

Checklist for Claims of Beneficial Use Received at CSG Counter

Application # <u>G-17138</u>	WRD Reviewer <u>CM</u>
Transfer #	
Date Received <u>8/18/2021</u>	
CWRE Name <u>Scott Montgomery</u>	

Priority Date: 11/4/2008

Fees Required:

☒ YES ☐ NO A fee of \$230 must accompany this form for permits with priority dates of July 9, 1987, or later.

YES ☐ NO A fee of \$230 must accompany this form for any transfers 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.

Map Review:

- ☒ Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))
- ☒ Application & permit #; or transfer # (OAR 690-014-0100(1))
- ☒ Disclaimer (OAR 690-014-0170(5))
- ☒ North arrow (OAR 690-310-0050(2)(c))
- ☒ CWRE stamp and signature (OAR 690-014 & 310-0050)
- ☒ Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
- ☒ Township, range, section, and tax lot numbers (OAR 690-310-0050(4))

Report Review:

- ☒ On form provided by the Department (OAR 690-014-0100(1))
- ☒ Application & permit #; or transfer # (OAR 690-014)
- ☒ Ownership information (OAR 690-014)
- ☒ Date of survey (OAR 690-014)
- ☒ Person interviewed (OAR 690-014)
- ☒ County (OAR 690-014)
- ☒ CWRE stamp and signature (OAR 690-014-0100)
- ☒ Signature(s) of all permittee of transfer holder (OAR 690-014-0100)

Fill in App or Transfer Number

MONEY SLIP			
DATE:		RECEIPT #:	
RECEIVED FROM:		APPLICATION:	
		PERMIT	
		TRANSFER	
CASH	CHECK #	OTHER (IDENTIFY)	TOTAL REC'D \$
☐	☐	☐	
1083 TREASURY 4178 MISC CASH ACCT.			
0407	COPIES		\$
	OTHER	(IDENTIFY)	\$
0243 Indiv. Lease 0244 Min. Water Right Plan 0245 Cons. Water			
1083 TREASURY 4278 WRD OPERATING ACCT.			
MISCELLANEOUS			
0407	COPY & TAPE FEES	4611	\$
0410	RESEARCH FEES		\$
0408	MISC REVENUE (IDENTIFY)		\$
10142	DEPOSIT LAB. (IDENTIFY)		\$
0243	EXTENSION OF TIME		\$
WATER RIGHTS			
0201	SURFACE WATER	EXAM FEE	RECORD FEE
0203	GROUND WATER		
0205	TRANSFER		
WELL CONSTRUCTION			
0218	WELL DRILL CONSTRUCTION	EXAM FEE	RECORD FEE
0219	LANDOWNER'S PERMIT		
0220	OTHER (IDENTIFY)		
0407 TREASURY 0407 HYDROELECTRIC			
0223	POWER LICENSE FEE (FYVWRD)	LIC NUMBER	\$
0224	HYDRO LICENSE FEE (FYVWRD)		\$
HYDRO APPLICATION			
SPECIAL INSTRUCTIONS:			

☐ RETURN TO APPLICANT – LETTER ATTACHED

Groundwater File Review:

