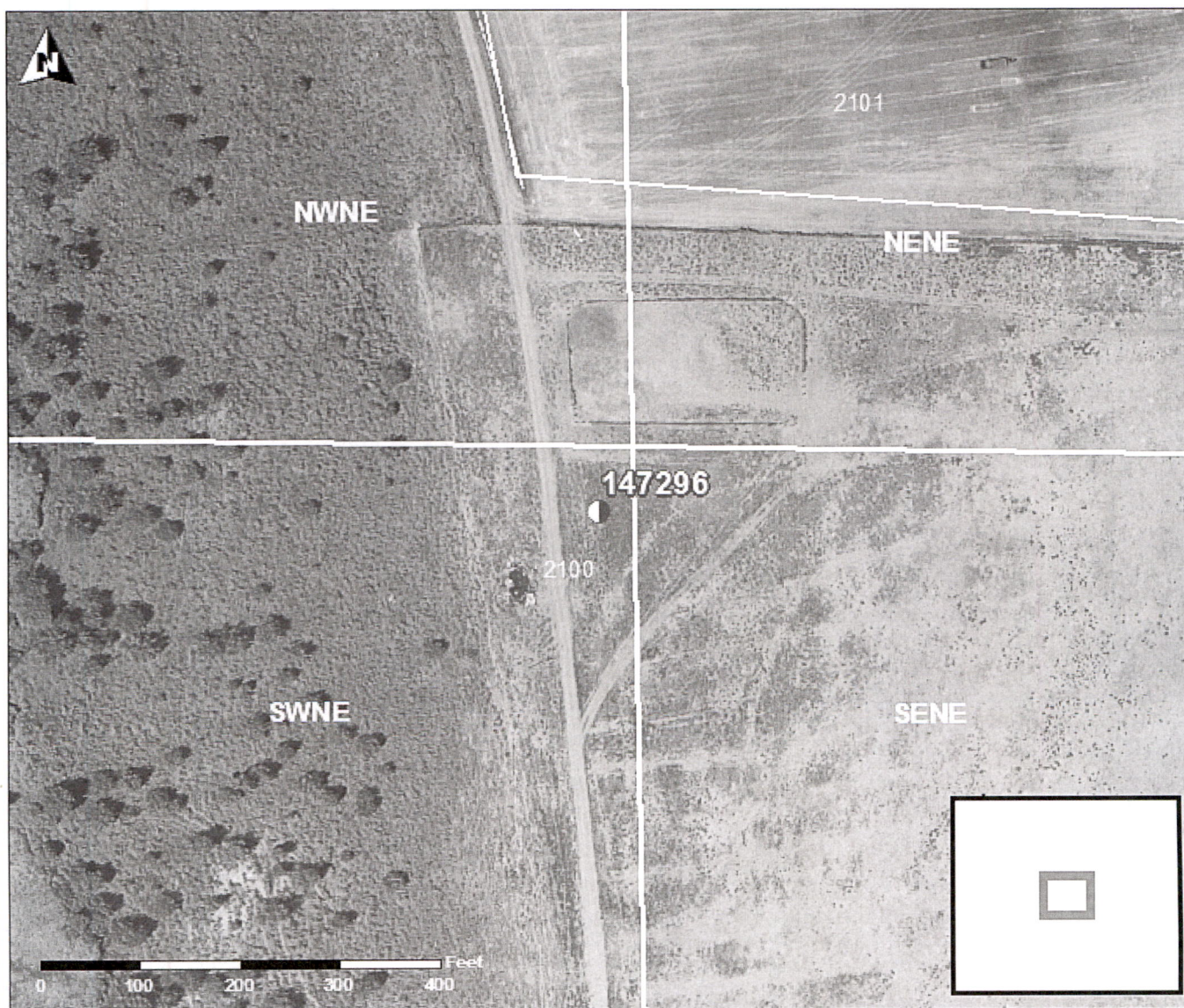
2022 COVE IRRIGATION WELL

Well Label: 147296

Printed: August 16, 2023

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor



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

HARN 52696

WELL I.D. LABEL# L 122692
START CARD# 209739
ORIGINAL LOG#

(1) LAND OWNER

Owner Well I.D. _____
First Name Mike Last Name Reila
Company _____
Address PO Box 537
City Finis State OR Zip 97738

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion
☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

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

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community
☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Depth of Completed Well 659 ft. Special Standard ☐ (Attach copy)

BORE HOLE			SEAL			Amt lbs
Dia	From	To	Material	From	To	
24"	0	80	Bent	0	80	320
20"	80	199				Calculated 100
14"	199	630				
8"	630	659				Calculated

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

☒ Other 3/8 Bent pack 3mm

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

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
☒ Inside ☐ Outside ☐ Other Location of shoe(s) 199
Temp casing ☐ Yes Dia 14 From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type		Material		# of slots	Tele/ pipe size
Perf/S creen	Casing/ Liner	Screen Dia	Scr/slot width		
		From	To	length	

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian
Yield gal/min 2000 Drawdown 20' Drill stem/Pump depth 630 Duration (hr) 4hr

Temperature 60 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 387

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Harney Twp 24 N/S Range 30 E/W WM
Sec 26 NW 1/4 of the NE 1/4 Tax Lot 2200
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
☐ Street address of well ☐ Nearest address

30338 Engstrom Lane Hwy 205

(10) STATIC WATER LEVEL

Date _____ SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 8-26-17 112'
Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 60

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
7-10-17	60	65	100gpm		55'
8-26-17	320	630	2000gpm		112'

(11) WELL LOG

Ground Elevation _____

Material	From	To
TOP SOIL	0	2
Brown Clay	2	60
Sand Gravel w/ B	60	65
Brown Clay	65	85
Black Sand with clay	85	198
Green Clay	175	198
Brown Clay	198	320
Brown Love Rock	320	560
Black Love Rock	560	630
Blue Clay	630	659

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Date Started 6-3-17 Completed 8-26-17

(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 _____ MAR 15 2024

(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 1654 Date 10-10-17
Signed [Signature]
Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT

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13:42 14-11-2023

Lat: 43° 28' 35.30" N Lon: 119° 4' 1.9" W

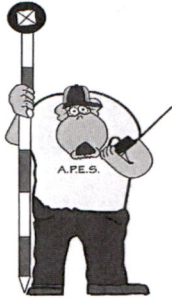


13:58 14-11-2023

Lat: 43° 27' 52.55" N Lon: 119° 3' 50.72" N

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ALL POINTS
ENGINEERING & SURVEYING, INC.
P.O. Box 767 (CRR)
Terrebonne, Oregon 97760

TRANSMITTAL

To: Oregon Water Resources Dept
725 Summer St NE, Suite A
Salem, OR 97301-1266

Date: 02/25/24
Attention: Certificates
RE: COBU

☒ Prints ☐ Plans ☐ Plat ☐ Specifications.

Attached is a Claim of Beneficial Use on T-11751.

If you have any questions please don't hesitate to call or email me.

Copies	No.	Description
1	1	Claim of Beneficial Use (14 pages letter bond)
1	2	Final Proof Map (1 page mylar)
1	3	Well logs (9 pages letter bond)
1	4	Site photos (3 pages letter bond)

Signed: _____

Danise Madigan

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