

RENEWAL DATE: 12/31/2022

HINES, OR 97738

(541) 548 - 5833

www.APEandS.com

CLAIM OF **BENEFICIAL USE** for Transfer New or Additional **POD Only**



OREGON 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
API	PLICATION #

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2. Property Owner (current owner information)

Applicant/Business Nat Silver Sage Farms, LLC	PHONE NO.		Additional Contact No.	
ADDRESS 18555 SW Teton Ave				
Сіту	ZIP	E-MAIL		
Tualatin	97062			

If the current property owner is not the transfer holder of record, it is recommended that an assignment be filed with the Department. <u>Each</u> 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 RE	CORD		
Rattlesnake Creek La	nd & Cattle, LLC		
ADDRESS			
524 Hwy 20 N			
Сіту	STATE	ZIP	
Hines	OR	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 &	Farm Manager
	1/8/2021	

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		
Сіту	STATE	ZIP

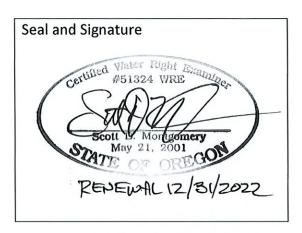
Add additional tables for owners of record as needed



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			PHONE NO		ADDITIONAL CONTACT NO.
Scott D Montgomery			541-548-	5833	541-420-0401
ADDRESS	ì				
PO Box 767	š∨.				
Сіту	STATE	a NY	ZIP	E-MAIL	
Terrebonne	OR		97760	scott@ape	ands.com

Transfer Holder of Record Signature or Acknowledgement

<u>Each</u> 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
Orales Wight	Charles Eggert	Member/Silver Sage Farms, LLC	(-22-264)
and hat	Andy Root	Member, Rattlesnake Creek Land & Cattle, LLC	2-2-21

SECTION 3 CLAIM DESCRIPTION

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Note: The Claim <u>only</u> 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	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL	AMOUNT OF WATER
NAME OR #	IN ORDER	RATE BASED ON SYSTEM	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

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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 = 7.04 ft 4/sec/hp x hp = (7.04)(250) = 6.86 cfs

Total Head, ft 256.6

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			

B. Gravity Flow Pipe

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

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1. Does the diversion involve a gravity flow pipe?

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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 = 7.04 ft 4/sec/hp x hp = (7.04)(250) = 4.61 cfs Total Head, ft 381.6 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			

B. Gravity Flow Pipe

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

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1. Does the diversion involve a gravity flow pipe?

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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 = (7.04)(250) = 3.90 cfs Total Head, ft 451.6 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			

B. Gravity Flow Pipe

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

1. Does the diversion involve a gravity flow pipe?

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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			

B. Gravity Flow Pipe

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

1. Does the diversion involve a gravity flow pipe?

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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 = <u>7.04 ft 4/sec/hp x hp</u> = <u>(7.04)(250)</u> = 5.31 cfs Total Head, ft 331.6 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			

B. Gravity Flow Pipe

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

1. Does the diversion involve a gravity flow pipe?

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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 = 7.04 ft 4/sec/hp x hp = (7.04)(200) = 3.51 cfs

Total Head, ft 401.6

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			,

B. Gravity Flow Pipe

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

1. Does the diversion involve a gravity flow pipe?

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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?
- 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.

Recording and reporting conditions	
Is the water user required to report the water use to the Department?	NO
'NO", item b relating to this section may be deleted.	
Have the reports been submitted?	NA
he reports have not been submitted, attach a copy of the reports if available.	
Fish Screening	
Are any points of diversion required to be screened to prevent fish from entering the version?	e point of NO
By-pass Devices	
Are any points of diversion required to have a by-pass device to prevent fish from tering the point of diversion?	NO
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
'YES" to any of the above, identify the condition and describe the water user's action mply with the condition(s):	s to
	Is the water user required to report the water use to the Department? (NO", item b relating to this section may be deleted. Have the reports been submitted? the reports have not been submitted, attach a copy of the reports if available. Fish Screening Are any points of diversion required to be screened to prevent fish from entering the version? By-pass Devices Are any points of diversion required to have a by-pass device to prevent fish from tering the point of diversion? 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? b. Was a fishway required? c. Other conditions? (YES" to any of the above, identify the condition and describe the water user's action

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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 <u>additional</u> 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

