

**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 \$345 must accompany this form for transfers where the application was submitted on July 9, 1987, or later.

Enter the date the transfer application was submitted:

4/4/2019

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 503-986-0900.

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 involving multiple changes.

YES

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-13162

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2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Golden Rule Farms		PHONE NO. 541-576-2273	ADDITIONAL CONTACT NO.
ADDRESS PO Box 255			
CITY Christmas Valley	STATE OR	ZIP 97641	E-MAIL goldenrulefarms@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 as above		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

10/27/2025

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Tim Puckett	10/27/2025	Owner/President

6. County:

Lake

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

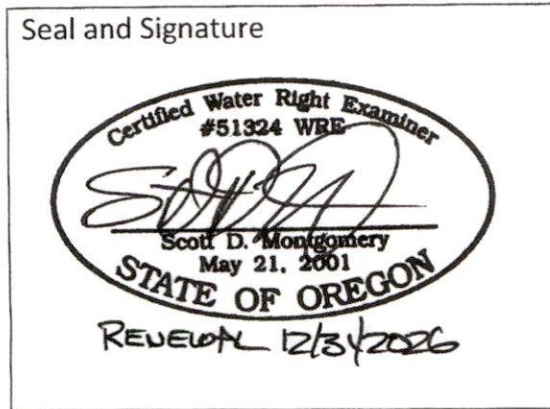
Add additional tables for owners of record as needed

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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 Scott D Montgomery		PHONE NO. 541-548-5833	ADDITIONAL CONTACT NO. 541-420-0401
ADDRESS PO Box 767			
CITY Terrebonne	STATE OR	ZIP 97760	E-MAIL scott@apeands.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
	Tim Puckett	Owner/President	11-3-25

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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**

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)
#6	LAKE 1027		Ft Rock Basin
#7	LAKE 1062		Ft Rock Basin

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

. 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.")

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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
#6	1/80 cfs per acre	2.3 cfs	Not on
#7	1/80 cfs per acre	0.69 cfs	Not on

System Description

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

YES

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

#6 LAKE 1027

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
Fairbanks Morse			Turbine	14"	8"

2. Motor Information

MANUFACTURER	HORSEPOWER
US Electric	75

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)
75	40	125'	0'	2.3

4. Provide pump calculations:

$$Q = \frac{7.04 \text{ ft}^4/5/\text{hp} \times \text{hp}}{\text{Total head, ft}} = \frac{(7.04)(75)}{226.6} = 2.3 \text{ cfs}$$

$$\text{Total head} = 101.6' + 125' + 0' = 226.6'$$

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 on			

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

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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)?

NO

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

#7 LAKE 1062

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
UNK	UNK	UNK	Submersible	12"	5"

2. Motor Information

MANUFACTURER	HORSEPOWER
UNK	25

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)
25	40	150'	5'	0.69

4. Provide pump calculations:

$$Q = \frac{2.04 \text{ ft}^3/\text{sec}/\text{hp} \times \text{hp}}{\text{Total head, ft}} = \frac{(2.04)(25)}{256.6} = 0.69 \text{ cfs}$$
$$\text{Total head} = 101.6' + 250' + 5' = 256.6'$$

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 on			

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

6. Additional notes or comments related to the system:

NA

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B. Groundwater Source Information (Well and Sump)

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

NO

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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
113.9	113.9

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. Variations:

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

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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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	DATE THE AUTHORIZED CHANGES WERE COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	1/8/25	
COMPLETENESS DATE FROM ORDER (C)	10/1/26	10/27/2025

* 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 of a meter or other approved measuring device? YES

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
#6	Lindsay	GT18082707	Working	Off	UNK
#7	Aquamaster	50613	Working	34.5 AF	10/2025

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

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department? NA

e. If "YES", provide a copy of the letter approving the device, if available. If the letter is not available provide the name and title of the Water Resources Department employee approving the measuring device, and the approximate date of the approval:

NAME	TITLE	APPROXIMATE DATE

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED

4. Recording and reporting conditions

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

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

b. Have the reports been submitted? **NO**

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

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):

--

SECTION 5 ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well logs	LAKE 1027 & LAKE 1062
Site photos	Time/location stamped pictures of irrigation system & place of use

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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.

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 Projection & overlaid with aerial imager to confirm accuracy.

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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
- ☐ 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
- ☒ Quarter-Quarters illustrated and named (NE NE, NW NE, etc.)
- ☐ 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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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

RECEIVED

STATE OF OREGON

(Please type or print)

DEC 12 1980

Do not write above this line

State Well No.

215/17E-19AA

State Permit No.

6-9078

WATER RESOURCES DEPT

(1) OWNER:

SALEM, OREGON

Name Jay Champion
Address High Rd Christmas Valley, Ore. 97638

(2) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Driven ☐ Jetted ☐ Bored ☐
Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☒ Test Well ☐ Other ☐

(4) PROPOSED USE (check):

(5) CASING INSTALLED:

Threaded ☐ Welded ☒
14" Diam. from 0 ft. to 85 ft. Gage 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?

Yield: gal./min. with ft. drawdown after hrs.
" " " " " "
" " " " " "
Test 1200 air test gal./min. with ft. drawdown after 1 hrs.

Artesian flow g.p.m.
Temperature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Well seal—Material used Cement + grout
Well sealed from land surface to 85 ft.
Diameter of well bore to bottom of seal 16 1/4 in.
Diameter of well bore below seal 10 in.
Number of sacks of cement used in well seal 40 sacks
How was cement grout placed? pressure grouted

(10) LOCATION OF WELL:

County Lake Driller's well number 125
NE 1/4 NE 1/4 Section 19 T. 37.5 R. 17 W.M.
Bearing and distance from section or subdivision corner

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(11) WATER LEVEL: Completed well.

