

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.wrd.state.or.us

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

A separate form shall be completed for each permit.

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

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:
http://www.oregon.gov/owrd/pages/wr/cwre_info.aspx

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

If you have questions regarding the completion of this form, please call 503-986-0900 and ask for the Certificate Section.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see
http://www.oregon.gov/owrd/pages/mgmt_reimbursement_authority.aspx

SECTION 1

GENERAL INFORMATION

1. File Information

APPLICATION # G-17249	PERMIT # (IF APPLICABLE) G-17788	PERMIT AMENDMENT # (IF APPLICABLE) T-12412
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2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Department of State Lands		PHONE NO. 541-388-6072	ADDITIONAL CONTACT NO. 541-480-3421
ADDRESS 1645 NE Forbes Road, Suite 112			
CITY Bend	STATE OR	ZIP 97701	E-MAIL Sheena.miltnerberger@statge.or.us

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			RECEIVED
ADDRESS			JUL 08 2019
CITY	STATE	ZIP	OWRD

ADDITIONAL PERMIT HOLDER OF RECORD James Harvey		
ADDRESS 17896 Bear Valley Lane		
CITY Escondido	STATE CA	ZIP 92027

4. Date of Site Inspection:

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Sheena Miltenberger	3/14/2019	Rangeland Manager, ODSL

6. County:

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(4)):

OWNER OF RECORD James Harvey		
ADDRESS 17896 Bear Valley Lane		
CITY Escondido	STATE CA	ZIP 92027

Add additional tables for owners of record as needed

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**SECTION 2
SIGNATURES**

CWRE Statement, Seal and Signature

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



CWRE NAME Scott D. Montgomery		PHONE NO. 541-548-5833	ADDITIONAL CONTACT NO. 541-420-0401
ADDRESS PO Box 767			
CITY Terrebonne	STATE OR	ZIP 97760	E-MAIL scott@apeands.com

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
<i>Nancy A Pustis</i>	Nancy Pustis	Bend Field Office Manager, ODSL	<i>6/18/19</i>

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 9	HARN 52001	L-113427
Well 10	HARN 52496	L-113429
Well 11	HARN 52011	L-113430

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 9	Crow Camp Creek Basin	Malheur Lake
Well 10	Crow Camp Creek Basin	Malheur Lake
Well 11	Crow Camp Creek Basin	Malheur Lake

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 9	IR	Alfalfa/Grass Hay	Mar 1 – Oct 31	1.78 cfs
Well 10	IR	Alfalfa/Grass Hay	Mar 1 – Oct 31	1.78 cfs
Well 11	IR	Alfalfa/Grass Hay	Mar 1 – Oct 31	1.78 cfs
Total Quantity of Water Used				5.34 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 approved POA's & conveyed by buried pipe to center pivot sprinklers which irrigate the POU.

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

5. Variations:

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

YES

(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 11 points of appropriation. Only 3 points of appropriation were developed and owned by ODSL are being proven up.

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 9	1.78 cfs	1.78 cfs		IR	375.6*	375.6*
Well 10	1.78 cfs	1.78 cfs		IR	375.6*	375.6*
Well 11	1.78 cfs	1.78 cfs		IR	375.6*	375.6*

***Place of use from all three of the same center pivot sprinklers**

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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):

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Well 9 (HARN 52001)

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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
23S	33E	WM	22	NE NW			IR	31.3	
23S	33E	WM	22	NW NW			IR	31.3	
23S	33E	WM	22	SW NW			IR	31.3	
23S	33E	WM	22	SE NW			IR	31.3	
23S	33E	WM	22	NE SW			IR	31.3	
23S	33E	WM	22	NW SW			IR	31.3	
23S	33E	WM	22	SW SW			IR	31.3	
23S	33E	WM	22	SE SW			IR	31.3	
23S	33E	WM	22	NE SE			IR	31.3	
23S	33E	WM	22	NW SE			IR	31.3	
23S	33E	WM	22	SW SE			IR	31.3	
23S	33E	WM	22	SE SE			IR	31.3	
Total Acres Irrigated								375.6	