Pump Test Required? ☒ YES ☐ NO Pump Test Submitted? YES ☐ NO*

Rec. 12/17/2020

*If no, include pump test flyer w/acknowledgment letter

CLAIM OF BENEFICIAL USE MAP

FOR PERMIT APPLICATION G-17138

MIKE PEILA

TOWNSHIP 24 SOUTH, RANGE 30 EAST, SECTIONS 9, 10, & 16, W.M.
TAX LOT: 300

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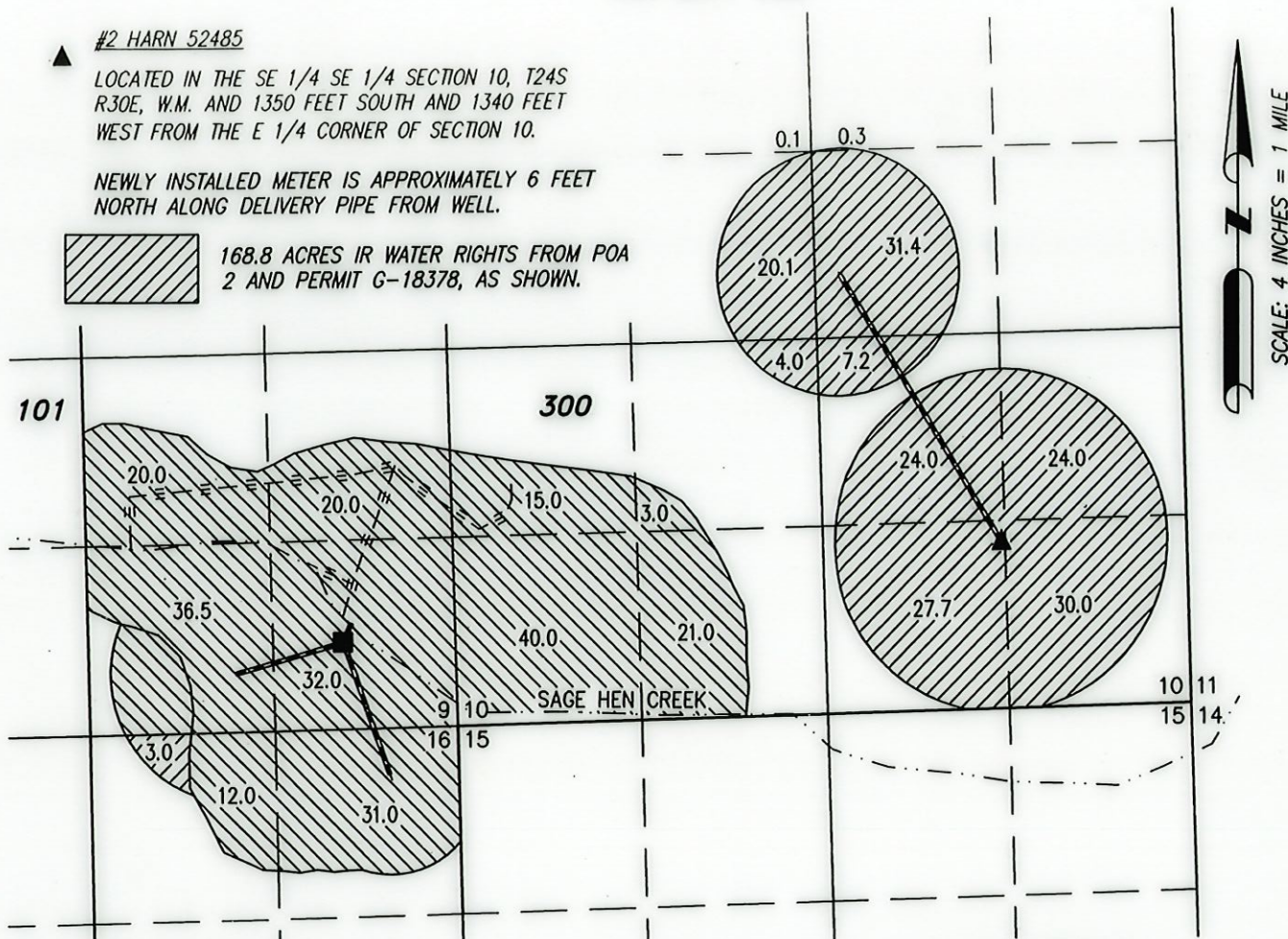
#2 HARN 52485

LOCATED IN THE SE 1/4 SE 1/4 SECTION 10, T24S
R30E, W.M. AND 1350 FEET SOUTH AND 1340 FEET
WEST FROM THE E 1/4 CORNER OF SECTION 10.

NEWLY INSTALLED METER IS APPROXIMATELY 6 FEET
NORTH ALONG DELIVERY PIPE FROM WELL.



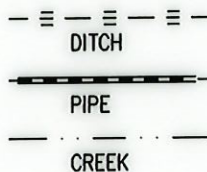
168.8 ACRES IR WATER RIGHTS FROM POA
2 AND PERMIT G-18378, AS SHOWN.



#1 HARN 51503/51680

LOCATED IN THE NW 1/4 NE 1/4 SECTION 16, T24S
R30E, W.M. AND 1302 FEET SOUTH AND 1302 FEET
WEST FROM THE NE CORNER OF SECTION 16.

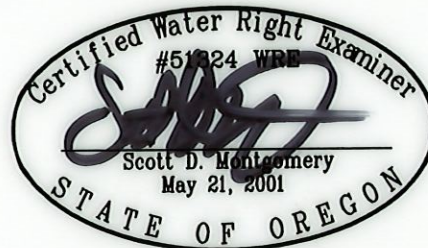
NEWLY INSTALLED METER IS APPROXIMATELY 7 FEET
EAST ALONG DELIVERY PIPE FROM WELL.



