

**CLAIM OF  
BENEFICIAL USE  
for Transfer with Multiple  
Changes - Groundwater**



**Oregon Water Resources Department**  
725 Summer Street NE, Suite A  
Salem, Oregon 97301-1266  
(503) 986-0900  
[www.oregon.gov/OWRD](http://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 7" 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>

**GENERAL INFORMATION**

**Type of Authorized Change**

This Claim is being submitted for a transfer involving multiple changes.

**YES**

Mark all that apply:

1.  Change in POA(s) or Additional POA(s)      2.  Change in Place of Use  
3.  Change in Character of Use

*A separate section will be completed for each type of change authorized in the transfer final order.*

**1. File Information**

APPLICATION # <b>T-13925</b>
---------------------------------

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**2. Property Owner (current owner information)**

APPLICANT/BUSINESS NAME <b>Golden Rule Farms/Tim Puckett</b>		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS <b>PO Box 255</b>			
CITY <b>Christmas Valley</b>	STATE <b>OR</b>	ZIP	E-MAIL

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 <b>Same as above</b>		
ADDRESS		
CITY	STATE	ZIP

**4. Date of Site Inspection:**

<b>09/12/24</b>
-----------------

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Tim Puckett</b>	<b>09/12/24</b>	<b>Owner/Transfer Applicant</b>

**6. County:**

<b>Harney</b>
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**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 <b>NA</b>		
ADDRESS		
CITY	STATE	ZIP

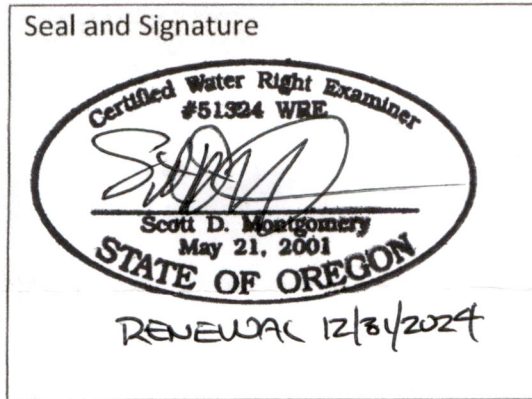
Add additional tables for owners of record as needed

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**SECTION 2  
SIGNATURES**

CWRE Statement, Seal and Signature

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



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

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
	<b>Tim Puckett</b>	<b>President, Golden Rule Farms, Inc.</b>	

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**SECTION 3**  
**Changes Made**

**Note: The Claim only needs to describe the changes that were authorized in the transfer final order.**

**Change #1**

**Change in POA(s) or Additional POA(s)**

Did the transfer order authorize a change in the points of appropriation or additional points of appropriation? **YES**

**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)
<b>#2 Briggs</b>	<b>HARN 1460</b>		<b>Malheur Lake Basin</b>
<b>#3 Crow</b>	<b>HARN 1461</b>		<b>Malheur Lake Basin</b>

**2. Variations:**

Was the use developed differently from what was authorized by the transfer final order, or extension final? **NO**

If yes, describe below.

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

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3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
#2	0.94 cfs	3.48 cfs	2.12 cfs
#3	0.94 cfs	4.64 cfs	1.89 cfs

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):

#2 Briggs

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	MG3451	Turbine	16"	8"

2. Motor Information

MANUFACTURER	HORSEPOWER
US Motors	75

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
75	40	30'	20'	3.48

4. Provide pump calculations:

$$Q = 7.04 \text{ ft}^4/\text{s}/\text{hp} \times \text{hp} = (7.04)(75) = 3.48 \text{ cfs}$$

Total head, ft                      151.6

Total head = 101.6' + 30' + 20' = 151.6'

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)
440053.9 galx1000	440055.8 galx1000	2 min	2.12

6. Additional notes or comments related to the system:

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**B. Groundwater Source Information (Well and Sump)**

