

**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 NO

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-14153

Revised 7/1/2021

Transfer GW Multiple - Page 1 of 11

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JUL 14 2025

Salem, OR

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Kirby W. Isaac & Shannon D. Isaac		PHONE NO. 208-599-1251	ADDITIONAL CONTACT NO.
ADDRESS 38098 Hwy 20 E			
CITY Burns	STATE OR	ZIP 97720	E-MAIL kirbyisaac1977@gmail.com

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

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

TRANSFER HOLDER OF RECORD Same		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

4/16/2025

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Kirby Isaac	4/16/2025	Owner

6. County:

Harney

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

OWNER OF RECORD		
ADDRESS		
CITY	STATE	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 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		

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
	KIRBY W. ISAAC	OWNER	7/9/25
	Shannon D. Isaac	Owner	7/9/25

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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 NO

If "NO", this Section can be deleted.

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)
Well #1	HARN 633/52426	L-118172	Cow Creek Basin
Well #2	HARN 52924	L-136139	Cow Creek Basin

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

If well logs are available, items A and B below can be deleted

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final? YES 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
Well #1	1.17 cfs	1.42 cfs	N/A
Well #2	1.17 cfs	3.72 cfs	N/A

System Description

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

YES NO

If "YES" you will need to copy and complete either Section A or B in this Section for each POA.

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

Well #1 HARN 633/52426 / L-118172

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
			Submersible		

2. Motor Information

MANUFACTURER	HORSEPOWER
	15

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)
15 HP	10 PSI	44'	5'	1.42 cfs

4. Provide pump calculations:

See attached OWRD pump capacity calculations.

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)
n/a			

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

6. Additional notes or comments related to the system:

--

Well #2 HARN 52924 / L-136139

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
			Submersible		

2. Motor Information

MANUFACTURER	HORSEPOWER
	60

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)
60 HP	10 PSI	83'	5'	3.72 cfs

4. Provide pump calculations:

See attached OWRD pump capacity calculations.

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)
n/a			

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)?

YES NO

Change #2

Change in Place of Use

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

YES NO

If "NO", this Section can be deleted.

1. Claim Summary – Authorized Use:

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
117.5 acres	117.5 acres

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)
	YES NO <u>NA</u>

2. Variations:

Was the use developed differently from what was authorized by the transfer final order? YES 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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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	1/8/2025	
COMPLETENESS DATE FROM ORDER (C)	10/1/2029	4/16/2025

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

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

YES NO

If "NO", you may delete the following table.

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 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 appropriation.

b. Has a meter been installed?

YES NO

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well #1	Aclara	80-044-934	Working	00205	Prior to Transfer Final Order Issuance
Well #2	Seametrics	AG90-0600	Working	54254067	Prior to Transfer Final Order Issuance

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

4. 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.

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

- | | | |
|--|-----|-----------|
| a. Were there special well construction standards? | YES | <u>NO</u> |
| b. Was submittal of a ground water monitoring plan required? | YES | <u>NO</u> |
| c. Other conditions? | YES | <u>NO</u> |

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

NOTE: The transfer final order for T-14153 contains the condition that both new and existing wells be metered. HARN 635 is an existing well, designated as the "OFF" well in the transfer application. HARN 635 is no longer used as an irrigation well, as the irrigation lands were transferred off to a new property. Additionally, the transfer holders do not have access to HARN 635 as it is not on their property nor is a part of the their irrigation system. The two wells (existing and new) used for irrigation under T-14153 are located on the transfer holder's property and have been metered as required.

SECTION 5

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>Pump Calcs</u>	<u>OWRD Pump Capacity Calculations</u>
<u>Well Logs</u>	<u>HARN 633, HARN 52426, & HARN 52924</u>

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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.

On-site direct measurement and NAIP Imagery.

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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
- 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				Isaac HARN 633/52426 / L-118172 Well #1			
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 = 15							
Efficiency = 7.04							
Lift = 49							
PSI = 10							
Results Calculated							
(hp)(efficiency) = 105.6							
Head based on psi = 25.4							
Total dynamic head = 74.4							
(head + lift)							
Pump Capacity = 1.42 cfs							

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Pump Capacity Calculation Sheet				Isaac HARN 52924 / L-136139 Well #2			
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 = 60							
Efficiency = 7.04							
Lift = 88							
PSI = 10							
Results Calculated							
(hp)(efficiency) = 422.4							
Head based on psi = 25.4							
Total dynamic head = 113.4							
(head + lift)							
Pump Capacity = 3.72 cfs							

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NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report
are to be filed with the

WATER RESOURCES DEPARTMENT,
SALEM, OREGON 97310
within 30 days from the date
of well completion.

WATER WELL REPORT

STATE OF OREGON

(Please type or print)

(Do not write above this line)

State Well No.

State Permit No.