3.0 ACRES IR WATER RIGHTS FROM POA 1
AND PERMIT G-18378, AS SHOWN.



230.5 ACRES IS WATER RIGHTS FROM
POA 1 AND PERMIT G-18378, AS SHOWN.



RENEWAL DATE: 12/31/2022

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

PREPARED FOR:

MIKE PEILA
P.O. BOX 537
HINES, OR 97738

PREPARED BY:



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

**CLAIM OF
BENEFICIAL USE
for Groundwater Permits
claiming more than 0.1 cfs**



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

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**A fee of \$230 must accompany this form for permits
with priority dates of July 9, 1987, or later.**

A separate form shall be completed for each permit.

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

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

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

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

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

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

If you have questions regarding the completion of this form, please call 503-979-9103.

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

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

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-17138	G-18378	T-13018

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Mike Peila		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS PO Box 537			
CITY Hines	STATE OR	ZIP 97738	E-MAIL

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

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

PERMIT HOLDER OF RECORD Same as above		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

7/22/2021

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Mike Peila	7/22/2021	Owner/Permit Holder

6. County:

Harney

7. If any property described in the place of use of the permit is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):

OWNER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

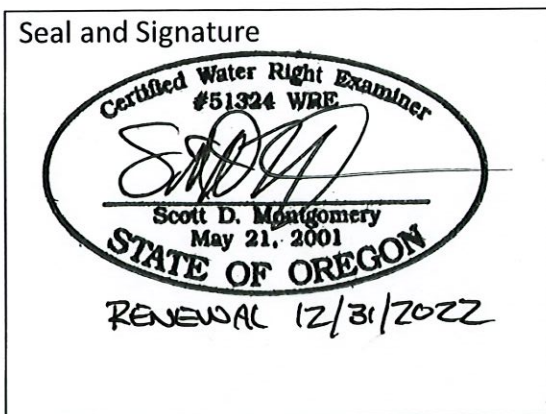
Add additional tables for owners of record as needed

SECTION 2
SIGNATURES

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CWRE Statement, Seal and Signature

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



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

Permit Holder of Record Signature or Acknowledgement

Each permit holder of record must sign this form in the space provided below.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	Mike Peila	Owner/Permit Holder	8-5-21

SECTION 3 CLAIM DESCRIPTION

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1. Point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
#1	HARN 51503/51680	
#2	HARN 52485	

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

2. Point of appropriation source, if indicated on permit:

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
#1	Sage Hen Creek Basin	
#2	Sage Hen Creek Basin	

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
#1	IR	Alfalfa	Mar 1 – Oct 31 -IR Mar 20 – Sep 1 - IS	2.36 cfs – IR 2.90 cfs - IS
#2	IR	Alfalfa	Mar 1 – Oct 31 -IR Mar 20 – Sep 1 - IS	2.36 cfs – IR 2.90 cfs - IS
Total Quantity of Water Used				5.26 cfs

4. Provide a general narrative description of the distribution works. This description must trace the water system from each point of appropriation to the place of use:

Water is pumped from each well & conveyed by buried conduit to center pivot sprinklers that irrigate the place of use, as shown on the accompanying map.

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

5. Variations:

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

(e.g. "The permit allowed three points of appropriation. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

The permit allowed 3 wells. The irrigator only developed 2 wells. The permit allowed 189.0 acres of primary irrigation and 232.0 acres of supplemental irrigation. The water user only developed 171.8 acres primary and 230.5 acres supplemental irrigation.

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
#1	2.90 cfs	2.79 cfs		IR/IS	189.0 IR 232.0 IS	3.0 IR 230.5 IS
#2	2.90 cfs	2.25 cfs		IR	189.0 IR 232.0 IS	168.8 IR

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SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs?

YES

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

#1 (HARN 51503/51680)

A. Place of Use

1. Is the right for municipal use?

NO

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
24S	30E	WM	9	NE SE			IS		20.0
			9	NW SE			IS		20.0
			9	SW SE			IS		36.5
			9	SE SE			IS		32.0
			10	NE SW			IS		3.0
			10	NW SW			IS		15.0
			10	SW SW			IS		40.0
			10	SE SW			IS		21.0
			16	NE NE			IS		31.0
			16	NW NE			IR/IS	3.0	12.0
Total Acres Irrigated								3.0	230.5

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

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

2 1/2" capped pipe SE side of casing

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

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

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

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NO

C. Groundwater Source Information (Sump)

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

D. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used? YES

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
National	UNK	UNK	Turbine	16"	8"

