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:

02/12/2020

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-18911	G-18725	T-

2. Property Owner (current owner information):

Applicant/Business Name		Phone No.	Additional Contact No.
Fitzgerald Ranch, Inc		**541-219-1296**	**541-947-3255**
Address **28975 Hogback Rd**			
City **Plush**	State **OR**	Zip **97637**	E-Mail

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:

03/09/26 & 10/19/2026

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

Name	Date	Association with the Project
Eleanor Fitzgerald	**10/19/2026**	**Farm Manager**

6. County:

Lake

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 **Same as above**		
Address		
City	State	Zip

Add additional tables for owners of record as needed

SECTION 2

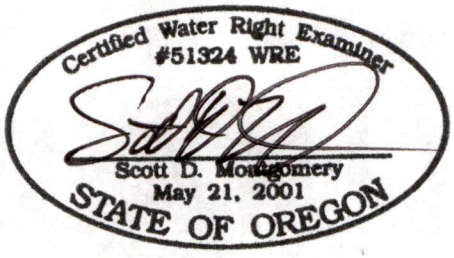
SIGNATURES

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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
Joseph Utley	**Joseph Utley**	**Secretary**	11/2/26

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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)
#2	**LAKE 1840**	**L-137438**

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
#2	**Hart Lake 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)
#2	**IR**	**Alfalfa**	**Mar 1 to Oct 31**	**2.01**
Total Quantity of Water Used				**2.01**

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 authorized well & conveyed by buried conduit to a center pivot sprinkler that irrigates the place of use.

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:

POA Name or #	Maximum Rate Authorized	Calculated Theoretical Rate Based on System	Amount of Water Measured	Use	# of Acres Allowed	# of Acres Developed
#2	**2.01 cfs**	**2.60 cfs**	**Not on**	**IR**	**160.64**	**160.64**

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SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? **NO**

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

#2 LAKE 1840

A. Place of Use

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

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
36S	24E	WM	16	SW SW			IR	28.70	
36S	24E	WM	16	SE SW				36.30	
36S	24E	WM	16	SW SE				4.68	
36S	24E	WM	21	NW NE				7.53	
36S	24E	WM	21	NE NW				39.70	
36S	24E	WM	21	NW NW				34.80	
36S	24E	WM	21	SW NW				3.04	
36S	24E	WM	21	SE NW				5.89	
Total Acres Irrigated								160.64	

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:

1" thd bolt S side P/B

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 well 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
Flowserve	**12E5M**	**2301030003282-1**	**Turbine**	**16"**	**8"**

3. Motor Information:

Manufacturer	Horsepower
US Motor	**150**

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)
150	**40**	**300'**	**5'**	**2.60**

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

5. Provide pump calculations:

Q = 7.04 ft 4/5/hp x hp = (7.04)(150) = 2.60 cfs
Total head, ft 406.6
Total head = 101.6' + 300' + 5' = 406.6'

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 on			

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				

8. Provide pump calculations:

NA

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
8"	**3750**	**PVC**	**Buried**

12. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
NA			

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)
Zimmatic	**1495 LF**	**35**	**1200**	**2.60**

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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? **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:

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	**12/10/2021**		
BEGIN CONSTRUCTION (A)	**12/10/2021**		
COMPLETE CONSTRUCTION (B)	**12/10/2026**	**3/9/2026**	**Irrigation system completed**
COMPLETE APPLICATION OF WATER (C)	**12/10/2026**	**10/19/2026**	**Water applied to beneficial use from authorized well to authorized place of 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)? **NO**

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3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? **YES**

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

March

c. Was the measurement submitted to the Department? **YES**

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? **YES**

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**

d. If "YES", were those measurements submitted to the Department? **YES**

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

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

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? **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? **YES** **

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**

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c. Meter Information

POD/POA Name or #	Manufacturer	Serial #	Condition (working or not)	Current Meter Reading	Date Installed
#2	**McCrometer**	**25-03207-10**	**Not running**	**614.311 gal x 1000**	**Spring 2025**

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-137438	**Spring 2020**

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.

Dedicated Measuring Tube will be installed the next occurrence when the pump is replaced or removed.

