



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

RECEIVED

NOV 23 2020

OWRD

TRANSMITTAL

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

Date: 11/19/2020
Attention: Certificates
RE: COBU

Prints Plans Plat Specifications.

Attached is an Claim of Beneficial Use & Final Proof Map for, G-16876, Yreka Butte Enterprises, David & Evija Baker.

If you have any questions, please don't hesitate to call or email me.

Copies	No.	Description
1	1	Claim of Beneficial Use (14 pages letter bond)
1	2	Final Proof Map (1 page mylar)
1	3	Well logs w/supporting site photos (11 pages letter bond)
1	4	Aerial imagery (1 page letter bond)
1	5	Check for \$200

Signed: Denise Madge



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

RECEIVED

NOV 23 2020

OWRD

TRANSMITTAL

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

Date: 11/19/2020
Attention: Certificates
RE: COBU

Prints Plans Plat Specifications.

Attached is a Claim of Beneficial Use & Final Proof Map for, G-17462, Yreka Butte Enterprises, David & Evija Baker.

If you have any questions, please don't hesitate to call or email me.

Copies	No.	Description
1	1	Claim of Beneficial Use (15 pages letter bond)
1	2	Final Proof Map (1 page mylar)
1	3	Well logs w/supporting site photos (4 pages letter bond)
1	4	Aerial imagery (1 page letter bond)
1	5	Check for \$200

Signed: _____

Deiuse Moutson

**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

RECEIVED
NOV 23 2020
OWRD

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

A separate form shall be completed for each permit.

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

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

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

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

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

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

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

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

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

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
---------------	--------------------------	------------------------------------

G-17443	G-16876	T-
---------	---------	----

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Yreka Butte Enterprises/David Baker, Reg. Agent		PHONE NO. 541-306-0319	ADDITIONAL CONTACT No.	
ADDRESS 4010 S Hwy 20				
CITY Brothers	STATE OR	ZIP 97712	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

RECEIVED

4. Date of Site Inspection:

NOV 23 2020

7/20/2020

OWRD

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
David Baker	7/20/2020	Agent/Permit holder

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 NA		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

RECEIVED

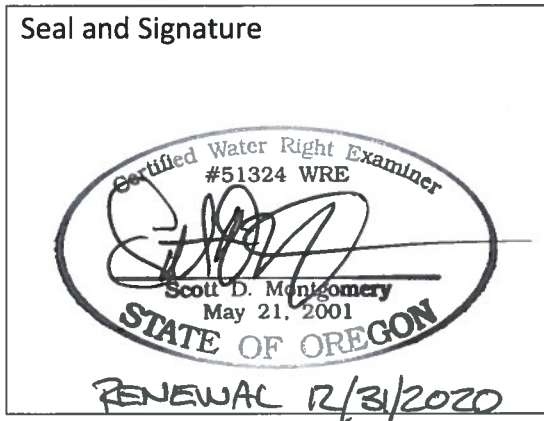
NOV 23 2020

OWRD

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>[Handwritten Signature]</i>	David Baker	Agent/Permit Holder	

**SECTION 3
CLAIM DESCRIPTION**

OWRD

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)
#3 (Imperial)	LAKE 52337	L-103888
#4 (Deadwood)	DESC 59454	L-104457

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
#3	Lizard Creek Basin	
#4	Lizard Creek Basin	

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
#3	IR	Alfalfa	Apr 1 – Oct 15	1000 gpm
#4	IR	Pasture Grass	Apr 1 – Oct 15	950 gpm
Total Quantity of Water Used				1950 gpm

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:

Well 3 is plumbed to the west center pivot sprinkler & well 4 is plumbed to the east center pivot sprinkler.

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
#3	3.13	2.33 cfs	1000 gpm	IR	250.76*	125.06
#4	3.13	2.33 cfs	950 gpm	IR	250.76*	125.70

*combined POU for both POA's

**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple POAs?

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

#3 Imperial LAKE 52337

YES
RECEIVED
NOV 23 2020
OWRD

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
22S	20E	WM	4	NE NE			IR	11.36	
22S	20E	WM	4	NW NE			IR	37.77	
22S	20E	WM	4	SW NE			IR	38.43	
22S	20E	WM	4	SE NE			IR	12.03	
22S	20E	WM	4	NE NW			IR	12.61	
22S	20E	WM	4	SE NW			IR	13.50	
Total Acres Irrigated								125.70	

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

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

1 1/2" capped pipe NW 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.

