

**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

**A fee of \$345 must accompany this form for permits
with priority dates of July 9, 1987, or later.**

Enter the date the priority date of the permit:

April 19, 2006

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).

AS OF APRIL 1, 2026: For groundwater permits with priority dates on or after December 20, 1988, the Claim of Beneficial Use shall either provide documentation that the pump test or exemption request as required under OAR 690-217 has been **submitted** for each well or **include** the required pump test or exemption request for each well with the claim. **Claims that do not meet this requirement will not be accepted.**

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.

The Department has a Reimbursement Authority program that allows it to enter into a voluntary agreement with an applicant for expedited services. Applicants interested in an estimate of the cost and timeline for expedited processing must submit a Reimbursement Authority Estimate Application and required fee. The form and additional information on this program see:

<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

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SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-16663	G-16196	T-

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Barnett Estate Partnership		PHONE NO. 541-980-5152	ADDITIONAL CONTACT NO.
ADDRESS PO BOX 2			
CITY Wasco	STATE OR	ZIP 97065	E-MAIL jmhfarming@gmail.com

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 Same		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

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MAY 07 2026
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4. Date of Site Inspection:

1/22/2026

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Josh Hilderbrand	1/22/2026	Owner/Manager

6. County:

Sherman

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.



CWRE NAME Bryce Michael Withers		PHONE NO. 541-389-2837	ADDITIONAL CONTACT NO.	
ADDRESS PO Box 1830				
CITY Bend	STATE OR	ZIP 97709	E-MAIL brycewrs@gmail.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
	Josh Hilderbrand	manager	5-5-26
	Gena D Arthur	manager	5/5/26

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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	SHER 50175	L-70770

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	Spanish Hollow 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	IR	Wheat / Hemp	Mar 1 – Oct 31	0.45 cfs
Total Quantity of Water Used				0.45 cfs

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:

Water is pumped from the well to an above ground mainline to wheel lines.

Reminder: The map associated with this claim must identify the location of the point(s) of appropriation, 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, YES NO
permit amendment final order, or extension final order? If yes, describe below.

(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.")

The permit authorized 606.0 acres of irrigation, storage in pond 1 for multiple purpose use, and pond maintenance of pond 1 and pond 2 (Permit R-14396 - Cancelled). The water user only developed 36.0 acres of irrigation use.

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well	3.0 cfs	0.76 cfs	n/a	IR	606.0	36.0

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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):

Well (SHER 50175 / L-70770)

A. Place of Use

1. Is the right for municipal use?

YES NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
1N	17E	W.M.	4	NWNW	L4		IR	9.5	
1N	17E	W.M.	4	SWNW			IR	26.5	
Total Acres Irrigated								36.0	

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (Glot), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLot, and QQ.

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:

AIRLINE (ARTESIAN WELL)

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

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.

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MAY 07 2026

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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 9 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
			<u>Submersible</u>		

3. Motor Information:

MANUFACTURER	HORSEPOWER
	<u>20 HP</u>

4. Theoretical Pump Capacity – Pump at Well:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO GROUND SURFACE (THE DEPTH TO WATER FROM THE GROUND SURFACE MEASURED AT THE WELL DURING PUMPING)	LIFT TO PLACE OF USE (THE LIFT FROM THE GROUND SURFACE AT THE WELL TO THE PLACE OF USE)	TOTAL PUMP OUTPUT (IN CFS)
<u>20</u>	<u>40</u>	<u>80' (DURING PUMPING EST.)</u>	<u>3'</u>	<u>0.76 CFS</u>

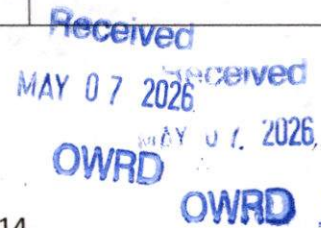
Reminder: For pump calculations use the reference information at the end of this document.

