

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



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

**A fee of \$230 must accompany this form for permits
with priority dates of July 9, 1987, or later.**

A separate form shall be completed for each permit.

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

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:
<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

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-18753	G-18219	

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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Otis Creek Ranch, LLC		PHONE NO. 541-493-2452	ADDITIONAL CONTACT NO.
ADDRESS PO Box 224			
CITY Drewsey	STATE OR	ZIP 97904	E-MAIL otiscreek@yahoo.com

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

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

PERMIT HOLDER OF RECORD Same		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD n/a		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

5/30/2024

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Jeff Hussey	5/30/2024	Owner

6. County:

Harney

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

OWNER OF RECORD n/a		
ADDRESS		
CITY	STATE	ZIP

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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 Bryce Michael Withers	PHONE NO. 541-408-1400	ADDITIONAL CONTACT NO. John Short 541-389-2837
ADDRESS PO Box 1830		
CITY Bend	STATE OR	ZIP 97709
E-MAIL brycewrs@gmail.com, johnshort@usa.com		

Permit Holder of Record Signature or Acknowledgement

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

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

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
<i>Sherrri Hussey manager</i> <i>21st Creek Ranch LLC</i>	<i>21st Creek Ranch LLC</i> Sherrri Hussey	manager	11/25/24

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SECTION 3

CLAIM DESCRIPTION

1. Point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Jack Well 1	HARN 52974	L-125160
Conley Well 1	HARN 53141	L-149526

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

2. Point of appropriation source, if indicated on permit:

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
Jack Well 1	Otis Creek Watershed	
Conley Well 1	"	

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Jack Well 1	Supplemental Irrigation	Pasture/Hay	MAR 1 – OCT 1	1.76 CFS
Conley Well 1	Primary Irrigation	Pasture/Hay	MAR 1 – OCT 1	1.24 CFS
Total Quantity of Water Used				3.00 CFS

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

Jack Well 1 is piped with portable piping to irrigation ditches for supplemental flood irrigation.

Conley Well 1 is piped to a pivot and piped to an upper natural bulge formed by a check dam that has been in place historically. Overflow pipes and a natural drainage spillway drain the pooled water to flood irrigate the land below.

Reminder: The map associated with this claim must identify the location of the point(s) of diversion, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

5. Variations:

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

(e.g. "The permit allowed three points of appropriation. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

The permit authorizes 172.3 acres of Primary Irrigation and 141.0 acres of Supplemental Irrigation. The water user developed 98.9 acres of Primary Irrigation and 141.0 acres of Supplemental Irrigation.

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Jack Well 1	1.76 CFS	16.81 CFS	N/A	IS	141.0	141.0
Conley Well 1	2.15 CFS	16.81 CFS	N/A	IR	172.3	98.9

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SECTION 4
SYSTEM DESCRIPTION

Are there multiple POAs?

YES NO

If "YES" you will need to copy and complete a separate Section 4 for each POA.

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

JACK WELL 1 HARN 52974 / L-125160

A. Place of Use

1. Is the right for municipal use?

YES NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
20S	36E	W.M.	8	NENE			IS		25.0
"	"	"	"	NWNE			"		38.0
"	"	"	"	SWNE			"		40.0
"	"	"	"	SENE			"		18.0
"	"	"	9	NWNW			"		20.0
Total Acres Irrigated									141.0

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES NO

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

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

3/4" threaded pipe in top of casing seal

3. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
N/A						

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

N/A

C. Groundwater Source Information (Sump)

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

YES NO

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

D. Diversion and Delivery System Information

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

1. Is a pump used?

YES NO

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
			SUBMERSIBLE		

3. Motor Information:

MANUFACTURER	HORSEPOWER
	75 HP

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If a well, the water level during pumping	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
75	10	2'	4'	16.81

5. Provide pump calculations:

SEE ATTACHED OWRD PUMP CALCULATIONS.

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
N/A			

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

7. Is the distribution system piped?

YES NO

If "NO" items 8 through item 13 may be deleted.

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
6"	Varies	Aluminum	Above

9. Lateral or Handline Information:

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

10. Sprinkler Information:

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

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

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)

12. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)

E. Storage

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

YES NO

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

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

YES NO

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

G. Gravity Flow Canal or Ditch

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

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

YES NO

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

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2. Complete the table:

CANAL OR DITCH TYPE (MATERIAL)	TOP WIDTH OF CANAL OR DITCH	BOTTOM WIDTH OF CANAL OR DITCH	DEPTH	"N" FACTOR	AMOUNT OF FALL	LENGTH OF CANAL / DITCH	SLOPE	COMPUTED RATE (IN CFS)
East: Stoney Bed, Weeds on Bank	6'	4'	3'	.03	5'	2744'	0.2%	48.8 CFS
West: Stoney Bed, Weeds on Bank	6'	2'	3'	.03	2'	2000'	0.1%	26.9 CFS

H. Additional notes or comments related to the system:

The flood irrigation system is capable of flooding the full rate of the well.