C. Groundwater Source Information (Sump)

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

D. Diversion and Delivery System Information

OWRD

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	1205ST0	M99172	Turbine	16"	8"

3. Motor Information:

MANUFACTURER	HORSEPOWER
GE	100

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)
100	40	200'	0'	2.33

5. Provide pump calculations:

$$Q = \frac{7.04 \text{ ft}^3/\text{sec}/\text{hp} \times \text{hp}}{1.486} = \frac{(7.04)(100)}{1.486} = 2.33 \text{ cfs}$$

Total head, ft = 301.6

$$\text{Total head} = 101.6' + 200' + 0' = 301.6'$$

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)
779.440 gal x 100	779.490 gal x 100	5 minutes	2.23

7. Is the distribution system piped?

YES

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8"	56 LF	Steel	Above ground

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					

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

11. Drip Emitter Information:

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

12. 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					

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Lindsey	1350 LF	30	1000	2.23

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:

[Empty text box for additional notes or comments]

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

#4 Deadwood (DESC 59454)

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
22S	20E	WM	3	NE NW			IR	7.56	
22S	20E	WM	3	NW NW			IR	32.65	
22S	20E	WM	3	SW NW			IR	41.78	
22S	20E	WM	3	SE NW			IR	13.76	
22S	20E	WM	3	NW SW			IR	5.01	
22S	20E	WM	4	NE NE			IR	9.04	
22S	20E	WM	4	SE NE			IR	15.26	
Total Acres Irrigated								125.06	

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

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

2 1/2" capped pipe SW 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 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.

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
Western Hapro Corp	11310	GGT 1229	Turbine	16"	8"

3. Motor Information:

MANUFACTURER	HORSEPOWER
US Motors	100

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)
100	40	200'	0'	2.33

5. Provide pump calculations:

$Q = 7.04 \text{ ft}^4/\text{sec}/\text{hp} \times \text{hp} = (7.04)(100) = 2.33 \text{ cfs}$ <p>Total head, ft 301.6</p> <p>Total head = 101.6' + 200' + 0' = 301.6'</p>

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)
455.450 gal x 100	455.469 gal x 100	2 min	2.12

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"	20 LF	Steel	Above ground

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					

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

11. Drip Emitter Information:

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

12. 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					

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Lindsey	1350 LF	30	1000	2.23

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?

RECEIVED 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?

NOV 23 2020

OWRD NO

H. Additional notes or comments related to the system:

**SECTION 5
CONDITIONS**

OWRD

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	11/3/2011		
BEGIN CONSTRUCTION (A)	Not mentioned	NA	NA
COMPLETE CONSTRUCTION (B)	11/3/2016	10/1/2012	POA's & center pivot sprinklers constructed
COMPLETE APPLICATION OF WATER (C)	11/3/2016	10/1/2012	Water from POA's metered, reported & growing crops

* 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? **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

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

5. Pump Test:

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

YES

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

**RECEIVED
NOV 23 2020**

For additional information regarding pump tests see:

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

OWRD

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

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

Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of diversion or appropriation.

b. Has a meter been installed?

YES

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
#3	McCrometer	11-06483-08	Working	779.490	Fall 2011
#4	mcCrometer	12-03338-08	Working	455.469	Spring 2012

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

e. If "YES", provide a copy of the letter approving the device, if available. If the letter is not available provide the name and title of the Water Resources Department employee approving the measuring device, and the approximate date of the approval:

NAME	TITLE	APPROXIMATE DATE

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED

7. Recording and reporting conditions:

- a. Is the water user required to report the water use to the Department? **YES**
- 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. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **YES NO**

WELL ID #	DATE ATTACHED TO WELL
L-103888	7/1/2011*
L-104457	11/25/2011

RECEIVED

- e. Other conditions? **YES**

NOV 23 2020

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

OWRD

Riparian area not disturbed by development of irrigation system
Pump test to be performed Fall 2020 along with exemption
***Well TAG broken off POA 3, replacement to be ordered & installed**
Water Use not reported for Well 3 in 2019

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well logs	LAKE 52337 & DESC 59454
Aerial imagery	FSA/USDA image from 2017
Site photos	Location/date stamped pics of Irr. System & crops

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, sprinklers & place of use were tied with a Trimble GeoXT GIS data collector. Point data was imported to Trimble Pathfinder software, post processed & compared with aerial imagery in ArcMap 10.0 software for accuracy.

Map Checklist

Please be sure that the map you submit includes ALL the items listed below.
(Reminder: Incomplete maps and/or claims may be returned.)