3. Motor Information:

MANUFACTURER	HORSEPOWER
US Motors	60

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
60	30	70'	5'	2.79

5. Provide pump calculations:

$$Q = 7.04 \text{ ft}^4/\text{sec-hp} \times \text{hp} = (7.04)(60) = 2.79 \text{ cfs}$$

Total head, ft 151.2

Total head = 76.2' + 70' + 5' = 151.2'

6. Measured Pump Capacity (using meter if meter was present and system was operating):

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
Not on			

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

7. Is the distribution system piped? YES

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8"	½ mile	PVC	Buried

9. Lateral or Handline Information:

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

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
3/16"	30	5.5	2	2	0.05

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

11. Drip Emitter Information:

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

12. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
NA					

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Zimmatic	670'	30	600	1.34
Zimmatic	915'	30	750	1.67

E. Storage

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

NO

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

NO

G. Gravity Flow Canal or Ditch

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

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

YES

2. Complete the table:

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 RATE (IN CFS)
Grass-lined	8'	4'	1'	0.035	5'	2000 lf	0.025	10.08

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3. Provide calculations:

$$V = \frac{1.486 \times A^{2/3} \times S^{1/2}}{N} = (1.486)(0.71)^{2/3}(0.025)^{1/2} = 1.68 \text{ fps}$$

$$R = A/P = 6 \text{ sf}/8.47 \text{ ft.} = 0.71 \text{ ft.} \quad A = 8+4/2 \times 1 = 6 \text{ sf} \quad P = 4 + 2(5)^{1/2} = 8.47 \text{ ft.}$$

$$Q = V \times A = (1.68)(6) = 10.08 \text{ cfs}$$

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

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)
7/21/2021	Myself	Dry ditch	NA

Attach measurement notes.

H. Additional notes or comments related to the system:

Water is conveyed from POA 1 into the existing surface water flood irrigation system after Sage Hen Creek goes dry.

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

#2 (HARN 52485)

A. Place of Use

1. Is the right for municipal use?

NO

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
24 S	30E	WM	10	NW NE			IR	0.3	
			10	SW NE			IR	31.4	
			10	NE NW			IR	0.1	
			10	SE NW			IR	20.1	
			10	NE SW			IR	4.0	
			10	NE SE			IR	24.0	
			10	NW SE			IR	31.2	
			10	SW SE			IR	27.7	
			10	SE SE			IR	30.0	
Total Acres Irrigated								168.8	

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

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

2" capped pipe SE side of casing

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

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

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

C. Groundwater Source Information (Sump)

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

NO

D. Diversion and Delivery System Information

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Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used?

YES

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Gould	UNK	UNK	Turbine	16"	8"

3. Motor Information:

MANUFACTURER	HORSEPOWER
GE	50

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
50	30	80'	10'	2.25

5. Provide pump calculations:

$$Q = 7.04 \text{ ft}^3/\text{sec} \times \text{hp} = (7.04)(50) = 2.25 \text{ cfs}$$

$$\text{Total head, ft} = 156.2$$

$$\text{Total head} = 76.2' + 70' + 10' = 156.2'$$

6. Measured Pump Capacity (using meter if meter was present and system was operating):

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
Not on			

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

7. Is the distribution system piped?

YES

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8"	½ mile	PVC	Buried

9. Lateral or Handline Information:

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

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
¾"	30	75	2	2	0.33

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

11. Drip Emitter Information:

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

12. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
NA					

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Zimmatic	1215'	30	1000	2.23
Zimmatic	880'	30	750	1.67

E. Storage

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

NO

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

NO

G. Gravity Flow Canal or Ditch

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

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

NO

H. Additional notes or comments related to the system:

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SECTION 5 CONDITIONS

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

1. Time Limits:

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

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	4/3/2020		
BEGIN CONSTRUCTION (A)	Not mentioned	NA	NA
COMPLETE CONSTRUCTION (B)	10/1/2020	8/31/2020	IRR system constructed
COMPLETE APPLICATION OF WATER (C)	10/1/2020	9/30/2020	Water use metered & later reported with annual use

* MUST BE WITHIN PERIOD BETWEEN PERMIT, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

2. Is there an extension final order(s)? YES

a. Did the Extension Final Order require the submittal of Progress Reports? YES

b. Were the Progress Reports submitted? YES

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

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? YES

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

March

c. Was the measurement submitted to the Department? YES

d. If the initial measurement was not submitted, provide that measurement now, if available:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? YES

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

March

c. Were the static water level measurements taken in the month(s) required? YES

d. If "YES", were those measurements submitted to the Department? YES

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

5. Pump Test:

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

YES

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

For additional information regarding pump tests see:

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

b. Has the pump test been previously submitted to the Department?

