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

Revised 7/1/2021

GENERAL INFORMATION

Type of	Authorized Change	
This Claim is being submitted for a transfer in	volving multiple changes.	YES
Mark all that apply:		
 Change in POA(s) or Additional PC 	DA(s) 2. 🔀 Change in Plac	ce of Use
3. Change in Character of Use		
A separate section will be completed for each	ch type of change authorized in the t	transfer final order.
1. File Information		
APPLICATION #	Re	eceived
T-1/017		

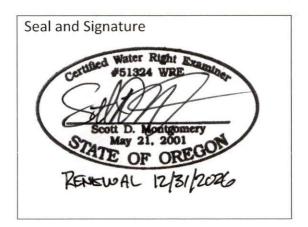
APPLICANT/BUSINESS NAME		PHONE No.		Additional Contact No.
Joseph & Vivian Cronin		541-589-0	781	
Address				
25049 N Harney Lane				
CITY		ZIP	E-MAIL	
Burns	OR	97720	1	
If the current property owner is not	the transfer holde	r of record	. it is recomm	ended that an
assignment be filed with the Depart				
,		0		
3. Transfer holder of record (this n	nay, or may not, be	the currer	it property ov	vner)
TRANSFER HOLDER OF RECORD				
Same as above				
ADDRESS				
	T			
CITY	STATE	ZIP		
4. Date of Site Inspection:				
Apr 30, 2025				
Person(s) interviewed and descr	iption of their asso	ciation wit	h the project:	
NAME	DATE		Association	ON WITH THE PROJECT
Joseph Cronin	30 Apr 25	Own	er	Monagas (Anni Marian Marian) and Marian (Marian)
			*	
6. County:				
Harney				
7. If any property described in the p	lace of use of the t	ransfer fin	al order is evo	luded from this report
i. If any broberty described in the E			ar oraci is exc	idded from tins report,
	nroporty (ORS 53			
dentify the owner of record for that	t property (ORS 53)	7.230(3)).		
dentify the owner of record for that OWNER OF RECORD	t property (ORS 53	7.230(3)).		
identify the owner of record for that OWNER OF RECORD NA	t property (ORS 53	7.230(3)).		
identify the owner of record for that OWNER OF RECORD	t property (ORS 53	7.230(3)).		
identify the owner of record for that OWNER OF RECORD NA	t property (ORS 53	ZIP		

Add additional tables for owners of record as needed

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.



Terrebonne	OR	97760	scott@ap	eands.com
CITY	STATE	ZIP	E-MAIL	
PO Box 767				
Address				
Scott D Montgomery		541-548-	541-548-5833 541-42	
CWRE NAME		Phone No		Additional Contact No.

Transfer Holder of Record Signature or Acknowledgement

<u>Each</u> 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
Joseph Con	Joseph Cronin	Owner	7.30.25
Vivran Cronen	Vivian Cronin	Owner	7.30.25

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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:

‡1	HARN 50944/50952	L59173	Nine Mile Slough Basin
(CORRESPOND TO MAP)	WELL (IF APPLICABLE)		Order)
(POA) NAME OR NUMBER	Work Performed on the	(IF APPLICABLE)	(IF LISTED IN TRANSFER FINAL
POINT OF APPROPRIATION	WELL LOG ID # FOR ALL	WELL TAG#	Source

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

A. 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
See well logs						

В.	In addition to the information requested in item "A" above, provide any other information which
ma	y help the Department locate any well logs associated with this appropriation.

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.")