CONLEY WELL 1 HARN 53141 / L-149526

A. Place of Use

1. Is the right for municipal use?

YES NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
19S	35E	W.M.	25	SESE			IR	20.9	
"	"	"	36	NENE			"	2.1	
"	36E	"	30	NWSW	L3		"	0.2	
"	"	"	30	SWSW	L4		"	37.8	
"	"	"	30	SESW			"	24.8	
"	"	"	31	NENW			"	4.4	
"	"	"	31	NWNW	L1		"	8.7	
Total Acres Irrigated								98.9	

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES NO

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

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

3/4" threaded pipe in top of casing seal

3. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
N/A						

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

N/A

C. Groundwater Source Information (Sump)

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

YES NO

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

D. Diversion and Delivery System Information

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

1. Is a pump used?

YES NO

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
			<u>SUBMERSIBLE</u>		

3. Motor Information:

MANUFACTURER	HORSEPOWER
	<u>75 HP</u>

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
<u>75</u>	<u>10</u>	<u>1'</u>	<u>5'</u>	<u>16.81</u>

5. Provide pump calculations:

SEE ATTACHED OWRD PUMP CALCULATIONS.

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
N/A			

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

7. Is the distribution system piped?

YES NO

If "NO" items 8 through item 13 may be deleted.

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8"	1560'	PVC	Buried

9. Lateral or Handline Information:

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

10. Sprinkler Information:

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

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

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)

12. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Valley	1150'	10	380	0.85

E. Storage

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

YES NO

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

If "YES" is it a: Storage Tank
 Bulge in System / Reservoir

YES NO
YES NO

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
Bulge	6'	3 AF

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

YES NO

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

2. Complete the table:

PIPE SIZE	PIPE TYPE	"C" FACTOR	AMOUNT OF FALL	LENGTH OF PIPE	SLOPE	COMPUTED RATE OF WATER FLOW (IN CFS)
6"	Galv. Iron	120	0.75'	15'	5%	1.66 CFS

3. Provide calculations:

See attached OWRD Pipe Capacity Calculations

4. If an actual measurement was taken, provide the following:

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)
n/a			

Attach measurement notes.

G. Gravity Flow Canal or Ditch

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

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

YES NO

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

2. Complete the table:

CANAL OR DITCH TYPE (MATERIAL)	TOP WIDTH OF CANAL OR DITCH	BOTTOM WIDTH OF CANAL OR DITCH	DEPTH	"N" FACTOR	AMOUNT OF FALL	LENGTH OF CANAL / DITCH	SLOPE	COMPUTED RATE (IN CFS)
Checkdam Overflow Ditch: Stoney Bed, Weeds on Bank	15'	10'	1'	.03	10'	670'	1.5%	79.0 CFS

H. Additional notes or comments related to the system:

The flood irrigation system out of the check dam/overflow is capable of flooding the full rate of the well out of the pipes.

**SECTION 5
CONDITIONS**

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

1. Time Limits:

Permits and extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or permit extension order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	6-6-2019		
BEGIN WELL CONSTRUCTION (A)	6-6-2024	8-31-2021	Construction started on HARN 52974
COMPLETE WELL CONSTRUCTION (B)	n/a	n/a	n/a
COMPLETE APPLICATION OF WATER (C)	6-6-2024	5-30-2024	Complete application of water to beneficial use.

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

YES NO

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

3. Initial Water Level Measurements:

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

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

4. Annual Static Water Level Measurements:

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

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

5. Pump Test:

a. Did the permit require the submittal of a pump test? YES NO

Ground water permits with priority dates on or after **December 20, 1988**, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

For additional information regarding pump tests see:

<https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx>

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

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

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

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

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

**** Claims will not be reviewed until a pump test or exemption has been approved by the Department**

6. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? YES NO

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

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

b. Has a meter been installed? YES NO

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Jack Well 1	Seametrics	10232661	Working	OFF	May 2024
Conley Well 1	Seametrics	10220073	Working	0.13	May 2024

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

7. Recording and reporting conditions:

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

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

b. Have the reports been submitted? YES NO

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

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

- a. Were there special well construction standards? YES NO
- b. Was submittal of a ground water monitoring plan required? YES NO
- c. Was submittal of a water management and conservation plan required? YES NO
- d. Was a Well Identification Number (Well ID tag) assigned and attached YES NO
to the well?

WELL ID #	DATE ATTACHED TO WELL
<u>L-149526</u>	<u>March 2024</u>
<u>L-125160</u>	<u>October 2021</u>

- e. Other conditions? YES NO

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

Observation well requirement met via HARN 53135. Special Well construction condition regarding groundwater development between approximately 450-750' met, see HARN 52974, HARN 53141, and OWRD Letter/Special Standards Request Form.

SECTION 6
ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
<u>CBU Map</u>	<u>Claim of Beneficial Use Map</u>
<u>Well Logs</u>	<u>HARN 52974, HARN 53141, HARN 53135</u>
<u>Pump Calcs</u>	<u>OWRD Pump Capacity Calculations</u>
<u>Ditch Calcs</u>	<u>OWRD Ditch Capacity Calculations</u>
<u>Water Use Report 2024</u>	<u>March – May 2024 Water Use Report</u>
<u>Well Construction Standards Letter</u>	<u>9/23/2021 - OWRD - Travis Kelly Well Construction Letter/Final Order & Special Standards Request Form</u>

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

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

ON-SITE DIRECT MEASUREMENT AND NAIP IMAGERY.

