



Oregon

Theodore R. Kulongoski, Governor

Water Resources Department

North Mall Office Building
725 Summer Street NE, Suite A
Salem, OR 97301-1271
503-986-0900
FAX 503-986-0904

August 21, 2009

James C Shepherd
Elia A Shepherd
476 Koa A
Burns OR 97720

On August 18, 2009, the Water Resources Department received the Claim of Beneficial Use (COBU) for the following file(s):

Application G-15030 permit G-13862

The COBU included a report and map. Currently there is a 7-year backlog before the Department will be able to review these items and provide a final certificate, proposed certificate, or a request for additional information.

If you are interested in having your COBU reviewed sooner, you may pay to have your file processed immediately, using the Reimbursement Authority program, which is described at:

http://www.wrd.state.or.us/OWRD/mgmt_reimbursement_authority.shtml

Customer Service phone: (503) 986-0801

Email: webmaster@wrdd.state.or.us

If you sell the property, please contact the Department, or have the new owners contact the Department about the need to file an assignment.

This form is subject to revision. Begin each new claim by checking for a new version of this form and downloading a new one if necessary.

If you have questions regarding the completion of this form, contact:

Gerry Clark by e-mail at Gerald.E.CLARK@wrđ.state.or.us or by phone at 503-986-0811,

Or Jerry Gainey by e-mail at Jerry.W.GAINEY@wrđ.state.or.us or by phone at 503-986-0812.

The Department has a new program that allows a permit holder to pay the cost to have a private contractor review of the claim and, if appropriate, prepare a certificate. This new program means a certificate can be issued in about a month. The Department has a list of trained contractors that are selected on a rotating basis. For more information on this program see:

http://www.wrđ.state.or.us/OWRD/mgmt_reimbursement.shtml.

**This box can be deleted

Oregon Water Resources Department
725 Summer St. NE, Suite A
Salem, OR 97301-1266

CLAIM OF BENEFICIAL USE

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 numbered item must have a response. If any requested information does not apply to the Claim, insert "n/a." Do not delete 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. **A separate form shall be completed for each permit or transfer final order.**

I. General Information

1. File Information

Application Number (G, R, S or T)	Permit Number (if applicable)
G-15030	G-13862

2. Property owner (current owner information)

a. Individuals

Name	JAMES C. & ELIA A. SHEPHERD	RECEIVED AUG 18 2009
Mailing Address	476 N. KOA	
City/State/Zip	BURNS, OR 97720	WATER RESOURCES DEPT SALEM, OREGON
Phone #	541-573-3219	
Fax #		
e-mail address		

b. Businesses/Organizations

Name	
Contact Person and Title	
Mailing Address	
City/State/Zip	
Phone	
Fax	
e-mail	

If the current property owner is not the permittee or transfer holder of record, it is recommended that an assignment be filed with the Department. The COBU must be signed by the permit/transfer holder of record.

3. Permittee / Transferee of record (this may, or may not, be the current property owner)

c. Individuals

	Individual 1	Individual 2
Name		
Mailing Address		
City/State/Zip		

d. Businesses/Organizations

Name	
Contact Person and Title	
Mailing Address	
City/State/Zip	

4. Date of Site Inspection:

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

Name	Date	Association with the project
JIM SHEPHERD	8/10/2009	OWNER

6. County: HARNEY

7. Tax Lot Information:

Tax map number	Tax lot number
T245, R 30E, WM	802

8. If any property described in the place of use of the permit or transfer final order is excluded from this report, identify the owner of record for that property (ORS 537.230(3)):

**Mark "NA" if there are no owners of property not included in this claim

Name	
Contact Person and Title	
Mailing Address	
City/State/Zip	
Phone #	

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Name	
Contact Person and Title	
Mailing Address	
City/State/Zip	
Phone #	

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SALEM, OREGON

II. Points of Diversion/Appropriation and Place of Use

For each point of diversion or appropriation, provide the following information. If the claim is for more than one point of diversion/appropriation, copy and complete this section for each point of diversion or appropriation.