3. Claim Summary:

New or Additional POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
#1	0.18 cfs		

System Description

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

NO

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

#1 HARN 50944/50952

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
National	UNK	UNK	Turbine	14"	4"

2. Motor Information

Manufacturer	Horsepower
GE	20

3. Theoretical Pump Capacity

20	30	50'	0'	1.12
		*IF A WELL, THE WATER LEVEL DURING PUMPING	PLACE OF USE	OUTPUT (IN CFS)
Horsepower	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO	TOTAL PUMP

4. Provide pump calculations:

		11000		
Q = 7.04 ft 4/5/hp x hp	-	(7.04)(20)	= 1.12 cfs	
Total Head, ft		126.2		
Total head = 76.2' + 50'	+0	' = 126.2'		

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

INITIAL METER READING	Ending Meter Reading	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
Not running			

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

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B. Groundwater	Source Information (Well and Sump)		
1. Is the appropriat	ion from a dug well (sump)?	NO	¥
	Change #2		
	Change in Place of Use		
Did the transfer ord	er authorize a change in the place of use?	YES	
1. Claim Summary If Irrigation or Nurse	ery Use:		
THE # OF ACRES AL	LOWED THE # OF ACRES DEVELOPED 20.0		
	s not irrigation or nursery: 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:	ped differently from what was authorized by the transfer final o		NO

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Change #3

Change in Character of Use

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

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	*This Date Must Fall Between The "Issuance Date" And The "Completeness Date"		
ISSUANCE DATE	8/14/2024			
COMPLETENESS DATE FROM ORDER (C)	10/1/2025			

^{*} 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)?

NO

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

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

c. Meter Information

POA NAME	Manufacturer	SERIAL#	Condition	CURRENT METER	DATE INSTALLED
OR#			(WORKING OR NOT)	READING	
#1	Seametrics	06240908	Off	34.281 AF	6/16/2025

- 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
	S" to any of the above, identify the condition and describe the water user's actions to y with the condition(s):	

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION				
Well logs	HARN 50944/50952				
Site photos	Time/location stamped pictures of irrigation system & place of use				

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 approx. boundaries using a Topcon FC 6000 data collector. Point data was converted into Statewide Lambert Proj. and compared with recent imagery to confirm accuracy.