5. Provide pump calculations:

<u>See attached OWRD pump calculations.</u>

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)
<u>n/a</u>			



7. Theoretical Pump Capacity – Pump at Sump:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO GROUND SURFACE (THE LIFT FROM THE WATER SURFACE TO THE PUMP)	LIFT TO PLACE OF USE (THE LIFT FROM THE PUMP TO THE PLACE OF USE)	TOTAL PUMP OUTPUT (IN CFS)
n/a				

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

8. Provide pump calculations:

n/a

9. 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)
n/a			

10. Is the distribution system piped?

YES NO

If "NO" items 11 through item 16 may be deleted.

11. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4"	1340'	Aluminum	Above

12. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND

13. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
9/64" Wheel Line Set	40	3.4	24	24	0.18 CFS
5/32" Wheel Line Set	40	4.4	33	33	0.32 CFS

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

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14. Drip Emitter Information:

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

15. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION

16. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)

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.

F. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S 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:

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SECTION 5 CONDITIONS

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	6/21/2007		
BEGIN CONSTRUCTION (A)		6/30/2005	Well drilled
COMPLETE CONSTRUCTION (B)	10/1/2011, extended to 10/1/2020	2020 Irrigation Season	System Complete
COMPLETE APPLICATION OF WATER (C)	10/1/2011, extended to 10/1/2020	10/1/2020	Complete application of water to beneficial use

* 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.

a. Did the Extension Final Order require the submittal of Progress Reports?

YES NO

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?

March

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

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:

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. Is a pump test required? YES NO

Ground water permits with priority dates on or after December 20, 1988, the Claim of Beneficial Use shall either provide documentation that the pump test or exemption request, as required under OAR 690-217, has been submitted for each well or include the required pump test or exemption request for each well with the claim (this includes an exemption request for sump wells).

For additional information regarding pump tests see:

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

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

- b. Has the pump test/exemption been previously submitted to the Department? YES NO*
- c. Is the pump test/exemption attached to this claim? YES NO*

***As of April 1, 2026: a pump test or exemption request must be submitted prior to or at time of the claim report (ORS 690-014-0100(H)). If "NO", the claim is incomplete and will be returned.**

- 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**

****The Claim 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	McCrometer	19-03204	Working	390931	Replacement meter 2018

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

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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 some permits, permit amendment final orders, or extension final orders:

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

WELL ID #	DATE ATTACHED TO WELL
<u>L-70770</u>	<u>2005</u>

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) in the box below. If the condition required the approval of a plan, submit documentation that the plan was approved.

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SECTION 6**ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
<u>CBU Map</u>	<u>Claim of Beneficial Use Map</u>
<u>Well Log</u>	<u>SHER 50175</u>
<u>Pump Calcs</u>	<u>OWRD Pump Capacity Calculations</u>
<u>Pump Test Exemption</u>	<u>Pump Test Exemption Request</u>

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MAY 07 2026

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SECTION 7

CLAIM OF BENEFICIAL USE MAP

In order to properly examine your claim, the Department must have an accurate map that meets the criteria described in OAR 690-014-0170 and OAR 690-305-0010, which are provided below for your convenience:

OAR 690-014-0170 Minimum Requirements for Maps for Permit or Transfer Final Order Claims of Beneficial Use

- (1) Maps submitted by a CWRE as part of the Claim of Beneficial Use shall meet the standards in OAR chapter 690, division 305. In addition, the map shall meet the following criteria:
 - (a) Horizontal accuracy is required only to ten feet for the purpose of locating and quantifying water rights. Maps shall be developed from any standard survey method. Traverse closures are not required.
 - (b) Maps shall clearly designate the place of use and point of diversion or appropriation for each source and use.
 - (c) The map shall indicate by description, in relation to the point of diversion or appropriation, the location of any fish screens, by-pass devices, and measuring devices required by the permit or transfer final order.
 - (d) The following statement shall be placed on the map: "This map is not intended to provide legal dimensions or locations of property ownership lines."
- (2) A CWRE may make a written request to the Director for a waiver of one or more mapping standards. The Director will determine whether the waiver shall be allowed and will respond to such requests in writing.