1. Provide a general narrative description of the distribution works. This description must trace the water system from the point of diversion or appropriation to and include the place of use:

FROM WELL WITH TURBINE PIVOT THE IS PIPED TO
CIRCLE IRRIGATION PIVOT VIA 8" ALUM.

2. Point of diversion/appropriation name or number (correspond to map):

Point of diversion/appropriation name or number (correspond to map)	Well log ID # for all work performed on the well (if applicable)	Well tag # (if applicable)
WELL		L 11941

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, and deepenings)

3. Point of diversion/appropriation source and, if from surface water, the tributary:

Source	Tributary to
WELL	

4. Point of diversion/appropriation location:

(DLC, Government Lot, 1/4 1/4, Section, Township, Range)	Reference to a recognized public land survey corner by distance and bearing or by coordinates
LOT 3, SEC. 7, T24S, R30E, WM	330'S & 1335'E FROM W 1/4 COR, SEC 7.

5. Actual use(s), period of use, and rate for each use:

Uses	If irrigation, list crop type	When water is used	Rate for use
IRRIGATION	ALFALFA & GRASS	3/1 THROUGH 9/30	1/80 CFS/AC

Total Quantity of Water 0.95 CFS

6. Place of use for the point of diversion or appropriation:

DLC	Gov lot	1/4 1/4	Section	Township	Range	Use	# of primary acres	# of supplemental acres
	1		7	24S	30E	IRRI	6.6	
		NENW	"	"	"	"	1.7	
	2		"	"	"	"	39.2	
		SESW	"	"	"	"	19.9	
	3		"	"	"	"	6.8	
		NESW	"	"	"	"	1.8	

Total Acres Irrigated 76.0

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Groundwater Source Information (Well and Sump)

**If the appropriation is not from ground water (well or sump), this section, items 1-5, can be deleted.

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

1 1/2" PIPE - WELDED TO WELL CASING.

2. If well logs are not available, provide as much of the following information as possible: - SEE WELL LOG.

Casing Diameter	Casing Depth	Total Depth	Completion Date of Original Well	Completion Dates of Alterations	Who the well was drilled for	Well drilled by

In addition to the information requested in item "2" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

**If the appropriation is not from a sump, the following section, items 3-4, can be deleted. Construction standards for sumps can be found in OAR 690-210-0400.

3. If the appropriation involves a **SUMP**, provide the following information for each **SUMP**:

Length	Width	Average diameter	Maximum depth	Surface area (in acres)	Volume in cubic feet or acre feet

4. If the sump is curbed constructed with watertight surface curbing, describe the curbing in the table below:

Curbing material (concrete, concrete tiles, or steel)	If concrete, provide the thickness of the wall

5. Provide sump volume calculations in the box below:

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Reservoir Data

**If this claim is not for a reservoir, or the system does not involve a reservoir as part of the distribution system, this section, items 1-7, can be deleted.

1. If the reservoir required the submittal of as-built plans and specifications, complete the table below:

Have the documents been submitted? yes or no	When were the documents submitted	Have they been approved by the Department?

2. If the reservoir stores less than 9.2 acre-feet of water or if the dam is less than 10 feet in height, and as-built plans and specifications are not required, complete the table below.

