MONEY SLIP

DAT	E: 8-25-2021	RECEIPT #:	136251	,
DESCRI	ED FROM: Crone Hot	Granas IIC.	APPLICATION	
RECEIV	ED FROM: CTOTE TIOL	. Springs Le	PERMIT	
Den	se P. Kryger		TRANSFER	
	· U			
CASH	CHECK#	OTHER (IDENTIFY)		0 000
	X 10712		TOTAL REC'D	\$ 030,00
1083 TI	REASURY 4170	MISC CASH ACCT.		
				\$
0407)		\$
0243 lr	stream Lease 0244	The second secon		ons. Water
1083 T	REASURY 4270	WRD OPERATING ACCT		
	MISCELLANEOUS			
0407	COPY & TAPE FEES			\$.
0410	RESEARCH FEES			\$
0408	MISC REVENUE (IDENTIFY)			\$
TC162	THE REPORT OF THE PARTY OF THE			\$
0240	EXTENSION OF TIME			\$
	WATER RIGHTS	EXAM FEE		RECORD FEE
0201	SURFACE WATER	\$	0202	\$
0203	GROUND WATER	\$	0204	\$
0205	TRANSFER	\$		
52.00				
	WELL CONSTRUCTION	EXAM FEE		RECORD FEE
0218	WELL DRILL CONSTRUCTOR	R \$	0219	\$
	LANDOWNER'S PERMIT		0220	\$
	OTHER (IDENTIFY)			
0607 T	REASURY 0467	HYDROELECTRIC		
0007 11	ILNOVIII TIE		LIC NUMBER	1
0233	POWER LICENSE FEE (FW/	WRD)	LIGHTOMOLIT	\$
0233	HYDRO LICENSE FEE (FW/	VRD)		\$
0201	THE HOLDEROL FLE (FINA			
	HYDRO APPLICATION			\$

SPECIAL INSTRUCTIONS:

RETURN TO	APPLICANT	- LETTER	ATTACHED
HEIUNIA IO	AL LICARI		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,



Water Resources Department

725 Summer St NE, Suite A Salem, OR 97301 (503) 986-0900 Fax (503) 986-0904

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AUG 25 2021

OWRD

August 4, 2021

Daniel & Denise Kryger 59315 HWY 78 Burns, OR 97720

RE: Application G-15732, Permit G-18506

Dear Permit Holder of Record,

On July 23, 2021, the Oregon Water Resources Department received a Claim of Beneficial Use (Claim) that you submitted for the above referenced file.

At this time, the Department cannot accept the Claim due to a change in the fee required to submit a Claim. The Governor signed House Bill 2142 on July 19, 2021, increasing the fees for several water-related transactions. The bill increased the fee required to submit a Claim to \$230.00. The bill includes a provision that all fee increases are retroactive to July 1st of this year.

Please re-submit the Claim materials and a check reflecting the new fee of \$230.00. Enclosed you will find the Claim materials and your check for \$200.00.

If you have any additional questions, please feel free to contact me at 503-986-0801.

Sincerely,

Cory Middleton

Water Rights Customer Service

cc:

file

Gary DeJarnatt, CWRE.

enclosures Check #10689

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



Oregon Water Resources Department
725 Summer Street NE, Suite A CELVED
Salem, Oregon 97301-1266
(503) 986-0900

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www.oregon.gov/OWRD

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

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A separate form shall be completed for each permit.