RECEIVED

NOV 23 2020

OWRD

- 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
- NA 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
- NA 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



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

Application for Well ID Number

RECEIVED

NOV 23 2020

OWRD

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

I. OWNER INFORMATION

Current Owner Name (please print): Yreka Butte Enterprises/David Baker
 Mailing Address: 4010 S Hwy 20
 City, State, Zip: Brothers, OR 97712
 Mail Well ID Tag to: SAME AS ABOVE In Care Of (C/O)
 Name & Address: _____
 City, State, Zip: _____

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

Township: 22S (North / South) Range: 20E (East / West) Section: 3-4 NW 1/4 of the NE 1/4
 Tax Lot (usually last 3-5 numbers of Tax Map #): _____ County Lake
 GPS Coordinates: 43.41.42.46N 120.19.25.81W
 Street Address of Well, City: Hwy 20, Brothers, 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): 8/1/11 Total Well Depth: _____ Casing Diameter: 16"
 Owner at time the well was constructed (if known): David Roth Well Log # (if known): LAKE 52337
 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 #: _____

DRAFT

LAKE 52337

616876

WELL LABEL # 103888
START CARD # 206047
ORIGINAL LOG #

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

(1) LANDOWNER Owner Well I.D. Impair
First Name David Last Name Roth
Company _____
Address PO Box 395
City CHRISTMAS Valley State OR Zip 97641

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

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other _____
Casing Gauge _____ Casing Diameter _____

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

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

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 460 ft. Special Standard: Yes (attach copy)

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
24"	0	29'	Ben	0	29'	48	scks
14"	29'	460'					

How was seal placed: Method A B C D E
 Other Bentonite
Backfill placed from _____ ft. to _____ ft. Material _____
filter pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		16"	+	1	29	.250	Y		X	

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____

Perf	Csng	Linr	Screen Dia	From	To	Screen slot width	Slot length	# of slots	Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min 1800 Drawdown _____ Drill stem/Pump depth 460 Duration (hr) 1 hr

Temperature 53° °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Lake Twp 22 N or S Range 20 E or W W.M.
Sec 7-4 NW 1/4 of the 22 1/4 Tax Lot 300
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 3 miles west of Hampton Station turn south 2 mile.

(10) STATIC WATER LEVEL

Existing Well/Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	<u>7-1-11</u>			<u>142'</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
	<u>180</u>	<u>185</u>	<u>100'</u>			<u>142'</u>
	<u>360</u>	<u>380</u>	<u>1000'</u>			<u>142'</u>
	<u>420</u>	<u>460</u>	<u>1000'</u>			<u>142'</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
TOP SOIL	0	2
GRAY Basalt	2	180
soft clay stone	180	240
Brown Lava Rock	240	290
Pumice and gray clay	290	360
White Pumice w. D	360	380
Pink Pumice	380	420
White Pumice	420	460

Date Started 6-21-11 Completed 7-1-11

(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 NOV 23 2020
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 1654 Date 8-1-11
Signed [Signature]
Contact Info. (optional) _____

RECEIVED

SEP 20 2011
WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED

OWRD

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

DESC 59454

616876

Desc
59454

WELL LABEL # L

104457

START CARD #

189580

ORIGINAL LOG #

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

(1) LANDOWNER

Owner Well I.D. Deadwood #4
First Name Dave Last Name Rath
Company Pa Box
Address _____
City Christmas Valley State OR Zip 97641

(2) TYPE OF WORK

New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION:

Well Depth _____ ft.

Seal Material _____

Casing Type: Steel Plastic Other _____

Casing Gauge _____ Casing Diameter _____

(3) DRILL METHOD

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

(4) PROPOSED USE

Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION

Depth of Completed Well 460 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
74"	0	30	BENT	0	30	48	Sck
16"	30	460					

How was seal placed: Method A B C D E

Other 3 mm POW BENT

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

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:

Calculated Amount Proposed to be Used: _____ sacks/lbs

Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csg/Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
<u>16"</u>	<u>16"</u>	<u>+</u>	<u>7</u>	<u>31</u>	<u>.250</u>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

Shoe Inside Outside Other Location of shoe(s) _____

Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf	Scrn	Csg/Linr	Screen Dia	From	To	Screen/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 1750 Drawdown _____ Drill stem/Pump depth 460 Duration (hr) 1 hr

Temperature 50 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Dech Twp 22 N or S Range 20 E or W W.M.