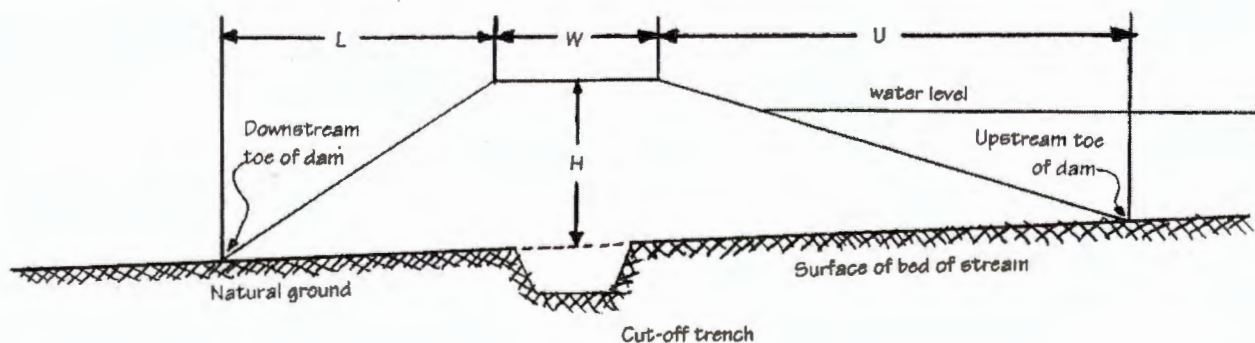
Maximum depth	Average depth	Surface area (in acres)	Volume in acre feet

3. Provide reservoir volume calculations in the box below:

4. Provide the following information concerning the physical characteristics of the dam:

Crest width (W)	Dam height at centerline (H)	Distance from downstream top of dam to downstream toe (L)	Distance from upstream top of dam to upstream toe (U)	Water level at inspection	Downstream slope	Upstream slope

Example Dam Profile **This box can be deleted from the form



5. In the box below, provide a drawing showing the cross section of the dam at the maximum section indicating details and dimensions. The drawing should be drawn at a standard even scale.

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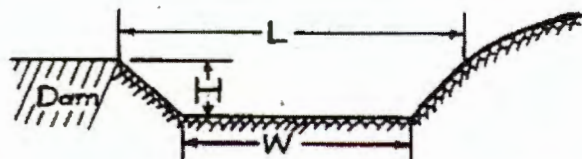
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6. Describe the outlet works (size and type of the outlet conduit and location) in the box below:

7. Describe the emergency spillway (dimensions and location) in the box below:

Spillway location	Bottom width (W)	Top width (L)	Spillway depth (H)

Spillway cross section at the spillway crest



Storage tank data

**If this system does not include a storage tank as part of the distribution system, this section, item 1, can be deleted.

1. If the system involved a storage tank, complete the table below:

Material (concrete, fiberglass, metal, etc.)	Capacity in gallons	Above ground or buried

Gravity flow pipe (The Department typically uses the Hazen-William's formula for a gravity flow pipe system)

**If this claim does not rely on a gravity flow pipe to convey the water as part of the distribution system, this section, items 1-3, can be deleted.

1. If the system involves a gravity flow pipe, complete the table below.

Pipe size	Pipe type	"C" factor	Amount of fall	Length of pipe	Slope	Computed rate of water flow

2. Provide calculations in the box below:

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

Date of Measurement	Who made the measurement	Measurement method	Measured quantity of water

Attach measurements notes

Gravity flow canal or ditch (The Department typically uses Manning's formula for canals and ditches)

**If this claim does not rely on a gravity flow canal or ditch to convey the water as part of the distribution system, this section, items 1-3, can be deleted.

1. If the system involves a gravity canal or ditch, complete the table below.

Canal or ditch type (material)	Top width of canal or ditch	Bottom width of canal or ditch	Depth	"N" factor	Amount of fall	Length of canal/ditch	Slope	Computed volume

2. Provide calculations in the box below:

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

Date of Measurement	Who made the measurement	Measurement method	Measured quantity of water

Attach measurements notes

System Information:

Provide the following information concerning the diversion and delivery system. Trace the flow of water from the point of diversion/appropriation to the place of use.