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

**NO**

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

**#3 Crow**

**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
<b>Goulds</b>	<b>UNK</b>	<b>142908</b>	<b>Turbine</b>	<b>12"</b>	<b>8"</b>

**2. Motor Information**

MANUFACTURER	HORSEPOWER
<b>GE</b>	<b>100</b>

**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)
<b>100</b>	<b>40</b>	<b>30'</b>	<b>20'</b>	<b>4.64</b>

**4. Provide pump calculations:**

$Q = 7.04 \text{ ft}^4/\text{s}/\text{hp} \times \text{hp} = (7.04)(100) = 4.64 \text{ cfs}$   
 Total head, ft                      **151.6**  
 Total head = 101.6' + 30' + 20' = 151.6'

**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)
<b>236002.4 galx1000</b>	<b>236004.1 galx1000</b>	<b>2 min</b>	<b>1.89</b>

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

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

**B. Groundwater Source Information (Well and Sump)**

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

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**NO**

**Change #2**

**Change in Place of Use**

Did the transfer order authorize a change in the place of use?

**YES**

**1. Claim Summary – Authorized Use:**

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
<b>75.53 IR</b>	<b>75.53 IR</b>

If the new use(s) was not irrigation or nursery:

NEW USE(S)	WAS THE NEW PLACE OF USE DEVELOPED TO THE FULL EXTENT AUTHORIZED UNDER THE ORDER? (INCLUDE THE LOCATION OF THE DEVELOPED PLACE USE ON THE CLAIM MAP)
<b>NA</b>	

**2. Variations:**

Was the use developed differently from what was authorized by the transfer final order? **NO**

If yes, describe below.

(e.g. "The order authorized a change in place of use for 40 acres. The water user only developed 38 acres.")

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Change #3

Change in Character of Use

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Did the transfer order authorize a change in character of use?

SECTION 4

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 AUTHORIZED CHANGES WERE COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	9/26/2023	
COMPLETENESS DATE FROM ORDER (C)	10/1/26	9/12/2024

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

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

3. Measurement Conditions:

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

b. Has a meter been installed? YES

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
#2	Lindsay Growsmart	GT18083672	Running	440055.8 galx1000	Summer 2022
#3	Lindsay Growsmart	GT18100803	Running	236004.1 galx1000	Spring 2023

4. Recording and reporting conditions

a. Is the water user required to report the water use to the Department? NO

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 5  
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
<b>Well logs</b>	<b>HARN 1460 &amp; 1461</b>
<b>Site photos</b>	<b>Time/location stamped pictures of wells &amp; place of Use</b>

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## SECTION 6

### 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.

The changes that were authorized under the transfer final order must be mapped based on the developed locations; new or additional points of appropriation and place of use.

In cases where the order involved additional points of appropriation, the additional points should be mapped based on their developed locations. The original points of appropriation should be mapped based on the original right of record at the time the transfer final order was issued.

In cases where the order involved changing the place of use for a portion of a water right, the portion of the place of use being changed should be mapped based on the developed location. If the transfer also included portions of the place of use that were not being modified, but were receiving a new or additional point of appropriation, the place of use for those lands should be mapped 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 irrigation system & place of use were tied to approximate boundaries using a Topcon FC-6000 field controller with Magnet Field software in Statewide Lambert projection. Point data was compared with GIS data 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.)
- 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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# CLAIM OF BENEFICIAL USE MAP