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

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

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

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

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

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

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

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

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

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-15732	G-18506	T-13503

OWRD

2. Property Owner (current own	ner in	formation):				OWRD
APPLICANT/BUSINESS NAME			PHONE No.			Additional Contact No.
Daniel & Denise Kryger			206-786	5- 2 03	8	
ADDRESS						
59315 Hwy 78						
CITY	ST	ATE	ZIP		E-MAIL	
Burns	OF	3	97720			
If the current property owner is no assignment be filed with the Dep. 3. Permit holder of record (this	artme	nt. <u>Each</u> perm	it holde	r of r	ecord must	sign this form.
PERMIT HOLDER OF RECORD						
Same						
ADDRESS						
CITY STATE ZIP						
ADDRESS ADDRESS	10-		7			
CITY	ST	ATE	ZIP			
	4.	Date of Site	Inspect	ion:		
3-17-2021						
5. Person(s) interviewed and de	script	tion of their a	ssociati	on wi	th the proje	ect:
NAME		DATE			ASSOCIAT	ION WITH THE PROJECT
Denise & Daniel Kryger		3-17-202	1			Owners
,,						
6. County:			'			
Harney						
7. If any property described in the the owner of record for that pro				it is e	excluded fro	om this report, identify
OWNER OF RECORD						
n/a						
Address						
Сіту	STA	ATE	ZIP			
Add additional tables for owners of reco	ord as r	needed				

2. Property Owner (current owner information):

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SECTION 2

AUG 2 5 2021

JUL 2 3 2021

SIGNATURES

OWRD

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 Gary L. DeJarnatt	Project # 20093	PHONE NO	ADDITIONAL CONTACT NO. John Short 541-389-2837
ADDRESS 20735 Double Peaks Drive			
CITY	STATE	ZIP	E-MAIL
Bend	OR	97701	johnshort@usa.com

Permit Holder of Record Signature or Acknowledgement

<u>Each</u> 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
Daniel R. Hyge	Daniel R Kryger	owner	7-19-21
O. Kron	02		

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SECTION 3

AUG 2 5 2021 JUL 2 3 2021

CLAIM DESCRIPTION

OWRD

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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)
Well #1P	HARN 1043	L-95128
Well #2P	HARN 1044	
Well #3P	HARN 51901	L-109048
Well #4	HARN 52601	L-123039
Well #5	HARN 52548	L-123037

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
Well #1P	Hot Springs Slough	
Well #2P	u	
Well #3P	u	
Well #4	и	
Well #5	u	

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)
Well #1P	Commercial	n/a	Year Round	1.0 CFS
Well #2P	u	u	u	1.0 CFS
Well #3P	u u	u	и	1.0 CFS
Well #4	u	и	u	1.0 CFS
Well #5	u	u	u	1.0 CFS
Total Quantity of	Water Used	1.0 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 wells and piped to place of use including hot spring pond and tubs, buildings, RV camping area, and shower/bath house.

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 NO

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

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well #1P	0.44 CFS	0.53 CFS	N/A	Commercial	N/A	N/A
Well #2P	0.14 CFS	0.17 CFS	u	и	и	ш
Well #3P	0.14 CFS	0.74 CFS	u u	и	u	u u
Well #4	0.58 CFS	1.55 CFS	u	u	и	u
Well #5	0.58 CFS	0.56 CFS	u	и	и	ш

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JUL 2 3 2021

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SECTION 4

SYSTEM DESCRIPTION

OWRD

Are there multiple POAs?

YES NO

If "YES" you will need to copy and complete a separate Section 4 for each POA.

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

RECEIVED

Well #1P HARN 1043 / L-95128

JUL 2 3 2021

A. Place of Use

OWRD

1. Is the right for municipal use?

YES NO

If "YES" the table below may be deleted.

TWP	RNG	Mer	SEC	QQ	GLOT	DLC	Use	If Irrigation, # Primary Acres	If Irrigation, # Supplemental Acres
24 S	33 E	W.M.	34	NESW			CM	n/a	n/a
Total Ac	res Irrig	ated						n/a	n/a

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

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

1/2" bolt in top 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
n/a						

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.

n/a

C. Groundwater Source Information (Sump)

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

YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

AUG 2 5 2021

D. Diversion and Delivery System Information

OWRD

em. Information

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

1. Is a pump used?

YES NO

If "NO" items 2 through item 6 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	Type (centrifugal, turbine or submersible)	INTAKE SIZE	DISCHARGE SIZE
			Submersible		

3. Motor Information:

MANUFACTURER	Horsepower
	5 HP

4. Theoretical Pump Capacity:

Horsepower	OPERATING PSI	*IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
5	24	3′	2'	0.53

5. Provide pump calculations:

See attached OWRD Pump Calculations.

