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 <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: 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

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JUL 2 1 2025

GENERAL INFORMATION

Type of Authorized Change

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This Claim is being submitted for a transfer involving multiple changes. Mark all that apply:

YES

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-14180	

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2. Property Owner (current owner information)

APPLICANT/BUSINESS NA	PLICANT/BUSINESS NAME PHON		ADDITIONAL CONTACT NO.
Toelle Ranch, LLC		541-510-98	391
Address			
72702 Cow Creek Rd			
CITY	STATE	ZIP	E-MAIL
Burns	OR	97720	JRToelle@BLM.gov

If the current property owner is not the transfer holder of record, it is recommended that an assignment be filed with the Department. <u>Fach</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 RECORD			
Same as above			
Address			
CITY	STATE	ZIP	

4. Date of Site Inspection:

6/12/2025	
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5. Person(s) interviewed and description of their association with the project:

	025 Farm Manager
NAME D	DATE ASSOCIATION WITH THE PROJECT

6. County:

Harne	V		

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			
Сіту	STATE	ZIP	

Add additional tables for owners of record as needed

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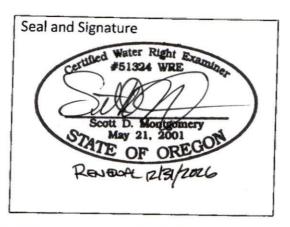
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SECTION 2 SIGNATURES

CWRE Statement, Seal and Signature

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



Terrebonne	OR	97760	scott@a	peands.com	
Сіту	STATE	ZIP	E-MAIL		
PO Box 767					
ADDRESS		1 - 1 - 1 - 1		342 420-0401	
Coott D Manual		541-548-		541-420-0401	
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.

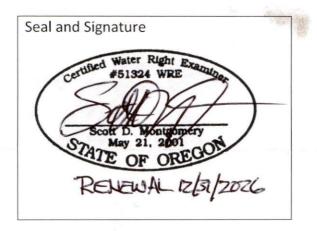
SIGNATURE	PRINT OR TYPE NAME	Tince	DATE
Sall	John Toelle	Managing Member	8-03-25
Dorte/cofab	Don McNabla	Transfer Applicant	7.31-25

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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		PHONE NO		Additional Contact No.
Scott D Montgomery		541-548-	5833	541-420-0401
Address				
PO Box 767				
CITY	STATE	ZIP	E-MAIL	
Terrebonne	OR	97760	scott@ape	eands.com

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
Ante	John Toelle	Managing Member	

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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:

#3	HARN 52770	L131958	Silvies River
	(IF APPLICABLE)		
(CORRESPOND TO MAP)	WELL		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

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final?

If yes, describe below.

(e.g. "The order allowed three new/additional points of appropriation. The water user only developed one of the points.")

The transfer authorized 3 wells. The permit holder only built 1 well.

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3. Claim Summary:

NAIVIE ON II	0.75 cfs	3.00 cfs	
POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED

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):

#3 (HARN 52770

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		Turbine	14"	8"

2. Motor Information

MANUFACTURER	Horsepower		
GE	75		

3. Theoretical Pump Capacity

75	30	100'	0'	3.00
		*IF A WELL, THE WATER LEVEL	PLACE OF USE	OUTPUT (IN CFS)
Horsepower	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO	TOTAL PUMP

4. Provide pump calculations:

Q = 7.04 ft 4/5/hp x hp = (7.04)(75) = 3.00 cfsTotal head, ft Total head = 76.2 + 100' + 0' = 176.2'

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME	TOTAL PUMP OUTPUT
		OBSERVED	(IN CFS)
617.431 AF	617.433 AF	5 min.	2.76

6. Additional notes or comments related to the system:

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AUG 2 8 2025	JUL 2 1 2025

B. Groundwater Source Information (Well and Sump)

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

NO

Change #2

Change in Place of Use

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

YES

1. Claim Summary – Authorized Use:

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
60.0	60.0

If the new use(s) was not irrigation or nursery:

New Use(s)	WAS THE NEW PLACE OF USE DEVELOPED TO THE FULL EXTENT
	AUTHORIZED UNDER THE ORDER?
	(INCLUDE THE LOCATION OF THE DEVELOPED PLACE USE ON THE
	CLAIM MAP)
	NA

-							
2.	\/	ar	ia	t١	0	n	0
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Was the use developed differently from what was authorized by the transfer final order? If yes, describe below.