B. 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
Peerless		040 F02516	Turbine	14"	8"

3. Motor Information

MANUFACTURER	HORSEPOWER
GE	50

4. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
50	40	240'	5'	1.02

5. Provide pump calculations:

$$Q = \frac{7.04 \text{ ft}^4/\text{sec}/\text{hp} \times \text{hp}}{\text{Total head, ft}} = \frac{(7.04)(50)}{301.6} = 1.17 \text{ cfs}$$

Total head = 101.6' + 200' + 0' = 301.6'

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 running			

7. Is the distribution system piped?

YES

8. Mainline Information

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8"	60 LF	Steel	Buried

9. Lateral or Handline Information

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

10. Sprinkler Information

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
NA			1	1	

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

11. Pivot Information

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Valley	1320 LF	40	800	1.78

12. Additional notes or comments related to the system:

C. Groundwater Source Information (Well and Sump)

1. Is the appropriation from ground water (well or sump)?

YES

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

1" capped pipe SE side of casing

3. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
See well logs						

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.

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

NO

D. Storage

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

NO

E. 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?

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

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F. Gravity Flow Canal or Ditch

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

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

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

NO

A. Place of Use

1. Is the right for municipal use?

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
23S	33E	WM	22	NE NW			IR	31.3	
23S	33E	WM	22	NW NW			IR	31.3	
23S	33E	WM	22	SW NW			IR	31.3	
23S	33E	WM	22	SE NW			IR	31.3	
23S	33E	WM	22	NE SW			IR	31.3	
23S	33E	WM	22	NW SW			IR	31.3	
23S	33E	WM	22	SW SW			IR	31.3	
23S	33E	WM	22	SE SW			IR	31.3	
23S	33E	WM	22	NE SE			IR	31.3	
23S	33E	WM	22	NW SE			IR	31.3	
23S	33E	WM	22	SW SE			IR	31.3	
23S	33E	WM	22	SE SE			IR	31.3	
Total Acres Irrigated								375.6	

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. 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
Fairbanks Morse	Unknown	Unknown	Turbine	14"	8"

3. Motor Information

MANUFACTURER	HORSEPOWER
GE	75

4. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
75	40	160'	0'	2.02

5. Provide pump calculations:

$Q = \frac{7.04 \text{ ft}^3/\text{sec}/\text{hp} \times \text{hp}}{\text{Total head, ft}} = \frac{(7.04)(75)}{261.6} = 2.02 \text{ cfs}$ $\text{Total head} = 101.6' + 160' + 0' = 261.6$
--

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 running			

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

7. Is the distribution system piped?

YES

8. Mainline Information

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8"	40 LF	Steel	Buried

9. Lateral or Handline Information

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

10. Sprinkler Information

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

11. Pivot Information

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Valley	1320 LF	40	800	1.78

12. Additional notes or comments related to the system:

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C. Groundwater Source Information (Well and Sump)

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1. Is the appropriation from ground water (well or sump)?

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YES

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

8" open steel pipe 3' S of 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
See well logs						

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.

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

NO

D. Storage

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

NO

E. 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

F. 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):

Well 11 (HARN 52011)

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A. Place of Use

1. Is the right for municipal use?

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NO

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
23S	33E	WM	22	NE NW			IR	31.3	
23S	33E	WM	22	NW NW			IR	31.3	
23S	33E	WM	22	SW NW			IR	31.3	
23S	33E	WM	22	SE NW			IR	31.3	
23S	33E	WM	22	NE SW			IR	31.3	
23S	33E	WM	22	NW SW			IR	31.3	
23S	33E	WM	22	SW SW			IR	31.3	
23S	33E	WM	22	SE SW			IR	31.3	
23S	33E	WM	22	NE SE			IR	31.3	
23S	33E	WM	22	NW SE			IR	31.3	
23S	33E	WM	22	SW SE			IR	31.3	
23S	33E	WM	22	SE SE			IR	31.3	
Total Acres Irrigated								375.6	

B. 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
Fairbanks Morse	Unknown	Unknown	Turbine	14"	8"

3. Motor Information

MANUFACTURER	HORSEPOWER
GE	50

4. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If a well, the water level during pumping	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
50	40	120'	0'	1.59