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

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\boxtimes	Map on polyester film
\boxtimes	Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
\boxtimes	Township, Range, Section, Donation Land Claims, and Government Lots
\boxtimes	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
\boxtimes	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
\boxtimes	Point(s) of diversion or appropriation (illustrated and coordinates)
\boxtimes	Tax lot boundaries and numbers
	Source illustrated if surface water
\boxtimes	Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
\boxtimes	Application and permit number or transfer number
\boxtimes	North arrow
\boxtimes	Legend
\boxtimes	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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0.125 0.25 0.5 Miles

HARN 51765

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

02-18-2011

Page 1 of 1

AFTT TARET # T	102536	
START CARD#	1012414	

(I) LAND OWNER Owner Well I.D. well 21	(9) LOCATION OF WELL (legal description)	
First Name Andy Last Name Root	County Harney Twp 26.00 S N/S Range 30.00 E E/W V	M
Company ACW	See 3 NW 1/4 of the NW 1/4 Tax Lot 800	_
Address PO Box 3	Tax Map Number Lot	
City Burns State OR Zip 97720	Lat "O "or DMS or D	5
(2) TYPE OF WORK New Well Deepening Conversion	Lat)
	Street address of well Nearest address	
Alteration (repair/recondition) Abandonment		<u>!</u>
(3) DRILL METHOD	29062 Weaver Spring Road	
Rotary Air Rotary Mud Cable Auger Cable Mud	(40) OCT MICHAEL INVIN	_
Reverse Rotary Other	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)	
	Existing Well / Predeepening	1
(4) PROPOSED USE Domestic Irrigation Community	Completed Well 02-11-2011 104	1
Industrial Commercial Livestock Dewatering	Flowing Artesian? Dry Hole?	12
Thermal Injection Other	WATER BEARING ZONES Depth water was first found	
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy)		
Depth of Completed Well 167.00 ft.	02-11-2011 104 167 3,000 104	
BORE HOLE SEAL sacks/	107 3,000	
Dia From To Material From To Amt Ibs		
18 0 18 Bentonite Chips 0 18 90 S		
14 18 167		
	(II) WELL LOC	
	(11) WELL LOG Ground Elevation	
How was seal placed: Method A B C D E	Material From To	
Other poured dr & tamped	l'opsoil sand loam 0	
Backfill placed from 11, to 11. Material	Sand cinders 1 6	
Filter pack from R. to A. Material Size	Clay cinders 6 60	
Explosives used: Yes Type Amount	Rock boulders 60 80	
	Cinders 80 95	
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plate Wld Thrd	Rock besalt black	
	2. 1 192	
0 14 1.5 60 .250 0 0		
	Rock broken loose and caving 160 167	
	RECEIVED	
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	FED 9 4-3034	
Shoe Inside Outside Other Location of shoe(s)	FEB 2 4 2021	
Temp casing Yes Dia From To	MAY 1 2 2011	
(7) PERFORATIONS/SCREENS	WATER DECOURAGE OF	_
Perforations Method	OWRD WATER RESOURCES DE	71
Screens Type Material	SALEM, OREGON	
Perf/S Casing/ Sereen Sern/slot Slot # of Tele/	Date Started 02-03-2011 Completed 02-11-2011	
ereen Liner Dia From To width length slots pipe size	(unbonded) Water Well Constructor Certification	•
	l certify that the work I performed on the construction, deepening, alteration,)r
	abandonment of this well is in compliance with Oregon water supply we	
	construction standards. Materials used and information reported above are true	
	the best of my knowledge and belief.	
(8) WELL TESTS: Minimum testing time is 1 hour	License Number Date	
	Electronically Filed	
Pump Bailer Air Flowing Artesian	Signed	
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)		-
2,800 2 145 6	(bonded) Water Well Constructor Certification	
	I accept responsibility for the construction, deepening, alteration, or abandonmously performed on this well during the construction dates reported above. All we	
Temperature 60 °F Lab analysis Yes By	performed during this time is in compliance with Oregon water supply w	ell
	construction standards. This report is true to the best of my knowledge and belief.	
Water quality concerns? Yes (describe below) From To Description Amount Units		
Description Interest Ville	License Number 1424 Date 02-18-2011 Electronically Filed	
	Signed TIMOTHY K RILEY (E-filed)	
	Contact Info (optional)	
		-

HARN 51765

HARN 51765

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

(2) TYPE OF WORK New Well Deepening

Rotary Air Rotary Mud Cable Auger Cable Mud

(4) PROPOSED USE Domestic Irrigation Community

Material

Bentonite Chips

From

Other

O Air

°F Lab analysis Yes By

Yes (describe below)