А 1	
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ıv	

(e.g. '	"The order authorized	a chanae in	place of use	for 40 acres.	The water user or	ly developed 38 acres."
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Change #3

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Change in Character of Use

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NO

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

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	9/5/2024			
COMPLETENESS DATE FROM ORDER (C)	10/1/2029	6/12/2025		

^{*} 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?
- b. Has a meter been installed?

YES

c. Meter Information

OR #	Seametrics	102077.00	(WORKING OR NOT) Not running	READING 617.43300 AC	4/30/2019
POA NAME	Manufacturer	SERIAL#	Condition	CURRENT METER	DATE INSTALLED

- 4. Recording and reporting conditions
- a. Is the water user required to report the water use to the Department?

NO

- 5. Other conditions required by the transfer final order or extension final order:
 - a. Were there special well construction standards?

NO

b. Was submittal of a ground water monitoring plan required?

NO

c. Other conditions?

NO

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

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well log	HARN 52770
Site photos	Time/location stamped pictures of well, conveyance and place of
	use.

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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 well, conveyances and place of use were tied to approximate boundaries using a Topcon FC 6000 data collector. Point data was converted to Statewide Lambert Projection and overlaid by aerial imagery for accuracy.

JUL 2 1 2025

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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.)

\boxtimes	Map on polyester film
	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
	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")
	Application and permit number or transfer number
\boxtimes	North arrow
	Legend
\square	CWRE stamp and signature

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WATER CURRILY WELL PERCE	HARN	52770	TLL I.D. I	ABEL# L	131958	2 2 2 2 2 2 2 2
WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)			START	CARD#	1041713	
	1/23/	2019	ORIGINAL			
(1) LAND OWNER Owner Well I.D. #3						
First Name JOHN Last Name TOELLE Company	_ ' _	(9) LOCATIO	N OF WELL	(legal de	ecription)	
		County HARNEY	Turn 22 00	Ciegai de	December 32.50	F 500000
Address 72989 COW CREEK RD BURNS OR 97720	_	Sec 25 NE	1/4 of the	N/S	Kange 32.50	E E/W WM
City BURNS State OR Zip 97720 (2) TYPE OF WORK X New Well Deepening Convers	-	Tax Map Number	1/4 01 1110	1444	I ax Lut	FU1
(2) TYPE OF WORK New Well Deepening Convers Alteration (complete 2a & 10) Abandonment(comp	sion	Tax Map Number Lat	, "or		LOI	DMS or DD
(2a) PRE-ALTERATION	plete 5a)	Long°	" or			DMS or DD
Dia + From To Gauge Stl Plstc Wld Thrd	- 1	Street	address of well	(Near	est address	DIVIS OF DD
	1	72989 COW CREE	EK RD BURNS	OR 97720		
Material From To Amt sacks/lbs	1					_
(3) DRILL METHOD		(10) CTATYON	WILLIAM Y MY	The late		