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
- N/A 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
- N/A 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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Pump Capacity Calculation Sheet			<u>JACK WELL 1 HARN 52974/L-125160</u>				
using Department designed formula:							
(hp)(efficiency) / (lift + psi head) = capacity in cfs							
Efficiency:							
Centrifugal = 6.61							
Turbine = 7.04							
Data Entry (fill in underlined blanks)							
HP = <u>75</u>							
Efficiency = <u>7.04</u>							
Lift = <u>6</u>							
PSI = <u>10</u>							
Results Calculated							
(hp)(efficiency) = 528							
Head based on psi = 25.4							
Total dynamic head = 31.4							
(head + lift)							
Pump Capacity = 16.81			cubic feet per second				

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Ditch Capacity Calculator			Main East Ditch	
using Manning's Formula				
Data Entry (fill in underlined blanks)				
Top Width =	6	feet		
Bottom Width =	4	feet		
Depth =	3	feet		
Fall =	5	feet	per 2744	feet of distance
Grade =	0.001822157	, or	0.2%	
n Factor =	0.03			
Results calculated				
Area of cross-section =	15	square feet		
Wetted Perimeter =	10.32455	feet		
Hydraulic Radius =	1.452847			
Velocity =	3.255	feet per second		
Calculated Ditch Capacity =	48.8	cubic feet per second		

Ditch Capacity Calculator			Main Ditch West	
using Manning's Formula				
Data Entry (fill in underlined blanks)				
Top Width =	6	feet		
Bottom Width =	2	feet		
Depth =	3	feet		
Fall =	2	feet	per 2000	feet of distance
Grade =	0.001	, or	0.1%	
n Factor =	0.03			
Results calculated				
Area of cross-section =	12	square feet		
Wetted Perimeter =	9.2111025	feet		
Hydraulic Radius =	1.302775			
Velocity =	2.242	feet per second		
Calculated Ditch Capacity =	26.9	cubic feet per second		

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Pump Capacity Calculation Sheet			CONLEY WELL 1 HARN 53141/L-149526				
using Department designed formula:							
(hp)(efficiency) / (lift + psi head) = capacity in cfs							
Efficiency:							
Centrifugal = 6.61							
Turbine = 7.04							
Data Entry (fill in underlined blanks)							
HP = <u>75</u>							
Efficiency = <u>7.04</u>							
Lift = <u>6</u>							
PSI = <u>10</u>							
Results Calculated							
(hp)(efficiency) = 528							
Head based on psi = 25.4							
Total dynamic head = 31.4							
(head + lift)							
Pump Capacity = 16.81 cubic feet per second							

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Ditch Capacity Calculator			Checkdam Overflow Ditch	
using Manning's Formula				
Data Entry (fill in underlined blanks)				
Top Width =	15	feet		
Bottom Width =	10	feet		
Depth =	1	feet		
Fall =	10	feet	per	670 feet of distance
Grade =	0.014925373	, or	1.5%	
n Factor =	0.03			
Results calculated				
Area of cross-section =	12.5	square feet		
Wetted Perimeter =	15.38516	feet		
Hydraulic Radius =	0.812470			
Velocity =	6.323	feet per second		
Calculated Ditch Capacity =	79.0	cubic feet per second		

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Pipe Capacity Calculator				
for pipes flowing full, using the Hazen-Williams Formula				
Data Entry (fill in underlined blanks)				
Interior Diameter =	6	inches, or	0.5	feet
Roughness Coefficient (C) =	120			
Fall =	0.75	feet	per	15 feet of distance
Grade =	0.05	, or	5.0%	
Results calculated				
Area of cross-section =	0.196349	square feet		
Wetted Perimeter =	1.570796	feet		
Hydraulic Radius =	0.125			
Velocity =	8.464352	feet per second		
Pipe Capacity =	1.662	cubic feet per second		

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

WELL I.D. LABEL# L 125160
 START CARD # 1053711
 ORIGINAL LOG #

(1) LAND OWNEROwner Well I.D. First Name OTIS Last Name CREEK RANCHCompany Address PO BOX 224City DREWSEY State ID Zip 97904**(2) TYPE OF WORK**☒ New Well ☐ Deepening ☐ Conversion☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)**(2a) PRE-ALTERATION**

Dia + From To Gauge Stl Plstc Wld Thrd

Casing: 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 660.00 ft.**BORE HOLE****SEAL**

sacks/

Dia	From	To	Material	From	To	Amt	lbs
20	0	40	Bentonite	0	40	43	S
16	40	501				Calculated	41.76
12	501	660	Cement	38.5	501	218	S
						Calculated	205.94

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E☒ Other BENTONITE FROM SURBackfill 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 Actual Amount **(6) CASING/LINER**

Casing Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	16	2.5	46	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	12	38.5	520.5	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	12	520.5	544.5	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) Temp casing ☐ Yes Dia From To **(7) PERFORATIONS/SCREENS**Perforations Method Screens Type Material