SECTION 6

ATTACHMENTS

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

Attachment Name	Description
Well Log	**LAKE 1840**
Site Photos	**Time/location stamped pics of irrigation system & place of use.**
Pump Test	**Pump Test Exemption form**

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SECTION 7

CLAIM OF BENEFICIAL USE MAP

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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.

WATER WELL REPORT
STATE OF OREGON

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RECEIVED
JUN 17 1981
WATER RESOURCES DEPT
SALEM, OREGON

LAKE 1840

nc Lake 1840

State Well No. 36S/24-17aa

State Permit No.

(1) OWNER:
Name FITZGERALD BROTHERS RANCH
Address
City Plush State 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 Air ☒ Driven ☐
Rotary Mud ☐ Dug ☐
☐ Bored ☐

(4) PROPOSED USE (check):
Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☒ Test Well ☐ Other ☐
Thermal: ☐ Withdrawal ☐ Reinjection ☐

(5) CASING INSTALLED:
Steel ☒ Threaded ☐ Plastic ☐ Welded ☒

16 " Diam. from 0 ft. to 20 ft. Gauge 250
" Diam. from ft. to ft. Gauge

LINER INSTALLED: NO
" Diam. from ft. to ft. Gauge

(6) PERFORATIONS:
Perforated? ☐ Yes ☒ No
Type of perforator used
Size of perforations in. by in.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

(7) SCREENS:
Well screen installed? ☐ Yes ☒ No
Manufacturer's Name
Type Model No.
Diam. Slot Size Set from ft. to ft.
Diam. Slot Size Set from ft. to ft.

(8) WELL TESTS:
Drawdown is amount water level is lowered below static level
pump test made? ☒ Yes ☐ No If yes, by whom? Contractor
2,200 gal./min. with 126 ft. drawdown after 24 hrs.
" " "
Air test gal./min. with drill stem at ft. hrs.
Bailer test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m.
Temperature of water ~~Was~~ 62° Depth artesian flow encountered ft.

(9) CONSTRUCTION:
Special standards: Yes ☐ No ☒
Well seal—Material used Cement Grout
Well sealed from land surface to 20 ft.
Diameter of well bore to bottom of seal 24 in.
Diameter of well bore below seal 15 in.
Number of sacks of cement used in well seal 24 sacks
How was cement grout placed? A 1 ½ Inch Pipe was placed in the annular space and grout was pumped under pressure from 20 Ft. to the Surface.
Was pump installed? Yes Type Turb HP 125 Depth 200 ft.
Was a drive shoe used? ☐ Yes ☒ No Plugs Size: location ft.
Did any strata contain unusable water? ☐ Yes ☒ No
Type of Water? depth of strata
Method of sealing strata off
Was well gravel packed? ☐ Yes ☒ No Size of gravel:
Gravel placed from ft. to ft.

(10) LOCATION OF WELL:
County Lake Driller's well number
NE ¼ NE ¼ Section 17 T. 36S R. 24 E. W.M.
Tax Lot # 3800 Lot Blk Subdivision
Address at well location:

(11) WATER LEVEL: Completed well.
Depth at which water was first found 110 ft.
Static level 28 ft. below land surface. Date 1/17/78
Artesian pressure lbs. per square inch. Date

(12) WELL LOG:
Diameter of well below casing 15 " to 165 Ft.
Depth drilled 12 " to 400 ft. Depth of completed well 400 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
Soil Zone (Sandy)	0	15	
Basalt (Grey, Red-Rim Rock)	15	36	
Basalt (Red)	36	100	
Volcanic Claystone (Brown)	100	110	
Basalt (Purple, Porous with layers of Volcanic Claystone) H_2O Zone (100 G.P.M.)	110	130	28
Basalt Black With White Volcanic Claystone & Void Areas	130	138	
Basalt (Red, Fractured) Open Channel H_2O Zone	138	195	
Basalt (Red) With Claystone	195	280	
Basalt (Grey) With Void Areas	280	335	
Basalt (Fractured, Red) H_2O Zone	335	360	
Basalt (Grey, With Claystone)	360	380	
Basalt (Brown to Red, Fractured) Claystone Layers H_2O Zone	380	400	

Work started Dec. 1, 19 77 Completed Jan. 17, 19 78
Date well drilling machine moved off of well 1/17/ 19 78

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] Gary Stookberry (Drilling Machine Operator) Date 1/17/, 19 78
Drilling Machine Operator's License No. 801

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 RAPID WATER WELL DRILLING COMPANY (Person, firm or corporation) (Type or print)
Address P. O. BOX 750 LAKEVIEW, OREGON 97630
[Signed] Gary Stookberry (Water Well Contractor)
Contractor's License No. 652 Date 1/17/, 19 78

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the WATER RESOURCES DEPARTMENT, SALEM, OREGON 97310 within 30 days from the date of well completion.