Sec 3 NE 1/4 of the NE 1/4 Tax Lot 300

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 41600 HWY 20 Brother rd 97712

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration	<u>11-25-11</u>			<u>146'</u>
Completed Well				

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 240

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>11-25-11</u>	<u>240</u>	<u>245</u>	<u>100 gpm</u>			<u>146'</u>
	<u>360</u>	<u>370</u>	<u>100 gpm</u>			<u>11'</u>
	<u>370</u>	<u>460</u>	<u>100 gpm</u>			<u>4'</u>

(11) WELL LOG

Ground Elevation _____

Material	From	To
<u>TOP SOIL</u>	<u>0</u>	<u>2</u>
<u>Brown Clay</u>	<u>2</u>	<u>25</u>
<u>Brown Layer Rock</u>	<u>25</u>	<u>130</u>
<u>Blue Clay</u>	<u>130</u>	<u>240</u>
<u>Gray Layer Rock</u>	<u>240</u>	<u>300</u>
<u>Pink Pumice</u>	<u>300</u>	<u>460</u>

RECEIVED

RECEIVED BY OWRD

APR 25 2012

JUL 12 2012

WATER RESOURCES DEPT
SALEM, OREGON

SALEM, OR

Date Started 11-14-11 Completed 11-25-11

(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 NOV 23 2020

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 1654 Date Apr 6 12

Signed [Signature]

Contact Info. (optional) _____

RECEIVED

NOV 23 2020

OWRD

14:22 20-07-2020

Lat: 43° 41' 42.32" N Lon: 120° 19' 26.47" W



RECEIVED

NOV 23 2020

OWTD

14:23 20-07-2020

Lat: 43° 41' 42.46" N Lon: 120° 19' 25.81" W

Field notes 10-20-2020

RECEIVED

NOV 23 2020

OWRD

14:28 20-07-2020

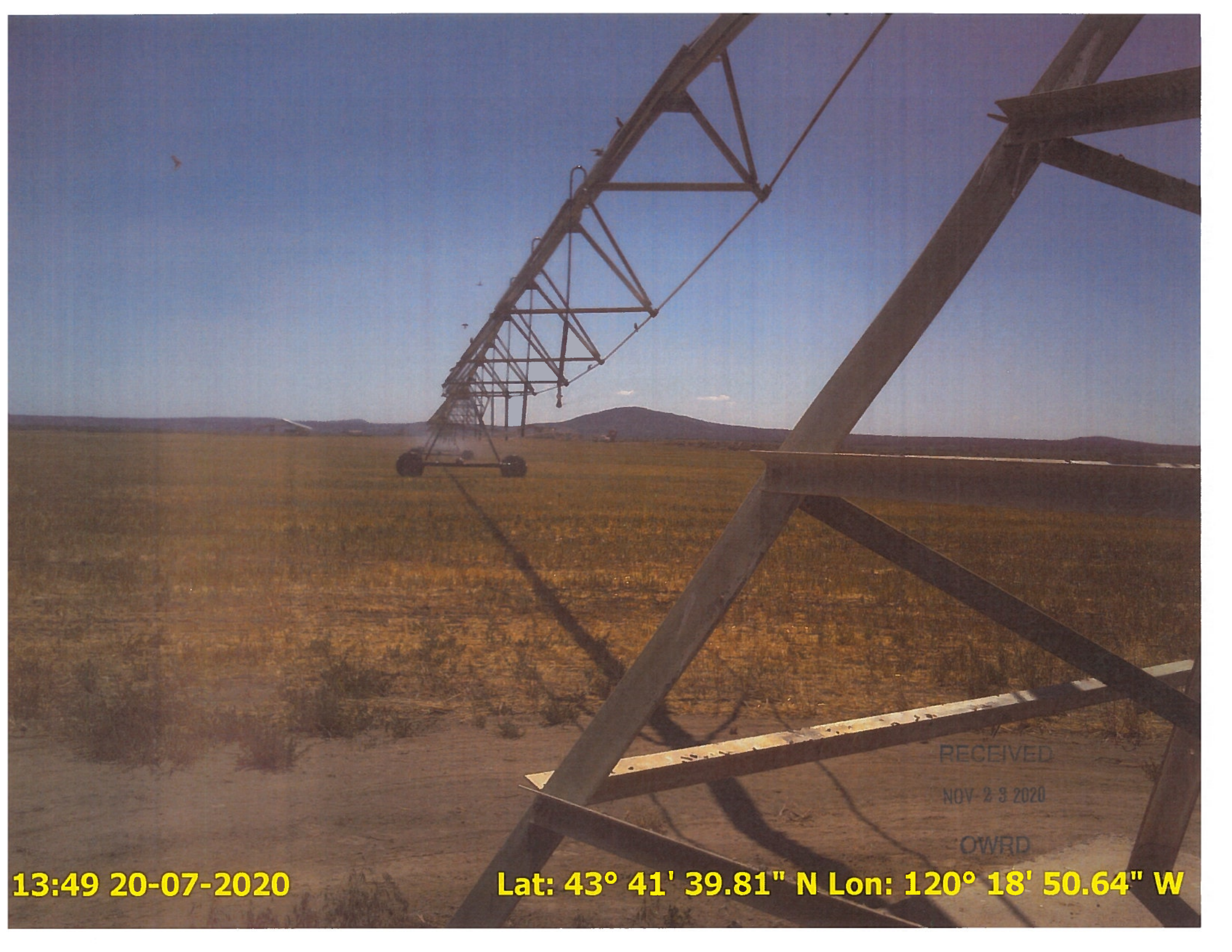
Lat: 43° 41' 49.50" N Lon: 120° 19' 11.52" W