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)
n/a			

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

7. Is the distribution system piped?

YES NO

If "NO" items 8 through item 13 may be deleted.

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
6"	700'	Iron	Buried
2"	1330'	PEX	Buried
			,

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	Buried or Above Ground EIVED		
			RECEIVED RECEIVED		
			AUG 2 5 2021		
			JUL 2 3 2021 AUG 2 0 2021		

10. Sprinkler Information:

10. Sprin	kier informatio	OWRD			
SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)

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)
	+		-		

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

13. Pivot Information:

Manufacturer	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)

E. Storage

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

YES NO

OWRD

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?

YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

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G. Gravity Flow Canal or Ditch

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

OWRD

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

YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

H. Additional notes or comments related to the system:

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Well #2P HARN 1044

JUL 2 3 2021

OWRD

A. Place of Use

1. Is the right for municipal use?

YES

NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	Use	If Irrigation, # Primary Acres	IF IRRIGATION, # SUPPLEMENTAL ACRES
24 S	33 E	W.M.	34	NESW			CM	n/a	n/a
Total Ac	res Irrig	ated						n/a	n/a

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

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

1/2" bolt in top 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
n/a						

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.

n/a

C. Groundwater Source Information (Sump)

JUL 2 3 2021

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YES

NO

Is the appropriation from a dug well (sump)?

OWRD

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D. Diversion and Delivery System Information

If "NO", items 2 through 4 relating to this section may be deleted.

AUG 2 5 2021

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

OWRD

1. Is a pump used?

YES NO

If "NO" items 2 through item 6 may be deleted.

2. Pump Information:

Manufacturer	MODEL	SERIAL NUMBER	Type (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
			Submersible		2000

3. Motor Information:

MANUFACTURER	Horsepower
	2 HP

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)
2	24	19.7'	2'	0.17

5. Provide pump calculations:

See attached OWRD Pump Calculations.

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)
n/a			

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

7. Is the distribution system piped?

YES NO

If "NO" items 8 through item 13 may be deleted.

8. Mainline Information:

LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
700'	Iron	Buried
1330'	PEX	Buried
	700′	700' Iron

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
			RECEIVE
			JUL 2 3 2021
			AUG 2 5 2021

10. Sprinkler Information:

				MILES THE STATE OF	OWR
Size	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)

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)

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

13. Pivot Information:

Manufacturer	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)

E. Storage

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

YES NO

OWRD

CIAIDO

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?

YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

AUG 2 5 2021

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?

OWRD
YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

H. Additional notes or comments related to the system:

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JUL 2 3 2021

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Well #3P HARN 51901 / L-109048

A. Place of Use

1. Is the right for municipal use?

YES

NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	Use	If Irrigation, # Primary Acres	If IRRIGATION, # SUPPLEMENTAL ACRES
24 S	33 E	W.M.	34	NESW			CM	n/a	n/a
Total Ac	res Irrig	ated				<u> </u>		n/a	n/a

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

B. Groundwater Source Information (Well)

Is the appropriation from a well?

YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

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

1/2" bolt in top 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
n/a						

4. In addition to the information requested in item "3" above, provide any other information 2 5 2021 which may help the Department locate any well logs associated with this appropriation.

n/a

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NO

C. Groundwater Source Information (Sump)

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

RECEIVED YES

If "NO", items 2 through 4 relating to this section may be deleted.

