COBU MAP # 1278

CLAIM OF BENEFICIAL USE MAP

TO ADD POINTS OF APPROPRIATION FOR TRANSFER T-12169

SECTIONS 29, 33 & 34, TOWNSHIP 25 SOUTH, RANGE 30 EAST, W.M.
TAX LOT: 2002, 2501, 2600, 3600, & 3700
SECTIONS 3 & 4, TOWNSHIP 26 SOUTH, RANGE 30 EAST, W.M.
TAX LOTS: 700, 800, & 900

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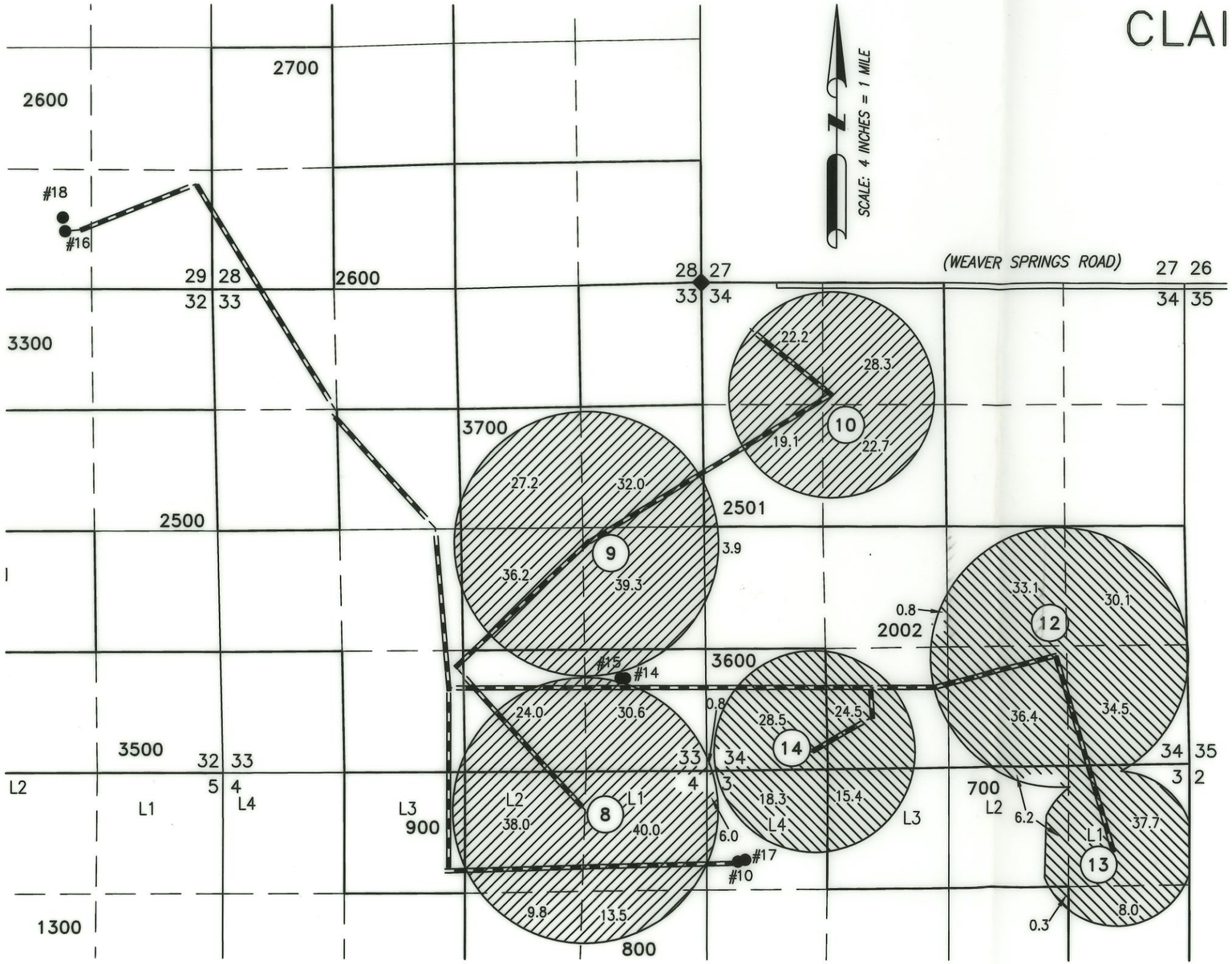

