

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

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 #
T-12822

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2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Golden Rule Farms/Tim Puckett		PHONE NO.	ADDITIONAL CONTACT No.
ADDRESS PO Box 255			
CITY Christmas Valley	STATE OR	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 Same as above		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

09/12/24

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Tim Puckett	09/12/24	Owner/Transfer 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 NA		
ADDRESS		
CITY	STATE	ZIP

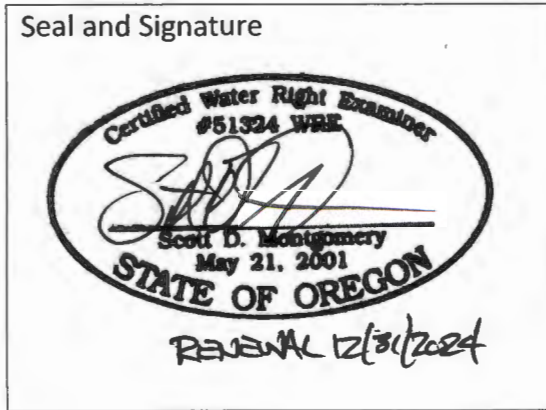
Add additional tables for owners of record as needed

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**SECTION 2
SIGNATURES**

CWRE Statement, Seal and Signature

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



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

Transfer Holder of Record Signature or Acknowledgement

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

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

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	Tim Puckett	President, Golden Rule Farms, Inc.	

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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)
#2 Briggs	HARN 1460		Malheur Lake Basin
#3 Crow	HARN 1461		Malheur Lake Basin

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	1.56 cfs	3.48 cfs	2.21 cfs
#3	1.56 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

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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:

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
Goolds	UNK	142908	Turbine	12"	8"

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	40	30'	20'	4.64

4. Provide pump calculations:

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

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)
236002.4 galx1000	236004.1 galx1000	2 min	1.89

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)?

NO

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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
124.8 IR G-13639	124.8
124.0 IR G-17514	124.0

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)
NA	

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

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

NO

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	12/13/19	
COMPLETENESS DATE FROM ORDER (C)	10/1/24	9/12/2024

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

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NO

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

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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	44055.8 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
Well logs	HARN 1460 & 1461
Site photos	Time/location stamped pictures of wells & place of Use

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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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NOV 29 1988

28/3/E/100

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

WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD) # 5237

1460
Horn

(1) OWNER: Well Number: _____
Name Fred Briggs
Address Rox 582
City Lakeview State Or. Zip _____

(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.
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 shoe(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"/>
						<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 Nor 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.
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 well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1254
Signed Harold Woodruff Date 11-10-88

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OCT 2 1959

STATE ENGINEER WATER WELL REPORT
SALEM, OREGON STATE OF OREGON

1461
State Well No. 27/31-16
State Permit No. G1593

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

(1) OWNER:

Name John Crow
Address Princeton Oregon

(2) LOCATION OF WELL:

County HARNEY 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 corner of Sec 1
T. 27 S. R. 318 E. W. M. the line is 15 68'
with along the 1/4 sec. line,
ence 21 East.

(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) TYPE OF WELL:

Rotary Driven
Cable Jetted
Dug Bored

(6) CASING INSTALLED:

Threaded Welded
12" Diam. from 0 ft. to 10 ft. Gage 4 1/2"
" Diam. from _____ ft. to _____ ft. Gage 4
" Diam. from _____ ft. to _____ ft. Gage _____

(7) PERFORATIONS:

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

(8) SCREENS:

Well screen installed Yes 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 No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.
Was a surface seal provided? Yes No To what depth? _____ ft.
Material used in seal - _____
Did any strata contain unusable water? Yes 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 Date Sept. 9, 1959
(Owner)

(11) WELL TESTS:

Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom? Crow
Yield: 1480 gal./min. with 9 ft. drawdown after 8 hrs.
" " " " " "
" " " " " "
" " " " " "
Baller test gal./min. with _____ ft. drawdown after _____ hrs.
Artesian flow g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? Yes No

(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.

MATERIAL	FROM	TO
Top soil	0	5
Hard pan	5	12
Grey basalt rock?	12	21
Red cinders	21	99
Black lava rock	99	103
Black cinders	103	110
yellow bentonite	110	118

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Work started July 18 1959 Completed Sept 5 1959

(13) PUMP:

Manufacturer's Name Best Pump 8" 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. Rosenberg (Well Driller)
License No. 272 Date Sept 9, 1959

STATE ENGINEER
Salem, Oregon

State Well No. 27/31-16(1)
County HARNEY
Application No. G1593

Water Level Record

OWNER: John Crow OWNER'S NO. _____

Description of measuring point: Lip of access pipe at L.S.D.

Date	Water Level Feet (above) (below) Land Surface	Remarks	Date	Water Level Feet (above) (below) Land Surface	Remarks
5-10-61	13.65				
12-12-61	13.99	JS KO			

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REMARKS: _____



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901 29 204
11/15/24

2024-09-12 16:17:59
Lat: 43° 15' 30.98460", Lon: -118° 48' 35.32380"

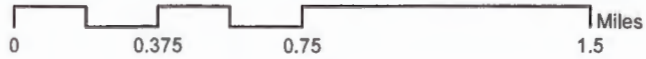
AMERICA

Receiver
OCT 29
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2024-09-12 16:34:31

Lat: 43°15'27.80700", Lon: -112°49'41.28140"

Refuge Hdqtrs / 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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 OWRD

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 |

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Handwritten text, possibly a name or number, oriented vertically.



2024-09-12 16:35:46

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

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2024-09-12 16:03:45

North: 141.8885, East: -389.8565

Outlet 2 South Side


Received

OCT 29 2024

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2024-09-12 16:08:43

Lat: 43°15'01.14000", Lon: -118°48'35.23430"



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2024-09-12 16:11:55

Lat: 43°15'17.02022", Lon: -118°48'51.04984"



ALL POINTS
ENGINEERING & SURVEYING, INC.
P.O. Box 767
Terrebonne, Oregon 97760
541-548-5833

TRANSMITTAL

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

Date: 10/24/2024
Attention: Certificates

Prints Plans Plat Specifications.

Attached are 2 COBU's for Golden Rule Farms.

If you have any questions please don't hesitate to contact me.

Copies	No.	Description
1	1	COBU T-12822 (11 pages letter bond)
1	2	COBU Map (1 page mylar)
1	3	Well logs (3 pages letter bond)
1	4	Site photos (7 pages letter bond)
1	5	Check for \$230
1	6	COBU T-13925 (11 pages letter bond)
1	7	COBU Map (1 page mylar)
1	8	Well logs (2 pages letter bond)
1	9	Site photos (5 pages letter bond)
1	10	Land Use Form (2 pages letter bond)

Signed: _____

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