JUL 2 3 2021

D. Diversion and Delivery System Information

OWRD

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

1. Is a pump used?

YES NO

If "NO" items 2 through item 6 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL SERIAL NUMBER		TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
			Submersible		

3. Motor Information:

MANUFACTURER	Horsepower
	10 HP

4. Theoretical Pump Capacity:

Horsepower	OPERATING PSI	*IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
10	24	32'	2'	0.74

5. Provide pump calculations:

See attached OWRD Pump Calculations.

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)
n/a			

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

7. Is the distribution system piped?

YES NO

If "NO" items 8 through item 13 may be deleted.

8. Mainline Information:

MAINLINE SIZE	SIZE LENGTH TYPE OF		BURIED	BURIED OR ABOVE GROUND		
6"	700'	Iron	RECEIVED	Buried	RECEIVED	
2"	1330'	PEX		Buried	11202114	
			JUL 2 3 2021		AUG 2 5 2021	

9	latera	or H	landline	Inf	formation:
J.	Latera	U 1	iaiiuiiiie		oi mation.

9. Lateral or Handline I	nformation:		OWRD	OWRD
LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOV	E GROUND

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)

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)

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

13. Pivot Information:

Manufacturer	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)

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AUG 2 5 2021

JUL 2 3 2021

E. Storage

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

OWRD

YES 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?

YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

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 NO

If "NO", items 2 through 4 relating to this section may be deleted.

H. Additional notes or comments related to the system:

Well #4 HARN 52601 / L-123039

A. Place of Use

1. Is the right for municipal use?

YES NO

If "YES" the table below may be deleted.

TWP	RNG	Mer	SEC	QQ	GLOT	DLC	Use	If Irrigation, # Primary Acres	If Irrigation, # Supplemental Acres
24 S	33 E	W.M.	34	NESW			CM	n/a	n/a
Total Ac	res Irrig	ated						n/a	n/a

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

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

1/2" bolt in top 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	AUG 2 5 202
n/a						OWRD

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.

n/a

C. Groundwater Source Information (Sump)

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

JUL 2 3 2021YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

OWRD

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 <u>and</u> apply the water from the point of appropriation to the place of use.

1. Is a pump used?

YES NO

If "NO" items 2 through item 6 may be deleted.

2. Pump Information:

MANUFACTURER	Model	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR	INTAKE SIZE	DISCHARGE
			SUBMERSIBLE)		SIZE
			Submersible		

3. Motor Information:

Manufacturer	Horsepower
	20 HP

4. Theoretical Pump Capacity:

Horsepower	OPERATING PSI	*IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
20	24	28'	2'	1.55

5. Provide pump calculations:

See attached OWRD Pump Calculations.

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME	TOTAL PUMP OUTPUT
		OBSERVED	(IN CFS)
n/a			

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

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YES NO

7. Is the distribution system piped?

If "NO" items 8 through item 13 may be deleted.

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8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	Buried or Above Ground
6"	700'	Iron	Buried
2"	1330'	PEX	Buried
	2550		

9. Lateral or Handline Information:

NGTH	Type of Pipe	BURIED OR ABOVE GROUND
	NGTH	NGTH TYPE OF PIPE

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
				7	

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)
	+				

12. Drip Tape Information:

13. Pivot Information:

Manufacturer	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)

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E. Storage

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

OWRD

YES 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?

YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

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G. Gravity Flow Canal or Ditch

JUL 2 3 2021

(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?

OWRD

YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

H. Additional notes or comments related to the system:

Well #5 HARN 52548 / L-123037

A. Place of Use

1. Is the right for municipal use?

YES NO

If "YES" the table below may be deleted.

TWP	RNG	Mer	SEC	QQ	GLOT	DLC	Use	If Irrigation, # Primary Acres	IF IRRIGATION, # SUPPLEMENTAL ACRES
24 S	33 E	W.M.	34	NESW			CM	n/a	n/a
Total Ac	res Irrig	ated						n/a	n/a

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

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

1/2" bolt in top 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	AUG 2 5 2021
n/a						OWRD

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.

n/a

C. Groundwater Source Information (Sump)

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YES

NO

Is the appropriation from a dug well (sump)?