OAR 690-305-0010 General Map Criteria

Each map submitted to the Department shall meet the following general criteria in addition to any specific criteria identified in the rules for the relevant water right transaction:

- (1) Drawing
 - (a) The map shall be drafted on paper or polyester film with ink or otherwise printed in an indelible form with sufficient clarity so as to be easily reproduced or scanned. Maps may be submitted electronically in portable document format (pdf) and must be prepared consistent with, and include the same information as, a paper map.
 - (b) The preferred paper size is 8.5 inches by 11 inches and should be no larger than 30 inches by 30 inches. A map greater than 30 inches by 30 inches may be submitted if the Department grants, by mail or electronic means, advance approval of the larger size.
 - (c) Beginning April 1, 2029, regardless of whether the map is submitted electronically, on paper, or on polyester film, for any map that OAR chapter 690 requires be prepared by a Certified Water Right Examiner, a digital file containing the coordinate system and geospatial features of the map as specified by the Department shall be submitted in addition to the map, unless

the Department provides a waiver. The digital file shall be submitted as a shapefile or other approved format in a manner required by the Department.

- (d) A platted and recorded subdivision map, deed description survey map, or county assessor map may be submitted as the application map if all of the required information included in sections (2) and (3) of this rule is clearly shown.
 - (e) An aerial image may be provided in addition to the map to aid the Department in understanding the proposal.
 - (f) The map submitted under subsection (a) shall be the official record of the water right. An aerial image or digital file shall not be the official record of the water right.
- (2) Scale
- (a) The map shall be drawn to a standard, even-numbered scale and one-inch shall not exceed 1320 feet.
 - (b) The map scale may exceed 1320 feet per inch if the Department grants, by mail or electronic means, advance approval of the requested scale.
 - (c) Notwithstanding subsection (a) and (b), for maps identifying the location of a municipal use place of use, one-inch can exceed 1320 feet; provided that the scale is sufficient to identify the quarter-quarters involved in the place of use.
- (3) Features: Features shall be clearly identified and labeled. Unless otherwise indicated in rule, the following features must be included in each map submitted to the Department:
- (a) Mapping scale.
 - (b) North directional symbol.
 - (c) Legend.
 - (d) General location of main canals, ditches, flumes, pipelines, pumps, or other water delivery features used to transport water from the point(s) of diversion or appropriation to the place use and to include the delivery features at the place of use.
 - (e) Other topographical features such as rivers, creeks, streams, lakes, reservoirs, ponds, roads, or railroads that may be helpful to clarify and identify the location of points of diversion, wells, dams, and places of use.
 - (f) Location and flow direction of the water way if the source is surface water. If multiple water ways exist in the area of the proposed diversion and use, the map must identify the location and flow direction of the additional water ways.
 - (g) Township, range, section, quarter-quarter, and tax lot(s), donation land claims, or government lots where water will be or has been diverted, conveyed, and used. If the map is for municipal use the map:
 - (A) Must identify but does not need to label the quarter-quarters,
 - (B) Does not need to identify or label tax lots, donation land claims, or government lots.
 - (h) Location of each proposed or developed diversion point, well (point of appropriation), or dam by reference to a recognized public land survey corner. For a reservoir without a dam, the center of the reservoir shall be referenced to a recognized public land survey corner.