5. Provide pump calculations:

$$Q = \frac{7.04 \text{ ft}^3/\text{sec}/\text{hp} \times \text{hp}}{\text{Total head, ft}} = \frac{(7.04)(50)}{221.6} = 1.59 \text{ cfs}$$

Total head = 101.6' + 120' + 0' = 221.6

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 running			

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

7. Is the distribution system piped?

YES

8. Mainline Information

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8"	25 LF	Steel	Buried

9. Lateral or Handline Information

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

10. Sprinkler Information

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

11. Pivot Information

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Valley	1320 LF	40	800	1.78

12. Additional notes or comments related to the system:

C. Groundwater Source Information (Well and Sump)

1. Is the appropriation from ground water (well or sump)?

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YES

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

1" open pipe SE side of casing

3. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
See well logs						

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.

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

NO

D. Storage

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

NO

E. 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

F. 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

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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	7/14/2017		
BEGIN CONSTRUCTION (A)	NA	NA	NA
COMPLETE CONSTRUCTION (B)	10/30/2019	3/14/2019	Irr. System constructed
COMPLETE APPLICATION OF WATER (C)	10/30/2019	3/14/2019	System has irrigated POU since at least June 2016

* 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

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?

c. Was the measurement submitted to the Department?

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

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

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

5. Pump Test (Required for most ground water permits prior to issuance of a certificate)

a. Did the permit require the submittal of a pump test? YES

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

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

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

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

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

6. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? **YES**

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

c. Meter Information

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POD/POA NAME OR #	MANUFACTURE R	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 9	McCrometer	13-13134-08	Not running	965.522 acft x.001	Spring 2013
Well 10	McCrometer	13-13135-08	Not running	126.208 acft x.001	Spring 2013
Well 11	McCrometer	14-05766-08	Not running	609.156 acft x.001	Spring 2014

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 permit, permit amendment final order, or extension final order:

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

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

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

d. 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):

No riparian area observed in the vicinity of POU
OWRD Well ID Tags are installed on each casing

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well Logs	HARN 52001, 52496 & 52011
Aerial imagery	FSA/NRCS June 2016 imagery

SECTION 7

CLAIM OF BENEFICIAL USE MAP

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

The wells, conveyances & place of use were located using hand held GPS unit processed with magnet tools GPS software & compared to digital imagery for accuracy. Section lines shown were imported from BLM GIS shape files.

Map Checklist

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Please be sure that the map you submit includes ALL the items listed below.

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(Reminder: Incomplete maps and/or claims may be returned.)

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- Map on polyester film
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Source illustrated if surface water
- Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature

FINAL PROOF SURVEY

PART OF APPLICATION G-17249

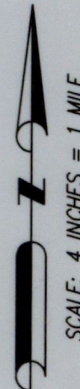
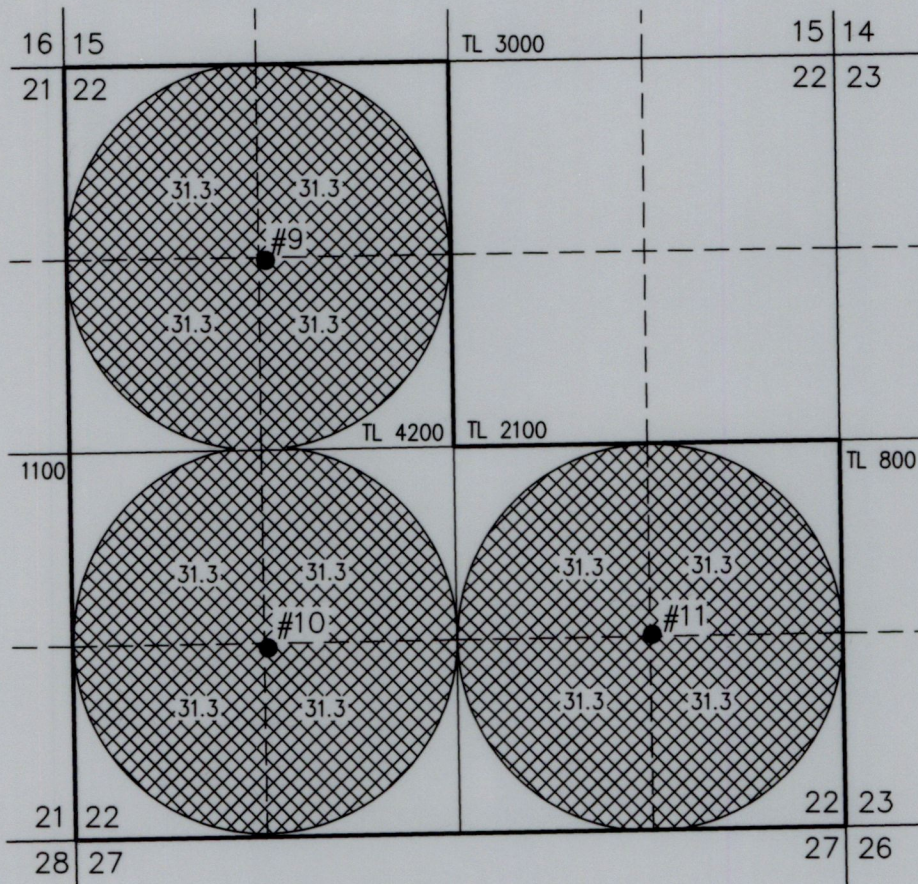
OREGON DEPARTMENT OF STATE LANDS

TAX LOT: 4200 IN SECTION 22,
TOWNSHIP 23 SOUTH, RANGE 33 EAST, W.M.

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#9 (HARN 52001)

- LOCATED IN THE NE 1/4 NW 1/4 SECTION 22, T23S R33E, W.M. AND 1335 FEET SOUTH AND 1270 FEET WEST FROM THE N 1/4 CORNER OF SECTION 22. FLOWMETER LOCATED ON DELIVERY PIPE 3' S FROM CENTER PIVOT SPRINKLER.

#10 (HARN 52010/52496)

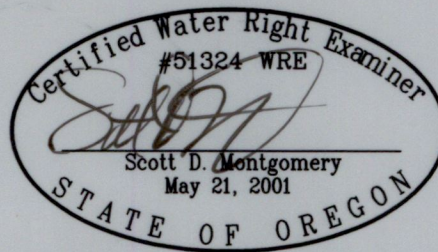
- LOCATED IN THE NE 1/4 SW 1/4 SECTION 22, T23S R33E, W.M. AND 1350 FEET SOUTH AND 1345 FEET EAST FROM THE W 1/4 CORNER OF SECTION 22. FLOWMETER LOCATED ON DELIVERY PIPE 3' S FROM CENTER PIVOT SPRINKLER.

#11 (HARN 52011/52230)

- LOCATED IN THE NE 1/4 SE 1/4 SECTION 22, T23S R33E, W.M. AND 1300 FEET SOUTH AND 1305 FEET WEST FROM THE E 1/4 CORNER OF SECTION 22. FLOWMETER LOCATED ON DELIVERY PIPE 3' S FROM CENTER PIVOT SPRINKLER.



375.6 ACRES 'IR' RIGHTS FROM #9, #10, & #11 PER PERMIT G-17788, AS SHOWN.



RENEWAL DATE: 12/31/2020

THIS MAP IS FOR THE PURPOSE OF LOCATING A WATER RIGHT ONLY AND HAS NO INTENT TO PROVIDE LEGAL DIMENSIONS OR THE LOCATION OF PROPERTY LINES.