YES

c. Is the pump test attached to this claim?

NO

d. Has the pump test been approved by the Department?

YES NO

e. Has a pump test exemption been approved by the Department?

YES NO

6. Measurement Conditions:

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

YES

b. Has a meter been installed?

YES

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
#1	Aquamaster	50135	Not running	0234146 AF	2010
#2	McCrometer	15-07766-08	Not running	183.173 Galx100	2015

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

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department?

NA

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

NAME	TITLE	APPROXIMATE DATE

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED

7. Recording and reporting conditions:

- a. Is the water user required to report the water use to the Department?
- b. Have the reports been submitted?

YES

OWRD

YES

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

8. Other conditions required by permit, permit amendment final order, or extension final order:

- a. Were there special well construction standards?
- b. Was submittal of a ground water monitoring plan required?
- c. Was submittal of a water management and conservation plan required?
- d. Was a Well Identification Number (Well ID tag) assigned and attached to the well?

NO

NO

NO

YES

WELL ID #	DATE ATTACHED TO WELL
L-10169	2010
L115922	2016

- e. Other conditions?

YES

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

Riparian area wasn't disturbed by construction of irrigation system. Existing flooding system used for primary surface water used.
Pump Test & Pump Test Exemption have both been sent to OWRD in Dec 2020

SECTION 6**ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Well logs	HARN 51503/51680 & HARN 52485
Aerial imagery	USDA/FSA June 2018 imagery
Site photos	Time & location stamped pics of wells, irrigation system & place of use.

SECTION 7**CLAIM OF BENEFICIAL USE MAP**

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

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

The irrigation systems & place of use were tied using a Trimble GeoXT 6000 GIS data collector. Point data was imported into Trimble Pathfinder software & converted from geodetic coordinates to Statewide Lambert Projection. Point data was compared with recent aerial imagery for accuracy.

Map Checklist

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

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

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

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T24S R 30E, W.M.

2018 aerial imagery from NRCS Gateway website imported into ArcMap GIS software in statewide Lambert projection.



0 0.15 0.3 0.6 Miles

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HARN 51503

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L PRE-DATE

START CARD # PRE-DATE

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

(1) LAND OWNER

Owner Well I.D. _____
First Name MIKE SALLIE Last Name DEILA
Company TRIANGLE ELEVEN CORP.
Address P.O. BOX 537
City HINES State OR Zip 97738

(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/Commercial ☐ Livestock ☐ Dewatering ☐ Injection
☐ Thermal ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard: ☐ Yes (attach copy)
Depth of Completed Well 42.5 ft.

BORE HOLE			SEAL			Amount	Scks/lbs
Dia	From	To	Material	From	To		
20	0	18	CEMENT	0	18	17	SACKS
16	18	450					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other CEMENT GROUT POURED THROUGH TREMIE PIPE
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	Steel	Plastic	Welded	Thrd
☒	16	+	2	150	250	X		X	

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

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

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

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

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian
Yield gal/min 50 Drawdown 0 Drill stem/Pump depth _____ Duration (hr) 1

Temperature 58 °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 24S N or S Range 30E E or W W.M.
Sec 9 SW 1/4 of the SE 1/4 Tax Lot 300
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 28186 HWY 20 W
MP 125 WEST OF HINES

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>AUG 10, 84</u>			<u>-12 FT</u>

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES

Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>5-84</u>	<u>230</u>	<u>450</u>	<u>100 +</u>			<u>12</u>

(11) WELL LOG

Ground Elevation _____

Material	From	To
<u>TOPSOIL</u>	<u>0</u>	<u>3</u>
<u>SILT</u>	<u>3</u>	<u>14</u>
<u>BROWN CLAY</u>	<u>14</u>	<u>21</u>
<u>BROWN SANDSTONE</u>	<u>21</u>	<u>90</u>
<u>WHITE CLAYSTONE</u>	<u>90</u>	<u>137</u>
<u>BROWN SANDSTONE</u>	<u>137</u>	<u>145</u>
<u>BLACK BASALT</u>	<u>145</u>	<u>190</u>
<u>GREEN CLAYSTONE</u>	<u>190</u>	<u>230</u>
<u>BROWN CLAY/RED CLAY</u>	<u>230</u>	<u>450</u>