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MAY 07 2026
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- (A) The locations shall be shown by distance and bearing, or by coordinates (distance north or south and distance east or west from the corner). In addition, they shall also include latitude and longitude as established by a global positioning system.
- (B) Latitude and longitude coordinates shall be expressed as degrees-decimal with five or more digits after the decimal (e.g., 42.53764^o). The datum used to establish the coordinates shall be indicated on the map. Examples of datums include NAD 83, NAD 27 and WGS84.
- (i) Location of the proposed or developed place of use by township, range, section, and nearest quarter-quarter section.
 - (A) For irrigation or nursery use, the map shall additionally indicate the place of use in each quarter-quarter of a section by shading or hatching and indicate the number of acres in each quarter-quarter section, donation land claim, government lot, or other recognized public land survey lines.
 - (B) For places of use that are limited to a point, such as a stock watering tank, the location may also be identified by distance and bearing, or by coordinates (distance north or south and distance east or west from the corner). In addition, they shall include latitude and longitude as established by a global positioning system.
 - (C) Latitude and longitude coordinates shall be expressed as degrees-decimal with five or more digits after the decimal (e.g., 42.53764^o). The datum used to establish the coordinates shall be indicated on the map. Examples of datums include NAD 83, NAD 27 and WGS84.
 - (D) Where more than one point of diversion or well is included, the map must clearly identify the place(s) of use served by each point of diversion or well.
- (j) If for a supplemental irrigation application or claim of beneficial use, the location and water right reference number of the underlying primary right, registration or claim.
- (k) Any other information the Department requests and considers necessary to evaluate the water right transaction.

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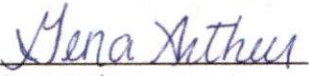
Larry Toll, P.E., W.R.E.
Tenneson Engineering Corporation
3775 Crates Way
The Dalles, OR 97058
Telephone: 541-296-9177
Fax: 541-296-6657
E-mail: ltoll@tennesoneng.com

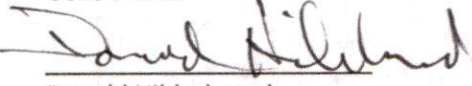
Re Barnett Est Well WRD, #70770 permit G 16196
03/25/2020

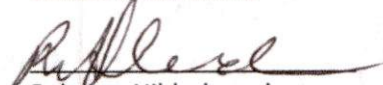
Larry,

The "Barnett Estate" an Oregon partnership, with duly elected "Management Committee," owners of well 70770, have through action of "The Management Committee", do here by inform you Josh Hilderbrand shall be from this date forward, "Agent" for the Barnett Est. in all regards to you, Tenneson and Oregon Water Resources in regards to well 70770.

The Barnett Est Management Committee:


Gena Arthur


Donald Hilderbrand


Rebecca Hilderbrand

Joshua M. Hilderbrand
Po Box 2
515 Columbia St.
Wasco Or. 97065
541 980 5152
hilderbrand04@yahoo.com

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Unrestricted



Assumed Business Name - Amendment

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - <http://www.FilingInOregon.com> - Phone: (503) 986-2200

Complete only the sections that you are updating.

To review current information, please go to:

http://egov.sos.state.or.us/br/pkg_web_name_srch_inq.login

Print Form

Reset Form

REGISTRY NUMBER: 288332-91

\$50.00 ✓

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

FILED

MAY 06 2015

OREGON
SECRETARY OF STATE

1. CURRENT BUSINESS NAME: The Barnett Estate

2. NEW BUSINESS NAME: (If changed)

3. DESCRIPTION OF BUSINESS:

4. PRINCIPAL PLACE OF BUSINESS: (Street Address, City, State, Zip)

5. NAME OF AUTHORIZED REPRESENTATIVE: (One name only) CONTINUING ☐ or NEW ☒

Gena Arthur

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MAY 07 2026

6. MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:

PO Box 206 Wasco Oregon 97065

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7. REGISTRANTS/OWNERS: (List name and publicly available street address of each person or entity who will conduct or transact business under the assumed business name.) (All new registrants must be listed. If any registrants are WITHDRAWING; withdrawing, new and/or continuing registrants must be listed.)

