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

OREGON WATER RESOURCES DEPARTMENT
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 $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:

09/24/2010

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

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-17424	**G-16847**	**T-**

2. Property Owner (current owner information):

Applicant/Business Name	Phone No.	Additional Contact No.
Harney Electric Cooperative, Inc	**541-573-2061**	

Address			
1326 Hines Blvd			
City	State	Zip	E-Mail
Burns	**OR**	**97720**	**sbowen@hec.coop**

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 as above		
Address		
City	State	Zip

Additional Permit Holder of Record		
NA		
Address		
City	State	Zip

4. Date of Site Inspection:

9/8/2026

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

Name	Date	Association with the Project
Fred Flipperce	**9/8/2026**	**General Manager**

6. County:

Harney

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		
NA		
Address		
City	State	Zip

Add additional tables for owners of record as needed

SECTION 2

SIGNATURES

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CWRE Statement, Seal and Signature

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

Seal and Signature



RENEWAL 12/31/2026

CWRE Name		Phone No.	Additional Contact No.
Scott D Montgomery		**541-548-5833**	**541-420-0401**
Address **PO Box 767**			
City **Terrebonne**	State **OR**	Zip **97760**	E-Mail **scott@apeands.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
	Fred Flipperce	**General Manager**	9/30/2026

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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)
Production Well	**HARN 51699**	**102511**
Injection Well	**HARN 51698**	**102510**

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

POA Name or Number	Source Basin Located Within	Tributary
Production Well	**West Fork Silvies River Basin**	
Injection Well	**West Fork Silvies River 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)
Production Well	**Geo-Thermal Heating/Cooling**	**NA**	**Year round**	**0.98 cfs**
Injection Well	**Geo-Thermal Heating/Cooling**	**NA**	**Year round**	**0.98 cfs**
Total Quantity of Water Used				**0.98 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:

Geothermal water is pumped from Well #1 & conveyed by buried pipe into the place of use & then returned to Well #2 by buried pipe.

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, permit amendment final order, or extension final order? If yes, describe below. **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."*)

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
Production Well	**0.98 cfs**	**0.70 cfs**	**0.67 cfs**	**Geo-Thermal Heating/Cooling**	**NA**	**NA**
Injection Well	**0 cfs**	**0 cfs**	**0 cfs**	**Injection Dry well**	**NA**	**NA**

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SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? **YES**

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

Source HARN 51699

A. Place of Use

1. Is the right for municipal use? **NO**

B. Groundwater Source Information (Well)

1. Is the appropriation from a well? **YES**

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

Remove bolted top of well head

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 log						

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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C. Groundwater Source Information (Sump)

1. **Is the appropriation from a dug well (sump)?** **NO**

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**

2. **Pump Information:**

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake size	Discharge size
Goulds	**UNK**	**UNK**	**Submersible**	**6"**	**3"**

3. **Motor Information:**

Manufacturer	Horsepower
Goulds	**10**

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)
10	**30 psi**	**20'**	**5'**	**0.70**

5. **Provide pump calculations:**

Q = 7.054 ft 4/s/hp x hp = (7.04)(10) = 0.70 cfs
Total head, ft 101.2
Total head = 76.2' + 20' + 5' = 101.2'

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)
145,500	**147,000 gal**	**5 min**	**0.67**

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)
No sump				

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8. Provide pump calculations:

No sump

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)
NA			

10. Is the distribution system piped? **YES**

11. Mainline Information:

Mainline Size	Length	Type of Pipe	Buried or Above Ground
3"	**135 LF**	**PVC**	**Buried**

12. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
¾"	**650 LF**	**Copper**	**Above ground**

13. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (cfs)
NA					

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

14. Drip Emitter Information:

Size	Operating PSI	Emitter Output (GPM)	Total Number of Emitters	Maximum Number Used	Total Emitter Output (cfs)
NA					

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
NA					

16. Pivot Information:

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (GPM)	Total Pivot Output (cfs)
NA				

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E. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)? **NO**

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**

2. Complete the table:

PIPE SIZE	PIPE TYPE	"C" FACTOR	AMOUNT OF FALL	LENGTH OF PIPE	SLOPE	COMPUTED RATE OF WATER FLOW (IN CFS)
3"	PVC	150	2 feet	140 feet	0.14 ft / ft	1.05

3. Provide calculations:

$V = \underline{1.31\ CR^{0.63}S_{0.54}} = \underline{5.29\ fps \times 0.2\ sf = 1.05\ cfs}$

R = A/P A = D2/4 = 0.20 sf P = D = 1.57 ft R= 0.125'

4. If an actual measurement was taken, provide the following:

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)

Attach measurement notes.