Rotary Air Rotary Mud Cable Auger Cable Mud		(10) STATIC V	VATERLE	EL Date	OTTI / I	
Reverse Rotary Other	1	Existing Well /	Pre-Alteration		SWL(psi)	+ SWL(ft)
		Completed We	11	1/22/2019	 	53
(4) PROPOSED USE Domestic Irrigation Community	1		Flowing Arte	sian?	Dry Hole?	
Industrial/ Commercial Livestock Dewatering	h	WATER BEARING	ZONES	Depth water	er was first found	89.00
Thermal Injection Other					low SWL(psi)	
(5) BORE HOLE CONSTRUCTION Special Standard (Atta	ach copy)	1/22/2019				
Depth of Completed Well 278.00 ft.	, (40-	1/22/2019	89 2	78 10	00	53
BORE HOLE SEAL	sacks/					
Dia From To Material From To Amt 20 0 58 Cement 0 58 35	100					-
20 0 58 Cement 0 58 35 14 58 278 Calculated 35						
Calculated 33						
Calculated		11) WELL LO	G Groun	d Elevation		
How was seal placed: Method A B XC D	E	Ma	nterial		From	То
Other		clay			0	10
Backfill placed from ft. to ft. Material		very hard broken cla	ay/sandstone		10	24
Filter pack from ft. to ft. Material Size		large gravel hard cemented grave	-11		24	31
Explosives used: Yes Type Amount		grey claystone	el conglomerate		31	32
(5a) ABANDONMENT USING UNHYDRATED BENTONITE		broken claystone			32	40
Proposed Amount Actual Amount		grey claystone			43	89
(6) CASING/LINER		fractured dirty grey	clay		89	155
Casing Liner Dia + From To Gauge Stl Plstc Wld	u illiu	broken brown clay multi colored cinder		-	155	225
○ 16 X 2 58 .250 ○ X	ᆝᆜᆘ	muni colorea cinder		3	225	278
				Receive	90/	
88 H 88 H	H H I				005	
D D D D D D D D D D D D D D D D D D D	▎⊢┤╟		JU	717	025	
Shoe Inside Outside Other Location of shoe(s)	' ''				_	-
Temp casing Yes Dia From + To	II			OWRE)	
(7) PERFORATIONS/SCREENS	- 1					
Perforations Method	Į.					
Screens Type Material Perf/ Casing/Screen Screen		Date Started 1/9/2	019	Comple	eted 1/22/2019	
Scrivslot Slot # 01	Tele/	(unhanded) Wester	XX/-11 C	-		
Screen Liner Dia From To width length slots pig	pe size	(unbonded) Water I certify that the wo				
	-	abandonment of th	is well is in	compliance	with Oregon w	ing, alteration, or
		construction standar	ds. Materials us	ed and infor	mation reported	above are true to
		the best of my know			Re	eceived
9) WELL TESTS W.		License Number 19	140	Date	1/23/2019	CCIVEU
8) WELL TESTS: Minimum testing time is 1 hour		Signed RENIAM	IN EDV /E &L-		AUG	2 8 2025
Pump Bailer Air Flowing Artesi	ıan 📙	<u> </u>	IN FRY (E-filed			- CULJ
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	-, I	bonded) Water We	ell Constructor	Certification		MADD
170	- <u> </u>	accept responsibili	ty for the const	uction, deep	ening, alteration	, of abandonment
	7 []	work performed on to performed during the	his time is in	compliance	on dates reported	above. All work
Temperature 60 °F Lab analysis Yes By		construction standard	ds. This report is	true to the b	est of my knowle	edge and belief
Water quality concerns? Yes (describe below) TDS amount 197 p		License Number 13:			1/23/2019	
From To Description Amount Un	nits			- Jule	114312019	
		Signed ARTHUR	FRY (E-filed)			
	-	Contact Info (options	al)			100
ORIGINAL - WATER RESOU	RCES DEP	ARTMENT				
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DE	PARTME	NT WITHIN 30 DA	YS OF COMPL	ETION OF V	VORK Form Ve	ersion:



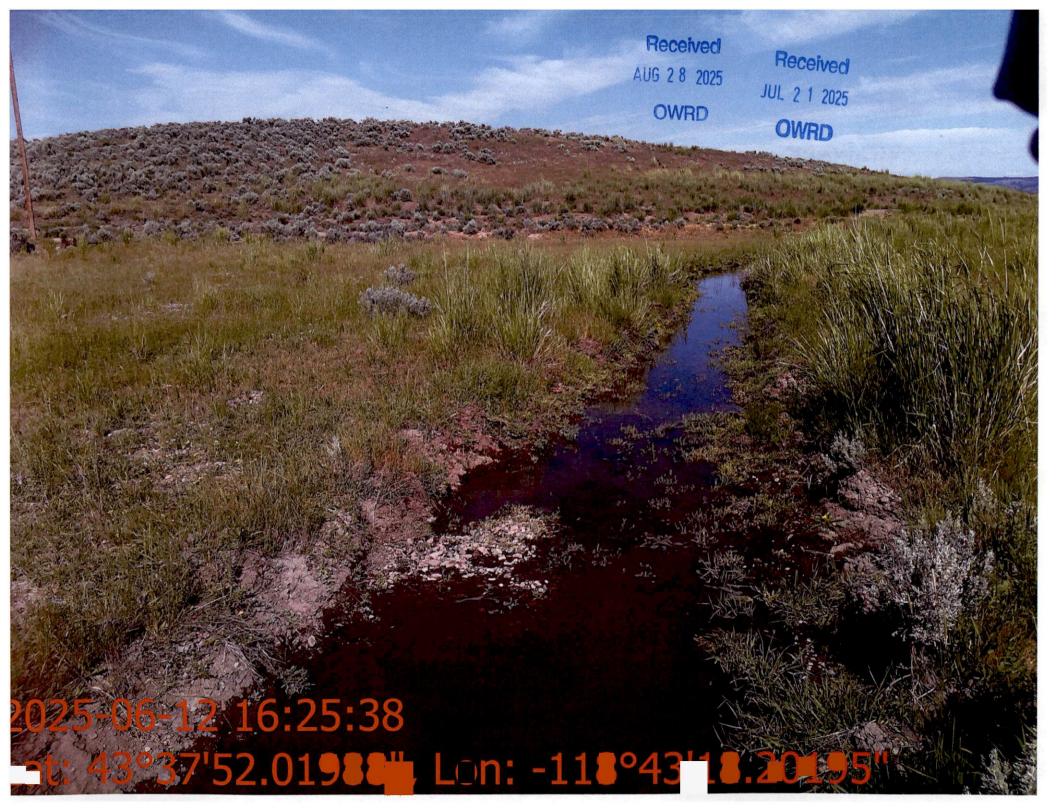


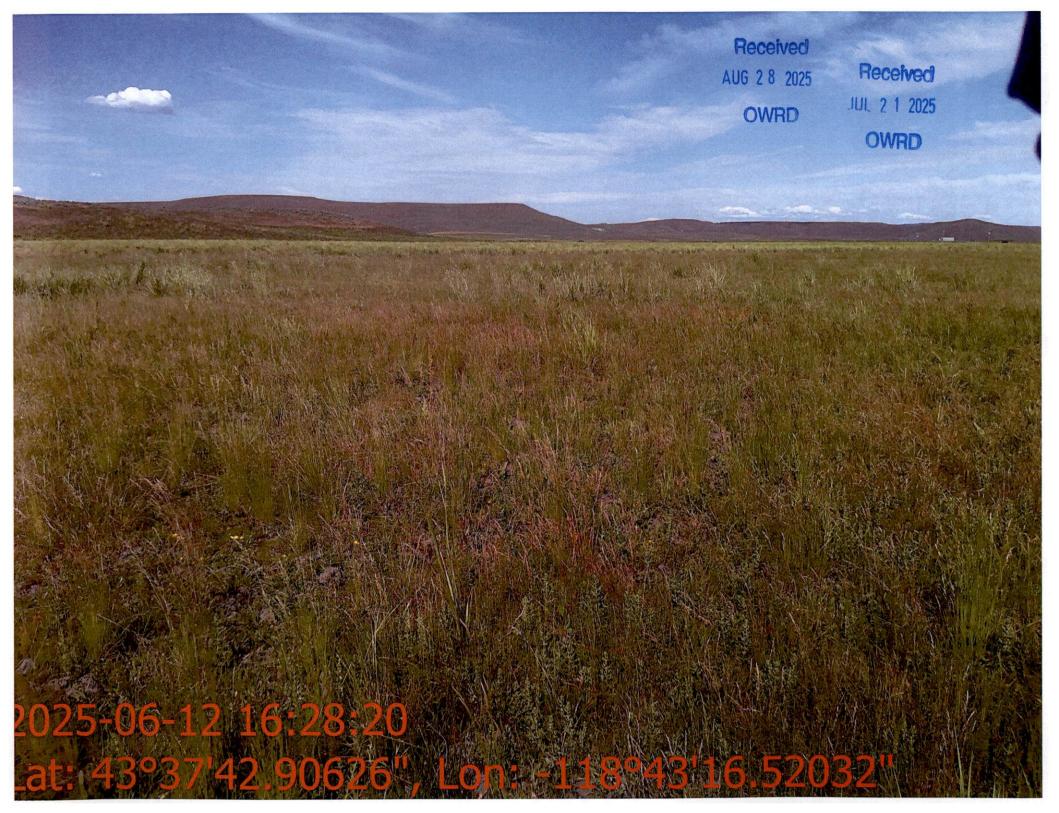
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ALL POINTS ENGINEERING & SURVEYING

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: 25-080 Attention: Certificate Section

Re: T-14180

[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 (10 sheets letter bond)
1	3	Well ID Report (1 sheet letter bond)
1	4	Site photos (9 sheets letter bond)

These are transmitted as checked below:

[x] For OwkD approval [] Approved as submitted [] Approved as noted	
[] Copies for distribution [] Returned for corrections [] Returned corrected prints	
Review and comment [] For bids due [] Other	
Remarks:	
This is a re-submitted COBU report and map initially received July 21st. The return	ied
packet has been updated with a signature page including both applicants.	
Thanks, and if you have questions or concerns, please don't hesitate to call (541) 548-5833.	
Signed:	

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