a. NEW REGISTRANTS/OWNERS: Street Address City State Zip

b. CONTINUING REGISTRANTS/OWNERS: Street Address City State Zip

c. WITHDRAWING REGISTRANTS/OWNERS:

8. COUNTIES: ☐ Baker ☐ Crook ☐ Harney ☐ Lake ☐ Morrow ☐ Union
☐ Benton ☐ Curry ☐ Hood River ☐ Lane ☐ Multnomah ☐ Wallowa
☐ ALL COUNTIES ☐ Clackamas ☐ Deschutes ☐ Jackson ☐ Lincoln ☐ Polk ☐ Wasco
(Statewide) ☐ Clatsop ☐ Douglas ☐ Jefferson ☐ Linn ☒ Sherman ☐ Washington
☐ Columbia ☐ Gilliam ☐ Josephine ☐ Malheur ☐ Tillamook ☐ Wheeler
☐ Coos ☐ Grant ☐ Klamath ☐ Marion ☐ Umatilla ☐ Yamhill

9. SIGNATURE(S): Any change requires a signature. New registrants must sign.

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:

Printed Name:

Gena O Arthur

Gena O Arthur

CONTACT NAME: (To resolve questions with this filing)

Gena Arthur

PHONE NUMBER: (Include area code)

541-980-4377

THE BARNETT ESTATE



28833291-16077858

AMDREG

Assumed Business Name - Amendment (03/15)

Business Name Search

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Business Entity Data

04-20-2026
08:30

Registry Nbr	Entity Type	Entity Status	Jurisdiction	Registry Date	Next Renewal Date	Renewal Due?
2190292-95	DLLC	ACT	OREGON	11-01-2023	11-01-2026	
Entity Name	BARNETT ESTATE LLC					
Foreign Name						

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Associated Names

Type	PPB	PRINCIPAL PLACE OF BUSINESS				
Addr 1	400 COLUMBIA ST					
Addr 2						
CSZ	WASCO	OR	97065		Country	UNITED STATES OF AMERICA

Please click [here](#) for general information about registered agents and service of process.

Type	AGT	REGISTERED AGENT		Start Date	11-01-2023	Resign Date	
Name	GENA		ARTHUR				
Addr 1	400 COLUMBIA ST						
Addr 2							
CSZ	WASCO	OR	97065	Country	UNITED STATES OF AMERICA		

Type	MAL		MAILING ADDRESS			
Addr 1	PO BOX 206					
Addr 2						
CSZ	WASCO	OR	97065		Country	UNITED STATES OF AMERICA

Type	MGR	MANAGER			Resign Date	
Name	GENA		ARTHUR			
Addr 1	PO BOX 206					
Addr 2						
CSZ	WASCO	OR	97065	Country	UNITED STATES OF AMERICA	

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Business Entity Name	Name Type	Name Status	Start Date	End Date
BARNETT ESTATE LLC	EN	CUR	07-26-2024	
THE BARNETT ESTATE LLC	EN	PRE	11-01-2023	07-26-2024

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Summary History

Image Available	Action	Transaction Date	Effective Date	Status	Name/Agent Change	Dissolved By
	AMENDED ANNUAL REPORT	09-25-2025		FI		
	AMENDED ANNUAL REPORT	10-30-2024		FI		
	ARTICLES OF AMENDMENT	07-26-2024		FI	Name	
	ARTICLES OF ORGANIZATION	11-01-2023		FI	Agent	

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PUMP TEST UNREASONABLE BURDEN EXEMPTION REQUEST FORM

OWNER NAME/BUSINESS NAME: Barnett Estate		PHONE No.: 541-980-5152	ADDITIONAL CONTACT No.:
ADDRESS: PO Box 2			
CITY: Wasco	STATE: OR	ZIP: 97065	E-MAIL: jmhfarming@gmail.com

If there is a reason why a pump test cannot be performed on a well, the owner may request from the Director an exemption from the pump test requirement. Requests shall be in writing and include the reason why a pump test cannot be performed. Exemptions, or conditioned exemptions, shall be granted if the reasons are found to valid and eliminating the problem would place an unreasonable burden on the well owner. Exemptions shall be granted for public water supply wells if pump testing will cause interruption of service to customers. OAR 690-217-0015(3).