235/321E-490

6-9177

(1) OWNER:

Name Larry Root & Donna Root

Address St. Rt. 2-14692 Hwy 20
Burns, Oregon 97720

(2) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

ry ☐ Driven ☐
e ☒ Jetted ☐
☐ Bored ☐

(4) PROPOSED USE (check):

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

(5) CASING INSTALLED:

12" Diam. from 0 ft. to 73 ft. Gage 0.250
" Diam. from ft. to ft. Gage
" Diam. from ft. to ft. Gage

(6) 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.

(7) SCREENS:

Well screen installed? ☐ Yes ☒ No

Manufacturer's Name

Type Model No.

Diam. Slot size Set from ft. to ft.

Diam. Slot size Set from ft. to ft.

(8) WELL TESTS:

Drawdown is amount water level is
lowered below static level

a pump test made? ☒ Yes ☐ No. If yes, by whom? Driller

Yield: 600 gal./min. with 90 ft. drawdown after 48 hrs.

" " " " " " " " " " " "

test gal./min. with ft. drawdown after hrs.

Artesian flow g.p.m.

Temperature of water 52° Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Well seal—Material used Cement Grout

Well sealed from land surface to 20 ft.

Diameter of well bore to bottom of seal 16 in.

Diameter of well bore below seal 12 in.

Number of sacks of cement used in well seal 21 sacks

How was cement grout placed?

From The bottom upwardly with pressure
grout pump & trieme pipe.

Was a drive shoe used? ☒ Yes ☐ No Plugs Size: location ft.

Did any strata contain unusable water? ☐ Yes ☒ No

Type of water? depth of strata

Method of sealing strata off

Was well gravel packed? ☐ Yes ☒ No Size of gravel:

Gravel placed from ft. to

(10) LOCATION OF WELL:

County Harney Driller's well number 1

NE 1/4 NE 1/4 Section 4 T. 238 R. 32E W.M.

Bearing and distance from section or subdivision corner

(11) WATER LEVEL: Completed well.

Depth at which water was first found 12 ft.

Static level 10 ft. below land surface. Date 12/14/80

Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing 12 "

Depth drilled 365 ft. Depth of completed well 365 ft.

Formation: Describe color, texture, grain size and structure of materials;
and show thickness and nature of each stratum and aquifer penetrated,
with at least one entry for each change of formation. Report each change in
position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Soil	0	3	0
Clay (Brown)	3	12	0
Gravel (med.)	12	13	12
Clay (green)	13	73	12
Rock (brn. Shale)	73	75	12
Clay (blue)	75	347	12
Pumice (white)	347	352	10
Clay (green)	352	365	10

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DEC 30 1980

WATER RESOURCES DEPT
SALEM, OREGON

Work started 12/03/80 19 Completed 12/23/ 19

Date well drilling machine moved off of well 12/24/ 80 19 80

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision.
Materials used and information reported above are true to my
best knowledge and belief.

[Signed] Larry Root Date 12/26/ 19 80
(Drilling Machine Operator)

Drilling Machine Operator's License No. 1173

Water Well Contractor's Certification:

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

Name Larry Root & Sons
(Person, firm or corporation) (Type or print)

Address ST. RT. 2-14692 Hwy 20 Burns, Oregon 97720

[Signed] Larry Root
(Water Well Contractor)

Contractor's License 781 Date 12/26 19 80

11 SHEETS IF NE

Received Date:

County Well Log ID #

Well Identification Tag #

HARN 633

35535

WELL IDENTIFICATION APPLICATION FORM

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BUYER/CURRENT WELL OWNER:

JUL 01 1999

Name: Andy Root

WATER RESOURCES DEPT.
SALEM, OREGON

Mailing Address: HC 73 174 Harney Road

City: Burns State: OR Zip: 97720 Phone: (541) 993-3645

WELL LOCATION:

County: Harney Owner's Well Number: # 1

Township: 22 N or S, Range: 32 1/2 E or W, Section: 33 NE 1/4 NW 1/4

Tax Lot Number: 2200 Type of Well: water supply IRR monitoring

Street Address of Well (if different from above):

WELL INFORMATION: (do not complete remainder of application if well log is available)

Start Card Number: 20911 Approx. Construction Date:

Well Constructor:

Name of Owner at Time of Construction:

Well Depth (in feet): Static Water Level (in feet):

Diameter of Exposed Well Casing (in inches):

Does this well have a formal water right associated with it? Yes: yes No:

If Yes: Application #: G-14678 Permit #: G-13539 Certificate #:

Please Return Completed Form to:

Larry D. McQueen
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

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

9/16/2015

From	To	Description	Amount	Units
------	----	-------------	--------	-------

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
								
								
								

Material	From	To	Amt	sacks/lbs
----------	------	----	-----	-----------

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

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

[illegible]

(11) WELL LOG

From	To	Material	Size
------	----	----------	------

[illegible]

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(7) PERFORATIONS/SCREENS

Casing Liner	Dia	+	From	To	Gauge	Stl	Plste	Wld	Thrd
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[illegible][illegible]**Comments/Remarks**

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
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Cleaned out well and set liner to prevent caving

