

CLAIM OF BENEFICIAL USE for Groundwater Permits claiming more than 0.1 cfs



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

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A fee of \$200 must accompany this form for permits
with priority dates of July 9, 1987, or later.

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

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 8" 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 and ask for the Certificate Section.

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

1. File Information:

| | | |
|---------------------------------|--|---|
| APPLICATION # G-18535 | PERMIT # (IF APPLICABLE) G-17984 | PERMIT AMENDMENT # (IF APPLICABLE) T- |
|---------------------------------|--|---|

2. Property Owner (current owner information):

| | | |
|--|-----------------------------------|------------------------|
| APPLICANT/BUSINESS NAME Hermreck at the Y Ranch, LLC | PHONE NO. (805)440-2423 | ADDITIONAL CONTACT NO. |
| ADDRESS P.O. Box 4 | | |
| CITY Paulina | STATE OR | ZIP 97751 |

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

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

| | | |
|--|--------------------|---------------------|
| PERMIT HOLDER OF RECORD Hermreck at the Y Ranch, LLC | | |
| ADDRESS P.O. Box 4 | | |
| CITY Paulina | STATE OR | ZIP 97751 |

| | | |
|------------------------------------|-------|-----|
| ADDITIONAL PERMIT HOLDER OF RECORD | | |
| ADDRESS | | |
| CITY | STATE | ZIP |

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| |
|--|
| |
|--|

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

| NAME | DATE | ASSOCIATION WITH THE PROJECT |
|-----------------------|------------------|------------------------------|
| Henry Starr | 3/31/2021 | Ranch Manager |
| Susan Hermreck | 3/31/2021 | Owner |

6. County:

| |
|--------------|
| Crook |
|--------------|

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

| | | |
|-----------------|-------|-----|
| OWNER OF RECORD | | |
| ADDRESS | | |
| CITY | STATE | ZIP |

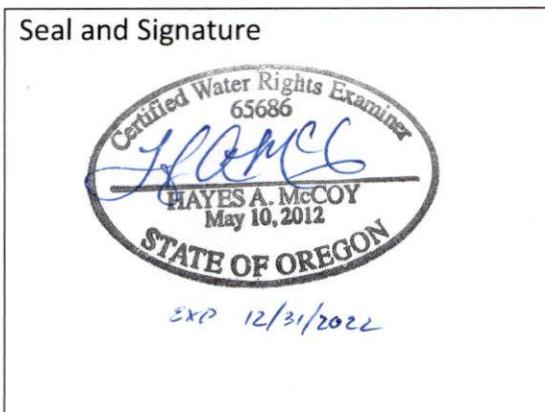
Add additional tables for owners of record as needed

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.



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| | | |
|--|-----------------------------------|---|
| CWRE NAME Hayes A. McCoy | PHONE No. (541)923-7554 | ADDITIONAL CONTACT No. |
| ADDRESS 1180 SW Lake Road #201 | | |
| CITY Redmond | STATE OR | ZIP 97756 E-MAIL hayes@ham-engr.com |

Permit Holder of Record Signature or Acknowledgement

Each permit 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 |
|-----------------|--------------------|---------|-----------|
| Susan M Hurrell | Susan M Hurrell | Owner | 3-31-2021 |
| Henry Starr | Henry Starr | Manager | 3-31-21 |
| | | | |
| | | | |
| | | | |

SECTION 3

CLAIM DESCRIPTION

1. 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) |
|---|--|-------------------------------|
| Well 11 CROO 2759 | | |
| | | |

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

2. Point of appropriation source, if indicated on permit:

| POA NAME OR NUMBER | SOURCE BASIN LOCATED WITHIN | TRIBUTARY |
|-----------------------|--------------------------------|-----------|
| Well 11 | Alkali Creek Basin | |
| | | |

3. Developed use(s), period of use, and rate for each use:

| POA NAME OR NUMBER | USES | IF IRRIGATION, LIST CROP TYPE | SEASON OR MONTHS WHEN WATER WAS USED | ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF) |
|-------------------------------------|------------|----------------------------------|--|--|
| Well | Irrigation | Grass Hay | 4/1 – 10/1 | 137 AF (2018) 165 AF (2019) |
| | | | | 139 AF (2020) |
| Total Quantity of Water Used | | | | 147 AF/YR Average |

4. Provide a general narrative description of the distribution works. This description must trace the water system from **each** point of appropriation to the place of use:

Irrigation water appropriated from well and piped to Place of Use. Water distributed to fields by irrigation pivot.