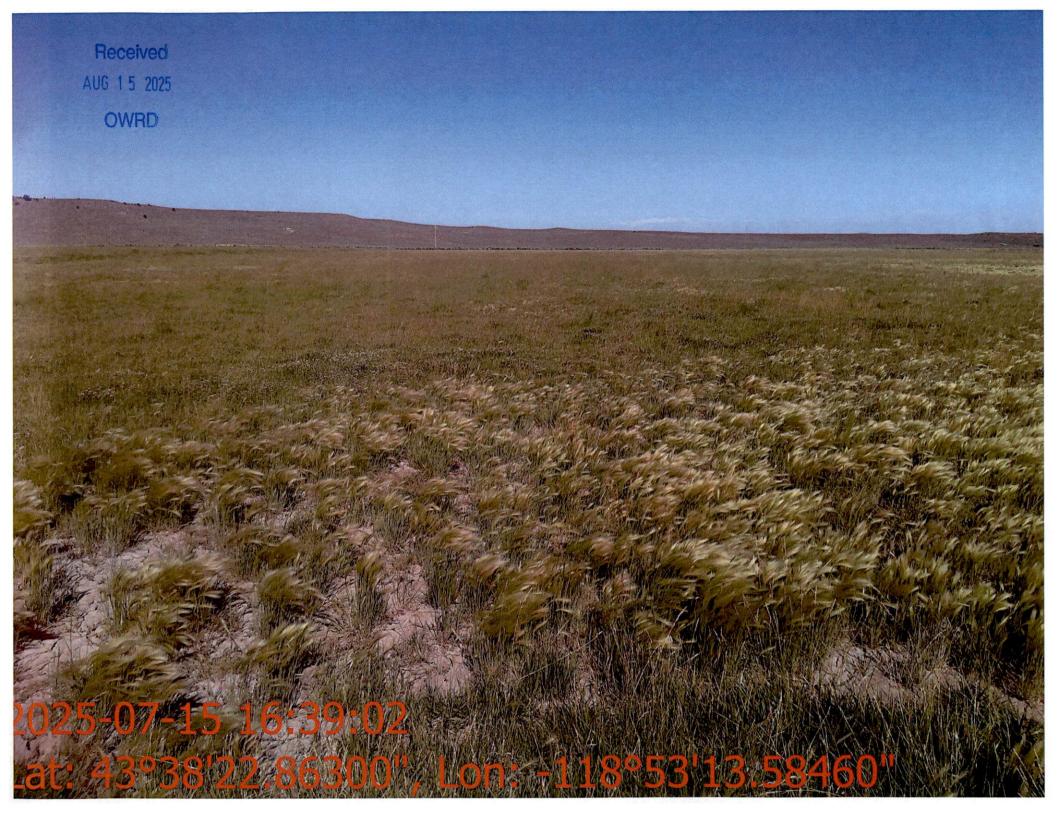
Map Checklist

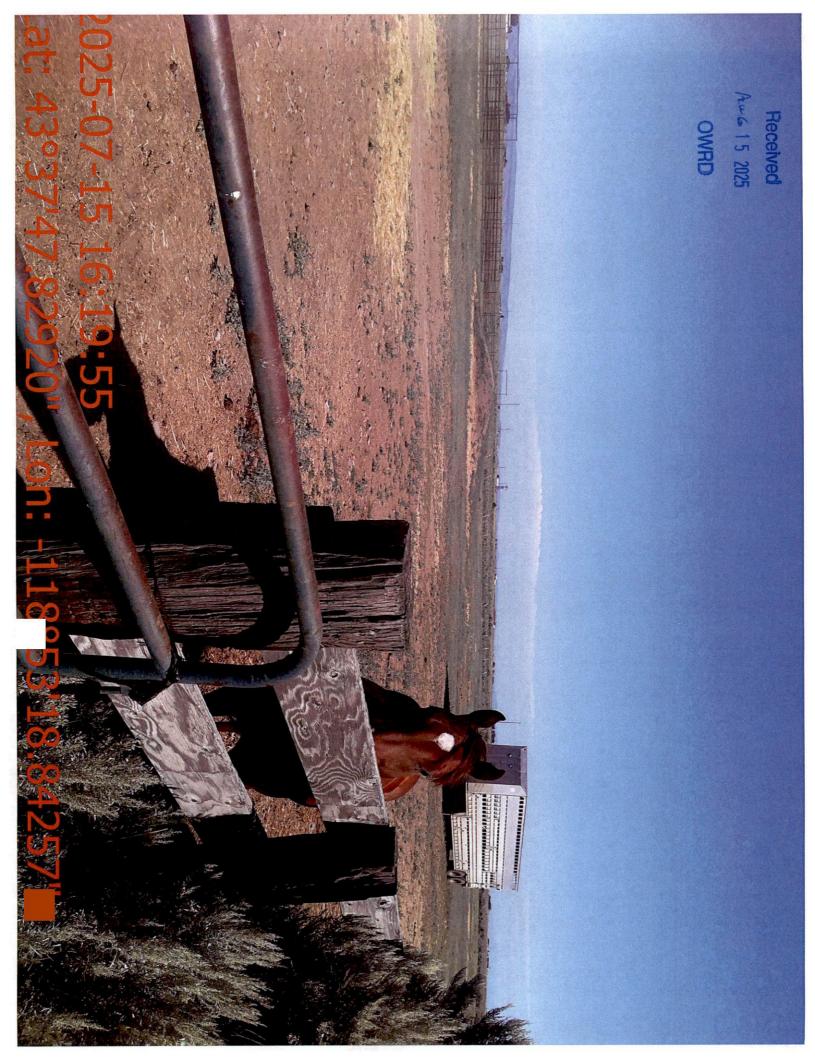
Please be sure that the map you submit includes ALL the items listed below. (Reminder: Incomplete maps and/or claims may be returned.)