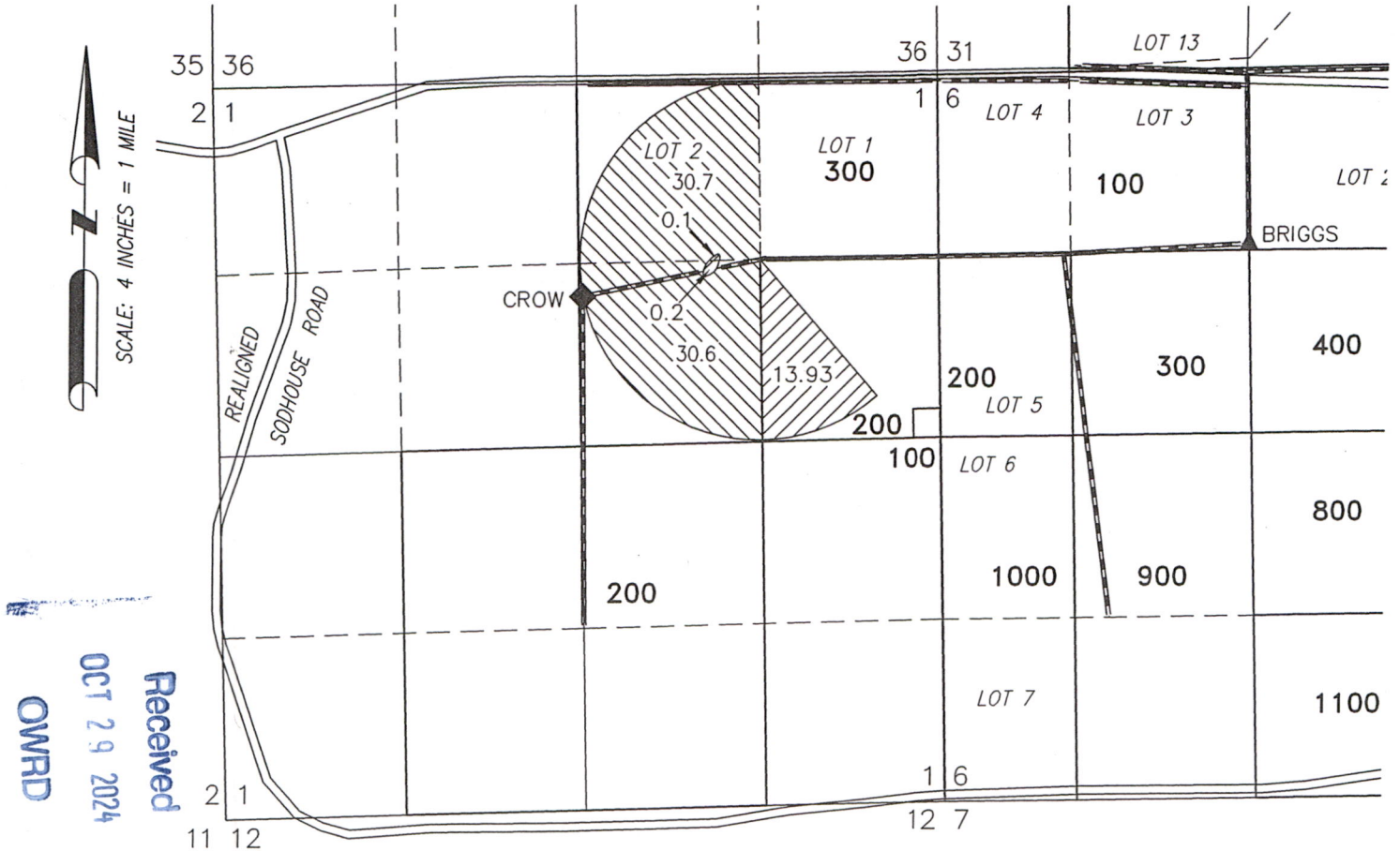
TO CHANGE PLACE OF USE AND ADD A POINT OF APPROPRIATION  
PER T-13925 FOR GOLDEN RULE FARMS, INC.

SECTION 1, TOWNSHIP 27 SOUTH, RANGE 31 EAST, W.M.

TAX LOTS: 200 & 300

SECTION 6, TOWNSHIP 27 SOUTH, RANGE 32 EAST, W.M.