Date Started MAR 15, 84 Completed AUG 10, 84

(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 883 Date 10-25-08

Signed John Dutton

Contact Info. (optional) _____

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

HARN 52485

WELL I.D. LABEL# L 115922
START CARD # 211205
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. SALEM, OR
First Name Mike Last Name Peilan
Company
Address PO Box 537
City Linx State OR Zip 97138

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion
☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

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

(3) DRILL METHOD

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

(4) PROPOSED USE

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

(5) BORE HOLE CONSTRUCTION

Depth of Completed Well 160 ft. Special Standard ☐ (Attach copy)

BORE HOLE			SEAL			Amt lbs
Dia	From	To	Material	From	To	
20"	0	81	Lemen	81	20	29
14"	81	220				Calculated 17
8"	220	360	Bent	20	0	96
						Calculated 17

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

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 Pounds Actual Amount Pounds

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thr
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/Screen Liner	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/ pipe size

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
1500 hr. 2

Temperature 50°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 24 N/S Range 30 E/W WM
Sec 10 SW 1/4 of the SW 1/4 Tax Lot 1300
Tax Map Number Lot

Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD

☐ Street address of well ☐ Nearest address

HWY 20 Mail Post 7 Burns OR

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration Date SWL (psi) + SWL (ft)
Completed Well 8-15-15 82

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 65

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
8-15-15	65	65	100		52'
	220	660	150		52'

AUG 18 2021

(11) WELL LOG

Ground Elevation

Material	From	To
TOP SOIL	0	1
Brn Clay	1	4.5
Sand with Brn clay	4.5	12
Brn Clay	12	12.5
Grn Clay	12.5	13.5
Light brown Brn	13.5	14.5
Gray clay Brn	14.5	15.5
Brn clay Brn	15.5	16.5
Red clay Brn	16.5	17.5
Yellow clay Brn	17.5	18.5
Red clay Brn	18.5	19.5
Yellow clay Brn	19.5	20.5
Red clay Brn	20.5	21.5
Yellow clay Brn	21.5	22.5
Red clay Brn	22.5	23.5
Yellow clay Brn	23.5	24.5
Red clay Brn	24.5	25.5
Yellow clay Brn	25.5	26.5
Red clay Brn	26.5	27.5
Yellow clay Brn	27.5	28.5
Red clay Brn	28.5	29.5
Yellow clay Brn	29.5	30.5
Red clay Brn	30.5	31.5
Yellow clay Brn	31.5	32.5
Red clay Brn	32.5	33.5
Yellow clay Brn	33.5	34.5
Red clay Brn	34.5	35.5
Yellow clay Brn	35.5	36.5
Red clay Brn	36.5	37.5
Yellow clay Brn	37.5	38.5
Red clay Brn	38.5	39.5
Yellow clay Brn	39.5	40.5
Red clay Brn	40.5	41.5
Yellow clay Brn	41.5	42.5
Red clay Brn	42.5	43.5
Yellow clay Brn	43.5	44.5
Red clay Brn	44.5	45.5
Yellow clay Brn	45.5	46.5
Red clay Brn	46.5	47.5
Yellow clay Brn	47.5	48.5
Red clay Brn	48.5	49.5
Yellow clay Brn	49.5	50.5
Red clay Brn	50.5	51.5
Yellow clay Brn	51.5	52.5
Red clay Brn	52.5	53.5
Yellow clay Brn	53.5	54.5
Red clay Brn	54.5	55.5
Yellow clay Brn	55.5	56.5
Red clay Brn	56.5	57.5
Yellow clay Brn	57.5	58.5
Red clay Brn	58.5	59.5
Yellow clay Brn	59.5	60.5
Red clay Brn	60.5	61.5
Yellow clay Brn	61.5	62.5
Red clay Brn	62.5	63.5
Yellow clay Brn	63.5	64.5
Red clay Brn	64.5	65.5
Yellow clay Brn	65.5	66.5
Red clay Brn	66.5	67.5
Yellow clay Brn	67.5	68.5
Red clay Brn	68.5	69.5
Yellow clay Brn	69.5	70.5
Red clay Brn	70.5	71.5
Yellow clay Brn	71.5	72.5
Red clay Brn	72.5	73.5
Yellow clay Brn	73.5	74.5
Red clay Brn	74.5	75.5
Yellow clay Brn	75.5	76.5
Red clay Brn	76.5	77.5
Yellow clay Brn	77.5	78.5
Red clay Brn	78.5	79.5
Yellow clay Brn	79.5	80.5
Red clay Brn	80.5	81.5
Yellow clay Brn	81.5	82.5
Red clay Brn	82.5	83.5
Yellow clay Brn	83.5	84.5
Red clay Brn	84.5	85.5
Yellow clay Brn	85.5	86.5
Red clay Brn	86.5	87.5
Yellow clay Brn	87.5	88.5
Red clay Brn	88.5	89.5
Yellow clay Brn	89.5	90.5
Red clay Brn	90.5	91.5
Yellow clay Brn	91.5	92.5
Red clay Brn	92.5	93.5
Yellow clay Brn	93.5	94.5
Red clay Brn	94.5	95.5
Yellow clay Brn	95.5	96.5
Red clay Brn	96.5	97.5
Yellow clay Brn	97.5	98.5
Red clay Brn	98.5	99.5
Yellow clay Brn	99.5	100.5