PREPARED FOR:

OREGON DEPT. OF STATE LANDS
1645 NE FORBES ROAD, SUITE 112
BEND, OR 97701

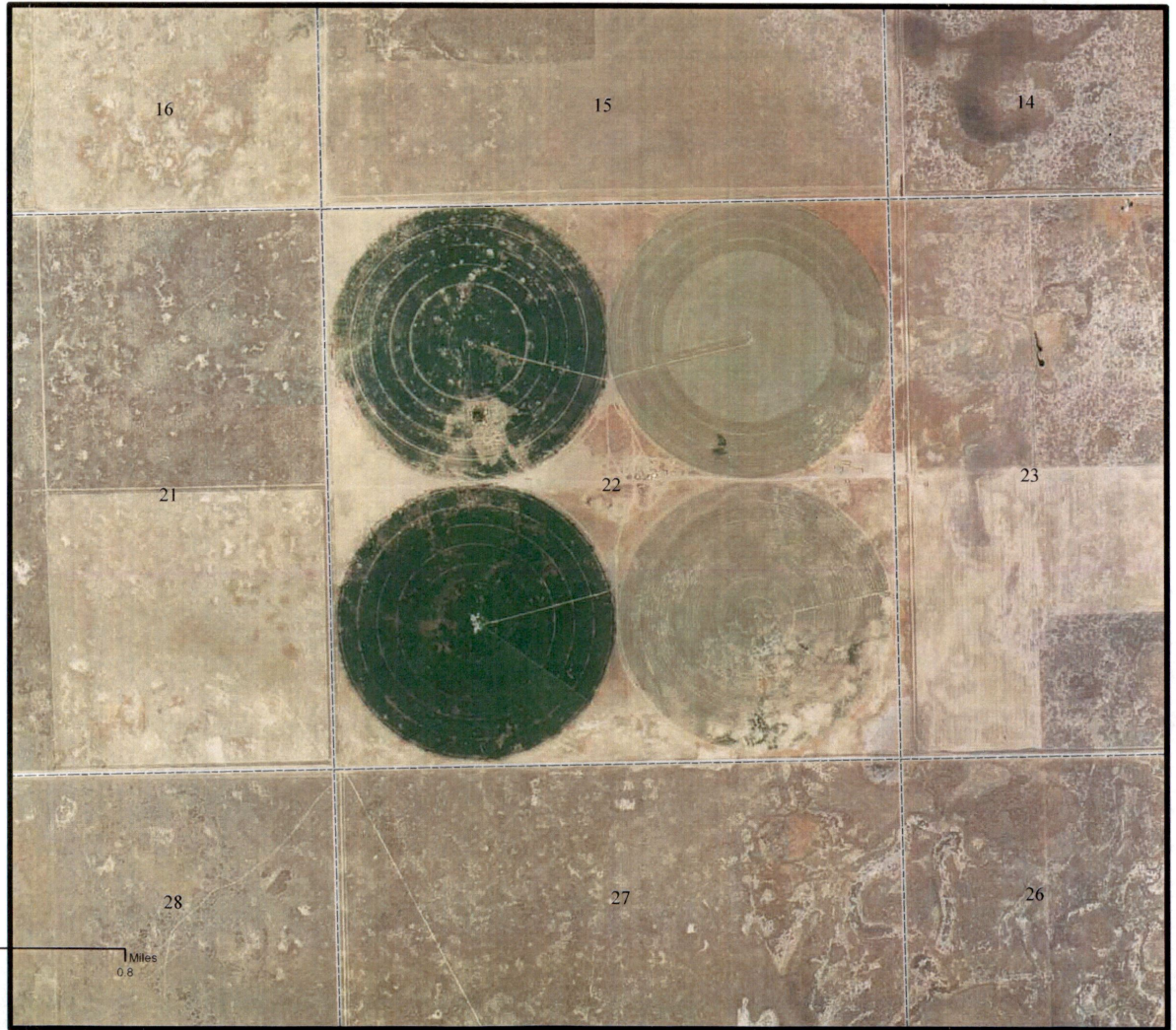
PREPARED BY:



ALL POINTS ENGINEERING AND SURVEYING, INC.
P.O. BOX 767 TERREBONNE, OR 97760
(541) 548-5833 www.APEandS.com

T23S R 33E, W.M.

June 2016 aerial imagery from NRCS Gateway website imported into ArcMap GIS software in statewide Lambert projection.