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? **NO**

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

Injection Well HARN 51698

A. Place of Use

1. Is the right for municipal use? **NO**

B. Groundwater Source Information (Well)

1. Is the appropriation from a well? **YES**

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

Remove bolted top of well head

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 log						

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.

The injection well is only a vehicle to return water from the building & source well back into the aquifer.

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C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)? **NO**

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? **NO**

10. Is the distribution system piped? **NO**

E. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)? **NO**

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? **NO**

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? **NO**

H. Additional notes or comments related to the system:

Well #2 is an injection well or dry well used to return geothermal water to the aquifer.

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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	**5/24/2011**		
Begin construction (A)	**Not mentioned**	**NA**	**NA**
Complete construction (B)	**5/24/2016**	**5/24/2016**	**Wells & heating system constructed**
Complete application of water (C)	**5/24/2016**	**5/24/2016**	**Geothermal water heating bldgs. Metered & reported.**

* 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)? **NO**

3. Initial Water Level Measurements:

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

4. Annual Static Water Level Measurements:

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

5. Pump Test:

a. Is a pump test required? **YES**

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

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

c. Is the pump test/exemption attached to this claim? **YES**

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? **NO****

e. Has a pump test exemption been approved by the Department? **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**

b. Has a meter been installed? **YES**

c. Meter Information

POD/POA Name or #	Manufacturer	Serial #	Condition (working or not)	Current Meter Reading	Date Installed
#1	**UNK**	**03400**	**Running**	**147,000 gal**	**2010**
#2	**UNK**	**03400**	**Running**	**147,000 gal**	**2010**

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**

7. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department? **YES**

b. Have the reports been submitted? **YES**

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? **NO**

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

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

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **YES**

Well ID #	Date Attached To Well
L-102511	**4/30/2010**
L-102510	**4/30/2010**

e. Other conditions? **YES**

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.

Register the injection activity with the OR Dept of Environmental Quality's Underground Injection Control Program
No Riparian areas were disturbed

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SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well logs	**HARN 51699 & 51698**
Site photos	**Time & location stamped pictures of wells & system**
Pump Test	**Pump Test Unreasonable burdon Exemption Form**

HARN 51699

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

04-30-2010

WELL LABEL # L 102511

START CARD # 1009943

(1) LAND OWNER

Owner Well I.D. Discharge

First Name _____ Last Name _____

Company Harney Electric Co op

Address 1326 Hines Blvd.

City Burns State OR Zip 97720

(2) TYPE OF WORK

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

(3) DRILL METHOD

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

(4) PROPOSED USE

☐ Domestic ☐ Irrigation ☐ Community ☐ Industrial/ Commericial ☐ Livestock ☐ Dewatering ☒ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 180.00 ft.

BORE HOLE

Dia	From	To
10	0	20
6	20	180

SEAL

Material	From	To	Amt	sacks/ lbs
Bentonite	0	20	20	S

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

☒ Other poured dry and tam

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

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
●	○	6	☒	3	106	.250	●	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

○ Pump ○ Bailer ◉ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
50		180	1

Temperature 66 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Harney Twp 23.00 S N/S Range 30.00 E E/W WM

Sec 23 NW 1/4 of the NW 1/4 Tax Lot 400

Tax Map Number _____ Lot _____

Lat ° 0 ' " or _____ DMS or DD

Long ° 0 ' " or _____ DMS or DD

○ Street address of well ◉ Nearest address

28910 Hwy 20, Hines, OR 97738

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	04-23-2010			14

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 22

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
04-24-2010	22	180	50			14

(11) WELL LOG

Ground Elevation _____

Material	From	To
topsoil	0	1
Clay Brown	1	22
Sand Med Clay	22	35
Gravel Med	35	50
Sand Med Cinders	50	65
Gravel Med	65	80
Sand Cinders	80	100
Sandstone	100	120
Pumice Multicolored	120	170
Rock Red	170	180

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DEC 06 2011
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 04-23-2010 Completed 04-24-2010

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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 the best of my knowledge and belief.