1. List each well and associated water right(s) for which you are requesting an exemption. If a well is listed on more than one water right, be sure to include them all here. If additional space is needed, please attach another form. If available, please attach all water well reports (i.e. well logs) and a map showing the locations of all wells listed on this form.

	WELL LOG # (EX. MARI 99999)	WELL TAG # (EX. L-999999)	WELL NAME OR #	APPLICATION	PERMIT	TRANSFER
a	SHER 50175	L- 70770	Well	G-16663	G-16196	T-
b		L-		G-	G-	T-
c		L-		G-	G-	T-
d		L-		G-	G-	T-
e		L-		G-	G-	T-

(CONTINUED)

	TWP (EX. 25S)	RNG (EX. 31E)	SEC (EX. 12)	QQ (EX. SE/SW)	SURVEYED LOCATION (EX. 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (EX. 44.94473859)	LONGITUDE (EX. -120.02787000)
a	1N	17E	4	SWNW	1760' S, 40' E of NW Cor Sec 4	45.601190	-120.707658
b							
c							
d							
e							

2. Please explain why the test cannot be performed:

We respectfully request an exemption to the pump test condition. The well is located approximately 190' from the Wasco Grain Growers well (SHER 50058) and approximately 2390' from the City of Wasco water system well (SHER 263/50284) - also an OWRD Observation Well. The interference due to pumping from these nearby wells would not allow us to collect accurate data and would interfere with the recovery time needed for the pump test conditions. Additionally, our well is an artesian well, making the pump test difficult. Furthermore, we have not been able to find a contractor willing to come to our site due to remote location. In 2006 we tested the well ourselves and have attached the data we collected. Thank you for your consideration.

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I hereby certify that the well(s) requested for exemption(s) are under my ownership.

SIGNATURE: Mona D. Arthur DATE: 5/5/26

SHER 50175

PUMP TEST DATA SHEET

Page ____ of ____

APPLICATION NO. _____ PERMIT NO. _____

All water level measurements must either be in 1) feet and inches, or 2) feet and decimal fractions. (Circle one)

DRAWDOWN DATA							RECOVERY DATA						
DATE	TIME	TIME SINCE PUMP STOPPED (minutes)	WATER LEVEL MEASUREMENT	CORRECTION IF ANY	DEPT. TO WATER FLOW	Flow meter COMMENTS cu ft	DATE	TIME	TIME SINCE PUMP STOPPED (minutes)	WATER LEVEL MEASUREMENT	CORRECTION IF ANY	DEPTH TO WATER	COMMENTS
4-10-2006	10:52	HM	39"		—		4/11	1:02	PM	11.3			shot IN
	10:54	2	33.6		225	1705760		1:04		11.7			
	10:56	2	32		225	1705830		1:06		11.75			
	10:58	2	31		225	1705900		1:08		11.7			
	11:00	2	31		225	1705930		1:10		12			
	11:02	2	31		225	1705980		1:12		12			
	11:04	2	30		225	1706020	4/11	1:15		12			
4/10	11:10	3m	30		215	1706180		1:20		12.2			
	11:15		30		215	1706320		1:25		12.3			
	11:20		29.5		210	1706460		1:30		12.5			
	11:25		29.5		210	1706580		1:35		12.6			
	11:30		29.5		210	1706720		1:40		12.8			
	11:37		29		205	1706900		1:45		12.9			
	11:40		29		205	1706960		1:50		13			
	11:45		28.5		200	1707110		1:55		13.1			
4/10	12:00	PM	28		195	1707470	4/11	2:00		13.2			
	12:15		27		190	1707840		2:15		13.5			
	12:30		26.75		185	1708220		2:30		13.9			
	12:45		26		185	1708560		2:45		14.1			
	1:00		25.5		180	1708910	4/11	3:00		14.3			
	1:30		24.5		170	1709600		3:30		15			
	2:00		23.5		170	1710270		4:00		15.5			
	2:30		22.5		170	1710940		4:30		16			
4/10	3:00		21.5		165	1711570		5:00		16.5			
	4:00		20		160	1712810		6:00		17.2			
	5:00		19		150	1713970		7:00		18			
	6:00		18		145	1715070		8:00		18.75			
	7:00		17		135	1716110		9:00		19.5			
	8:00		16		125	1717110		10:00		20			
4/10	10:00		15		120	1718950		11:00		20.5			