TAX LOTS: 900 & 1000

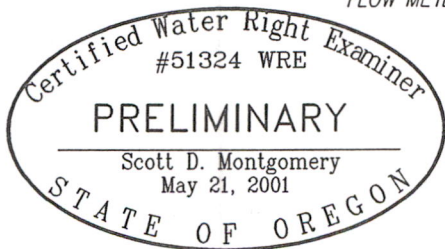


**WELL 3 CROW (HARN 1461)**

LOCATED IN THE SW 1/4 NE 1/4 SECTION 1, T27S R31E, W.M. AND 1542 FEET SOUTH AND 21 FEET EAST FROM THE N 1/4 CORNER OF SECTION 1. FLOW METER IS LOCATED 4.0' SOUTH FROM WELL.

**WELL 2 BRIGGS (HARN 1460)**

LOCATED IN THE NE 1/4 NW 1/4 LOT 3) SECTION 6, T27S R32E, W.M. AND 1280 FEET SOUTH AND 1 FEET WEST FROM THE N 1/4 CORNER OF SECTION 6. FLOW METER IS LOCATED 4.0' WEST FROM WELL.



14.23 ACRES IR FROM WELLS 2 & 3 (G-1463), AS SHOWN.



61.3 ACRES IR FROM WELLS 2 & 3 (G-13639), AS SHOWN.

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.

RENEWAL DATE: 12/31/2024

PREPARED FOR:

GOLDEN RULE FARMS, INC.  
P.O. BOX 255  
CHRISTMAS VALLEY, OR 97641

PREPARED BY:



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

NOV 23 1988

28/3E/10B

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

WATER RESOURCES DEPT.  
SALEM, OREGON

(START CARD) # 5237

1460  
Harn

(1) OWNER:

Name Fred Briggs  
Address Box 582  
City Lakeview State Or. Zip

Well Number: \_\_\_\_\_

(2) TYPE OF WORK:

New Well  Deepen  Recondition  Abandon

(3) DRILL METHOD

Rotary Air  Rotary Mud  Cable  
 Other \_\_\_\_\_

(4) PROPOSED USE:

Domestic  Community  Industrial  Irrigation & stock  
 Thermal  Injection  Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 35 ft.  
Yes No

Explosives used   Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
20"	0	18'	cement	0	18'	10 sacks
16"	18	35'				

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:

Casing:	Diameter	From	To	Gauge	Steel Plastic Welded Threaded			
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	16"	+1	25'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoes(s) 25

(7) PERFORATIONS/SCREENS: NO

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
500	0	35'	1 hr.

Temperature of water 51 Depth Artesian Flow Found \_\_\_\_\_

Was a water analysis done?  Yes By whom \_\_\_\_\_

Did any strata contain water not suitable for intended use?  Too little

Salty  Muddy  Odor  Colored  Other \_\_\_\_\_

Depth of strata: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:

County Harney Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 27 S N or S, Range 31 E E or W, WM.  
Section 1 NW 1/4 NE 1/4  
Tax Lot 100 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 35 miles S of Burns near Sodhouse-Princeton Rd at Briggs ranch

(10) STATIC WATER LEVEL:

12 ft. below land surface. Date 11-10-88  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
25	35	500	12

(12) WELL LOG:

Ground elevation 4150

Material	From	To	SWL
Soil	0	1	0
Rock, grey hard	1	25	0
Cinders, red water bearing	25	35	12

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Date started 11-7-88 Completed 11-10-88

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed \_\_\_\_\_ Date \_\_\_\_\_ WWC Number \_\_\_\_\_

(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 well construction standards. This report is true to the best of my knowledge and belief.

Signed *Harsh Woodruff* Date 11-10-88 WWC Number 1254

File Original and First Copy with the STATE ENGINEER, SALEM, OREGON

STATE ENGINEER WATER WELL REPORT SALEM, OREGON STATE OF OREGON

1461 (Handwritten)

State Well No. 27/31-18 G(1) State Permit No. 61593

(1) OWNER:

Name John Crow Address Princeton Oregon

(2) LOCATION OF WELL:

County HARVEY Owner's number, if any - 1/4 Section 1 T. 27 R. 318 E.W.M.