1. Pump information

Brand	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake size	Discharge size
FAIRBANKS MORRIS	4 STAGE	37-008-050677	TURBINE	10"	8"

2. Motor information

Brand	Model	Horsepower	Max RPM	Voltage
U.S. ELEC	R-6231-09-324	50	1720	440

3. Meter information (if required in permit or transfer final order)

Make	Serial #	Condition (working or not)	Current meter reading	Notes
ARMA-MASTER 900	30399	YES	79835	PUMP NOT IN OPERATION. MAY BEING HARVESTED.

4. Measurement device description

Device description	Condition (working or not)	Notes

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

6. Theoretical pump capacity

Horsepower	Operating psi	Lift from source to pump *If a well, the water level during pumping (see pump test results)	Lift from pump to place of use	Total pump output
50	30	250 FT	0	485 GPM

9. Lateral or handline information

Lateral or handline size	Length	Type of pipe	Buried or above ground

10. Sprinkler information Make and model:

Make	Model	Size	Operating psi	Sprinkler output	Maximum number used	Total sprinkler output
SENNINGER	I-WOB	114	HEAD @ 30 PSI	OUTPUT VARIES FROM 1.01 TO 7.52 GPM.		

Refer to the chart of sprinkler output at various pressures for most nozzle sizes attached to this document.

$$Q_{\text{sprinklers}} = \frac{(\text{max \# heads})(\text{gpm/head})}{448.8 \text{ gpm/cfs}} = \text{cfs} \quad Q = \left(\frac{1.01 + 7.52}{2} \right) 114 = 486 \text{ GPM}$$

11. Additional notes or comments related to the system:

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III. CONDITIONS

Please pay special attention to this section. All conditions contained in the permit or transfer final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

a. Permits or transfer Final Orders contain any or all of the following dates; the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use is to be completed by. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or transfer final order:

	Dates from permit or transfer final order	Date accomplished	Description of actions taken by water user to comply with the time limits
Begin construction	NOV 2001	MAY 1997	WELL DRILLING
Complete construction	OCT 2004	MAY 1998	PIVOT INSTALLED
Complete application of water	OCT 2004	MAY 2001	IRRIGATING

2. Initial Water Level Measurements:

****If the Claim is for surface water or a reservoir, or if the water user was not required to submit static water level measurements, items b through e relating to this section can be deleted.**

a. Was the water user required to submit an initial static water level measurement? YES ☒ NO NA

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

c. Did an authorized individual (as stated in the permit or transfer final order) make the initial static water level measurement in the month required?

YES NO

d. If "YES", was the measurement submitted to the Department? YES NO

e. If the initial measurement not been submitted, provide that measurement now if available:

Date of measurement	Who made measurement	Method	Measurement

3. Annual Static Water Level Measurements:

****If the Claim is for surface water or a reservoir, or if the water user was not required to submit static water level measurements, items b through e relating to this section can be deleted.**

a. Was the water user required to submit annual static water level measurements? YES ☒ NO NA

b. In the box below, provide the month in which the static water level was to be made:

--

c. Were the static water level measurements taken in the month required? YES NO

d. If "YES", were those measurements submitted to the Department? YES NO

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

Year	Month	Measurement made by	Measurement

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4. Measurement, recording, and reporting conditions:

a. Does the permit or transfer final order require the installation of a meter or approved measuring device?

☒ YES NO

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

****If "NO", items b through g relating to this section can be deleted.**

b. Has a meter been installed? ☒ YES NO

c. Provide the date the meter was installed:

JULY 2002

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department? YES NO

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

Name	Title	Approximate date

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

g. Have the reports been submitted? YES NO

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

5. Fish Screening and/or By-pass Devices

a. Are any points of diversion required to be screened and/or have a by-pass device to prevent fish from entering the point of diversion? YES **NO** NA

If fish screening and/or by-pass devices were required, the COBU map must indicate their location in relation to the point of diversion.

**If "NO", items b through i relating to this section can be deleted

b. Has the fish screening been installed? YES NO

c. When was the fish screening installed?

