# CLAIM OF BENEFICIAL USE for Transfers Place of Use Only



## OREGON 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 <u>transfer final orders</u> 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: <a href="https://www.oregon.gov/OWRD/Forms/Pages/default.aspx">https://www.oregon.gov/OWRD/Forms/Pages/default.aspx</a>

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

# SECTION 1

#### **GENERAL INFORMATION**

#### Type of Authorized Change

This Claim is being submitted for a transfer where the <u>only</u> authorized change was a change in place of use.

If additional changes were authorized, you will need to select a different form.

# YES

Received

AUG 0 4 2025

OWRD

AUG 28 2025

OWRD

**1.** File Information

APPLICATION # T-14340

Revised 7/1/2021

Change in Place of Use Only - Page 1 of 8

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

APPLICANT/BUSINESS NAME	PHONE NO	).	ADDITIONAL CONTACT NO.		
Golden Rule Farms, Inc		541-576-	2273		
Address				•	
PO Box 255					
CITY .	STATE	ZIP	E-MAIL		
Christmas Valley	OR	97641	GoldenRu	leFarms@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. <u>Each</u> 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 RE	CORD		
Same as above			
Address			
Сіту	STATE	ZIP	

4. Date of Site Inspection:

## 7/15/2025

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

Name	DATE	ASSOCIATION WITH THE PROJECT	
Rob Elder	7/15/2025	Farm Manager	

6. County:

Harney		
namev		

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

OWNER OF RECORD			
NA			
Address			
CITY	STATE	ZIP	

Add additional tables for owners of record as needed

Received

AUG 0 4 2025

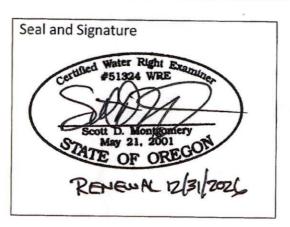
OWRD Received

AUG 2 8 2025

#### **SIGNATURES**

## CWRE Statement, Seal and Signature

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



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

# Transfer Holder of Record Signature or Acknowledgement

 $\underline{\textit{Each}}$  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
Jim Tuskett	Tim Puckett	President	7-22-25

Received

Received

AUG 0 4 2025

AUG 2 8 2025

**OWRD** 

#### **EXTENT OF CHANGE COMPLETED**

#### 1. Claim Summary:

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
17.9	17.9

If the use(s) was 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)

YES

-									
2.	V	'a	ri	a	tı	0	n	5	1

Was the use developed differently from what was authorized by the transfer final order? If yes, describe below.

NO

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

AUG 0 4 2025

Received AUG 2 8 2025

#### CONDITIONS

All conditions contained in the transfer, 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 CHANGE WAS COMPLETED  *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND T  "COMPLETENESS DATE"		
ISSUANCE DATE	6/16/25	THE THE PARTY OF T		
COMPLETENESS DATE FROM ORDER (C)	10/1/2026	7/15/2025		

<sup>\*</sup> 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 require the installation of a meter or
- b. Has a meter been installed?

YES

c. Meter Information

Briggs 2	Lindsay Growsmart	IM 3000	Not running	518990.6 gal x 1000	Spring 2022
Name or #			(WORKING OR NOT)	Reading	
POD/POA	MANUFACTURER	SERIAL#	Condition	CURRENT METER	DATE INSTALLED

- 4. Other conditions required by the transfer final order:
  - a. Other conditions?

NO

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

Received
AUG 2 8 2025

OWRD

OWRD

#### **ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION				
Well log	Briggs 2 (HARN 1460)				
Site photos	Time/location stamped pictures of irrigation system & place of use.				

Received

AUG 0 4 2025

**OWRD** 

Received

AUG 2 8 2025

#### CLAIM OF BENEFICIAL USE MAP

A 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 polyester 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.

For the purpose of this Claim, the map must identify the developed new place of use. The existing point(s) of diversion or point(s) of appropriation are required to be included on the Claim map, based on the locations described in the transfer final order.

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 FGC 6000 data collector. Point data was converted into Statewide lambert Projection & overlaid with recent aerial imagery to confirm accuracy.