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PUMP TEST DATA SHEET

APPLICATION NO. _____ PERMIT NO. _____

All water level measurements must either be in 1) feet and inches, or 2) feet and decimal fractions. (Circle one)

DRAWDOWN DATA						RECOVERY DATA							
DATE	TIME	TIME SINCE PUMP STARTED (minutes)	WATER LEVEL MEASUREMENT	CORRECTION IF ANY	DEPTH TO WATER 1 LG	Flow Meter COMMENTS CU FT	DATE	TIME	TIME SINCE PUMP STOPPED (minutes)	WATER LEVEL MEASUREMENT	CORRECTION IF ANY	DEPTH TO WATER	COMMENTS
4/11	3:00 AM		13		100	1723070	4/11	1:00 PM		21.2			
	8:00		12		90	1726090		4:00		22.75			
	9:00		11.5		85	1727370		7:00		24			
	10:00		11.33		85	1728070		10:00		25			
	11:00		11.33		85	1748700	4/12	1:00 PM		25			Pressure Meter
	12:00 PM		11.33		80	1721740		1:00		26			
	1:00		11.33		80	1721980		7:00		25.5			
	Shot in							10:00		26			
								1:30		27			
							4/13	7:00 AM		28.5			
								9:00		29			
								11:00		29.2			
								1:00		29.2			

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Chart Showing Last Few Test Before Equilibrium Flow

	CFT	EFF NR	Gal per Hr	GPM
3:00	171 1570	1240	9300	155
4:00	171 2810	1160	8700	145
5:00	171 3970	1100	8250	137
6:00	171 5070	1040	7800	130
7:00	171 6110	1000	7500	125
8:00	171 7110	920	6900	115
10:00	171 8950	824	6180	103
3:00 am	172 3070	724	5430	90.5
8:00	172 6690	680	5100	85
9:00	172 7370	670	5025	83.75
10:00	172 8040	660	4950	82.5
11:00	172 8700	640	4800	80
12:00	172 9340	640	4800	80
1:00	172 9980			

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Monday April 10th

Well #2 McGee 220' SW of Well #1

	II	psi		I	psi	
	8:20	42'		8:20	34'	P.F. 8
	8:40	42'		8:40	34'	8
	9:00	40'		8:40	31'	8
	11:50	37.5'		11:45	28.5'	9
	2:33	30		2:30	22.5	8.5
	6:05	25		6:00	17.5	8
oil 11 th	7:34	20		8:00	12	8
	11:45	18		12:00	11.3	6.7
Shot in 1:00 PM April 11 th						
	1:50	21		1:50	13	8
	4:00	24 1/2		4:00	15.5	9

Comparison of Two wells

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Flow Tests were conducted By Don Hilderhead
Pressure gauge was 6 inches Above ground level
Flow meter in 4 in pipe 90° To well head

36" Above Gage

Flow meter Start 10:52 AM April 10

1705760 ^{cu Ft} Finish 1730000 ^{cu Ft} 1 PM

April 11 2006 24240 cu Ft water

Flowed Through Time of Test.