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Depth at which water was first found 125 ft.
Static level 22 ft. below land surface. Date Oct 31
Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing 10"

Depth drilled 608 ft. Depth of completed well 588 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
Sandy Brown soil	0	5	
Brown clay	5	27	
Green clay	27	141	
Brown conglomerate rock	141	197	
Green clay	143	260	
gray clay	260	283	
green clay	283	362	
med gray conglomerate rock	362	495	
Gray basalt - hard	495	537	
Broken lava gray med	537	597	
Gray basalt - hard	547	556	
Gray broken broken lava 1/8	556	561	
Gray basalt - hard	561	567	
Broken gray basalt	567	572	
hard - gray basalt	572	596	
Broken brown lava 1/8	596	597	
hard gray basalt	597	608	22

Work started Oct 31 19 80 Completed Nov 3 19 80
Date well drilling machine moved off of well Nov 3 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] Stan Adams Date Nov 4, 80
(Drilling Machine Operator)

Drilling Machine Operator's License No. 1302

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 Lyle Adams (Person, firm or corporation) (Type or print)

Address Box 467 Christmas Valley, Ore. 97638

[Signed] Lyle Adams (Water Well Contractor)

Contractor's License No. 690 Date Nov 4 19 80

WATER WELL REPORT
STATE OF OREGON

Lake 1062

RECEIVED

JUN 26 1984

WATER RESOURCES DEPT

SALEM, OREGON

State Well No. *275/17E-2600*

State Permit No.

(1) OWNER:

Name *Don Murphy*
Address *P.O. Box 1800*
City *Christiansburg* State *Or*

(2) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Air ☒ Driven ☐ Domestic ☐ Industrial ☐ Municipal ☐
Dug ☐ Bored ☐ Irrigation ☐ Test Well ☐ Other ☐
Thermal: Withdrawal ☐ ReInjection ☐

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐
Thermal: Withdrawal ☐ ReInjection ☐

(5) CASING INSTALLED:

Steel ☒ Plastic ☐
Threaded ☐ Welded ☒
12" Diam. from 0 ft. to 23 ft. Gauge 275
" Diam. from ft. to ft. Gauge

INNER INSTALLED:

" Diam. from ft. to ft. Gauge

(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

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

gal/min. with ft. drawdown after hrs.

Air test 1000 gal/min. with drill stem at 234 ft. 1 hrs.

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

an flow

g.p.m.

Temperature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Special standards: Yes ☐ No ☐

Well seal—Material used *Cement*

Well sealed from land surface to 23 ft.

Diameter of well bore to bottom of seal 17.5 in.

Diameter of well bore below seal 13.5 in. 10"

Number of sacks of cement used in well seal 12 sacks

How was cement grout placed? *from grout*

Was pump installed? *no* Type HP Depth ft.

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: ft.

Gravel placed from ft. to ft.

(10) LOCATION OF WELL:

County *Lake* Driller's well number
SW 1/4 SW 1/4 Section 26 T. 27S R. 17E W.M.
Tax Lot # Lot Blk Subdivision

Address at well location:

(11) WATER LEVEL: Completed well.

Depth at which water was first found 135 ft.

Static level 83 ft. below land surface. Date *May 29*

Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing 13.5 to 16.1

Depth drilled 234 ft. Depth of completed well 234 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
<i>Sand, Topsoil</i>	0	1	
<i>Broken Basalt</i>	1	12	
<i>Hard Gray Basalt</i>	12	20	
<i>Red Basalt</i>	20	22	
<i>Hard Gray Basalt</i>	22	60	
<i>Brown Basalt</i>	60	80	
<i>Brown Broken basalt</i>	80	85	
<i>Hard Gray basalt</i>	85	95	
<i>Broken basalt</i>	95	105	
<i>Hard Basalt</i>	105	135	
<i>Dark black loam w/b</i>	135	160	
<i>Broken black loam</i>	160	226	
<i>Very Hard gravel</i>	226	234	83

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Work started *May 8* 19 *84* Completed *May 29* 19 *84*

Date well drilling machine moved off of well *May 29* 19 *84*

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] *Lyle Clements* Date *May 30, 1984*
(Drilling Machine Operator)

Drilling Machine Operator's License No. *1392*

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 *Lyle Clements* (Type or print)
(Person, firm, corporation)

Address *1111 S. Silver Lake, Ore 97638*

[Signed] *Lyle Clements* (Water Well Contractor)

Contractor's License No. *670* Date *May 30*, 19 *84*

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.

SP*12658-690

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025-07-09 12:55:34

North 44° 25' 09" 397954 ft - 1.0996 - 131° 41' 7" 06 57770" Elev:

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2025-07-09 13:04:26

Station: 44+00.00, Elevation: 1710.9990"

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025-07-09 13:31:25

Lat: 43°11'49.07640" Lon: -120°40'51.84120"



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2025-07-09 13:33:17

Lat: 43°11'51.75660" Lon: -120°40'51.68100"



2025-07-09 13:29:32

Lat: 43°11'51.60960" Lon: -120°40'51.69960"

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TOTAL



ALL POINTS
ENGINEERING & SURVEYING, INC.
P.O. Box 767
Terrebonne, Oregon 97760
541-548-5833

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TRANSMITTAL

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

Date: 11/19/2025
Attention: Certificates
RE: COBU

☒ Prints ☐ Plans ☐ Plat ☐ Specifications.

Attached is a COBU for T-13162 for Golden Rule Farms.

Copies	No.	Description
1	1	COBU (12 pages letter bond)
1	2	COBU maps (9 pages mylar)
1	3	Well logs (2 pages letter bond).
1	4	Site photos (6 pages letter bond)
1	5	Check for \$345

Signed: _____

Deusi Montgomery