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

(8) WELL TESTS: Minimum testing time is 1 hour☐ Pump ☐ Bailer ☒ Air ☐ Flowing ArtesianYield gal/min 100 Drawdown Drill stem/Pump depth 660 Duration (hr) 2Temperature 65 °F Lab analysis ☐ Yes By Water quality concerns? ☐ Yes (describe below) TDS amount 367 ppmFrom To Description Amount Units **(9) LOCATION OF WELL (legal description)**County HARNEY Twp 20.00 S N/S Range 36.00 E E/W WMSec 8 NW 1/4 of the NE 1/4 Tax Lot 600Tax Map Number Lot Lat " or 43.84886000 DMS or DDLong " or -118.31448200 DMS or DD☐ Street address of well ☒ Nearest address1 1/2 M EAST OFF OTIS VALLEY ROAD ON ALTNOW BELULAH ROAD ON SOUTHSIDE**(10) STATIC WATER LEVEL**Date SWL(psi) + SWL(ft) Existing Well / Pre-Alteration
Completed Well 10/7/2021 ☒ 2Flowing Artesian? ☐ Dry Hole? ☐**WATER BEARING ZONES**Depth water was first found 9.00SWL Date From To Est Flow SWL(psi) + SWL(ft)

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
9/13/2021	9	10	1		9
9/15/2021	516	660	100		2

(11) WELL LOGGround Elevation

Material	From	To
Sandy Brown Clay	0	1
Sand Gravel some Boulders	1	10
Green Clay	10	45
Brown Clay w/Hard Seams	45	57
Green Clay	57	86
Tan Clay	86	105
Brown Clay	105	136
Green Clay	136	185
Yellow Clay	185	235
Tan Clay w/tiny hard Strips	235	310
Green Clay	310	365
Tan Clay w/hard strips	365	405
Tan Clay Smooth	405	460
Tan Clay w/Hard Strips	460	516
Black Rock fractured w/Brown Clay	516	528
Black Rock Fractured w/Green Clay	528	557
Black Rock Fractured w/Green Brown Clay	557	610
Black Rock Fractured w/Brown Tan Clay	610	660

Date Started 8/31/2021Completed 10/7/2021**(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 1896Date 10/8/2021Signed TONY HACKETT (E-filed)**(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 1899Date 10/20/2021Signed SAM KINGREYContact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

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

Received

DEC 05 2024

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Jack Well 1



Oregon

Kate Brown, Governor

RECEIVED

OCT 22 2021

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Water Resources Department

725 Summer St NE, Ste A

Salem, OR 97301

Phone: 503-986-0900

Fax: 503-986-0904

September 23, 2021

SAM KINGREY WWC/MWC#1899
DOWN RIGHT DRILLING & PUMP INC
6025 LITTLE FREEZEOUT RD
CALDWELL, ID 83607

FINAL ORDER

Dear Mr. Kingrey:

The Special Standards Request Form you submitted for owner: Otis Creek Ranch, Start Card number: 1053711, is hereby approved for the following: You may construct this well as described on your Special Standards Request Form dated September 21, 2021. All other well construction standards must be met. A copy of your Special Standards Request Form is enclosed.

Verbal approval of this Special Standards Request was provided on September 23, 2021.

The Well Construction Standards serve to protect ground water resources. By approving and issuing this special construction standard the Oregon Water Resources Department is not representing that a well constructed in accordance with this condition will maintain structural integrity or that it meets engineering standards. The well constructor/or landowner is responsible for ensuring that a well is constructed in a manner that protects ground water resources as required under Oregon Administrative Rules 690-200 through 690-240.

If you have any questions regarding this letter, I may be contacted at (503) 302-8618, or by e-mail at Travis.N.Kelly@oregon.gov.

Sincerely,

Travis Kelly, Coordinator
Well Construction Program
Well Construction and Compliance Section

Enclosure

cc: Jon Sanfilippo, Well Inspector, East Region

Received

DEC 05 2024

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This is a final order in other than contested case. This order is subject to judicial review under ORS 183.484. Any petition for judicial review must be filed within the 60 day time period specified by ORS 183.484(2). Pursuant to ORS 536.075 and OAR 137-004-0080 you may either petition for judicial review or petition the Director for reconsideration of this order. A petition for reconsideration may be granted or denied by the director, and if no action is taken within 60 days following the date the petition was filed, the petition shall be deemed denied.



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

Special Standards Request Form

REQUEST FOR WRITTEN APPROVAL TO USE CONSTRUCTION METHODS NOT INCLUDED IN OREGON ADMINISTRATIVE RULES 690-200 THROUGH 690-240

Before the request can be considered, this form must be completed. Requests shall be submitted to the Well Construction Program Coordinator, Water Resources Department, 725 Summer Street NE, Suite A, Salem OR 97301-1266. Requests may also be considered by the appropriate Regional Manager.