- #10
  WELL #10 (HARN 51765) LOCATED 6310' SOUTH & 415' EAST FROM THE NW CORNER SECTION 34. FLOW METER IS LOCATED 7 FEET SOUTH FROM WELL.
- #14
  WELL #14 (HARN 51871) LOCATED 4314' SOUTH & 870' WEST FROM THE NE CORNER SECTION 33. FLOW METER IS LOCATED 6 FEET SOUTH FROM WELL.
- #15
  WELL #15 (HARN 51970) LOCATED 4314' SOUTH & 920' WEST FROM THE NE CORNER SECTION 33. FLOW METER IS LOCATED 7 FEET SOUTH FROM WELL.
- #16
  WELL #16 (HARN 52121) LOCATED 635' NORTH & 1605' WEST FROM THE SE CORNER OF SECTION 29. FLOW METER IS LOCATED 6 FEET SOUTH FROM WELL.
- #17
  WELL #17 (HARN 52154) LOCATED 6300' SOUTH & 440' EAST FROM THE NW CORNER SECTION 34. FLOW METER IS LOCATED 7 FEET WEST FROM WELL.
- #18
  WELL #18 (HARN 52170) LOCATED 785' NORTH & 1630' WEST FROM THE SE CORNER OF SECTION 29. FLOW METER IS LOCATED 6 FEET EAST FROM WELL.

BURIED 6 OR 8 INCH STEEL PIPE

(1) OWNER'S PIVOT NUMBER

273.8 ACRES 'IR' FROM CERTIFICATE 90456, AS SHOWN.

393.0 ACRES 'IR' FROM CERTIFICATE 89122, AS SHOWN.

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

Certified Water Right Examiner
#51324 WRE
Scott D. Montgomery
May 21, 2001
STATE OF OREGON

RENEWAL DATE: 12/31/2022

PREPARED FOR:

ANDY ROOT
524 HWY 20N
HINES, OR 97738

PREPARED BY:

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

CLAIM OF BENEFICIAL USE for Transfer New or Additional POD Only

OREGON WATER RESOURCES DEPARTMENT
Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

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A fee of $200 must accompany this form for any Transfer final orders including a water right with a priority date of July 9, 1987, or later.

Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

A separate form shall be completed for each transfer.

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

Type of Authorized Change

This Claim is being submitted for a transfer where the only authorized change was a change in either point(s) of diversion or additional point(s) of diversion, or a combination of both. **YES**

1. File Information

APPLICATION #

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T-12169

2. Property Owner (current owner information)

Applicant/Business Name: Silver Sage Farms, LLC		Phone No.	Additional Contact No.
Address: 18555 SW Teton Ave			
City: Tualatin	State: OR	Zip: 97062	E-Mail

If the current property owner is not the transfer holder of record, it is recommended that an assignment be filed with the Department. ***Each*** *transfer holder of record must sign this form.*

3. Transfer holder of record (this may, or may not, be the current property owner)

Transfer Holder of Record: Rattlesnake Creek Land & Cattle, LLC		
Address: 524 Hwy 20 N		
City: Hines	State: OR	Zip: 97338

4. Date of Site Inspection: 3/6/2020 & 1/8/2021

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

Name	Date	Association with the Project
Ben Kern	3/6/2020 & 1/8/2021	Farm Manager

6. County: Harney

7. If any property described in the place of use of the transfer final order 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

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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.

Seal and Signature

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**

Transfer Holder of Record Signature or Acknowledgement

Each *transfer 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
Charles Eggert	**Charles Eggert**	**Member/Silver Sage Farms, LLC**	1-22-2021
Andy Root	**Andy Root**	**Member, Rattlesnake Creek Land & Cattle, LLC**	2-3-21

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SECTION 3

CLAIM DESCRIPTION

Note: The Claim only needs to describe the new or additional point(s) of diversion. This Claim does not need to provide information for the original point(s) of diversion unless the original point of diversion is either a new or additional point of diversion on another right involved in this transfer.

1. New or additional point of diversion name or number:

POINT OF DIVERSION (POD) NAME OR NUMBER (CORRESPOND TO MAP)	SOURCE
#10	Harney Lake Basin
#14	Harney Lake Basin
#15	Harney Lake Basin
#16	Harney Lake Basin
#17	Harney Lake Basin
#18	Harney Lake Basin

2. Variations:

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

(e.g. *"The order allowed three new/additional points of diversion. The water user only developed one of the points."*)

The transfer order allowed 14 POA's to be used. However, only 6 POA's have been in use since 2017

3. Claim Summary:

NEW OR ADDITIONAL POD NAME OR #	MAXIMUM RATE AUTHORIZED IN ORDER	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
#10	8.34 cfs*	6.86 cfs	Not measured
#14	8.34 cfs*	4.61 cfs	Not measured
#15	8.34 cfs*	3.90 cfs	Not measured
#16	8.34 cfs*	3.90 cfs	Not measured
#17	8.34 cfs*	5.31 cfs	Not measured
#18	8.34 cfs*	3.51 cfs	Not measured

- **Total flow from both certificates used in combination of all wells**

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SECTION 4

SYSTEM DESCRIPTION

Are there multiple new or additional Points of Diversion (POD)s? **YES**

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

#10 (HARN 51765)

A. POD System Information

Provide the following information concerning the point of diversion. Information provided must describe the equipment used to appropriate water from the point of diversion.