Bearing and distance from section or subdivision corner From NW Section corner of Sec 1 T. 27 S. R. 31 E. W. M. thence 15 48' South along the 1/4 sec. line, thence 21' East.

(3) TYPE OF WORK (check):

New Well [X] Deepening [ ] Reconditioning [ ] Abandon [ ] Abandonment, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic [ ] Industrial [ ] Municipal [ ] Irrigation [X] Test Well [ ] Other [ ]

(5) TYPE OF WELL:

Rotary [ ] Driven [ ] Cable [X] Jetted [ ] Dug [ ] Bored [ ]

(6) CASING INSTALLED:

12" Diam. from 0 ft. to 16 ft. Gage 4" Threaded [ ] Welded [ ]

(7) PERFORATIONS:

Type of perforator used Perforated? [ ] Yes [X] No SIZE of perforations in. by in. perforations from ft. to ft.

(8) SCREENS:

Well screen installed [ ] Yes [X] No Manufacturer's Name Type Model No. Slot size Set from ft. to ft. Diam. Slot size Set from ft. to ft.

(9) CONSTRUCTION:

Was well gravel packed? [ ] Yes [X] No Size of gravel: Gravel placed from ft. to ft. Was a surface seal provided? [ ] Yes [X] No To what depth? ft. Material used in seal- Did any strata contain unusable water? [ ] Yes [X] No Type of water? Pump Depth of strata Method of sealing strata off

(10) WATER LEVELS:

Static level 12-4" ft. below land surface Date Artesian pressure lbs. per square inch Date

Log Accepted by:

[Signed] John Crow (Owner) Date Sept 9, 1959

(11) WELL TESTS:

Drawdown is amount water level is lowered below static level Was a pump test made? [X] Yes [ ] No If yes, by whom? Crow Yield: 1400 gal./min. with 9 ft. drawdown after 8 hrs.

(12) WELL LOG:

Diameter of well 12" inches. Depth drilled 118 ft. Depth of completed well 118 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.

Table with columns: MATERIAL, FROM, TO. Rows include: Top soil (0-5), Hard pan (5-12), Grey basalt rock (12-21), Red clinders (21-49), Black lava rock (49-103), Black clinders (103-110), yellow bentonite (110-118).

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Work started July 18 1959 Completed Sept 5 1959

(13) PUMP:

Manufacturer's Name Ben Rely & Coleman Type: belt head H.P.

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 Crow (Person, firm, or corporation) (Type or print)

Address Princeton Ore.

Driller's well number

[Signed] John W. Rossberg (Well Driller)

License No. 272 Date Sept 9 1959

Received

SEP 24 2024

OWBD

2024-09-12 16:17:59

Lat: 43°15'30.98460", Lon: -118°48'5.32380"

09/12/24

Received

SEP 29 2024

OWBD

2024-09-12 16:17:59

Lat: 43°15'30.98460", Lon: -118°48'25.32380"