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

HARN 52001

WELL I.D. LABEL# L 113427

START CARD # 1021039

ORIGINAL LOG #

11/6/2013

(1) LAND OWNER

Owner Well I.D. WELL1
First Name Last Name
Company DEPARTMENT OF STATE LANDS
Address 1645 NE FORBES RD, STE 112
City BEND State OR Zip 97701

(2) TYPE OF WORK

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

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrld
Material From To Amt sacks/lbs
Seal:

(3) DRILL METHOD

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

(4) PROPOSED USE

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

(5) BORE HOLE CONSTRUCTION

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

Table with columns: Dia, From, To, Material, SEAL (From, To, Amt), sacks/lbs. Row 1: 18, 0, 20, Bentonite Chips, 0, 20, 37, S

How was seal placed: Method [] A [] B [] C [] D [] E
[X] Other POURED AND TAMPED

Backfill placed from ft. to ft. Material

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

Table with columns: Casing, Liner, Dia, +, From, To, Gauge, Stl, Plstc, Wld, Thrld. Row 1: 14, 2, 203, 250

Shoe [] Inside [] Outside [] Other Location of shoe(s)

Temp casing [] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method saw cut

Screens Type Material

Table with columns: Perf/ Screen, Casing/ 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)

Table with 4 columns for well test data.

Temperature 60 °F Lab analysis [] Yes By

Water quality concerns? [] Yes (describe below) TDS amount

Table with columns: From, To, Description, Amount, Units

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 23.00 S N/S Range 33.00 E E/W WM
Sec 22 SW 1/4 of the NW 1/4 Tax Lot 100

Tax Map Number Lot

Lat " or " DMS or DD

Long " or " DMS or DD

[] Street address of well [X] Nearest address

69324 CRANE BUCHANAN RD
CRANE, OR 97732

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Pre-Alteration, Date, SWL(psi), +, SWL(ft). Row 1: Completed Well, 9/30/2013, 19

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES

Depth water was first found 19.00

SWL Date From To Est Flow SWL(psi) + SWL(ft)

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), +, SWL(ft). Row 1: 9/30/2013, 20, 260, 900, 19

(11) WELL LOG

Ground Elevation

Table with columns: Material, From, To. Rows: Sandy Loam (0-2), Clay Brown (2-25), Clay Grey (25-47), Sand fine Black (47-177), Clay Blue (177-182), Gravel Med (182-190), Clay Balls, grey/green (190-205), Sand med gravel fine (205-260)

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Date Started 9/13/2013 Complete 9/30/2013

(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

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 11/6/2013

Signed TIMOTHY K RILEY (E-filed)

Contact Info (optional) Tim Riley - 541-573-5695

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

HARN 52010

WELL I.D. LABEL# L 113429
 START CARD # 1021277
 ORIGINAL LOG #

12/11/2013

(1) LAND OWNER
 Owner Well I.D. WELL #2
 First Name _____ Last Name _____
 Company DEPARTMENT OF STATE LANDS
 Address 1645 NE FORBES RD, STE 112
 City BEND State OR Zip 97701

(2) TYPE OF WORK
 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
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE
 Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 315.00 ft.

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amt sacks/lbs
18	0	20	Bentonite Chips	0	20	40 S
14	20	195				
12	195	315				

How was seal placed: Method A B C D E
 Other **POURED & TAMPED**
 Backfill placed from _____ ft. to _____ ft. Material _____
 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

 14 1 195 .250
 12 178 244 .250
 Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method saw cut
 Screens Type _____ Material _____
 Perf/ Casing/ Screen Dia From To Scrn/slot Slot # of Tele/
 Screen Liner Dia From To width length slots pipe size

Perf	Liner	12	197	237	.125	3	1920	
------	-------	----	-----	-----	------	---	------	--

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
 900 _____ 240 _____ 1 _____
 Temperature 60 °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 HARNEY Twp 23.00 S N/S Range 33.00 E E/W WM
 Sec 22 SW 1/4 of the SW 1/4 Tax Lot 100
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
 CRANE BUCHANAN RD
 CRANE, OR 97732

(10) STATIC WATER LEVEL
 Date SWL(psi) + SWL(ft)

Existing Well / Pre-Alteration			
Completed Well	11/14/2013		21

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 20.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
11/14/2013	20	315	900		21