1. Pump Information

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake Size	Discharge Size
UNK	UNK	H16KL7100B022F	Turbine	14"	16"

2. Motor Information

Manufacturer	Horsepower
GE	250

3. Theoretical Pump Capacity

Horsepower	Operating PSI	Lift from Source to Pump	Lift from Pump to Place of Use	Total Pump Output (in cfs)
250	40	145'	10'	6.86

4. Provide pump calculations:

$Q = \frac{7.04 \text{ ft } 4/\text{sec/hp} \times \text{hp}}{\text{Total Head, ft}} = \frac{(7.04)(250)}{256.6} = 6.86 \text{ cfs}$

Total head = 101.6' + 145' + 10' = 256.6'

5. 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)
Power off			

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

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B. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the diversion involve a gravity flow pipe? **NO**

C. Gravity Flow Canal or Ditch

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

1. Does the diversion involve a gravity flow ditch or canal? **NO**

D. Additional notes or comments related to the system:

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

#14 (HARN 51871)

A. POD System Information

Provide the following information concerning the point of diversion. Information provided must describe the equipment used to appropriate water from the point of diversion.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
National	WZOK71004	RS011104	Turbine	14"	10"

2. Motor Information

MANUFACTURER	HORSEPOWER
GE	250

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
250	40	230'	50'	4.61

4. Provide pump calculations:

$Q = \frac{7.04 \text{ ft } 4/\text{sec/hp} \times \text{hp}}{\text{Total Head, ft}} = \frac{(7.04)(250)}{381.6} = 4.61 \text{ cfs}$

Total head = 101.6' + 230' + 50' = 381.6'

5. 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)
Power off			

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

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B. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the diversion involve a gravity flow pipe? **NO**

C. Gravity Flow Canal or Ditch

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

1. Does the diversion involve a gravity flow ditch or canal? **NO**

D. Additional notes or comments related to the system:

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

#15 (HARN 51970)

A. POD System Information

Provide the following information concerning the point of diversion. Information provided must describe the equipment used to appropriate water from the point of diversion.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Fairbanks Morse	**140**	**M175592**	**Turbine**		**10"**

2. Motor Information

MANUFACTURER	HORSEPOWER
GE	**250**

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
250	**40**	**300'**	**50'**	**3.90**

4. Provide pump calculations:

Q = 7.04 ft 4/sec/hp x hp / Total Head, ft = (7.04)(250) / 451.6 = 3.90 cfs

Total head = 101.6' + 300' + 50' = 451.6'

5. 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)
Power off			

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

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B. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the diversion involve a gravity flow pipe? **NO**

C. Gravity Flow Canal or Ditch

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

1. Does the diversion involve a gravity flow ditch or canal? **NO**

D. Additional notes or comments related to the system:

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

#16 (HARN 52121)

A. POD System Information

Provide the following information concerning the point of diversion. Information provided must describe the equipment used to appropriate water from the point of diversion.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Goulds	**UNK**	**M01431**	**Turbine**	**16"**	**10"**

2. Motor Information

MANUFACTURER	HORSEPOWER
GE	**250**

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
250	**40'**	**350'**	**0'**	**3.90**

4. Provide pump calculations:

Q = 7.04 ft 4/sec/hp x hp = (7.04)(250) = 3.90 cfs
Total Head, ft 451.6
Total head = 101.6' + 350' + 0' = 451.6'

5. 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)
Power off			

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

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B. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the diversion involve a gravity flow pipe? **NO**

C. Gravity Flow Canal or Ditch

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

1. Does the diversion involve a gravity flow ditch or canal? **NO**

D. Additional notes or comments related to the system:

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

#17 (HARN 52154)

A. POD System Information

Provide the following information concerning the point of diversion. Information provided must describe the equipment used to appropriate water from the point of diversion.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
UNK	UNK	H16KL710080220F	Turbine	16"	12"

2. Motor Information

MANUFACTURER	HORSEPOWER
GE	250

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
250	40	220'	10'	5.31

4. Provide pump calculations:

$Q = \frac{7.04 \text{ ft } 4/\text{sec/hp} \times \text{hp}}{\text{Total Head, ft}} = \frac{(7.04)(250)}{331.6} = 5.31 \text{ cfs}$