Date	By whom

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d. Is the **total** diversion rate of all rights at the point of diversion less than 0.5 cfs? YES NO

e. If the total diversion rate is less than 0.5 cfs, has the water user self certified the fish screen. YES NO

f. Has a self certification form been previously submitted to the Department? YES NO

g. If not, is the self certification form attached to this Claim? YES NO

h. If the total diversion rate is greater than 0.5 cfs, has ODFW approved the screening? YES NO

i. Has the water user previously submitted a letter from ODFW approving the screening? YES NO

j. If not, is the approval letter attached to the Claim? YES NO

k. Has the by-pass device been installed? YES NO

1. Describe the by-pass device:

When installed	By whom	Approved by ODFW	Description

6. **Pump Test** (Required for ground permits prior to issuance of a certificate, but not a requirement of permit development)

- a. Did the permit require the submittal of a pump test? ☒ YES NO NA
- b. Has the pump test been previously submitted to the Department? YES ☒ NO
- c. Has the pump test been approved by the Department? YES ☒ NO
- d. If no, is the pump test attached to this Claim? YES NO

7. **Other Permit Conditions** (examples: special well construct standards, water conservation plans, no obstructions to fish without a fishway, etc.; number as appropriate.)

IV. Variations, Attachments, Conclusions, Map and Signatures

Variations

Include a description of variations from the permit or transfer final order

--

Attachments

If you are attaching any documents to this report, provide a list below:

Attachment name	Description
FINAL PROOF SURVEY	
WELL LOG	

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Permit and Transfer Final Order Rates and System Rates Comparisons:

POD or POA name or #	Maximum rate allowed by permit or transfer final order	Calculated theoretical rate of water based on system	Actual amount of water measured (if measured)	Developed use	# of acres allowed by permit or transfer final order	# of acres developed
WELL	76 ACP 180 CFS = 0.95 CFS	1.08 CFS	—	76 AC	94 AC	76 AC

Claim of Beneficial Use Map

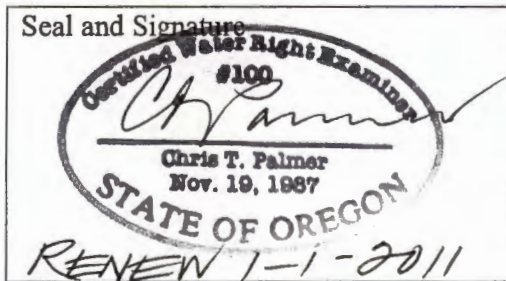
The Claim of Beneficial Use Map must be submitted with this Claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320', 1" = 400', or the original full-size scale of the county assessor map for the location.

In the following box, 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.

NIKON TOTAL STATION WITH RELATED EQUIPMENT.
THE CONTROL POINT WAS THE W/4 CORNER OF
SECTION 7, T 24 S, R 30 E, WM

CWRE Statement, Seal and Signature

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



Permit or Transfer Holders Signature or Acknowledgement

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.

James C Shepherd James C Shepherd 8/17/09
Signature Print or type name Date

Signature Print or type name Date

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SALEM, OREGON**

SPRINKLER CAPACITIES BY NOZZLE SIZE IN GALLONS PER MINUTE

This chart is comprised of information gathered from a number of sources and may differ slightly from the manufacturer's specifications.

("**" designates computed capacity)