Description

From

Scrn/slot

width

145

Other (5) BORE HOLE CONSTRUCTION Special Standard

Alteration (repair/recondition) Abandonment

Owner Well I.D. well 21

SEAL

From

Material

Amount

Gauge

.250

Location of shoe(s)

Material

Slot

length

Drill stem/Pump depth Duration (hr)

of

slots

O Flowing Artesian

Amount

Tele/

pipe size

Stl

To

Size

Plste Wld

Zip 97720

Conversion

Attach cop

Amt

Last Name Root

State OR

Livestock Dewatering

ft.

ft. Material

To

(1) LAND OWNER

(3) DRILL METHOD

Industrial Commercial

Thermal Injection

BORE HOLE

From

0

Other poured dr & tamped Backfill placed from

(6) CASING/LINER Casing Liner Dia

Shoe Inside

Temp casing Yes

Perf/S Casing/ Screen

Yield gal/min

Water quality concerns?

2.800

Temperature 60

From

Liner

creen

Pump

Dia

18

14

How was seal placed:

Filter pack from

Explosives used:

Reverse Rotary Other

Depth of Completed Well 167.00 ft.

18

167

Method

ft. to

Type

Outside

Dia

Perforations Method Screens Type

From

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

O Bailer

Drawdown

Yes

(7) PERFORATIONS/SCREENS

ft. to

First Name Andy

Company ACW Address PO Box 3 City Burns

02-18-2011

Page 1 of 1

WELL LABEL # L [10	02536	
START CARD # 10)12414	
(9) LOCATION OF WELL (legal d	escription)	
County Harney Twp 26.00 S N/ See 3 NW 1/4 of the NW	S Range 30.00 F	E/W WM
Tax Map Number	Lot	
Lat 0 "or		DMS or DD
LongO		DMS or DD
Street address of well Nea	arest address	
29062 Weaver Spring Road		- 1
(10) STATIC WATER LEVEL Date	SWL(psi) +	SWL(fl)
Existing Well / Predeepening		5 2(17)
Completed Well 02-11-2011		104
Flowing Artesian?	Dry Hole?	
WATER BEARING ZONES Depth wa	ter was first found	
y) SWL Date From To Est	Flow SWL(psi)	+_swl(n)_
02-11-2011 104 167 3	,000	X 104
s/		
1		
(11) WELL LOG Ground Elevation	1	
Material	From	То
l'opsoil sand loam	0	1
Sand cinders	1	6
Clay cinders	6	60
Rock boulders Cinders	60	80
Rock besalt black	80 95	95 140
Void	140	145
Cinders muti colored	145	160
Rock broken loose and caving	160	167
RECEI	VED	
FEB 2.4	2021	
OWR		
D. C		
Date Started 02-03-2011 Comp	oleted 02-11-2011	
(unbonded) Water Well Constructor Certific I certify that the work I performed on the co- abandonment of this well is in compliance construction standards. Materials used and inf the best of my knowledge and belief.	nstruction, deepenin with Oregon wat	er supply well
License Number Da	ite	
Electronically Filed		
Signed		
(bonded) Water Well Constructor Certificati	lon	
I (contact) water wen constructor certificati	on.	

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.

Date_02-18-2011

ORIGINAL - WATER RESOURCES DEPARTMENT

Units

License Number 1424

Contact Info (optional)

Signed TIMOTHY K RILEY (E-filed)

Electronically Filed

	swsw	SESW 33	SWSE 25 S 30 E	SESE	SWSW 34 SESW
				TAX LOT 800	
1 3 h	NWNW	NENW	NWNE	NENE (-1	NWNW HARN 51760 (-119.11703; 43.34991) HARN 51761 19.11735; 43.34984)
oranies o	TA	X LOT 1300			
SACCIAL.	SWNW	SENW	SWNE	SENE	SWNW SENW
(192 & 9 NVW)	4 26 S	30 E HARN 51765 (-119.13000 ; 43.3467	3)		RECEIVED
WV!	æ m				FEB 2 4 2021
HOZ G D NVW	Twsw D				OWRD
(193	- wsw	NESW	NWSE	NESE	NWSW NESW
					RATTLESNAKE CREEK LAND & CATTLE Exempt Well Map Well Location
	swsw	SESW	SWSE	SESE	— Tax Lot Boundary