Total head = 101.6' + 220' +10' = 331.6'

5. 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)
Power off			

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

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B. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the diversion involve a gravity flow pipe? **NO**

C. Gravity Flow Canal or Ditch

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

1. Does the diversion involve a gravity flow ditch or canal? **NO**

D. Additional notes or comments related to the system:

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

#18 (HARN 52170)

A. POD System Information

Provide the following information concerning the point of diversion. Information provided must describe the equipment used to appropriate water from the point of diversion.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
UNK	UNK	UNK	Turbine	16"	10"

2. Motor Information

MANUFACTURER	HORSEPOWER
GE	200

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
200	40	300'	0'	3.51

4. Provide pump calculations:

$Q = \frac{7.04 \text{ ft } 4/\text{sec/hp} \times \text{hp}}{\text{Total Head, ft}} = \frac{(7.04)(200)}{401.6} = 3.51 \text{ cfs}$

Total head = 101.6' + 300' + 0' = 401.6'

5. 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)
Power off			

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

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B. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the diversion involve a gravity flow pipe? **NO**

C. Gravity Flow Canal or Ditch

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

1. Does the diversion involve a gravity flow ditch or canal? **NO**

D. Additional notes or comments related to the system:

SECTION 5

CONDITIONS

All conditions contained in the transfer final order, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Describe how the water user has complied with each of the development timelines established in the transfer final order and any extensions of time issued for the transfer:

	DATE FROM TRANSFER	DATE THE NEW AND/OR ADDITIONAL POD(S) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	**11/14/16**	
COMPLETENESS DATE FROM ORDER (C)	**10/1/22**	**3/6/2020**

* MUST BE WITHIN PERIOD BETWEEN TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETE THE CHANGE

2. Is there an extension final order(s)? **NO**
3. Measurement Conditions:

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

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

c. Meter Information

POD Name or #	Manufacturer	Serial #	Condition (working or not)	Current Meter Reading	Date Installed
#10	McCrometer	13-02056-12	Not running	227.994 AF	2013
#14	McCrometer	15-01187-10	Not running	543.552 AF	2015
#15	McCrometer	15-01186-10	Not running	631.605 AF	2015
#16	McCrometer	15-01188-10	Not running	137.589 AF	2015
#17	McCrometer	20-00650-12	Not running	391.970 AF	2015 & 2020
#18	McCrometer	15-01190-10	Not running	402.430 AF	2015

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

4. Recording and reporting conditions

a. Is the water user required to report the water use to the Department? **NO**

If "NO", item b relating to this section may be deleted.

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

If the reports have not been submitted, attach a copy of the reports if available.

5. Fish Screening

a. Are any points of diversion required to be screened to prevent fish from entering the point of diversion? **NO**

6. By-pass Devices

a. Are any points of diversion required to have a by-pass device to prevent fish from entering the point of diversion? **NO**

7. Other conditions required by the transfer final order or extension final order:

a. Was the water user required to restore the riparian area if it was disturbed? **NO**

b. Was a fishway required? **NO**

c. Other conditions? **NO**

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

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SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well Logs	HARN 51765, 51871, 51970, 52121, 52154, 52170
Aerial imagery	USDA/FSA imagery from June 2016

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 polyester 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.

For the purpose of this Claim, the map identifying the location of the place of use does not require a new survey. The location of the place of use identified on the Claim map should be based on the original right of record at the time the transfer final order was issued. In transfers approved for additional points of diversion, the original points must be identified the map based on the original right of record at the time the transfer final order was issued.

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 were tied to approximate boundaries using a Trimble GeoXT 6000 GIS data collector. Point data was imported to Trimble Pathfinder software and converted to Statewide Lambert Projection. Point data was compared with aerial imagery for accuracy.