(11) WELL LOG Ground Elevation _____

Material	From	To
Sandy Loam Topsoil	0	2
Clay Brown	2	25
Clay Grey	25	47
Sand Med Black	47	195
Clay Grey	195	248
Clay/Grey/Clay ball medium	248	252
Gravel medium/clay balls	252	283
Clay balls small/cinders brown	283	300
Pumice/grey, claystone/tan	300	310
Tan/Grey Claystone	310	315

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Date Started 10/20/2013 Complete 11/14/2013

(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 _____
 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 12/11/2013
 Signed TIMOTHY K RILEY (E-filed)
 Contact Info (optional) Tim Riley 541-573-5695

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

4/27/2016

WELL I.D. LABEL# L 113429
START CARD # 1030268
ORIGINAL LOG # 52010

(1) LAND OWNER
Owner Well I.D.
First Name Last Name
Company DEPARTMENT OF STATE LANDS
Address 1645 NE FORBES RD. SUITE 112
City BEND State OR Zip 97701

(2) TYPE OF WORK
New Well [] Deepening [x] Conversion []
Alteration (complete 2a & 10) [] Abandonment (complete 5a) []

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing: 14 [x] 1 195 .250 [x] [] [] []
Material From To Amt sacks/lbs
Seal: Bentonite Chips 0 20 40 Sacks

(3) DRILL METHOD
[x] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

(4) PROPOSED USE
[] Domestic [x] Irrigation [] Community
[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION
Special Standard [] (Attach copy)
Depth of Completed Well 430.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, Sacks/lbs. Rows include Bentonite Chips and Calculated values.

How was seal placed: Method [] A [] B [] C [] D [] E
[x] Other EXISTING
Backfill placed from ft. to ft. Material
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
Shoe [] Inside [] Outside [] Other Location of shoe(s)
Temp casing [] Yes Dia From To

(7) PERFORATIONS/SCREENS
Perforations Method saw cut

Table with columns: Perf/Screen, Casing/Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size.

(8) WELL TESTS: Minimum testing time is 1 hour
[] Pump [] Bailer [x] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 700, 160, 1.

Temperature 60 °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 HARNEY Twp 23.00 S N/S Range 33.00 E E/W WM
Sec 22 SW 1/4 of the SW 1/4 Tax Lot 100
Tax Map Number Lot
Lat ' ' or ' ' or ' ' DMS or DD
Long ' ' or ' ' or ' ' DMS or DD
[] Street address of well [] Nearest address

CRANE BUCHANAN ROAD
CRANE, OR

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration 4-12-16 [] 22
Completed Well 4/19/2016 [] 22
Flowing Artesian? [] Dry Hole? []

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Row 1: 4/19/2016, 22, 430, 700, 22.

(11) WELL LOG
Ground Elevation

Table with columns: Material, From, To. Rows include Existing, CLAY - GRAY HARD, CLAY - GREEN HARD, PUMICE, CLAY - GRAY.

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Date Started 4/12/2016 Completed 4/19/2016

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration, or

This report was originally e-filed to the Department;
the original e-filed document is attached.

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 4/27/2016
Signed TIMOTHY K RILEY (E-filed)
Contact Info (optional) TIM RILEY 541-573-5695

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

HARN 52011
12/11/2013

WELL I.D. LABEL# L 113430
START CARD # 1021619
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D. WELL #3
First Name _____ Last Name _____
Company DEPARTMENT OF STATE LANDS
Address 1645 NE FORBES RD, STE 112
City BEND State OR Zip 97701

(9) LOCATION OF WELL (legal description)
County HARNEY Twp 23.00 S N/S Range 33.00 E E/W WM
Sec 22 SE 1/4 of the SE 1/4 Tax Lot 100
Tax Map Number _____ Lot _____
Lat _____ or _____ DMS or DD
Long _____ or _____ DMS or DD
Street address of well Nearest address
CRANE BUCHANAN RD
CRANE, OR 97732

(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 [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other _____

(4) PROPOSED USE
[] Domestic [X] Irrigation [] Community
[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other _____

(5) BORE HOLE CONSTRUCTION
Special Standard [] (Attach copy)
Depth of Completed Well 241.00 ft.
BORE HOLE
Dia From To Material From To Amt sacks/lbs
18 0 20 Bentonite Chips 0 20 38 S
14 20 205
12 205 241