If "NO", items 2 through 4 relating to this section may be deleted.

D. Diversion and Delivery System Information

OWRD

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

Is a pump used?

YES NO

If "NO" items 2 through item 6 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
			Submersible		

3. Motor Information:

Manufacturer	HORSEPOWER
	7.5 HP

4. Theoretical Pump Capacity:

Horsepower	OPERATING PSI	*IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
7.5	24	32'	2'	0.56

5. Provide pump calculations:

See attached OWRD Pump Calculations.

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME	TOTAL PUMP OUTPUT
n/a		OBSERVED	(IN CFS)

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

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YES NO

7. Is the distribution system piped?

If "NO" items 8 through item 13 may be deleted.

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8. Mainline Information:

LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
700'	Iron	Buried
1330'	PEX	Buried
The second second	700′	700' Iron

9. Lateral or Handline Information:

3. Eaterar or manamie ii			D
LATERAL OR HANDLINE SIZE	LENGTH	Type of Pipe	BURIED OR ABOVE GROUND
1			
1	1		

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)

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)

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

13. Pivot Information:

Manufacturer	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)

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E. Storage

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

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YES NO

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?

YES

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If "NO", items 2 through 4 relating to this section may be deleted.

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G. Gravity Flow Canal or Ditch

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

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

YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

H. Additional notes or comments related to the system:

SECTION 5

CONDITIONS

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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	12-20-2002		
BEGIN CONSTRUCTION (A)	12-20-2002	12-20-2002	2 Wells constructed
COMPLETE CONSTRUCTION (B)	10-1-2025	3-12-2021	Construction complete
COMPLETE APPLICATION OF WATER (C)	10-1-2025	3-12-2021	Complete application of water to beneficial 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	NO
If "NO", items a and b relating to this section may be deleted.		
a. Did the Extension Final Order require the submittal of Progress Reports?	YES	NO
If "NO", item b relating to this section may be deleted.		
b. Were the Progress Reports submitted?	YES	NO
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	NO
If "NO", items b through d relating to this section may be deleted.		
4. Annual Static Water Level Measurements:		
a. Was the water user required to submit annual static water level measurements?	YES	NO
If "NO", items b through e relating to this section may be deleted.		

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5. Pump Test:

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

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YES NO

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.

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For additional information regarding pump tests see:

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

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

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

YES NO

c. Is the pump test attached to this claim?

YES 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

** Claims will not be reviewed until a pump test or exemption has been approved by the Department

6. Measurement Conditions:

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

YES NO

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

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

b. Has a meter been installed?

YES NO

c. Meter Information

POD/POA Name or #	MANUFACTURER	MANUFACTURER SERIAL # (w		CURRENT METER READING	DATE INSTALLED	
Well #1P	Fluke	T5-600	Working	9	2016	
Well #2P Fluke Well #3P Fluke		T5-600	Working	4	2016	
		T5-600	Working	19	2016	
		N3R230D ACEFD	Working	31.5	2016	
Well #5	Fluke	T5-600	Working	14	2016	

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

7. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department?

YES NO

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

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

a.	Were there special well construction standards?	YES	NO
b.	Was submittal of a ground water monitoring plan required?	YES	NO
c.	Was submittal of a water management and conservation plan required?	YES	NO
d.	Was a Well Identification Number (Well ID tag) assigned and attached	YES	NO

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to the well?

WELL ID#	DATE ATTACHED TO WELL
L-95128 (WELL 1P)	2010
L-109048 (WELL 3P)	2013
L-123039(WELL 4)	2016
L-123037 (WELL 5)	2016

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YES NO

e. Other conditions?

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

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Pump Calcs	OWRD Pump Calculations
Well Log	HARN 1043, HARN 1044, HARN 51901, HARN 52601, HARN 52548
CBU Map	Claim of Beneficial Use Map
Pump Test Exemption Form	Pump Test Unreasonable Burden Exemption Request Form

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.