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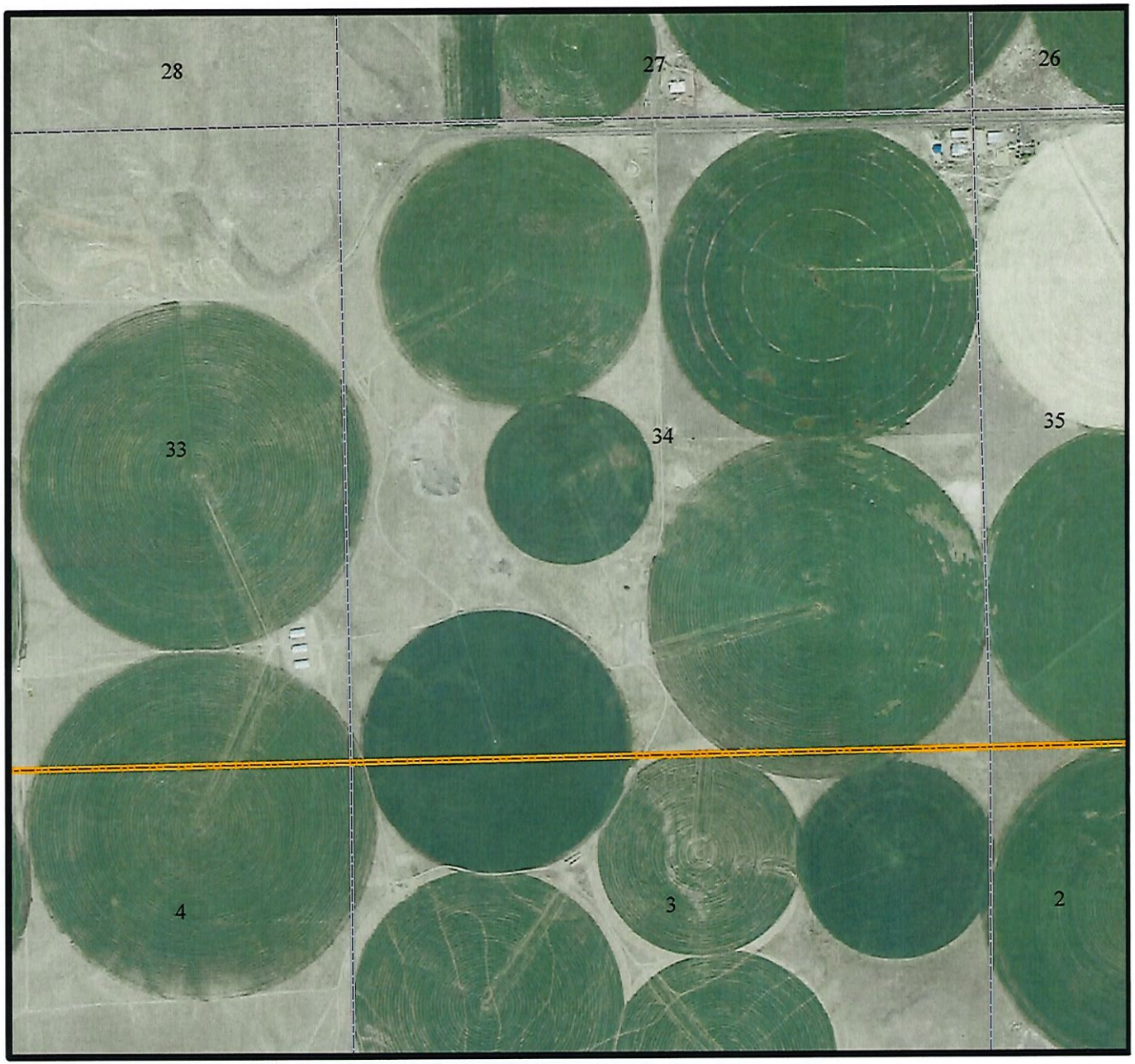
Map Checklist

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

- ☒ 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.) ***Not required for this type of Claim of Beneficial Use**
- ☒ 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

T25&26S R 30E, W.M.

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



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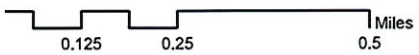

HARN 51765

HARN 51765

02-18-2011

Page 1 of 1

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

WELL LABEL # L 102536

START CARD # 1012414

(1) LAND OWNER

Owner Well I.D. well 21

First Name Andy Last Name Root

Company ACW

Address PO Box 3

City Burns State OR Zip 97720

(2) TYPE OF WORK

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

(3) DRILL METHOD

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

(4) PROPOSED USE

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

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ Attach copy

Depth of Completed Well 167.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
18	0	18	Bentonite Chips	0	18	90	S
14	18	167					

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

☒ Other poured dr & tamped

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: ☐ Yes Type Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
●		14	☒	1.5	60	.250	●		☒	

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

Temp casing ☐ Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type Material

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

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

● Pump ○ Bailer ○ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
2,800	2	145	6

Temperature 60 °F Lab analysis ☐ Yes By

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Harney Twp 26.00 S N/S Range 30.00 E E/W WM

Sec 3 NW 1/4 of the NW 1/4 Tax Lot 800

Tax Map Number Lot

Lat ° 0 ' " or DMS or DD

Long ° 0 ' " or DMS or DD

● Street address of well ○ Nearest address

29062 Weaver Spring Road

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	02-11-2011			104

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
02-11-2011	104	167	3,000			104