SP*12658-690

LAKE 1840

Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

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Application for Well ID Number

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Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name *(please print)*: Fitzgerald Ranch Inc
Mailing Address: 27493 Plush-Adel Rd
City, State, Zip: Plush, OR 97637
Mail Well ID Tag to: ☐ SAME AS ABOVE ☒ In Care Of (C/O)
Name & Address: Eleanor Fitzgerald, Fitzgerald Partners Inc
City, State, Zip: 28975 Hogback Rd, Plush, OR 97637

II. WELL LOCATION INFORMATION *(Please fill out as completely as possible)*

Township: 36S (North / South) Range: 24 (East / West) Section: 17 NE 1/4 of the SE 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 3800 County Lake
GPS Coordinates:
Street Address of Well, City: Hogback Rd, Plush, OR
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION *(Please fill out as completely as possible, AND attach copy of Well Log, if available)*

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation
Date Well Constructed (or property built): 1/17/78 Total Well Depth: 400' Casing Diameter: 16"
Owner at time the well was constructed (if known): Fitzgerald Brothers Ranch Well Log # (if known): LAKE 1840
Other Information:

SUBMITTED BY *(please print)*: Scott D Montgomery
PHONE: 541-548-5833 **EMAIL &/or FAX:** scott@apeands.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:	Well Log Number:	Well Identification #:
4-1-2020	LAKE 1840	L-137438

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OREGON WATER RESOURCES DEPARTMENT

PUMP TEST MULTIPLE WELL EXEMPTION REQUEST FORM

PUMP TEST

OWNER NAME/BUSINESS NAME	PHONE NO.	ADDITIONAL CONTACT NO.
ELEANOR FITZGERALD/FITZGERALD RANCH, INC	541-947-3255	**541-219-1296**

ADDRESS			
220 N G ST			
CITY	**STATE**		**E-MAIL**
Lakeview	**OR**	**97630**	

1. List the *tested* well. If the well is listed on any water right, please provide the water right identification numbers as well as the surveyed location. Note that an exemption cannot be granted until the test has been approved.

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	OWNER WELL NAME OR #	TEST DATE	APPLICATION	PERMIT	TRANSFER	CERTIFICATE
LAKE 52568	**L-116663**	**#1**	**10/13/2018**	**G-17749**	**G-17281**		**97312**

(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: -123.02787000)
36S	**24E**	**15**	**SW NW**	**2000' S & 72' E from NW cor, Sec 15**	**42.44698**	**-119.88511**

2. List each well and associated water right(s) for which you are requesting a multiple well exemption. This does *not* include the tested well. If a well is listed on more than one water right, be sure to include them all here:

	WELL LOG # (EX. MARI 99999)	WELL TAG # (EX. L-999999)	WELL NAME OR #	APPLICATION	PERMIT	TRANSFER
a	**LAKE 1840**	**L137438**	**#2**	**G-18911**	**G-18725**	

(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: -123.02787000)
a	**36S**	**24E**	**17**	**NW SE**	**1300' N & 380' W from SE cor, Sec 17**	**42.44499**	**-119.90571**

3. For each well listed in #1 and #2 above, attach all water well reports (i.e. well logs) or, if unavailable, other documentation showing the water-producing zones. If available, please attach a copy of the test and/or approval letter as well as a map showing the locations of all wells listed on this form.

I hereby certify that the tested well and the well(s) requested for exemption(s) are under the ownership listed above and are located within 5 miles of each other.