**This page can be deleted

		P.S.I.																	
NOZZLE SIZE		5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90
	3/32				1.1	1.3	1.4	1.5	1.6	1.7	1.8								
	7/64				1.5	1.7	1.9	2	2.2										
	1/8				1.9	2.2	2.4	2.7	2.9	3	3.2								
	9/64				2.3	2.6	2.9	3.1	3.4	3.7	4								
	5/32				3	3.4	3.8	4.1	4.4	4.7	5								
	11/64	1.9	2.7	3.3	3.7	4.2	4.6	5	5.4	5.7	6	6.3	6.6						
	3/16	2.2	3.2	3.9	4.3	5	5.5	6	6.4	6.8	7.2	7.5	7.8						
	13/64	2.9	3.6	4.5	5.1	5.9	6.5	7.1	7.6	8.1	8.5	8.9	9.2						
	7/32		4.1	5.1	5.8	6.8	7.6	8.3	8.9	9.4	9.9	10.3	10.6						
	15/64							8.8		10		11.2		12.4					
	1/4		5.2	6.4	7.4	8.9	9.8	10.6	11.4	12.1	12.8	13.4	13.9	14.8*	15.3*	15.9*	16.4*	16.9*	17.4*
	17/64								12.5		14		15.6		17.1				
	9/32					11.2	12.3	13.3	14.3	15.2	16	16.8	17.5	18.1	18.9	19.7	20.7*	21.4*	22*
	19/64									16.6		18.3		19.9		21.4			
	5/16					13.1	15.2	16.5	17.7	18.9	20	21	22	23	23.9	24.8	25.7	26.4*	27.1*
	21/64										20.8		22.7		24.6		26.4		
	11/32					16.5	18	19.7	21.1	22.5	23.8	25	26.2	27.4	28.5	29.6	30.6	31.9*	32.8*
	23/64										24.5		26.8		29.1		31.4		
	3/8					19	21	22.8	24.4	26	27.5	29.1	30.6	32	33.2	34.5	35.7	38*	39*
	13/32								29*	30.9*	32.7*	34.5*	36.2*	37.4*	38.9*	40.4*	41.9*	43.3*	44.7*
	7/16								33.5*	35.6*	37.7*	39.7*	41.7*	43.6*	45.3*	46.9*	48.4*	50.1*	51.6*
	1/2								42.5*	45.2*	47.7*	50.2*	52.5*	54.7*	56.8*	58.6*	60.6*	63.6*	66.7*

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WELL I.D.#

24/30/7/6C
L11941

harn
50155
STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

MAY 16 1997

WATER RESOURCES DEPT.

(START CARD) # 83818

Instructions for completing this report are on back of this form.

(1) OWNER: Well Number _____
Name Jim Shepherd c&h ranch
Address 476 N Koa
City Burns State OR Zip 97720

(2) TYPE OF WORK
☒ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:
☐ Rotary Air ☐ Rotary Mud ☒ Cable ☐ Auger
☐ Other _____

(4) PROPOSED USE:
☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 400 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
18	0	18	bentonite	0	18	20 sacks
14	18	247				
10	247	400				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other poured dry & tamped

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	14	+1	83	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From		To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
							☐	☐
							☐	☐
							☐	☐
							☐	☐
							☐	☐

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

	Pump	☒ Bailor	Air	Flowing	Artesian
Yield gal/min	Drawdown	Drill stem at	Time		
140	10		1 hr.		

Temperature of water 58 Depth Artesian Flow _____
Was a water analysis done? ☒ No ☐ Yes By whom _____
Did any strata contain water not suitable for intended use? ☐ Yes ☒ No
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County Harney Latitude _____ Longitude _____
Township 24S N or S Range 30E E or W. WM. _____
Section 7 SW 1/4 NW 1/4
Tax Lot 800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Hwy 20 W
Sage Hen Valley

(10) STATIC WATER LEVEL:

23.5 ft. below land surface. Date 5-5-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 43

From	To	Estimated Flow Rate	SWL
43	400	1000	23.5

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Clay topsoil	0	1	
Clay gravel fine	1	10	
Clay gravel	10	35	
Clay	35	43	
Sand/pumice/obsidian	43	85	23.5
Sandstone soft	85	102	
Sandstone hard	102	129	
Pumice/sand med	129	160	
Gravel/pumice sand	160	164	
Rock brn	164	173	
Pumice brn	173	177	
Rock	177	186	
Gravel clay	186	192	
Pumice/obsidian	192	219	
Rock red broken	219	322	
Sandstone brn	322	365	
Rock red broken	365	375	
Sandstone brn	375	380	
Rock clay broken	380	400	23.5

Date started 4-16-97 Completed 5-5-97

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, 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.