STATE OF OREGON WATER SUPPLY WELL REPORT HARN 51871

Page 1 of 1 WELL I.D. LABEL# L 109033 START CARD# 1017370

(as required by ORS 537.765 & OAR 690-205-0210)	8/27/2	/2012 ORIGINAL LOG#	
(1) LAND OWNER Owner Well I.D.			
First Name Last Name		(9) LOCATION OF WELL (legal description)	
Company ACW	_	County HARNEY Twp 25.00 S N/S Range 30.00 E E	/w wm
Address PO BOX 3	_	Sec 33 NE 1/4 of the SE 1/4 Tax Lot 2600	
City BURNS State OR Zip 97720	.	Tax Man Number	
(2) TYPE OF WORK New Well Deepening Conversion	n	Tax Map Number Lot Lat " or " or " or DMS Long " or " or DMS	or DD
Alteration (complete 2a & 10) Abandonment(comple	ete 5a)	Long o ' "or DMS	or DD
(2a) PRE-ALTERATION Dia + From To Gauge Stl Plstc Wld Thrd		Street address of well Nearest address	
Casing:		29062 WEAVER SPRINGS ROAD	
Material From To Amt sacks/lbs		BURNS, OR.	
Seal:	- t		
(3) DRILL METHOD		(10) STATIC WATER LEVEL	
Rotary Air Rotary Mud Cable Auger Cable Mud		Date SWL(psi) + SWL(Existing Well / Pre-Alteration	(ft)
Reverse Rotary Other		Completed Well 8/15/2012 94	
(4) PROPOSED USE Domestic Irrigation Community		Flowing Artesian? Dry Hole?	
Industrial/ Commercial Livestock Dewatering		WATER BEARING ZONES Depth water was first found 94.00	
Thermal Injection Other		- 10 Control C	(0)
			Δ(Π)
(5) BORE HOLE CONSTRUCTION Special Standard (Attac	ch copy)	8/15/2012 94 220 2000 9	94
Depth of Completed Well 232.00 ft.			
BORE HOLE SEAL Dia From To Material From To Amt	sacks/		
	lbs S	1	
14 18 232 Bentonic emps		1	
		(11) WELL LOC	
		(11) WELL LOG Ground Elevation	_
How was seal placed: Method A B C D E		Material From To	
Other POURED & TAMPED		topsoil sandy loam 0 2	_
Backfill placed from ft. to ft. Material		clay cinders 2 8 clay brown 8 45	
Filter pack from ft. to ft. Material Size		cinders black 45 90	
Explosives used: Yes Type Amount		multi colored cinders 90 200	
(5a) ABANDONMENT USING UNHYDRATED BENTONITE	_	clay yellow 200 20:	5
Proposed Amount Actual Amount		sandstone brown 205 212	2
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld	_	clay yellow 212 220	
Casing Liner Dia + From To Gauge Stl Plstc Wld	Thrd	<u>clay blue</u> 220 23:	2
		RECEIVED	
		VIII VIII	
	Н	[ED: 9 4 20 -	
	Н	FEB 2 4 2021	
Shoe Inside Outside Other Location of shoe(s)		OWRD	
Temp casing Yes Dia From To		O WARD	
(7) PERFORATIONS/SCREENS			
Perforations Method		D. C. J.	
Screens Type Material Perf/ Casing/ Screen Scrn/slot Slot # of 7	Tele/	Date Started8/13/2012 Complete 8/15/2012	
2000	pe size	(unbonded) Water Well Constructor Certification	
State Site Site Site Site Site Site Site Si		I certify that the work I performed on the construction, deepening, alter-	ation, or
		abandonment of this well is in compliance with Oregon water supp	oly well
		construction standards. Materials used and information reported above are	e true to
	_	the best of my knowledge and belief.	
		License Number Date	
(8) WELL TESTS: Minimum testing time is 1 hour		Signed	
Pump Bailer • Air Flowing Artesi	ian		
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	_	(bonded) Water Well Constructor Certification	121
800 230		I accept responsibility for the construction, deepening, alteration, or aban	
	-	work performed on this well during the construction dates reported above. performed during this time is in compliance with Oregon water sup-	
	_	construction standards. This report is true to the best of my knowledge and	
Temperature 60 °F Lab analysis Yes By		- N. N. I.	
Water quality concerns? Yes (describe below) TDS amount From To Description Amount Un	nits	License Number 1424 Date 8/27/2012	
		Signed TIMOTHY K RILEY (E-filed)	
	_	Contact Info (optional)	
	ID CDC =	DED A DEMENT	