Reminder: The map associated with this claim must identify the location of the point(s) of diversion, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

5. Variations:

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below.

YES NO

(e.g. "The permit allowed three points of appropriation. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

Distribution pipe diameter was measured at 8".

6. Claim Summary:

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| POA NAME OR # | MAXIMUM RATE AUTHORIZED | CALCULATED THEORETICAL RATE BASED ON SYSTEM | AMOUNT OF WATER MEASURED | USE | # OF ACRES ALLOWED | # OF ACRES DEVELOPED |
|------------------|----------------------------|---|--------------------------------|------------|-----------------------|-------------------------|
| Well | 1.14 cfs | 1.56 cfs* (See comment, Section H) | Not running | Irrigation | 91.5 | 91.5 |
| | | | | | | |

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SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs?

YES NO

If "YES" you will need to copy and complete a separate Section 4 for each POA.

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

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A. Place of Use

1. Is the right for municipal use?

YES NO

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

2. Describe the access port (type and location) or other means to measure the water level in the well:

Access port in well casing.

3. 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 CROO 2759 | | | | | | |
| | | | | | | |

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

C. Groundwater Source Information (Sump)

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

YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

D. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used?**YES NO***If "NO" items 2 through item 6 may be deleted.***2. Pump Information:**

| MANUFACTURER | MODEL | SERIAL NUMBER | TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE) | INTAKE SIZE | DISCHARGE SIZE |
|--------------|-------|---------------|--|-------------|----------------|
| | | | Submersible | | 6" |

3. Motor Information:

| MANUFACTURER | HORSEPOWER |
|--------------|------------|
| | 60hp |
| | |

4. 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) |
|------------|---------------|---|-----------------------------------|----------------------------------|
| 60hp | 32 psi | 36' | 43' | 5.34 cfs |

5. Provide pump calculations:**RECEIVED**

$$Q=(60hp)*(7.04)/79' = 5.34 \text{ cfs} \text{ (Note that pump supplies water to multiple pivots)}$$

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6. 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 operating | | | |

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

7. Is the distribution system piped?**YES NO***If "NO" items 8 through item 13 may be deleted.***8. Mainline Information:**

| MAINLINE SIZE | LENGTH | TYPE OF PIPE | BURIED OR ABOVE GROUND |
|---------------|--------|--------------|------------------------|
| 8" | 3450' | PVC | Buried |
| | | | |
| | | | |

9. Lateral or Handline Information: **None**

| LATERAL OR HANDLINE SIZE | LENGTH | TYPE OF PIPE | BU |
|--------------------------|--------|--------------|----|
| | | | |
| | | | |
| | | | |
| | | | |

10. Sprinkler Information: None

| SIZE | OPERATING PSI | SPRINKLER OUTPUT (GPM) | TOTAL NUMBER OF SPRINKLERS | MAXIMUM NUMBER USED | TOTAL SPRINKLER OUTPUT (CFS) |
|------|---------------|------------------------|----------------------------|---------------------|------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Reminder: For sprinkler output determination use the reference information at the end of this document.

11. Drip Emitter Information: None

| SIZE | OPERATING PSI | EMITTER OUTPUT (GPM) | TOTAL NUMBER OF EMITTERS | MAXIMUM NUMBER USED | TOTAL Emitter OUTPUT (CFS) |
|------|---------------|----------------------|--------------------------|---------------------|----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

12. Drip Tape Information: None

| Dripper Spacing in Inches | GPM per 100 Feet | Total Length of Tape | Maximum Length of Tape Used | Total Tape Output (CFS) | Additional Information |
|---------------------------|------------------|----------------------|-----------------------------|-------------------------|------------------------|
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13. Pivot Information:

| MANUFACTURER | MAXIMUM WETTED RADIUS | OPERATING PSI | TOTAL PIVOT OUTPUT (GPM) | TOTAL PIVOT OUTPUT (CFS) |
|--------------|-----------------------|---------------|--------------------------|--------------------------|
| Valley | 1649.7 | 32 | 750 | 1.67 |
| | | | | |
| | | | | |

E. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)?

YES NO

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a: Storage Tank YES NO
 Bulge in System / Reservoir YES NO

F. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAMS FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe?

YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

G. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

H. Additional notes or comments related to the system:

* During visit in preparing Claim, the panel on the irrigation pivot which supplies water to the POU indicates it runs at 750 gpm, which is at a rate of 1.67 cfs. This exceeds the allowable use under the permit. I called Henry Starr, Hermreck's ranch manager. He said the pivot probably runs between 600-700 gpm, but is hard to estimate because of the multiple pivots the Well provides water to. However, this pivot does not run all of the time. For the pivot to work correctly, it must receive a minimum flow. When I called (June 1st), he said the pivot was not running currently. I also contacted the owner, Susan Hermreck. She said her late husband (Andy Hermreck), had the field planted with a drought tolerant Orchard Grass specifically because of the limited water that is permitted for use on the field. Their current practice is to irrigate the field for one cutting of hay, then the field irrigated sparingly for pasture and grazing by cattle. I reviewed the reported water use on the field and the total water applied to the field is less than the 3 af/ac limit (although the water use is an estimate since the meter measures water to three fields). It appears this field is receiving water within its limits and if averaging the flow over the irrigation period, the maximum flow is not being exceeded.

** Regarding Pump Test section on Page 11. An application for pump test exemption was submitted to OWRD on April 28, 2021

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SECTION 5
CONDITIONS

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All conditions contained in the permit, permit amendment, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Permits and extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or permit extension order:

| | DATE FROM PERMIT | DATE ACCOMPLISHED* | DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS |
|-----------------------------------|------------------|--------------------|---|
| ISSUANCE DATE | March 8, 2018 | | |
| BEGIN CONSTRUCTION (A) | 7 days | March 15, 2018 | |
| COMPLETE CONSTRUCTION (B) | 25 days | April 26, 2018 | |
| COMPLETE APPLICATION OF WATER (C) | 2 mo., 8 days | May 16, 2018 | |

* MUST BE WITHIN PERIOD BETWEEN PERMIT, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

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

YES NO

If "NO", items a and b relating to this section may be deleted.

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? YES NO

If "NO", items b through d relating to this section may be deleted.

b. What month was the initial measurement to be taken in?

April, 2019

c. Was the measurement submitted to the Department? YES NO

d. If the initial measurement was not submitted, provide that measurement now, if available:

| DATE OF MEASUREMENT | MEASUREMENT MADE BY | METHOD | MEASUREMENT |
|---------------------|---------------------|--------|---------------|
| April 22, 2019 | Hayes McCoy, CWRE | Etape | 34.08/3735.92 |

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? YES NO

If "NO", items b through e relating to this section may be deleted.

b. Provide the month, or months, the static water level measurement(s) were to be made:

Generally March

c. Were the static water level measurements taken in the month(s) required? YES* NO

d. If "YES", were those measurements submitted to the Department? **YES** **NO**

e. If the annual measurements were not submitted, provide the measurements now:

| DATE OF MEASUREMENT | MEASUREMENT MADE BY | METHOD | MEASUREMENT |
|---------------------|---------------------|--------|-------------|
| | | | |
| | | | |

5. Pump Test:

a. Did the permit require the submittal of a pump test? **YES** **NO**

Ground water permits with priority dates on or after **December 20, 1988**, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption. **RECEIVED**

For additional information regarding pump tests see:

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<https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx>

If "NO", items b through e relating to this section may be deleted. **OWRD**

b. Has the pump test been previously submitted to the Department? **YES** **NO**

c. Is the pump test attached to this claim? **YES** **NO**

d. Has the pump test been approved by the Department? **YES** **NO**

e. Has a pump test exemption been approved by the Department? **YES** **NO****

**** Claims will not be reviewed until a pump test or exemption has been approved by the Department**

6. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or 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 diversion or appropriation.

b. Has a meter been installed? **YES** **NO**

c. Meter Information

| POD/POA NAME OR # | MANUFACTURER | SERIAL # | CONDITION (WORKING OR NOT) | CURRENT METER READING | DATE INSTALLED |
|----------------------|--------------|--------------|-------------------------------|--------------------------|----------------|
| Well 11 | McCrometer | 18- 00870 | Working | 661174 | March, 2018 |
| | | | | | |

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? **N/A** **YES** **NO**

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 |
|--------------------|-------------------------------|----------------|
| | | |

7. 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.