License Number _____ Date _____

Electronically Filed

Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

License Number 1424 Date 04-30-2010

Electronically Filed

Signed TIMOTHY K RILEY (E-filed)

Contact Info (optional) _____

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ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK.

Form Version: 0.95

HARN 51698

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

04-30-2010

WELL LABEL # L 102510

START CARD # 1009928

(1) LAND OWNER

Owner Well I.D. production well

First Name _____ Last Name _____

Company Harney Electric Co op

Address 1326 Hines Blvd.

City Burns State OR Zip 97720

(2) TYPE OF WORK

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

(3) DRILL METHOD

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

(4) PROPOSED USE

☐ Domestic ☐ Irrigation ☐ Community ☐ Industrial/ Commericial ☐ Livestock ☐ Dewatering ☒ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ Attach copy

Depth of Completed Well 243.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
10	0	20	Bentonite	0	20	20	S
6	20	243					

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

☒ Other poured dry and tam

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

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
●	○	6	☒	2	109	.250	●	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

○ Pump ○ Bailer ● Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
50		240	1

Temperature 68 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Harney Twp 23.00 S N/S Range 30.00 E E/W WM

Sec 23 NW 1/4 of the NW 1/4 Tax Lot 400

Tax Map Number _____ Lot _____

Lat ° 0 ' " or _____ DMS or DD

Long ° 0 ' " or _____ DMS or DD

○ Street address of well ● Nearest address

28910 Hwy 20, Hines, OR 97738

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening			☐	
Completed Well	04-21-2010	14		14

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 22

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
04-21-2010	22	243	50			14

(11) WELL LOG

Ground Elevation _____

Material	From	To
Topsoil	0	1
ClyBrown	1	22
Sand Med Clay	22	35
Gravel Med	35	50
Sand Med Cinders	50	65
Gravel Med	65	80
Sand	80	101
Sandstone	101	120
Pumice Multicolored	120	170
Rock Red	170	243

RECEIVED
DEC 06 2011
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 04-21-2010 Completed 04-21-2010

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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 the best of my knowledge and belief.

License Number _____ Date _____

Electronically Filed

Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

License Number 1424 Date 04-30-2010

Electronically Filed

Signed TIMOTHY K RILEY (E-filed)

Contact Info (optional) _____

Received
OCT 19 2026
OWRD

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version 0.95


Received
OCT 19 2026
OWRD
9-08 12:04:32
142.9024, East: -390.6860


Received
OCT 19 2026
OWRD
9-08 12:15:00
142.9024, East: -390.6861

Flow meter


Received
OCT 19 2026
OWRD
9-08 12:08:36
9.3646, ast: 570997.3012

ALL POINTS
ENGINEERING & SURVEYING, INC.
P.O. Box 767 (CRR)
Terrebonne, Oregon 97760

Received
OCT 19 2026
OWRD

TRANSMITTAL

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

Date: 10/12/2026
Attention: Certificates
RE: COBU T-17424 & Pump Test Exemption

[X] Prints [] Plans [] Plat [] Specifications.

Attached is a Claim of Beneficial Use & Final Proof Map for G-16847, Harney Electric Coop. Also attached is a Pump Test Exemption form.

If you have any questions please don't hesitate to call 541-548-5833 or email me at scott@apeands.com.

Copies	No.	Description
1	1	COBU (14 pages letter bond)
1	2	COBU Map (1 page bond)
1	3	Well logs (2 pages letter bond)
1	4	Pump Test Exemption form (1 page letter bond)
1	5	Site photos (8 pages letter bond)
1	7	Check for $345

Signed: _____