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

HARN 51970

WELL I.D. LABEL# L 111173

START CARD # 1020822

ORIGINAL LOG #

(as required by ORS 537.765 & OAR 690-205-0210)	9/2/2	013	ORIGIN	NAL LOG	#			
(1) LAND OWNER Owner Well I.D.					•			
First Name ANDY Last Name ROOT		(9) LOCATION OF WELL (legal description)						
Company ACW		County HARNEY Twp 25.00 S N/S Range 30.00 E			E E/W WM			
Address PO BOX 3 City BURNS State OR Zip 97720		Sec 33 N						
		Tax Man Numbe	r					
(2) TYPE OF WORK New Well Deepening Conversion Alteration (complete 2a & 10) Abandonment(comple	n to 50)	Tax Map Numbe		or			DMS or DD	
(2a) PRE-ALTERATION	te sa)	Long		or			_ DMS or DD	
Dia + From To Gauge Stl Plstc Wld Thrd		-	eet address of v		Nearest ac	ddress		
Casing:		29062 WEAVE		D				
Material From To Amt sacks/lbs Seal:	-	BURNS, OR. 97	7720					
(3) DRILL METHOD		(10) STATIC	WATER	LEVEL				
Rotary Air Rotary Mud Cable Auger Cable Mud				D	ate SV	VL(psi) +	SWL(ft)	
Reverse Rotary Other		Completed V	ell / Pre-Alterat			<u> </u>	107	
(4) PROPOSED USE Domestic X Irrigation Community		Completed		8/24/20 Artesian?	13 Dr	y Hole?	107	
Industrial Commercial Livestock Dewatering		WATER DEADE		_	_	. Ц	107.00	
Thermal Injection Other		WATER BEARII					und 107.00	
	—	SWL Date	From	То	EST Flow	SWL(psi)	+ SWL(ft)	
(5) BORE HOLE CONSTRUCTION Special Standard (Attacl Depth of Completed Well 310.00 ft.	h copy)	8/24/2013	107	310	1000		107	
DODDING DODGE	sacks/							
Dia From To Material From To Amt	lbs						+	
18 0 18 Bentonite Chips 0 18 19	S						H	
14 18 310								
		(11) WELL I	OG (Ground Eleva	ation			
How was seal placed: Method A B C D E			Material	Jiouna Lieve		From	To	
Mar DOLIDED OFFICE		sandy loam tops				0	2	
Backfill placed from ft. to ft. Material		clay and cinders				2	8	
Filter pack from ft. to ft. Material Size		clay brown				8	42	
Explosives used: Yes Type Amount		cinders black cinders multicol	ored			135	135	
(5a) ABANDONMENT USING UNHYDRATED BENTONITE	_	sandstone brown				277	289	
Proposed Amount Actual Amount		cinders black				289	310	
(6) CASING/LINER	_							
Casing Liner Dia + From To Gauge Stl Plstc Wld	Thrd						-	
● ○ 14 X 2 183 .250 ● ○ X	Ш	RECEIVED						
	HI							
R A H H H H R A H	HI		FEI	2 0 4 00	64			
	Н		· Lat	3 2 4 20			1	
Shoe Inside Outside Other Location of shoe(s)	_							
Temp casing Yes Dia From To			(WARD				
(7) PERFORATIONS/SCREENS	_			- 3 3123				
Perforations Method				20.0	7900			
Screens Type Material	rele/	Date Starteds	3/22/2013	C	omplete	8/24/2013		
Perf/ Casing/ Screen Scrn/slot Slot # of T Screen Liner Dia From To width length slots pip		(unbonded) Wa	ater Well Con	structor Cer	tification	1		
Tom 10 William 10 Ingili 51615 Pp							ing, alteration, or	
							ater supply well	
		the best of my k			i informat	tion reported	above are true to	
		License Numbe			Date			
(8) WELL TESTS: Minimum testing time is 1 hour	—							
Pump Bailer Air Flowing Artesia	an	Signed						
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)		(bonded) Water	r Well Constr	uctor Certif	ication			
1000 300 1						ing, alteration	n, or abandonmer	
		work performed	on this well di	uring the con	struction of	dates reported	d above. All wor	
							ater supply we	
Temperature 59 °F Lab analysis Yes By							ledge and belief.	
Water quality concerns? Yes (describe below) TDS amount From To Description Amount Uni	its	License Numbe	r_1424		Date <u>9/2</u>	2/2013		
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Signed TIMO	THY K RILE	Y (E-filed)				
		Contact Info (or						