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

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

8. Other conditions required by permit, permit amendment final order, or extension final order:

a. Were there special well construction standards? **YES** **NO**

b. Was submittal of a ground water monitoring plan required? **YES** **NO**

c. Was submittal of a water management and conservation plan required? **YES** **NO**

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **YES** **NO**

e. Other conditions? **YES** **NO**

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

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SECTION 6

ATTACHMENTS

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

| ATTACHMENT NAME | DESCRIPTION |
|-----------------------|-------------|
| Well Log of CROO 2759 | |
| | |
| | |

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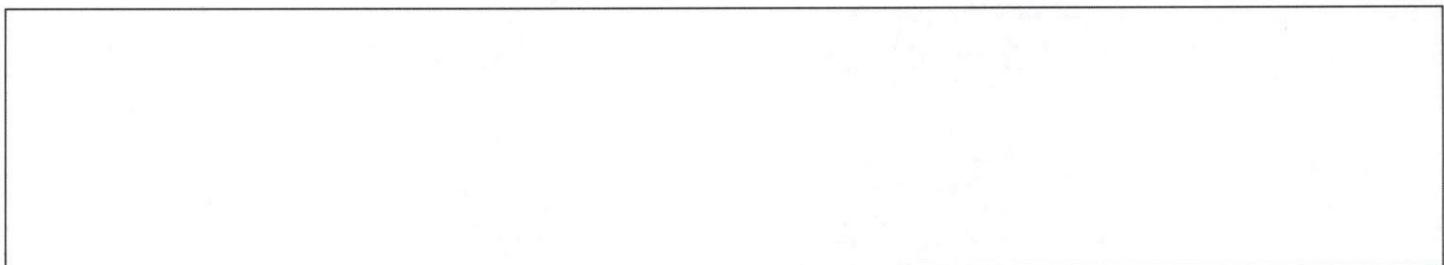
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SECTION 7

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.

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.



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
- 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

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

STATE ENGINEER, SALEM, OREGON 97310
within 30 days from the date
of well completion.



WATER RESOURCES DEPARTMENT
WATER WELL REPORT
STATE OF OREGON

(Please type or print)
(Do not write above this line)

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State Well No.

165/24E3/bd

MAR-3 1977 State Permit No.

(1) OWNER:

Name JAMES LAYTON
Address PAULINA - OREGON

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

| | |
|--|---------------------------------|
| Rotary <input checked="" type="checkbox"/> | Driven <input type="checkbox"/> |
| Cable <input type="checkbox"/> | Jetted <input type="checkbox"/> |
| Dug <input type="checkbox"/> | Bored <input type="checkbox"/> |

(4) PROPOSED USE (check):

| | | |
|-------------------------------------|-------------------------------------|------------------------------------|
| Domestic <input type="checkbox"/> | Industrial <input type="checkbox"/> | Municipal <input type="checkbox"/> |
| Irrigation <input type="checkbox"/> | Test Well <input type="checkbox"/> | Other <input type="checkbox"/> |

(5) CASING INSTALLED:

Threaded Welded

" Diam. from 0 ft. to 25 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

Was a pump test made? Yes No If yes, by whom ART REED
yield: 1200 gal./min. with 50 ft. drawdown after 10 hrs.

| | | |
|---|---|---|
| " | " | " |
| " | " | " |
| " | " | " |

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

Artesian flow g.p.m.

Temperature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Well seal—Material used CEMENT
Well sealed from land surface to 25 ft.

Diameter of well bore to bottom of seal 14 in.

Diameter of well bore below seal 10 in.

Number of sacks of cement used in well seal _____ sacks

Number of sacks of bentonite used in well seal _____ sacks

Brand name of bentonite _____

Number of pounds of bentonite per 100 gallons
of water _____ lbs./100 gals.

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 _____ ft.

(10) LOCATION OF WELL:

County CROOK Driller's well number

SE 1/4 NW 1/4 Section 31 T. 16S R. 24E W.M.

Bearing and distance from section or subdivision corner

WELL #11

(11) WATER LEVEL: Completed well.

Depth at which water was first found 180 ft.

Static level 22 ft. below land surface. Date

Artesian pressure _____ lbs. per square inch. Date

(12) WELL LOG: Diameter of well below casing

Depth drilled ft. Depth of completed well 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 |
|----------|------|-----|-----|
| TOP SOIL | 0 | 15 | |
| BASALT | 15 | 180 | |
| -WATER | 180 | 195 | 22 |
| BASALT | 195 | 372 | |
| -WATER | 372 | 392 | |

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Work started SEPT 1975 Completed SEPT 1975

Date well drilling machine moved off of well

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] _____ (Drilling Machine Operator) Date _____, 19____

Drilling Machine Operator's License No. _____

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 DICK AKINS (Person, firm or corporation) (Type or print)

Address _____

[Signed] _____ (Water Well Contractor) Date _____, 19____

Contractor's License No. _____ Date _____, 19____