AUG 2 8 2025

AUG 0 4 2025

# **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
	Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
$\boxtimes$	Locations of meters and/or measuring devices in relationship to point of diversion
	Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.) *Not required for this type of Claim of Beneficial Use
$\boxtimes$	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")
$\boxtimes$	Transfer application number
$\boxtimes$	North arrow
$\boxtimes$	Legend
$\boxtimes$	CWRE stamp and signature

Received

AUG 0 4 2025

OWRD

Received AUG 2 8 2025 OWRD

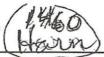
# 110V 23 1988

#### STATE OF OREGON

(1) OWNER:

WATER WELL REPORT (as required by ORS 537.765)

Fred Briggs



Well Number:

25/3/E/10b

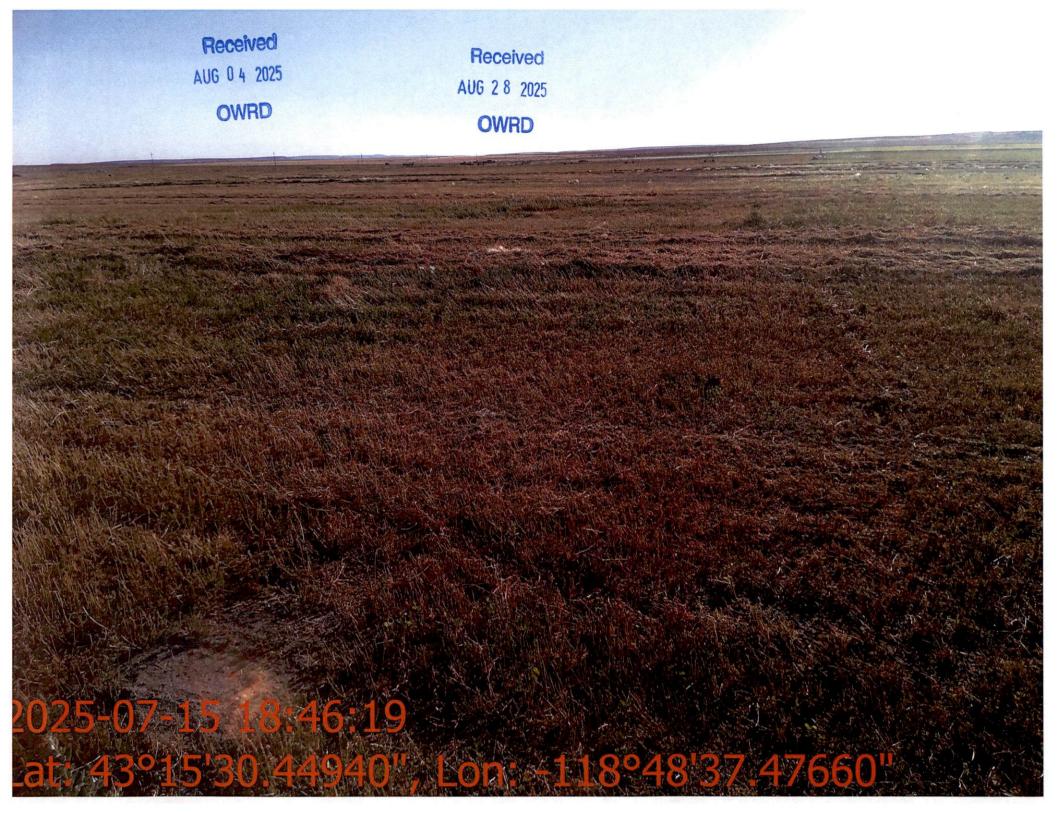
WATER RESOURCES DEPT, DALEM, OREGON

OREGON	(START CARD) #	5237		, ,	
(9) LOCATIO	ON OF WELL by I	egal d	escrip	tion:	
County Harne	ey Latitude	,	"Longitu	ide	,
Township 2	EY Latitude	31 E		E or W	. WM.
Section	T MA 17	NH.	1/.		
Tax Lot 100	O Lot Blog	·k	Sub	division	-
Street Address of	f Well (or nearest address)	35 mi	les S	of B	urns
•	O Lot Bloo f Well (or nearest address) se-Princeton R		Brigg	s ran	ch
	WATER LEVEL	:		-	
	ft. below land surface.	!u.ah			10-88
	lb. per sq		Date		
Depth at which water v	BEARING ZONI	:S:			. 1
From	То	Patie	nated Flo	m Data	SWL
25	35	ESGI		whate	
- 22	- 32	-	500		12
	-	-			
		<del> </del>			
(12) WELL LO	OG: Ground elevat	ion I	1150		
	Material	1011	From	То	SWL
Soil	Material			1	
	1 1		0		0
Rock, gre	y nard		1 7	25	0
ornaers,	red water bear	ring	25	35	12
					,
	Recei	ved			
	AUG 0 4	2025			
	7,00 0 4	2023			
7	OWR				
	4.7		15		
			lecei	ved	
		AU	G 28	2025	
			OWI	an I	
	22 5 00		000	-	
Date started	11-7-88 Comp	leted	11-10	)-88	
I certify that the	Well Constructor Cer ne work I performed or is well is in compliance used and information re	the con	nstructio	vell consi	ruction
Signed				nber	
			te		
I accept respons work performed on the work performed dur	Il Constructor Certifi ibility for the construct his well during the const ring this time is in	tion, alte	dates re	ported at	ove. all
	ds. This report is true t				
11	11 11 1. 11	W	WC Nur	nber 12	54