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 START CARD # ORIGINAL LOG #

		rage 1 of 1
# L	116668	
Ħ	1024513	

(1) LAND OWNER Owner Well I.D.		
First Name ANDY Last Name ROOT	(9) LOCATION OF WELL (legal description)	
Company ACW Address P.O.BOX 326	County HARNEY Twp 25.00 S N/S Range 30.00	
City BURNS State OR Zip 97720	Sec 29 NE 1/4 of the SE 1/4 Tax Lot 26	
(2) TYPE OF WORK New Well Deepening Conversion	Tax Map Number Lot Lot Long " or " o	B140 BB
Alteration (complete 2a & 10) Abandonment(complete 5a)	Lat or	DMS or DD
(2a) PRE-ALTERATION	Long or	_ DMS or DD
Dia + From To Gauge Stl Plstc Wld Thrd	© Street address of well Nearest address	
Casing:	29062 WEAVER SPRINGS LN. BURNS, OR. 97720	
Material From To Amt sacks/lbs		
(3) DRILL METHOD	(10) STATIC WATER LEVEL	
Rotary Air Rotary Mud Cable Auger Cable Mud	Date SWL(psi) +	SWL(ft)
Reverse Rotary Other	Existing Well / Pre-Alteration Completed Well 10/21/2014	02
	Completed Well 10/21/2014 Flowing Artesian? Dry Hole?	92
(4) PROPOSED USE Domestic Irrigation Community Industrial/ Commercial Livestock Dewatering		105.00
	WATER BEARING ZONES Depth water was first found	
Thermal Injection Other	SWL Date From To Est Flow SWL(psi)	+ SWL(ft)
(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)	10/23/2014 105 385 3500	92
Depth of Completed Well 385.00 ft.		
BORE HOLE SE sacks/ Dia From To Material From To Amt lbs		
Dia From To Material From To Amt lbs 24 0 54 Bentonite Chips 0 5054 61 S		
20 54 332		
12 332 385	(11) WELL LOG Ground Elevation	
	Glound Elevation	
How was seal placed: Method A B C D E	Material From	To
X Other POURED DRY	Top Soil 0 Tan Clay and Cinders 3	20
Backfill placed from SO ft. to SY ft. Material BENTON TE	Black sand & Cinders 20	39
	Black Cinder Stone Fractured 39	185
Explosives used: Yes Type Amount	Cinder stone w/ grey clay layers 185	218
(5a) ABANDONMENT USING UNHYDRATED BENTONITE	Broken cinder stone 218	330
Proposed Amount Actual Amount	Broken Basalt 330	385
(6) CASING/LINER		
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	RECEIVED BY OWRD	
○ 16 × 2.5 332 .250 ○ ×	1160	CIVICU
	DEC 0 3 2014	0 1 2200
	FEB -	2 4 2021
Shoe Inside Outside Other Location of shoe(s)		
Temp casing Yes Dia From To	SALEM, OR	0
(7) PERFORATIONS/SCREENS	U	MRD
Perforations Method Factory		
Screens Type Material	Date Started 10/1/2014 Complete 10/21/201	14
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/	(unbonded) Water Well Constructor Certification	
Screen Liner Dia From To width length slots pipe size Perf Liner 16 192 332 .125 3 8512	I certify that the work I performed on the construction, deeper	ning, alteration, or
101 2512 10 172 332 1123 3 3012	abandonment of this well is in compliance with Oregon v	water supply well
	construction standards. Materials used and information reported	d above are true to
	the best of my knowledge and belief.	
	License Number 1739 Date 10/27/2014	
(8) WELL TESTS: Minimum testing time is 1 hour	Signed CHARLES M FRY (E-filed)	
● Pump Bailer Air Flowing Artesian		
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	(bonded) Water Well Constructor Certification	
2500 16 160 8	I accept responsibility for the construction, deepening, alteration	
	work performed on this well during the construction dates reported performed during this time is in compliance with Oregon wit	
Temperature 58 °F Lab analysis Yes By	construction standards. This report is true to the best of my know	
	License Number 1355 Date 10/27/2014	
Water quality concerns? Yes (describe below) TDS amount From To Description Amount Units		
	Signed ARTHUR L FRY (E-filed)	
	Contact Info (optional)	