How was seal placed: Method [] A [] B [] C [] D [] E
[X] Other POURED & TAMPED
Backfill placed from _____ ft. to _____ ft. Material _____
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
[] [] [] [] [] [] [] [] [] []
14 [X] 1 205 .250 [] [] [] []
12 [] 194 241 .250 [] [] [] []
Shoe [] Inside [] Outside [] Other Location of shoe(s) _____
Temp casing [] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method saw cut
Screens Type _____ Material _____
Perf/ Casing/ Screen Scrm/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size
Perf Liner 12 201 241 .125 3 1920

(8) WELL TESTS: Minimum testing time is 1 hour
[] Pump [] Bailer [X] Air [] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
900 _____ 240 1
Temperature 60 °F Lab analysis [] Yes By _____
Water quality concerns? [] Yes (describe below) TDS amount
From To Description Amount Units

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 12/2/2013 _____ 20
Flowing Artesian? [] Dry Hole? []
WATER BEARING ZONES Depth water was first found 23.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
12/2/2013 23 237 900 _____ 20

(11) WELL LOG
Ground Elevation _____
Material From To
silty loam topsoil 0 2
clay brown 2 23
clay grey 23 47
sand medium black blue 47 115
fine sand black 115 202
gravel medium 202 218
gravel medium with clay balls 218 237
clay grey 237 241
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Date Started 11/16/2013 Complete 12/2/2013

(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 _____
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 12/11/2013
Signed TIMOTHY K RILEY (E-filed)
Contact Info (optional) Tim Riley 541-573-5695

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

WELL I.D. LABEL# L 113430
START CARD # 1026775
ORIGINAL LOG # Harn 52011

7/8/2015

(1) LAND OWNER
Owner Well I.D. # 3
First Name Last Name
Company DEPARTMENT OF STATE LANDS SUITE 112
Address 1645 NE FORBES
City BEND State OR Zip 97701

(2) TYPE OF WORK
New Well Deepening Conversion
Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
Casing: Dia + From To Gauge Stl Plstc Wld Thrd
Material From To Amt sacks/lbs
Seal: Bentonite Chips 0 20 38 Sacks

(3) DRILL METHOD
Rotary Air Rotary Mud Cable Auger Cable Mud
Reverse Rotary Other

(4) PROPOSED USE
Domestic Irrigation Community
Industrial/Commercial Livestock Dewatering
Thermal Injection Other

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 610.00 ft.
Special Standard (Attach copy)
BORE HOLE SEAL sacks/lbs
Dia From To Material From To Amt lbs

How was seal placed: Method A B C D E
Other EXISTING
Backfill placed from ft. to ft. Material
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
Shoe Inside Outside Other Location of shoe(s)
Temp casing Yes Dia From To

(7) PERFORATIONS/SCREENS
Perforations Method SAW CUT
Screens Type Material
Perf/ Casing/ Screen Screen Liner Dia From To Sern/slot Slot # of Tele/ width length slots 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)

Temperature 60 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 HARNEY Twp 23.00 S N/S Range 33.00 E E/W WM
Sec 302 NW 1/4 of the SE 1/4 Tax Lot 100
Tax Map Number Lot
Lat ' ' or DMS or DD
Long ' ' or DMS or DD
Street address of well Nearest address
CRANE BUCHANAN ROAD

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration 6/15/2015 20
Completed Well 6/17/2015 20
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 20.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
6/17/2015 20 610 450 20

(11) WELL LOG
Ground Elevation
Material From To
Existing 0 470
CLAYSTONE - BLUE/GRAY 470 510
CLAYSTONE & CLAY STREAKS GRAY 510 550
CLAY - GRAY 550 585
CLAYSTONE - BLUE/GRAY 585 610
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AUG 27 2015 JUL 08 2019
SALEM, OR OWRD

Date Started 6/15/2015 Completed 6/17/2015

(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
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 7/8/2015
Signed TIMOTHY K RILEY (E-filed)
Contact Info (optional) Tim Riley 541-573-5695