Date Started 8-7-15 Completed 8-15-15

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well during the construction dates reported above, All work performed during this time 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 JAN 18 2017 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 16941 Date 2-27-2016

Signed

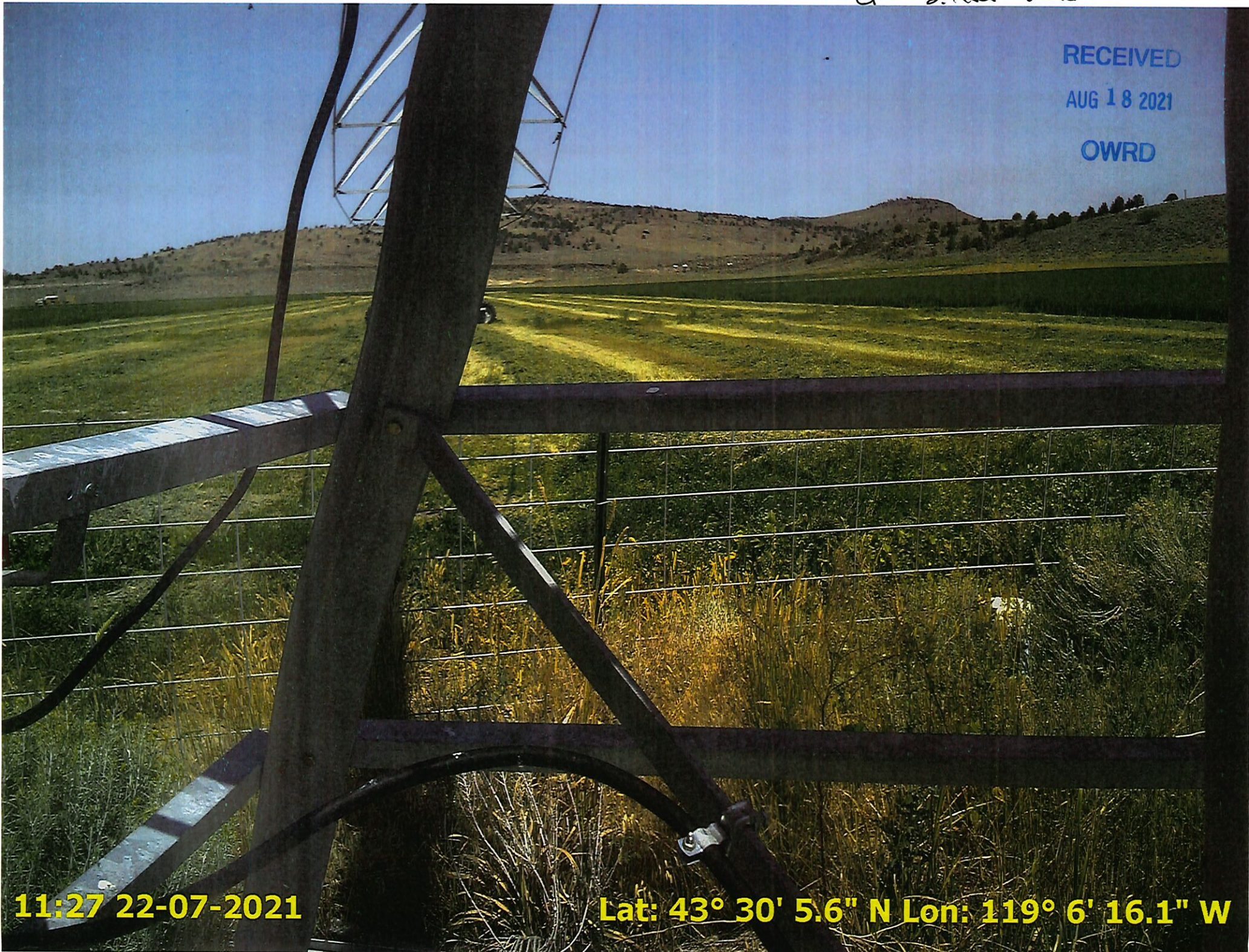
Contact Info (optional)