STATE OF OREGON WATER SUPPLY WELL REPORT

HARN 52154

Page 1 of 1 WELL I.D. LABEL# L 116674 START CARD # 1025480

(as required by ORS 537.765 & OAR 690-205-0210)	3/1/2015	ORIGINAL LOG#		
(1) LAND OWNER Owner Well I.D.				
First Name Last Name	(9) LOCATIO	N OF WELL (legal de	escription)	
Company RATTLESNAKE CREEK, LAND AND CATTLE CO.		Twp 26.00 S N/S		00 E E/W WM
Address 524 N. HWY 20 City HINES State OR Zip 97720	Sec 3 NW	1/4 of the NW	1/4 Tax Lot	800
City HINES State OR Zip 97720 (2) TYPE OF WORK New Well Deepening Conversion	Tax Map Number	'" or	Lot	
Alteration (complete 2a & 10) Abandonment(complete 5a)	Lat°	'" or		DMS or DD
(2a) PRE-ALTERATION	LUIIE			DMS or DD
Dia + From To Gauge Stl Plstc Wld Thrd		address of well Nea		
Casing:	28700 WEAVER	SPRINGS RD. BURNS, OR	•	
Seal:				
(3) DRILL METHOD	(10) STATIC V	WATER LEVEL _		3
Rotary Air Rotary Mud Cable Auger Cable Mud	Existing Well	Date / Pre-Alteration	SWL(psi)	+ SWL(ft)
Reverse Rotary Other	Completed We		+	132
(4) PROPOSED USE Domestic Irrigation Community	1	Flowing Artesian?	Dry Hole?	
Industrial/ Commercial Livestock Dewatering	WATER BEARING	ZONES Depth wa	iter was first for	und
Thermal Injection Other	SWL Date	From To Est	Flow SWL(ps	si) + SWL(ft)
(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)	2/11/2015	132 225 1	200	132
Depth of Completed Well 225.00 ft.	2.11,2010			
BORE HOLE SEAL sacks/				
Dia From To Material From To Amt lbs 22 0 196 Bentonite Chips 0 55 108 S				
12 196 225 Calculated 92.04	<u> </u>			
	(11) WELL LO)G		
How was seal placed: Method A B C D E		Glound Elevation		
How was seal placed: Method A B C D E Other POURED DRY	Cinders and sand	faterial	From 0	To 50
Backfill placed from 55 ft. to ft. Material CEMENTING BASK	cemented cinders		50	
Filter pack from ft. to ft. Material Size	Broken Basalt		198	3 225
Explosives used: Yes Type Amount				
(5a) ABANDONMENT USING UNHYDRATED BENTONITE				
Proposed Amount Actual Amount				
(6) CASING/LINER	-	RECEIVED		
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd				
● C 16 X 2 196 .250 ● C X □	-	-EB 2 4 2021		
		OWRD		
		3001110		
Shoe Inside Outside Other Location of shoe(s)				
Temp casing Yes From To				_
(7) PERFORATIONS/SCREENS Perforations Method Factory				
Screens Type Material	Date Started 1/2	6/2015 Com	pleted 2/11/2	015
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/			•	-
Screen Liner Dia From To width length slots pipe size Perf Casing 16 156 196 .125 3 2368		er Well Constructor Certification work I performed on the contraction of the contraction		enening alteration or
Perf Casing 16 156 196 .125 3 2368		this well is in compliance		
	The state of the s	lards. Materials used and in	formation repo	rted above are true to
		owledge and belief.		
	License Number	1739 Di	ate 3/1/2015	
(8) WELL TESTS: Minimum testing time is 1 hour Pump Bailer Air Flowing Artesian	Signed CHARI	LES M FRY (E-filed)		v
	(honded) Water V	Well Constructor Certificat	tion	
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 1200 200 2		pility for the construction, d		ation, or abandonmen
	work performed or	n this well during the constru	action dates rep	orted above. All work
		this time is in compliand ards. This report is true to the		
Temperature 70 °F Lab analysis Yes By				to wiedge and belief.
Water quality concerns? Yes (describe below) TDS amount From To Description Amount Units	License Number_	1355 Da	ate 3/1/2015	
	Contact Info (option	onal)		
	1			