Address				Ö				
		Box !					: -	
City		Lake	view		State	Or.	Zip	
(2) T	YPE	OF WO	ORK:	**				
X New	Well	☐ Dec	epen	☐ Reco	ndition		'Abandon	
(3) I	RILL							tolius sinceres on
E Rota			otary Mud	П	Cable		~;	(8)
Oth			July 2/2 uu				120 12	
-	ROPO	SED	USE.					
Don Don				□ Indu	triol	1871 r	· &c	stock
☐ The	-	☐ Inje		Othe		tel III	igation o.	D CO CAL
-						т.		
(a) D	Construct		CONS	No.	Domail	N:	-1-4-3 TTT 11	35
opecial (	Constructi	Yes No	vai D	X	Depth	of Comp	pleted Well	
Explosiv	ves used					Amount	t	
	HOLE				AL .			
Diame	ter From		Mate	1925	From	To	sacks	amount or pounds
201		181	ceme	nt	0	18		) sacks
_16"	1 18	35		Įž.				
-								
How was	s seal place	ed: Metho	d $\square$ A	□в	ℤ c	$\square$ D	E	
	er							
Backfill	placed from	m	ft. to	ft.	Mate	rial _		
			ft. to			of gravel		
-	ASIN		-			-	-	
(0)	Diamete			Ganga	Stool	Plactic	Welded	Threade
Casing:_	1611	1+1	251	.250	XI		Welded [X]	Inreade
ouome				1			. 🗆	
-					П	П		
_			1					H
Liner:					П		H	
								H
						1 1		
Final loca	ation of sh	ne(s)	25		. 🗀	Ц		ш
	ation of sh		25 ONG/9	CDEE	NG.	NO.		
(7) P	ERFO	RATI	ONS/S					
(7) P	ERFO	RATI	ONS/S					
(7) P	ERFO	RATIO	ONS/S Method				ial	
(7) P	ERFO Perforation	RATIO Ons	ONS/S Method	-	Te	Materi le/pipe		
(7) P	ERFO Perforation	RATIO	ONS/S Method		Te	Materi	al	Liner
(7) P	ERFO Perforation	RATIO Ons	ONS/S Method	-	Te	Materi le/pipe		Liner
(7) P	ERFO Perforation	RATIO Ons	ONS/S Method	-	Te	Materi le/pipe		Liner
(7) P	ERFO Perforation	RATIO Ons	ONS/S Method	-	Te	Materi le/pipe		Liner
(7) P	ERFO Perforation	RATIO Ons	ONS/S Method	-	Te	Materi le/pipe		Liner
(7) P	ERFO Perforation	RATIO Ons	ONS/S Method	-	Te	Materi le/pipe		Liner
(7) P.	Perforation Screens To	RATIONS Slot size	ONS/S  Method Type Numbe	r Diame	Te	Materi le/pipe size	Casing	Liner
(7) P.	Perforation Screens To ELL T	RATIO ONS Slot Size	Method Type Numbe	r Diame	Te ter sting t	Materi le/pipe size	Casing	
(7) P.	Perforation Screens To ELL T	RATIONS Slot size	Method Type Numbe	r Diame	Te ter sting t	Materi le/pipe size	Casing	
(7) P	Perforation Screens To ELL T	RATIO	Method Type Numbe	num tes	Te ter sting t	Materi le/pipe size	Casing	
From  (8) W  Yield g	Perforation Screens To ELL T Pump gal/min	RATIO	Method Type  Numbe	num ter	sting t	Materi le/pipe size	Casing  Casing	ng aan