From 3:00 PM The 11th Through 1:00 PM

The 12th Flow meter Volumes were

Tracked in cu Ft An Hour To a Test

upon which The Same Volume Flowed

For 1 Hour Test, Equal To That

Of The previous test. This Flow

Of Lowest Volume was Achieved During

The Tests ^{Times} Of 11:00 AM, 12:00, 1:00 PM.

Flow Fell From 225 Gpm and Stabilized

At 80 gpm. Morrow county grain growers

well Pressure was monitored 8 Times

During test period, A general 3 LB Difference

was ~~noted~~ ^{constant} noted varying +1 to -1.6 Lbs

Between the wells During The Test

upon completion of Flow Test shut in

was a 1 AM The 12th and Recovery Tests

were Begun. During test noted Stalls

or loss of pressure presumed Due

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to the Filling of TANKER Trucks
From neighboring well. This was
noted At 1:00 pm the 12th and
6:00 pm. Complete Recharge of
Test Should Be considered some
percentage Earlier than completion
of Test

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STATE OF OREGON

WELL ID # L L70770

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

(START CARD) # 168541

Instructions for completing this report are on the last page of this form

(1) OWNER:

Well Number:

Name The Barnett Est. (Don Hilderbrand)Address P. O. Box 273City Wasco State OR Zip 97065

(2) TYPE OF WORK:

☒ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ Other

(4) PROPOSED USE:

☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☐ Yes ☒ No Depth of Completed Well 142 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	
20"	0	20	Cement	0	20'	18 Sacks	
16"	20'	102'	Cement	0	102'	101 Sacks	
12"	102'	142'					

How was seal placed: Method ☒ A ☐ B ☐ C ☐ D ☐ E
☐ Other

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	16"	+1	20'	.250	☒	☐	☒	☐
	12"	+2'	102'	.250	☒	☐	☒	☐
Liner:					☐	☐	☐	☐

Final location of shoe(s) 102

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour

☐ Pump ☐ Bailer ☐ Air ☒ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
180	0%		1 hr.

Temperature of Water 57 Depth Artesian Flow found 128Was a water analysis done? ☐ Yes By whom _____Did any strata contain water not suitable for intended use? ☒ Too little☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____Depth of strata: 80 to 89

(9) LOCATION OF WELL by legal description:

County Sherman Latitude 45.60119N Longitude 120.7062
Township 1N N or S. Range 17E E or W. of WM.
Section 4 SW 1/4 NW 1/4
Tax lot 800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 71025 N. Old Highway
97, Wasco, Or

(10) STATIC WATER LEVEL:

ft. below land surface. _____ Date _____
Artesian pressure 24 lb. per square inch. Date 10/06/2005

(11) WATER BEARING ZONES:

Depth at which water was first found 80

From	To	Estimated Flow Rate	SWL
80	89	80	22'
128	133	180	+55.4

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Soil	0	2	
Basalt Hard Gray	2	4	
Rock Fract. Brown	4	15	
Basalt Hard Gray	15	33	
Basalt Fract. Black	33	60	
Basalt Brown Med.	60	64	
Clay Yellow	64	80	
Rock Decomposed Brown W/B	80	89	22
Basalt Hard Gray	89	128	
Basalt Fract. Med. Gray W/B	128		
Flowing		133	
Basalt Hard Gray	133	138	
Basalt Fract. Hard Gray	138	142	

Bottom of well is plugged with a wood plug with bentonite on top of wood and topped with cement. Plug is from 134 to 142 ft.

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WATER RESOURCES DEPT
SALEM, OREGONDate started 06/30/2005Completed 10/10/2005

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ WWC Number _____
Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work 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 belief.

Signed Charles Austin WWC Number 790
Date 10/28/2005

ORIGINAL - WATER RESOURCES DEPARTMENT

FIRST COPY - CONSTRUCTOR

SECOND COPY - CUSTOMER

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