STATE OF OREGON

HARN 52170

WELL I.D. LABEL# L 117161

Page 1 of 1

STATE OF OREGON	HAIN	34170		11/101	
WATER SUPPLY WELL REPORT	4/1.4/	2015		1025710	
(as required by ORS 537.765 & OAR 690-205-0210)	4/14/	2015	ORIGINAL LOG#		
1) LAND OWNER Owner Well I.D. First Name ANDY Last Name ROOT					
First Name ANDY Last Name ROOT		(9) LOCATIO	N OF WELL (legal d	escription)	
Company ACW Address P.O.BOX 326			Twp 25.00 S N/		
Address P.O.BOX 326 City BURNS State OR Zip 97720		Sec 29 NE	1/4 of the <u>SE</u>	1/4 Tax Lot	2600
	onversion	Tax Map Number	" or	Lot	
Alteration (complete 2a & 10) Abandonmen		Lat°	'" or		DMS or DD
PRE-ALTERATION	(complete 5a)	Long°	' or		DMS or DD
Dia + From To Gauge Stl Plstc Wld Thr	d	Street	address of well Nea	arest address	
Casing:]	29062 WEAVER S	SPRINGS LN. BURNS, OR.		
Material From To Amt sacks/lbs					
Seal:		(10) OTLATICA	XATED I EXTER		
B) DRILL METHOD		(10) STATIC V	WATER LEVEL Date	SWL(psi)	+ SWL(ft)
Rotary Air Rotary Mud Cable Auger Cable M		Existing Well	/ Pre-Alteration	5 WE(psi)) SWE(N)
Reverse Rotary Other		Completed We	ell 4/2/2015		92
4) PROPOSED USE Domestic Irrigation Commun	nity		Flowing Artesian?	Dry Hole?	
Industrial/ Commercial Livestock Dewatering		WATER BEARING	ZONES Depth wa	ter was first fo	und 170.00
Thermal Injection Other		Management to a second		Flow SWL(p	
	7/1//				
5) BORE HOLE CONSTRUCTION Special Standard	(Attach copy)	4/3/2015	170 310 1	.000	92
Depth of Completed Well 525.00 ft. BORE HOLE SEAL	a1- /				\dashv \dashv
	sacks/ Amt lbs				- $+$ $+$ $ -$
22 0 236	72 S				- $+$ $+$ $ -$
12 236 525 Calculated					
		(11) WELL LC	VC		
Calculated		(11) WELL LC	Ground Elevation	n	
How was seal placed: Method A B C D	E		Saterial	From	
Other POURED DRY	TING DACK	Top Soil		0	
Backfill placed from45ft. to47ft. Material CEMEN		Tan Clay and Cind	lers	30	
Filter pack from ft. to ft. Material Si	ze	Grey clay and cem	ented cinders	170	
Explosives used: Yes Type Amount		cemented cinders	cinca cinacis	230	
5a) ABANDONMENT USING UNHYDRATED BENTO	NITE	Grey clay and cem	ented cinders	310	
Proposed Amount Actual Amount		green clay		41:	5 525
6) CASING/LINER					
Casing Liner Dia + From To Gauge Stl Ple	stc Wld Thrd				
● 16 X 2 236 .250 ● (DECEMED		
			RECEIVED		
			FEB 2 4 2021		
			Đ)		
Shoe Inside Outside Other Location of shoe(s)			3 / 1 / 1 / 1		
Temp casing Yes Dia From To	-		OWRD_		
7) PERFORATIONS/SCREENS					
Perforations Method		L			
Screens Type Material		Date Started3/9	/2015 Com	pleted 4/3/20	15
3	f of Tele/ lots pipe size	(unhonded) Wate	er Well Constructor Certifi	ication	
Screen Liner Dia From To width length s	lots pipe size	Committee of the Commit	work I performed on the co		epening, alteration, or
		abandonment of	this well is in complianc	e with Orego	n water supply well
		construction stand	lards. Materials used and in	formation repo	orted above are true to
		100	owledge and belief.		
		License Number	1739 D	ate 4/14/201	5
8) WELL TESTS: Minimum testing time is 1 hour	-	Signed	. E.O. V. E.D. V. C. C. C.		
	ng Artesian	Signed CHARI	LES M FRY (E-filed)		
Yield gal/min Drawdown Drill stem/Pump depth Duration	(A)	(bonded) Water V	Well Constructor Certificat	tion	
	2		oility for the construction, d		
		work performed or	n this well during the constru	ection dates rep	orted above. All work
			this time is in compliance		
Temperature 67 °F Lab analysis Yes By		construction stand	ards. This report is true to the	ne best of my k	nowledge and belief.
Water quality concerns? Yes (describe below) TDS amount		License Number	1355 Da	ate 4/14/2015	
From To Description Amor	unt Units				
		and the second s			
		Contact Info (option	onal)		