(7) P.  From  (8) W	Perforation Screens To ELL T Pump gal/min	Slot size	Method Type  Numbe	num ter	Teter   Sting t	Materi le/pipe size	Casing  Casing	ng aan
(7) P.  From  (8) W  Yield g	Perforation Screens To ELL T Pump gal/min	Slot size	Method Type  Numbe	num ter	sting t	Materi le/pipe size	Casing  Casing	ng aan
(7) P.	Perforation Screens  To  ELL To  Pump gal/min	RATIONS Slot size VESTS Drav 0	Method Type Numbe S: Minin Sailer	num tes	sting t	Materiale/pipe size	Casing  Casing	ng an me
(7) P.  From  (8) W  Yield g	Perforation Screens To ELL T Pump gal/min O	Slot size  Slot size  PESTS  Draw  O	Method Type  Numbe  Numbe  S: Minin  Bailer  vdown	Dr.	sting t Air ill stem	Materiale/pipe size	Casing  Casing	ng an me
(7) P:	Perforation Screens  To  ELL T  Pump gal/min  O  cure of water analysis	Slot size  Slot size  PESTS  Draw  O  er _5] s done?	Method Type  Numbe  Numbe  S: Minin  Bailer  vdown	Dep By who	sting t Air ill stem 5'1	Materi	Casing  Casing  Casing  Casing	ng an me
(8) W  Yield g  500  Temperat Was a wat Did any st	Perforation Screens  To  ELL T  Pump  gal/min  O  aure of water analysis trata conta	Slot size  Slot size  PESTS  Draw  O  er _5) s done? nin water r	Method Type  Numbe  Numbe  S: Minin  Bailer  vdown	Dr. By who for intense	sting t Air ill stem 5'!	ime is	Casing  Casing	ng an me
(7) P.  From  (8) W  Yield g  COO  Temperat Was a wat Did any st	Perforation Screens  To  ELL To  Pump gal/min  O  ure of water analysis trata conta	Slot size  Slot size  PESTS  Draw  O  er _5) s done? nin water r	Method Type  Numbe  Numbe  S: Minin  Bailer  vdown	Dr. By who for intense	sting t Air ill stem 5'!	ime is	Casing  Casing  Casing  Casing	ng an me

Date 11-10-88









# ALL POINTS ENGINEERING & SURVEYING

P.O. Box 767 Terrebonne, Oregon 97760

# **TRANSMITTAL**

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

Date: 8/22/2025 Job: 24-111 Attention: Certificate Section

Re: T-14340

[x] Prints [] Plans [x] Map/Plat [] Specifications [] Change order [] Other

Copies	No.	Description				
1	1	COBU map (1 sheet letter mylar)				
1	2	COBU report (8 sheets letter bond)				
1	3	Well ID Report (1 sheet letter bond)				
1	4	Site photos (3 sheets letter bond)				

These are transmitted as checked below:

mitted [] Approved as noted
ections [] Returned corrected prints
[] Other
neck for the \$345 fee.
ase don't hesitate to call (541) 548-5833.
1

Received AUG 2 8 2025 OWRD