WWC Number _____

Signed _____ Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, 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.

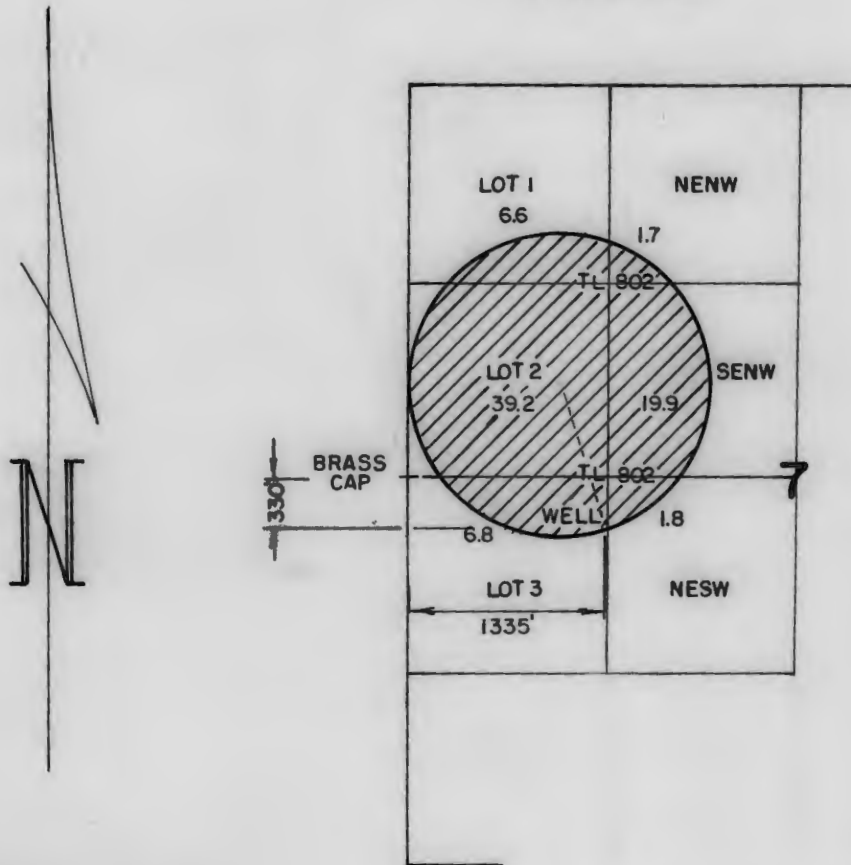
WWC Number 1424

RECEIVED

AUG 18 2009

WATER RESOURCES DEPT
SALEM, OREGON

T 24 S, R 30 E, WM



THE FLOW METER IS ADJACENT TO THE WELL.

THE PURPOSE OF THIS MAP IS TO
IDENTIFY THE LOCATION OF THE
WATER RIGHT. IT IS NOT INTENDED
TO PROVIDE INFORMATION RELATIVE
TO THE LOCATION OF PROPERTY.
Owning Party:

RECEIVED

AUG 18 2009

WATER RESOURCES DEPT
SALEM, OREGON

FINAL PROOF SURVEY

UNDER
APPLICATION G-15030
PERMIT G-13862

IN THE NAME OF
JAMES C. & ELIA A.
SHEPHERD

Scale: 4" = 1 MILE

Date: AUG. 2009

Job: 2498-09

Dsn:

Dm: CHRIS

Ckd:

MAP's

M.A. PALMER & SONS, INC.
ENGINEERING & SURVEYING
711 Ponderosa Village • Box 61
Burns, Oregon 97720

Sht. No.

of



RENEW 1-1-2011