(11) WELL LOG

Ground Elevation

Material	From	To
Topsoil sand loam	0	1
Sand cinders	1	6
Clay cinders	6	60
Rock boulders	60	80
Cinders	80	95
Rock besalt black	95	140
Void	140	145
Cinders muti colored	145	160
Rock broken loose and caving	160	167

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MAY 12 2021
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 02-03-2011 Completed 02-11-2011

(unbonded) Water Well Constructor Certification

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

License Number Date

Electronically Filed

Signed

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 1424 Date 02-18-2011

Electronically Filed

Signed TIMOTHY K RILEY (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: 0.95

HARN 51765

02-18-2011

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

WELL LABEL # L 102536

START CARD # 1012414

(1) LAND OWNER

Owner Well I.D. well 21

First Name Andy Last Name Root

Company ACW

Address PO Box 3

City Burns State OR Zip 97720

(2) TYPE OF WORK

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

(3) DRILL METHOD

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

(4) PROPOSED USE

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

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ Attach copy)

Depth of Completed Well 167.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
18	0	18	Bentonite Chips	0	18	90	S
14	18	167					

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

☒ Other poured dr & tamped

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: ☐ Yes Type Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
◉	○	14	☒	1.5	60	.250	◉	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

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

Temp casing ☐ Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type Material

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

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

◉ Pump ○ Bailer ○ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
2,800	2	145	6

Temperature 60 °F Lab analysis ☐ Yes By

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Harney Twp 26.00 S N/S Range 30.00 E E/W WM

Sec 3 NW 1/4 of the NW 1/4 Tax Lot 800

Tax Map Number Lot

Lat ° 0 ' " or DMS or DD

Long ° 0 ' " or DMS or DD

◉ Street address of well ○ Nearest address

29062 Weaver Spring Road

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening			☐	
Completed Well	02-11-2011		☒	104

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
02-11-2011	104	167	3,000		☒	104
					☐	
					☐	
					☐	
					☐	

(11) WELL LOG

Ground Elevation

Material	From	To
Topsoil sand loam	0	1
Sand cinders	1	6
Clay cinders	6	60
Rock boulders	60	80
Cinders	80	95
Rock besalt black	95	140
Void	140	145
Cinders muti colored	145	160
Rock broken loose and caving	160	167

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Date Started 02-03-2011 Completed 02-11-2011

(unbonded) Water Well Constructor Certification

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

License Number Date

Electronically Filed

Signed

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 1424 Date 02-18-2011

Electronically Filed

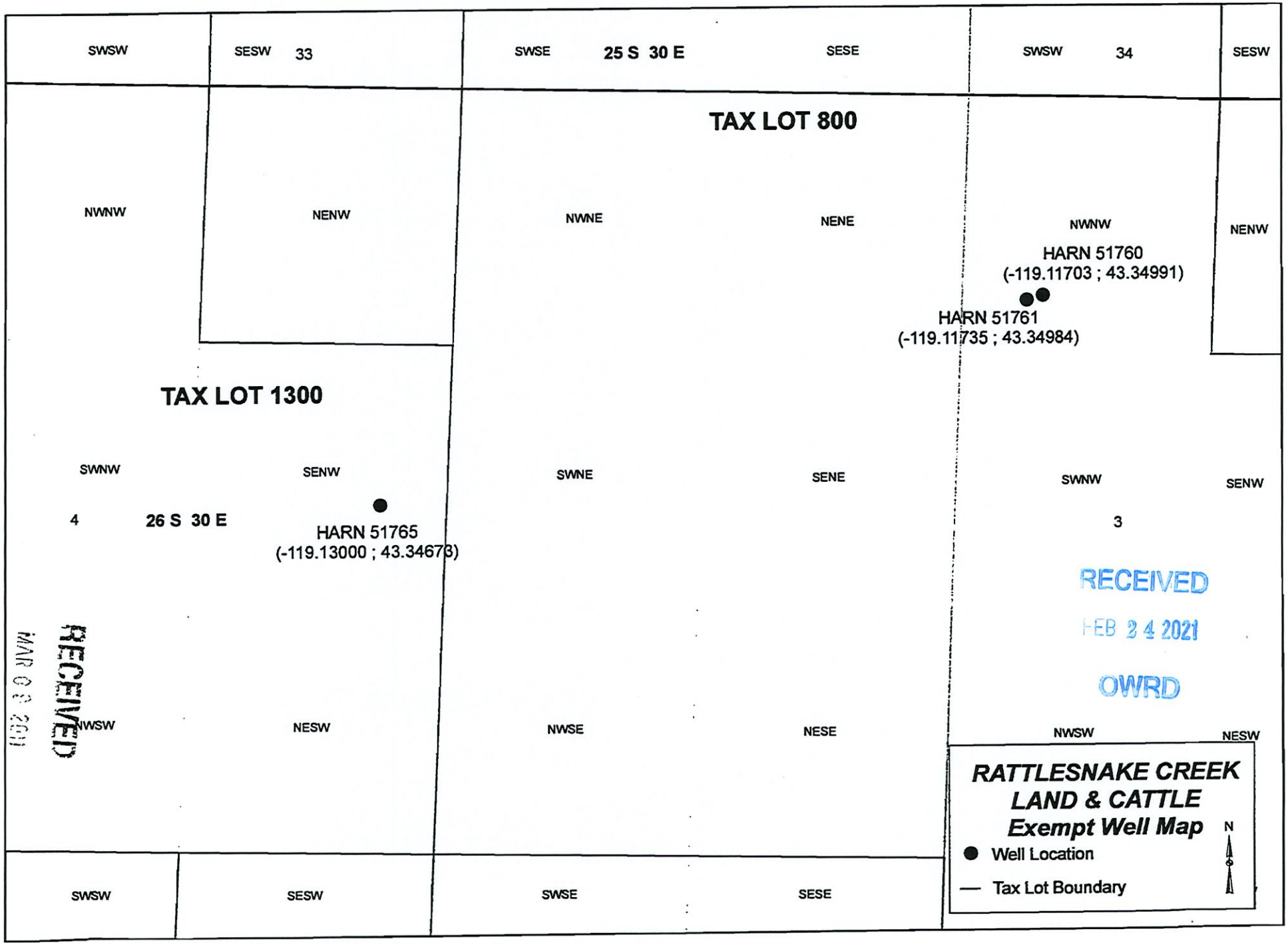
Signed TIMOTHY K RILEY (E-filed)