Date of request: 9/21/21 Oral approval date (if applicable): _____

Bonded Well Constructor (name, license #, and mailing address): Sam Kingrey #1899

6025 Little Freezeout Road Caldwell, ID 83607

(1) Location of Well: NW 1/4 NE 1/4 Tax lot 600 Section 8

Township 20 S ☒ Range 36 E ☒ Harney County

Address at well site: Altnow Belulah Rd 1.5 mi E of Otis Valley Rd

(2) Start Card Number(s) (for work to be done): 1053711

(3) Name and Address of Land Owner: Otis Creek Ranch

PO Box 224 Drewsey, ID 97904

(4) Distance to the nearest septic tank, drainfield, closed sewage line (if water supply well)

None-On Ranch-Irrigation

(5) The unusual site conditions which necessitate this request: 12" Casing has dropped in

well and can not be retrieved back to the surface. Right now 16" .250 casing is sealed in -1.5 to 46'.

12" casing is -38.5 to 520.5 .375 casing is 520.5 to 544.5

(6) The proposed construction methods that the bonded well constructor believes will be adequate for this well: (attach additional pages if needed)

We believe the 20.5' of 12" .250 casing below 500' is not a big concern.

We are proposing cementing 12" casing in place as it is now. Overlap between the 12" and 16" would only be 7.5';

however, it would be cemented from that point to approx 501' and 16' casing is already sealed to 40'.

RECEIVED

Revised 7/26/2006

Special Standards Request Form 1

OCT 22 2021

ENF

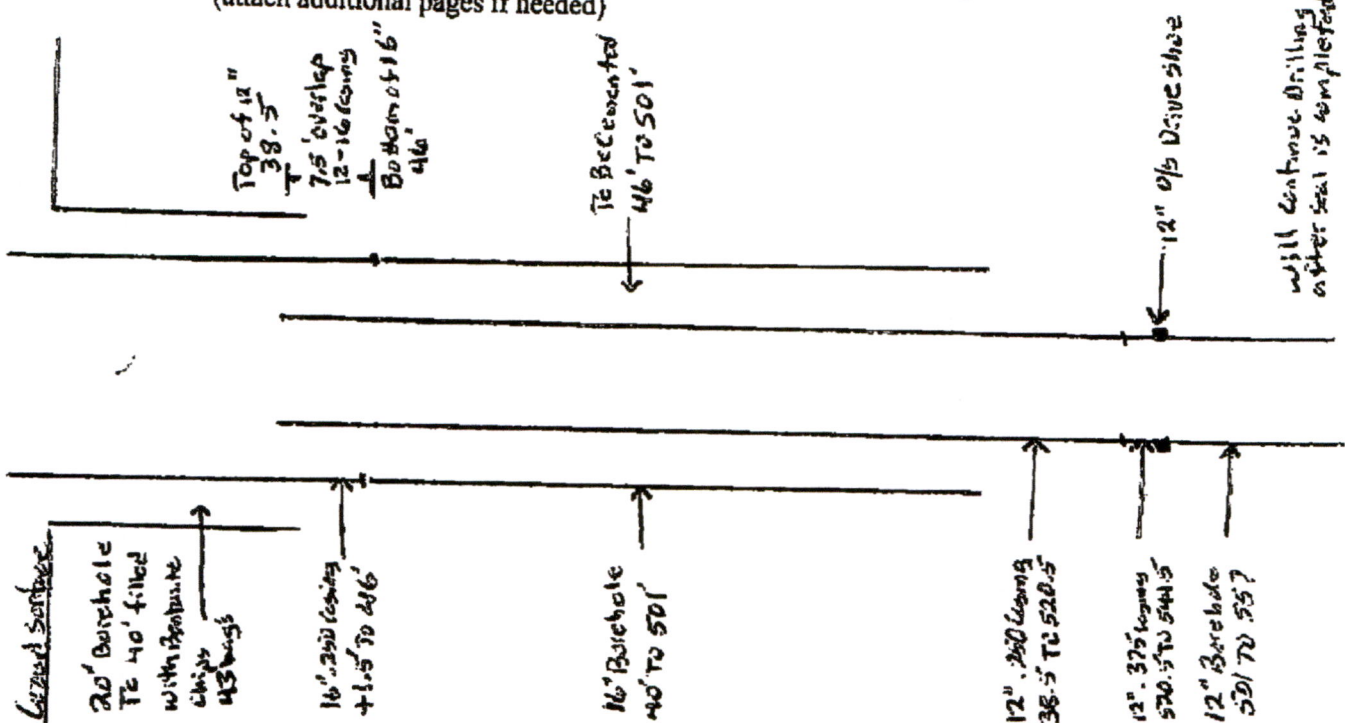
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- (7) Diagram showing the pertinent features of the proposed well design and construction: (attach additional pages if needed)



PLEASE NOTE:

- (1) The Well Construction Standards serve to protect ground water resources. By approving and issuing this special construction standard the Oregon Water Resources Department is not representing that a well constructed in accordance with this condition will maintain structural integrity or that it meets engineering standards. The well constructor/or landowner is responsible for ensuring that a well is constructed in a manner that protects ground water resources as required under Oregon Administrative Rules 690-200 through 690-240.
- (2) If it should be determined at some future date that the well, due to its construction, is allowing ground water contamination, waste or loss of artesian pressure, the undersigned shall return to the site and rectify the problem.
- (3) If oral approval was granted, a written request must be submitted to the Department either within three (3) working days of the date of oral approval or prior to the completion of the associated well work. Failure to submit a written request as described above may void prior oral approval.