20240912



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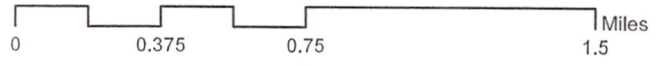
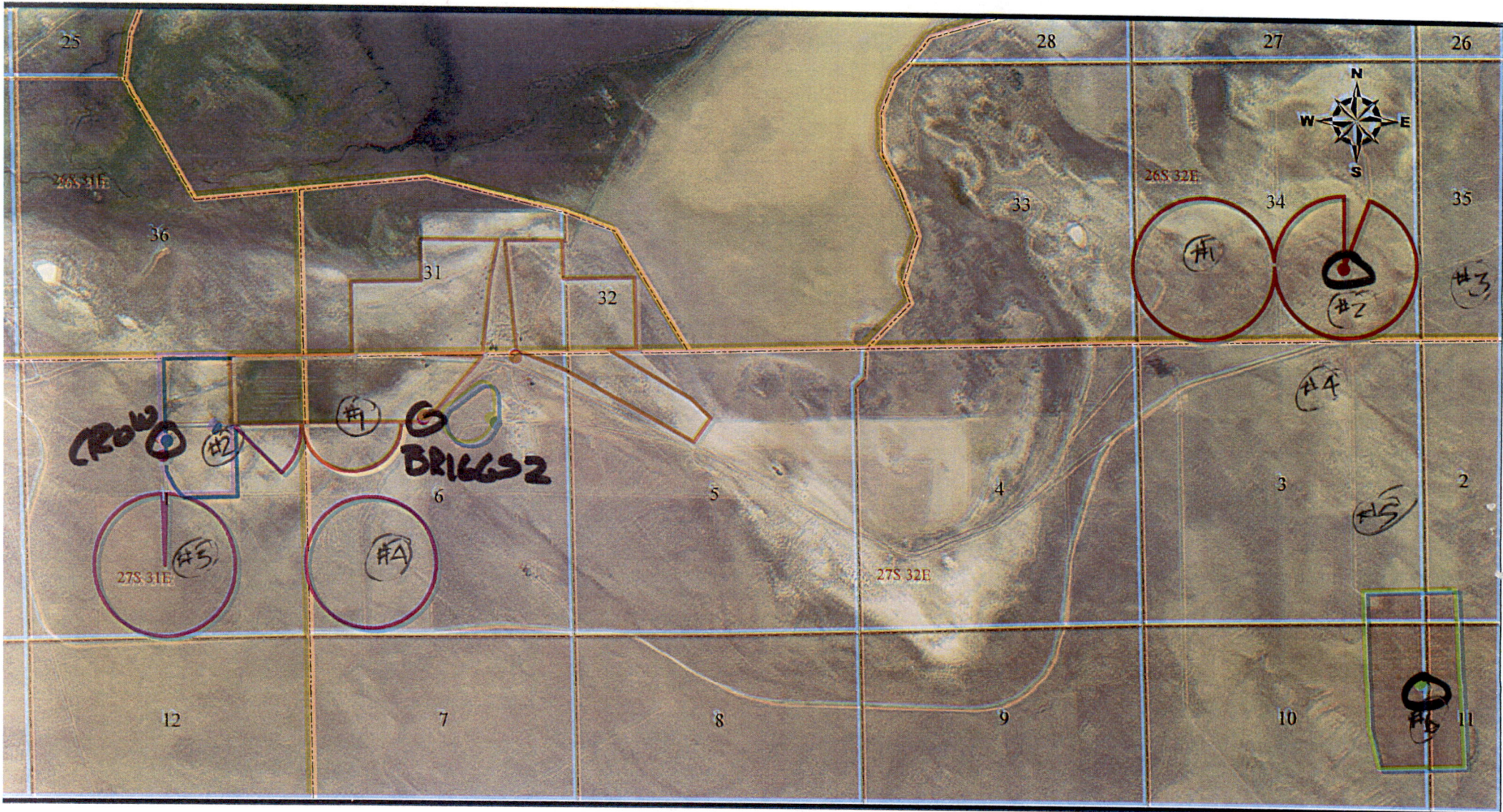
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2024-09-12 16:34:31

Lat: 43°15'27.80700", Lon: 118°49'41.28840"

02511

# Average Flows / Windmill Farms



June 2020 aerial imagery from NRCS Gateway website imported into ArcMap GIS software in statewide Lambert projection. Water rights were imported from OWRD GIS data.

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### Legend

- |  |             |  |         |
|--|-------------|--|---------|
|  | POA C 91644 |  | C 91644 |
|  | POA C 91418 |  | C 91418 |
|  | POA C 32394 |  | C 32394 |
|  | POA T-12336 |  | T-12336 |
|  | POA T-12420 |  | T-12420 |
|  | POA T-12822 |  | T-12822 |
|  | POA T-12833 |  | T-12833 |

Received  
OCT 29 2024  
OWRD

2024-09-12 16:35:46

Lat: 43°15'27.32580", Lon: -118°49'40.56600"