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: 0.95



HARN 51765

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

HARN 51871
8/27/2012

WELL I.D. LABEL# L 109033
START CARD # 1017370
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name Last Name
Company ACW
Address PO BOX 3
City BURNS State OR Zip 97720

(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/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)
Depth of Completed Well 232.00 ft.

BORE HOLE

Dia	From	To
18	0	18
14	18	232

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite Chips	0	18	27	S

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	☒	2	94	.250	◉	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

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

(7) PERFORATIONS/SCREENS

Perforations Method
Screens Type Material

Perf/ Screen	Casing/ Screen 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 ◉ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
800		230	

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 25.00 S N/S Range 30.00 E E/W WM
Sec 33 NE 1/4 of the SE 1/4 Tax Lot 2600
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
○ Street address of well ◉ Nearest address
29062 WEAVER SPRINGS ROAD
BURNS, OR.

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			☐	
Completed Well	8/15/2012		☐	94

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 94.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
8/15/2012	94	220	2000		☐	94
					☐	
					☐	
					☐	
					☐	

(11) WELL LOG

Ground Elevation

Material	From	To
topsoil sandy loam	0	2
clay cinders	2	8
clay brown	8	45
cinders black	45	90
multi colored cinders	90	200
clay yellow	200	205
sandstone brown	205	212
clay yellow	212	220
clay blue	220	232

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Date Started 8/13/2012 Complete 8/15/2012

(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 8/27/2012
Signed TIMOTHY K RILEY (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:

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

HARN 51970
9/2/2013

WELL I.D. LABEL# L 111173
START CARD # 1020822
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name ANDY Last Name ROOT
Company ACW
Address PO BOX 3
City BURNS State OR Zip 97720

(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/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)
Depth of Completed Well 310.00 ft.

BORE HOLE

Dia	From	To
18	0	18
14	18	310

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite Chips	0	18	19	S

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	☒	2	183	.250	◉	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

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

(7) PERFORATIONS/SCREENS

Perforations Method
Screens Type Material

Perf/ Screen	Casing/ Screen 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 ◉ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1000		300	1

Temperature 59 °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 25.00 S N/S Range 30.00 E E/W WM
Sec 33 NE 1/4 of the SE 1/4 Tax Lot 2600
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
◉ Street address of well ○ Nearest address
29062 WEAVER SPRINGS RD
BURNS, OR. 97720

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	8/24/2013			107

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 107.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
8/24/2013	107	310	1000			107

(11) WELL LOG

Ground Elevation

Material	From	To
sandy loam topsoil	0	2
clay and cinders	2	8
clay brown	8	42
cinders black	42	135
cinders multicolored	135	277
sandstone brown	277	289
cinders black	289	310

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Date Started 8/22/2013 Complete 8/24/2013

(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 9/2/2013

Signed TIMOTHY K RILEY (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:

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

HARN 52121

10/27/2014

WELL I.D. LABEL# L 116668
START CARD # 1024513
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D.
First Name ANDY Last Name ROOT
Company ACW
Address P.O.BOX 326
City BURNS State OR Zip 97720

(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 385.00 ft.