I have read and understand the above information. I further attest that the information provided is accurate to the best of my knowledge.

Bonded Constructor Signature: _____

Sam King

RECEIVED

OCT 22 2021

Revised 7/26/2006

Special Standards Request Form /2

Received

DEC 05 2024

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ENF

STATE OF OREGON
WATER SUPPLY WELL REPORT

HARN 53141

WELL I.D. LABEL# L

149526

START CARD #

1061405

ORIGINAL LOG #

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

3/19/2024

(1) LAND OWNER

Owner Well I.D.

First Name JEFF

Last Name HUSSEY

Company OTIS CREEK RANCH

Address PO BOX 224

City DREWSEY State OR Zip 97904

(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: Material From To Amt sacks/lbs

(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 845.00 ft.

BORE HOLE

Dia	From	To	Material	SEAL	To	Amt	sacks/
20	0	58	Bentonite	0	58	61	S
14	58	620		Calculated		58.56	
10	620	845	Cement	0	620	299	S
				Calculated		511.97	

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

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: ☐ Type Amount

Seal Placement Begin Date 6/10/2023 Begin Time 08:00

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount

Actual Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	1	58	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/>	2	620	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<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"/>	<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"/>	

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				Scrn/slot	Slot	# of	Tele/
Screen	Liner	Dia	From	To	width	length	slots	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)

400		840	5

Temperature 65 °F Lab analysis ☐ Yes ByWater quality concerns? ☐ Yes (describe below) TDS amount 405 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 19.00 S N/S Range 36.00 E E/W WM

Sec 31 NW 1/4 of the NW 1/4 Tax Lot 300

Tax Map Number Lot

Lat ° ' " or 43.87971200 DMS or DD

Long ° ' " or -118.34586300 DMS or DD

☐ Street address of well ☒ Nearest address

81850 OTIS VALLEY ROAD, DREWSEY, OR : 1 1/2 MILES EAST OFF OTIS VALLEY RD ON ALTNOW B

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Pre-Alteration			
Completed Well	2/28/2024		<input checked="" type="checkbox"/> 1

Flowing Artesian? ☒ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 17.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
6/10/2023	17	35	5		10
6/11/2023	171	192	4		10
6/15/2023	610	845	400		<input checked="" type="checkbox"/> 1

(11) WELL LOG

Ground Elevation

Material	From	To
Brown Dirt	0	5
Tan Clay	5	17
Soft Green Clay w/Cracks WB	17	35
Soft Tan Clay	35	51
Hard Tan Clay	51	79
Hard Green Clay	79	112
Soft Tan Clay	112	171
Hard Brown Clay w/seams tan WB	171	192
Medium Hard Tan Clay	192	278
Soft Green Clay	278	390
Hard Green Clay w/Strips brown	390	420
Green Clay Hard Strips Brown	420	500
Soft Brown Clay w/Strips Green	500	515
Hard Strips in Green Clay	515	535
Soft Green Clay	535	590
Hard Green Strips Clay	590	605
Hard Brown Clay Bouncey	605	610
Black Fractured Rock Bouncey	610	665
Black/Red, White Fractured Rock traces	665	750

Construction

Begin Date 6/6/2023 Begin Time 14:00 End Date 2/28/2024

(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 1896

Date 3/15/2024

Signed TONY HACKETT (E-filed)

(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 1899

Date 3/19/2024

Signed SAM KINGREY (E-filed)

Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

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

Received

DEC 05 2024

OWRD

Conley Well 1

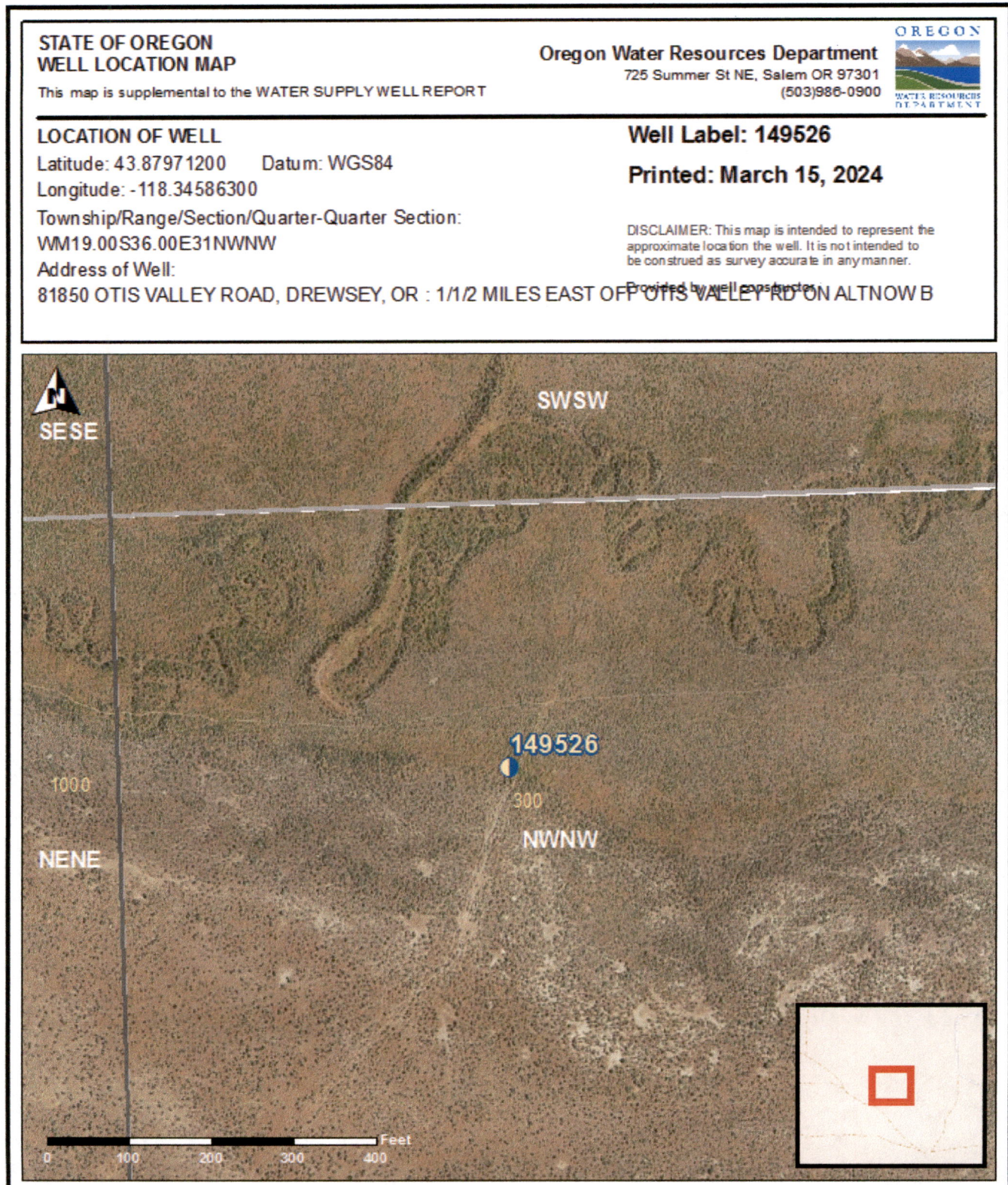
WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

HARN 53141

3/19/2024

Received
DEC 05 2024
OWRD

Map of Hole



WELL I.D. LABEL#	149537	
START CARD #	1071923	
ORIGINAL LOG #		

From	To	Description	Amount	Units

License Number 1899 Date 12/29/2023
 Password : (if filing electronically) _____
 Signed SAM KINGREY (E-filed) _____
 Contact Info (optional) _____

QWRD

Obs. well

12/29/2023

(4) CONSTRUCTION

[illegible]

Material	SEAL			sacks/	grout
	From	To	Amt	lbs	weight
bentonite	0	22	9	S	
bentonite	0	55	43	S	

CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></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SCREENS

[illegible]

(5) WELL TESTS

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

Water Quality Concerns

From	To	Description	Amount	Units

(7) STATIC WATER LEVEL

Water Bearing Zones

[illegible]

(8) WELL LOG

[illegible]

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

Assistant Name

Type

#

JAKE KINGREY

| WATER

| 1978

Comments/Remarks

Tremied cement from bottom up, cement settled filled with Bentonite to surface. Tremie seal was called in for second seal 11/15/2023 11:30 am Placement. First seal was on outside of 10" casing. Second seal was between the 6" casing and 10" casing/borehole