CP S. River Home

RECEIVED

AUG 18 2021

OWRD



11:27 22-07-2021

Lat: 43° 30' 5.6" N Lon: 119° 6' 16.1" W

RECEIVED
AUG 18 2021
OWRD

43°30'05.0"N
119°06'15.9"W
4147.5'
414.2'

RECEIVED

AUG 18 2021

OWRD

EGF S. P. VOT



11:38 22-07-2021

Lat: 43° 30' 15.95" N Lon: 119° 6' 23.4" W

11-08555-0-5051

11-08555-0-5051

RECEIVED
AUG 18 2021

OWRD

43°30'15.89"N
119°06'22.90"W
4151.41
4-1.3'

OWRD

RECEIVED
AUG 18 2021

OWRD
AUG 18 2021

EOP SMALLER N. PLOT HOME

RECEIVED

AUG 18 2021

OWRD



11:18 22-07-2021

Lat: 43° 30' 15.60" N Lon: 119° 6' 33.74" W

17-A

451.1

119006' 33.63" W

43030' 15.56" N

CP N. Dvor Homes

RECEIVED

AUG 18 2021

OWRD

11:21 22-07-2021

Lat: 43° 30' 24.17" N Lon: 119° 6' 31.64" W

43°30'24.11"N

119°06'31.52"W

4156.4'

41-1.2'

POA 2

OREGON
WATER RESOURCES DEPT
WELL#
115922
DO NOT REMOVE LABEL

RECEIVED

AUG 18 2021

OWRD

11:35 22-07-2021

Lat: 43° 30' 4.90" N Lon: 119° 6' 15.97" W

41.3'

4148.7'

119° 06' 15.86" W

43° 30' 04.87" N

RECEIVED

AUG 18 2021

OWRI

EDF SM. PLOT W

12:00 22-07-2021

Lat: 43° 29' 56.3" N Lon: 119° 7' 17.67" W

41-4.2

4175.5

119° 07' 17.53" W

43° 29' 55.95" N

EOF SMDNOT W

RECEIVED

AUG 18 2021

OWRD

12:02 22-07-2021

Lat: 43° 29' 56.30" N Lon: 119° 7' 17.75" W

4-1.4'

4145.01

119° 07' 17.66" W

43° 29' 56.23" N

cp sw

RECEIVED

AUG 18 2021

OWRD

12:05 22-07-2021

Lat: 43° 29' 49.49" N Lon: 119° 7' 16.21" W

41.4'

4142.4'

119° 57' 16" W

43° 29' 49.42" N

NP New Pivot

RECEIVED

AUG 18 2021

OWRD

12:10 22-07-2021

Lat: 43° 29' 57.15" N Lon: 119° 7' 31.16" W

+/- 1.4'

4144.5'

119° 07' 31.07" W

43° 29' 52.09" N

5'ly stop

RECEIVED

AUG 18 2021

OWRD

12:14 22-07-2021

Lat: 43° 29' 48.33" N Lon: 119° 7' 33.85" W

4-15

4479

19° 07' 33.78" W

43° 29' 48.27" N

N. STOP

RECEIVED

AUG 18 2021

OWRD

12:21 22-07-2021

Lat: 43° 30' 6.3" N Lon: 119° 7' 28.72" W

4-1.6

4145.6

119° 07' 28.65" W

43° 30' 05.94" N

POA 1

RECEIVED

AUG 18 2021

OWRD

11:56 22-07-2021

Lat: 43° 29' 59.16" N Lon: 119° 7' 20.80" W

43° 29' 59.09" N

119° 07' 20.74" W

446.6'

4-15'



DEEP WELL PUMP

F/m 80A1
2E 051

RECEIVED
JUL 14 2021
JWV

11:57 22-07-2021

Lat: 43° 29' 59.18" N Lon: 119° 7' 20.80" W

4-1.6

4148.7

119° 07' 20.66" W

43° 29' 59.07" N