RECEIVED
NOV 23 2020
OWRD

13:39 20-07-2020

Lat: 43° 41' 39.96" N Lon: 120° 18' 50.82" W



RECEIVED

NOV 23 2020

OWRD

13:49 20-07-2020

Lat: 43° 41' 39.81" N Lon: 120° 18' 50.64" W



RECEIVED
NOV 23 2020
OWRD

13:50 20-07-2020

Lat: 43° 41' 39.95" N Lon: 120° 18' 50.84" W

RECEIVED

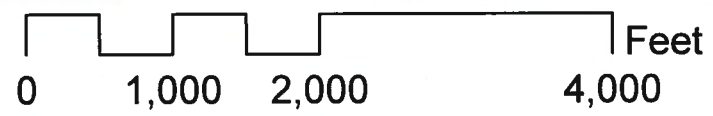
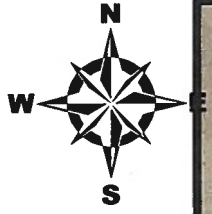
NOV 23 2020

OWRD

14:00 20-07-2020

Lat: 43° 41' 48.78" N Lon: 120° 19' 3.87" W

T 22S, R 20E. W.M.





RECEIVED

NOV 23 2020

OWRD

14:21 20-07-2020






Lat: 43° 41' 42.21" N Lon: 120° 19' 26.50" W

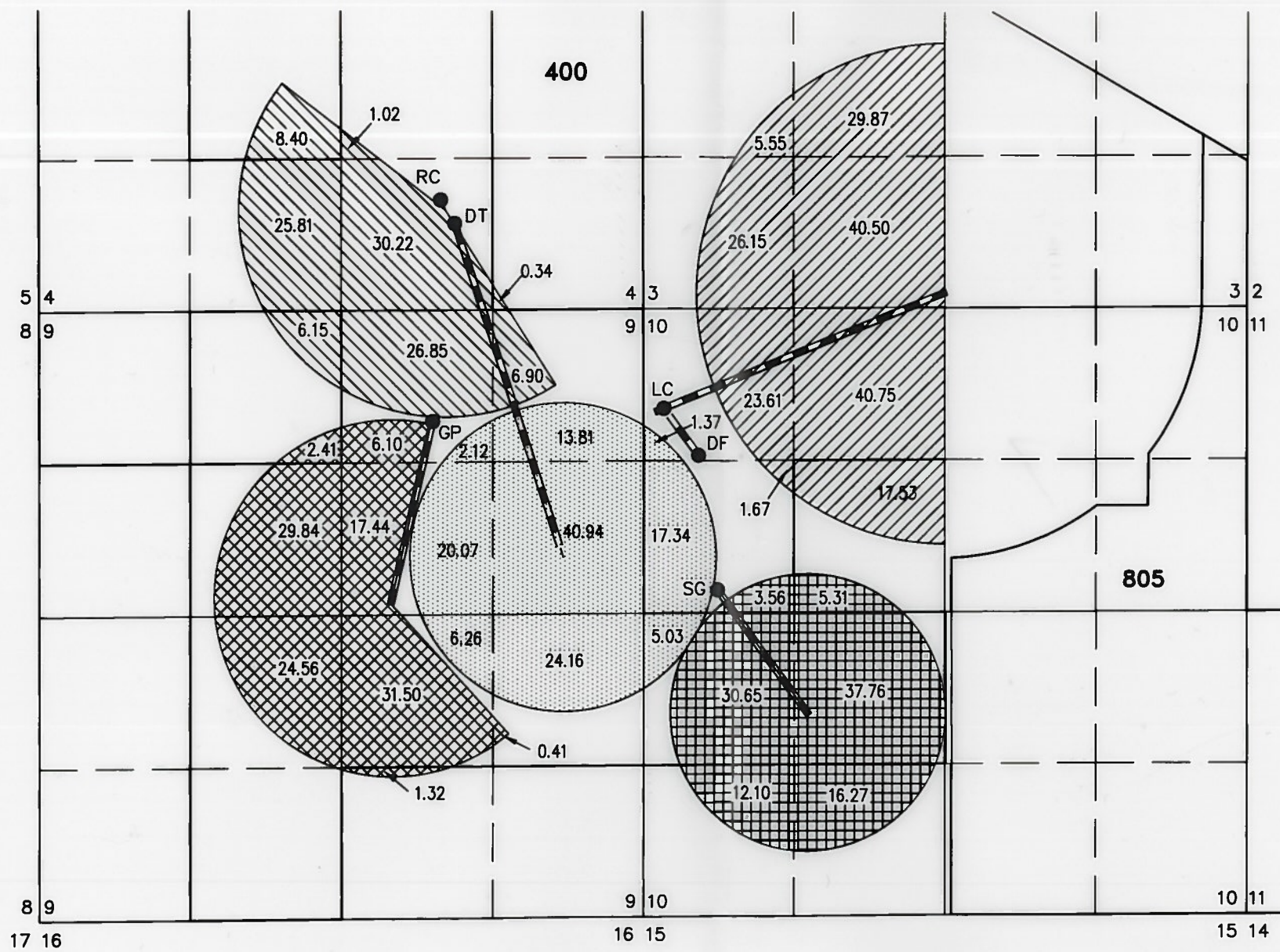
CLAIM OF BENEFICIAL USE MAP

TO ADD POINTS OF APPROPRIATION AND PLACE OF USE FOR PERMIT APPLICATION G-17443

SECTIONS 3 & 4, TOWNSHIP 22 SOUTH, RANGE 20 EAST, W.M.
TAX LOTS: 300, 500, 502, & 600



-  185.63 ACRES 'IR' FROM "LC" AND "DF" POAS, AS SHOWN.
-  105.69 ACRES 'IR' FROM "RC" POA, AS SHOWN.
-  113.58 ACRES 'IR' FROM "GP" POA, AS SHOWN.
-  131.10 ACRES 'IR' FROM "DT" POA, AS SHOWN.
-  105.65 ACRES 'IR' FROM "SG" POA, AS SHOWN.