Received

DEC 05 2024

OWRD

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

HARN 53135

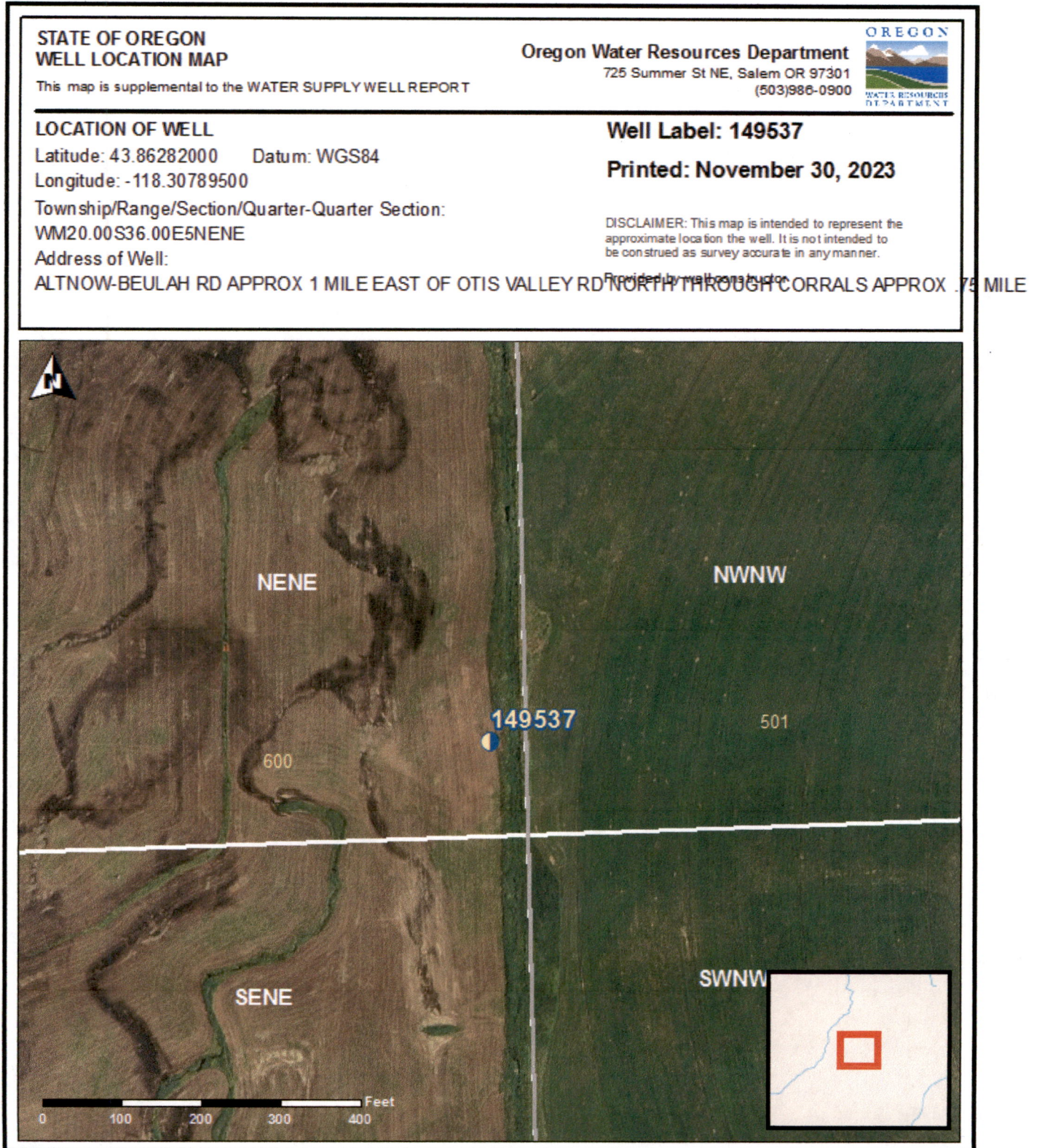
12/29/2023

Received

DEC 05 2024

OWRD

Map of Hole



2023

Water Use Recording and Reporting Form

2024

Water Right Holder's Name Otis Creek Ranch, LLC		Water Right Holder's Business Name or Entity Name				User ID#						
Water Right Holder's Email otiscreek@yahoo.com		Water Right Holder's Complete Mailing Address PO Box 224 Drewsey, OR 97904				Phone Number (541) 493-2452						
Well or POD name	Jack Well 1	Conley Well 1										
→ Report ID number	HARN 52977	HARN 53141										
	Permit: G - 18219 Other:	Permit: G - 18219 Other:	Permit: - Other:		Permit: - Other:							
Describe the units of measurement as AF (acre-feet), G (gallons), KG (thousand gallons), MG (million gallons), CF (cubic feet), or MCF (million cubic feet)												
OCTOBER 2023	0	0										
NOVEMBER 2023	0	0										
DECEMBER 2023	0	0										
JANUARY 2024	0	0										
FEBRUARY 2024	0	0										
MARCH 2024	0	0										
APRIL 2024	0	0										
MAY 2024	0	0.13										
JUNE 2024												
JULY 2024												
AUGUST 2024												
SEPTEMBER 2024												
OCTOBER 2024												
NOVEMBER 2024												
DECEMBER 2024												
TOTAL												
Unit of Measurement (Volume)	<input type="checkbox"/> G <input checked="" type="checkbox"/> AF	<input type="checkbox"/> KG <input type="checkbox"/> CF	<input type="checkbox"/> MG <input type="checkbox"/> MCF	<input type="checkbox"/> G <input checked="" type="checkbox"/> AF	<input type="checkbox"/> KG <input type="checkbox"/> CF	<input type="checkbox"/> MG <input type="checkbox"/> MCF	<input type="checkbox"/> G <input type="checkbox"/> AF	<input type="checkbox"/> KG <input type="checkbox"/> CF	<input type="checkbox"/> MG <input type="checkbox"/> MCF	<input type="checkbox"/> G <input type="checkbox"/> AF	<input type="checkbox"/> KG <input type="checkbox"/> CF	<input type="checkbox"/> MG <input type="checkbox"/> MCF
Measurement Method (meter, staff gage, rate x time, etc.)	meter		meter									
Number of acres irrigated from this well or POD, if applicable	141		98.9									

I certify this information is true and accurate to the best of my knowledge.

Signature x Otis Creek Ranch LLC Sherri Hussey
 Name and Title (print) Sherri Hussey Manager

Date 11/25/24 Phone Number 541-493-2452
 Company Otis Creek Ranch

Please complete and mail to: OWRD: Water Use Reporting Program: 725 Summer Street NE, Ste A: Salem, OR 97301