SIGNATURE: Joseph Utley DATE: 11/2/26 LICENSE #: _____

PRINTED NAME: Joseph Utley (CIRCLE ONE) (OWNER) EMPLOYEE, CWRE, RG, PE, WWC, PUMP INSTALLER

PHONE: _____ EMAIL: _____

Received
NOV 12 2026
OWRD

LAKE 52568

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

10/1/2014

WELL I.D. LABEL# L 116663
START CARD # 1024305
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name ELANORE Last Name FITZGERALD
Company FITZGERALD RANCH , INC.
Address 28975 HOGBACK RD.
City PLUSH State OR Zip 97637

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion [ ] Alteration (complete 2a & 10) [ ] Abandonment(complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	Material	From	To	Amt	sacks/lbs
Seal:					

(3) DRILL METHOD

[X] Rotary Air [X] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE

[ ] Domestic [X] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 260.00 ft.

BORE HOLE

Dia	From	To
20	0	131
12	131	260

SEAL

Material	From	To	Amt	sacks/lbs
Cement	0	65	50	S

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E
[ ] Other
Backfill placed from 65 ft. to 131 ft. Material GRAVEL
Filter pack from ft. to ft. Material Size
Explosives used: [ ] Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
●		16	X	2	131	.250	●		X	

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s)
Temp casing [ ] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method Factory
Screens Type Material

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Casing	16	91	131	.125	3	936	

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

( ) Pump ( ) Bailer (●) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1500		220	2

Temperature 56 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County LAKE Twp 36.00 S N/S Range 24.00 E E/W WM
Sec 15 SW 1/4 of the NW 1/4 Tax Lot 3100
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
(●) Street address of well ( ) Nearest address
FITZGERALD RD. PLUSH

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	9/23/2014			12.5

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 51.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
9/23/2014	51	260	1500			12.5

(11) WELL LOG

Ground Elevation

Material	From	To
Top soil	0	2
Brown Clay	2	22
Grey Clay	22	51
Broken volcanic conglomerate	51	130
Broken Basalt	130	260

RECEIVED BY OWRD
OCT 20 2014
SALEM, OR

Date Started 9/11/2014 Complete 9/23/2014

(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 1739 Date 10/1/2014
Signed CHARLES M FRY (E-filed)

(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 1355 Date 10/1/2014
Signed ARTHUR L FRY (E-filed)
Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

Received
NOV 12 2026
OWRD

Oregon
Kate Brown, Governor

Water Resources Department
725 Summer St NE, Suite A
Salem, OR 97301
(503) 986-0900
Fax (503) 986-0904

December 22, 2021

ELEANOR FITZGERALD
FITZGERALD RANCHES INC
28975 HOGBACK RD
PLUSH, OR 97637

GW

The Department has reviewed the status of your pump test and any requests for extension(s) or exemption(s) for the following permitted well(s). The results are summarized in the following table:

Application	Water Right	Permitted Well	Pumped Well	Test Date	Request Status	Exemption	Well Name
G 17749	Permit: G 17281 *	LAKE0052568	LAKE0052568	10/13/2018	APPROVED	None	
G 17968	Permit: G 17550 *	LAKE0052568	LAKE0052568	10/13/2018	APPROVED	None	
G 17686	Permit: G 18083 *	LAKE0001840	LAKE0052568	10/13/2018	APPROVED	Multiple Well	

Please contact me if you have any questions.

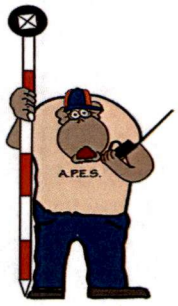
Sincerely,

Jerry Grondin

Jerry Grondin
503-437-5348
Groundwater Section

cc: GW Pump Test File
cc: Certificates Section/Application File

Received
NOV 12 2026
OWRD



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

TRANSMITTAL

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

Date: 11/7/2026
Attention: Certificates
RE: COBU G-18725

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

Attached is Claim of Beneficial Use & Final Proof Map for G-18725, Fitzgerald Ranch

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 (11 pages letter bond)
1	2	COBU Map (1 page bond)
1	3	Well logs (2 pages letter bond)
1	4	Site photos (5 pages letter bond)
1	5	Pump Test Exemption Fm (3 pages letter bond)
1	6	Check for $345

Signed: _____

Received
NOV 12 2026
OWRD