- **SAGE GROUSE "SG"**
(DESC 60543) LOCATED 2452' SOUTH & 651' EAST FROM THE NW CORNER SECTION 10. FLOW METER IS LOCATED 3 FEET NORTH FROM CENTER PIVOT.
- **DUSTY FLATS "DF"**
(DESC 60757) LOCATED 1278' SOUTH & 482' EAST FROM THE NW CORNER SECTION 10. FLOW METER IS LOCATED 6 FEET NW FROM WELL.
- **LIZARD CREEK "LC"**
(DESC 60756) LOCATED 870' SOUTH & 177' EAST FROM THE NW CORNER SECTION 10. FLOW METER IS LOCATED 3 FEET SOUTH FROM CENTER PIVOT.
- **DIRT TANK "DT"**
(DESC 60048) LOCATED 2452' SOUTH & 651' EAST FROM THE NW CORNER SECTION 10. FLOW METER IS LOCATED 3 FEET NORTH FROM CENTER PIVOT.
- **ROCK CHUCK "RC"**
(DESC 60049) LOCATED 1278' SOUTH & 482' EAST FROM THE NW CORNER SECTION 10. FLOW METER IS LOCATED 6 FEET NW FROM WELL.
- **GRAVEL PIT 2 "GP"**
(DESC 60544) LOCATED 870' SOUTH & 177' EAST FROM THE NW CORNER SECTION 10. FLOW METER IS LOCATED 3 FEET SOUTH FROM CENTER PIVOT.



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:

DAVID BAKER
4010 S. HIGHWAY 20
BROTHERS, OR 97712

PREPARED BY:



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