BORE HOLE

Dia	From	To
24	0	54
20	54	332
12	332	385

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite Chips	0	50 54	61	S

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other POURED DRY
Backfill placed from 50 ft. to 54 ft. Material BENTONITE
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
●	○	20	X	2	54	.250	●	○	X	
○	●	16	X	2.5	332	.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	Liner	16	192	332	.125	3	8512	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
2500	16	160	8

Temperature 58 °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 25.00 S N/S Range 30.00 E E/W WM
Sec 29 NE 1/4 of the SE 1/4 Tax Lot 2600
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
(●) Street address of well ( ) Nearest address
29062 WEAVER SPRINGS LN. BURNS,OR.97720

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	10/21/2014			92

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 105.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
10/23/2014	105	385	3500			92

(11) WELL LOG
Ground Elevation

Material	From	To
Top Soil	0	3
Tan Clay and Cinders	3	20
Black sand & Cinders	20	39
Black Cinder Stone Fractured	39	185
Cinder stone w/ grey clay layers	185	218
Broken cinder stone	218	330
Broken Basalt	330	385

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SALEM, OR

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Date Started 10/1/2014 Complete 10/21/2014

(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 10/27/2014
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 10/27/2014
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:

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

HARN 52154

3/1/2015

WELL I.D. LABEL# L 116674
START CARD # 1025480
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name Last Name
Company RATTLESNAKE CREEK, LAND AND CATTLE CO.
Address 524 N. HWY 20
City HINES State OR Zip 97720

(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/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)
Depth of Completed Well 225.00 ft.

BORE HOLE

Dia	From	To
22	0	196
12	196	225

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite Chips	0	55	108	S
		Calculated	92.04	
		Calculated		

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other POURED DRY
Backfill placed from 55 ft. to ft. Material CEMENTING BASK
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	☒	2	196	.250	◉	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

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	156	196	.125	3	2368	

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

○ Pump ○ Bailer ◉ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1200		200	2

Temperature 70 °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 26.00 S N/S Range 30.00 E E/W WM
Sec 3 NW 1/4 of the NW 1/4 Tax Lot 800
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
◉ Street address of well ○ Nearest address
28700 WEAVER SPRINGS RD. BURNS, OR.

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			☐	
Completed Well	2/11/2015		☐	132

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
2/11/2015	132	225	1200			132

(11) WELL LOG

Ground Elevation

Material	From	To
Cinders and sand	0	50
cemented cinders	50	198
Broken Basalt	198	225

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Date Started 1/26/2015 Completed 2/11/2015

(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 1739 Date 3/1/2015
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 3/1/2015
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:

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

HARN 52170
4/14/2015

WELL I.D. LABEL# L 117161
START CARD # 1025710
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D.
First Name ANDY Last Name ROOT
Company ACW
Address P.O.BOX 326
City BURNS State OR Zip 97720

(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/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION
Special Standard ☐ (Attach copy)
Depth of Completed Well 525.00 ft.

BORE HOLE

Dia	From	To
22	0	236
12	236	525

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite Chips	0	45	72	S
		Calculated	69.8	
		Calculated		

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other POURED DRY
Backfill placed from 45 ft. to 47 ft. Material CEMENTING BASK
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	☒	2	236	.250	◉	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

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

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type Material

Perf/ Screen	Casing/ Screen 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 ◉ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
700		200	2

Temperature 67 °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 25.00 S N/S Range 30.00 E E/W WM
Sec 29 NE 1/4 of the SE 1/4 Tax Lot 2600
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
◉ Street address of well ○ Nearest address
29062 WEAVER SPRINGS LN. BURNS, OR.

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			☐	
Completed Well	4/2/2015		☐	92

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 170.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
4/3/2015	170	310	1000			92

(11) WELL LOG
Ground Elevation

Material	From	To
Top Soil	0	2
Tan Clay and Cinders	2	30
cemented cinders	30	170
Grey clay and cemented cinders	170	236
cemented cinders	236	310
Grey clay and cemented cinders	310	415
green clay	415	525

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FEB 24 2021
OWRD

Date Started 3/9/2015 Completed 4/3/2015

(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 1739 Date 4/14/2015
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 4/14/2015
Signed ARTHUR L FRY (E-filed)
Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT
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