\boxtimes	Map on polyester film
\boxtimes	Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
\boxtimes	Township, Range, Section, Donation Land Claims, and Government Lots
\boxtimes	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
\boxtimes	Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
\boxtimes	Point(s) of diversion or appropriation (illustrated and coordinates)
\boxtimes	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")
\boxtimes	Application and permit number or transfer number
\boxtimes	North arrow
\boxtimes	Legend
\boxtimes	CWRE stamp and signature

STATE OF OREGON WELL I.D. # L. WATER SUPPLY WELL REPORT START CARD # (as required by ORS 537.765) Instructions for completing this report are on the last page of this form. (9) LOCATION OF WELL by legal description: (1) LAND OWNER, Name Grea Sh Well Number County Harney Latitude_ Longitude . _N or S Range 32 E Address 107 1 N. Buena Vista Township 225 E or W. WM. Zip 97770 NW 1/4 NE City Burns State OR Section 28 Tax Lot ______ Lot ____ __Block _ (2) TYPE OF WORK Subdivision ☐ New Well ☐ Deepening Malteration (repair/recondition) ☐ Abandonment Harney Lane Street Address of Well (or nearest address) (3) DRILL METHOD: ☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger (10) STATIC WATER LEVEL: Other_ ft. below land surface. Artesian pressure ___ _lb. per square inch (4) PROPOSED USE: (11) WATER BEARING ZONES: ☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation ☐ Livestock ☐ Other ☐ Thermal ☐ Injection Depth at which water was first found (5) BORE HOLE CONSTRUCTION: Special Construction approval Yes No Depth of Completed Well 131 ft. SWL **Estimated Flow Rate** To From Explosives used Yes No Type_ 17 25 130 450 SEAL HOLE acks or pounds (12) WELL LOG: How was seal placed Method $\Box C$ **Ground Elevation** Mother poured dn + tamped SWL Material From Backfill placed from Material ft. to _ft. to 123 ft. Size of gravel 3/8 DEOL Gravel placed from (6) CASING/LINER: Welded Threaded Plastic Received Drive Shoe used Inside Outside None Final location of shoe(s) (7) PERFORATIONS/SCREENS: Method Perforations Type Wire was Material Odlu-Steel **▼** Screens Tele/pipe Number Diameter Casing Liner WATER RESOURCES DEP 123 1.125 Continuous V SALEM, OREGON Completed (8) WELL TESTS: Minimum testing time is 1 hour Flowing (unbonded) Water Well Constructor Certification: Pump Bailer Air Artesian I certify that the work I performed on the construction, alteration, or abandon-Yield gal/min Drawdown Drill stem at Time ment 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 100 knowledge and belief WWC Number Signed (bonded) Water Well Constructor Certification: Temperature of water _58 Depth Artesian Flow Found I accept responsibility for the construction, alteration, or abandonment work Was a water analysis done? NO Yes By whom performed on this well during the construction dates reported above. All work ☐ Too little Did any strata contain water not suitable for intended use? 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 b ☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other WWC Number_ Depth of strata:

STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765) Instructions for completing this report are on the last page of this form.						WEI STAI	L I.D. # L RT CARD	#	73	
nstructions for c	ompleting this r	1	the last par Well Numb			(9) LOCATION OF WELL	atituda	Lo	ngitude	
	6 Shou					Township 22 S	los C Donge	32 F	E or W. V	VM.
	N BUE			0-	170-	Township	or S Kange	ALE 11		
city Burn	5	State O	۷	Zip	1720	Section 28	1/4_	NE 1/2		
2) TYPE OF W	ORK	teration (repair	/recondition) Abane	donment	Tax Lot 1700 Lot Street Address of Well (or n	Bloc earest address	s Old Hay	iney L	N
3) DRILL ME	THOD:				V.	(10) STATIC WATER LE	VEL:		Date 4-3	
Other	,					ft. below lan			Date	
(4) PROPOSED	HSF.					Artesian pressure	Ib. per	square inch	Date	
☐ Domestic ☐ (Community 🗆 l	ndustrial 💆	Irrigation			(11) WATER BEARING 2	CONES:			
☐ Thermal ☐ □	D. CONCEPT	ivestock 🗆				Depth at which water was first	found			
(5) BORE HOL Special Constructi	E CONSTRU	es M No Den	th of Com	nicted Well	125 ft.	From	То	Estimated FI	ow Rate	SWI
Explosives used [on approval 1	es at No Dep	A mo	unt			130	450	,	17
Explosives used L HOLE	Yes Ly No Ty	SEAL	Anio	uin		~3 		7.76		
	To Mater	ial From	a [™] 5 5	acks or pou	nds					
Diameter From	25 bentor	W O	a J -	SU SU	~					
14 93										
				□D		(12) WELL LOG:	ation			
How was seal place	ed: Method	tomos	B	ЦΒ	□E	Ground Elev	ation			0337
Backfill placed fro	m it. to	ft.				Material	111	From	To	SW
Gravel placed from	n ft. to	ft.	Size of gr	avel		clay loom to	psoil	0	5	_
6) CASING/LI	NER:			ALCOHOLD STATE		clay brn		5	6	
Diameter	From To	Gauge Steel	Plastic	Welded T	hreaded	santistone				
Casing: 14	11/60	375 🗴		N/		clay brn		6	25	17
outling.						clare arrives		25	35	
						market day		35	45	
4						Sand fine bor	1	45	125	
	+-++						The second second second second	125	130	17
Liner:	+					Sand time cau	" "	130	135	17
Drive Shoe used [Final location of s		side None						ITO I		
(7) PERFORA		ENS:				1	-MEN	VEV		
Perforation		J. 101					Jam 1			
Screens	E 100			rial			.nv 0	1003		
_ Screens	Slot		Tele/pipe					15	1	
From To		r Diameter	size	Casing	Liner			OHEGON	+	-
	1						RESO	OHEGON	1	-
						- WA	SALEM.	Office		
				_ 🗆					-29-	12
(8) WELL TES	STS: Minimun	n testing tin	ne is 1 ho	ur		Date started 4-24-0			-29	25
☐ Pump	Bailer	□Air		Flow Artes		(unbonded) Water Well Constr I certify that the work I perfo	ormed on the	construction, alter	ration, or aba	ındon-
Yield gal/min	Drawdown	Drill st	em at	T	ime	f this wall is in compliant	e with Orego	in water supply wi	ell constructi	OH
	4			1	hr.	standards. Materials used and in	formation rep	oorted above are tr	ue to the bes	t of my
100	7	+				knowledge and belief.			nber	
						Signed			ate	
	58°	_Depth Artes	ian Flow F	ound		(bonded) Water Well Construc	ctor Certific	ation:	doc=	work
Temperature of w		V Bumbo	om			l accept responsibility for the performed on this well during the	ne construction	on, alteration, or al on dates reported a	bove. All wo	rk
Temperature of w	sis done An	res ny will				performed on this well during th	ic constructio	m dates reported a		
was a water analy	isis done if w	itable for inter	nded use?	☐ To	oo little	- f ad during this time is in	compliance	with Oregon Water	Supply well	
Was a water analy Did any strata cor	ntain water not su	itable for inter	nded use?	☐ To	o little	- f ad during this time is in	compliance	with Oregon water the best of my kno	wledge and	belief,
was a water analy	ntain water not su addy \(\square\) Odor	itable for inter	nded use?	☐ To	oo little	performed during this time is in construction standards. This rep	compliance	the best of my know WWC Nur	wledge and	belief 24







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: 8/11/2025 Attention: Certificates

[X] Prints [] Plans [] Plat [] Specifications.

Attached is an COBU & Map for T-14017, Cronin.

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

Copies	No.	Description
1	1	COBU (10 pages letter bond)
1	2	COBU Map (1 page mylar)
1	3	Well Logs (2 pages letter bond)
1	4	Site photos (2 pages letter bond)
1	5	Check for \$345

Signed: Vouise Mon

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