On-site direct measurement and NAIP Imagery.

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Map Checklist

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

\boxtimes	Map on polyester film	
\boxtimes	Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the assessor map)	county
\boxtimes	Township, Range, Section, Donation Land Claims, and Government Lots	
N/A	If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters	ε
N/A	Locations of fish screens and/or fish by-pass devices in relationship to point of dive	rsion
\boxtimes	Locations of meters and/or measuring devices in relationship to point of diversion appropriation	or
\boxtimes	Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)	
\boxtimes	Point(s) of diversion or appropriation (illustrated and coordinates)	
\boxtimes	Tax lot boundaries and numbers	
N/A	Source illustrated if surface water	
\boxtimes	Disclaimer ("This map is not intended to provide legal dimensions or locations of provide legal dimensions or locations or	operty
\boxtimes	Application and permit number or transfer number	RECEIVED
\boxtimes	North arrow	JUL 2 3 2021
\boxtimes	Legend	JUL 20 202!
\boxtimes	CWRE stamp and signature	OWRD

OREGON WATER RESOURCES DEPARTMENT

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PUMP TEST UNREASONABLE BURDEN **EXEMPTION REQUEST FORM**

Owner Name/Business Name: DANIEL & DENISE KRYGER		PHONE No.: 206-786-2038		ADDITIONAL CONTACT No.:	
ADDRESS: 59315 HWY 78					
CITY: BURNS	STATE: OR	Z IP: 97720	E-MAIL:		

If there is a reason why a pump test cannot be performed on a well, the owner may request from the Director an exemption from the pump test requirement. Requests shall be in writing and include the reason why a pump test cannot be performed. Exemptions, or conditioned exemptions, shall be granted if the reasons are found to valid and eliminating the problem would place an unreasonable burden on the well owner. Exemptions shall be granted for public water supply wells if pump testing will cause interruption of service to customers. OAR 690-217-0015(3).

1. List each well and associated water right(s) for which you are requesting an exemption. If a well is listed on more than one water right, be sure to include them all here. If additional space is needed, please attach another form. If available, please attach all water well reports (i.e. well logs) and a map showing the locations of all wells listed on this form.

	WELL LOG # (EX. MARI 99999)	WELL TAG # (EX. L-999999)	WELL NAME OR #	APPLICATION	PERMIT	TRANSFER
a	HARN 1043	L- 95128	1P	G- 15732	G- 18506	T- 13503
b	HARN 1044	L-	2P	G-'	G-'	T-1
C	HARN 51901	L- 109048	3P	G-'	G-'	T-1
d	HARN 52601	L- 123039	4	G-'	G- '	T-1
е	HARN 52548	L- 123037	5	G-'	G-'	T-1

(CONTINUED)

	TWP (Ex: 258)	RNG SEC QQ (Ex: 31E) (Ex: 12) (Ex: SE/SW)				The state of the s	SURVEYED LOCATION (Ex: 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (Ex: 44.94473859)	LONGITUDE (Ex: -123.02787000)
a	248	33E	34	NESW	490' S, 2350' E OF W 1/4 COR SEC 34	44.441005	-118.640432		
b					510' S, 2570' E OF W 1/4 COR SEC 34	44.440923	-118.639443		
С					590' S, 2610' E OF W 1/4 COR SEC 34	44.440693	-118.639266		
d					620' S, 2060' E OF W 1/4 COR SEC 34	44.440678	-118.641540		
e					730' S, 2180' E OF W 1/4 COR SEC 34	44.440360	-118.641085		

2. Please explain why the test cannot be performed:

Permit G-18506 provides water for Commercial Use on the Crane Hot Springs property, a commercial enterprise with significant 24/7 water demand. The Pump Test would cause an unreasonable burden in the form of an interruption to critical water service to the commercial enterprise. The Crane Hot Springs site has accommodations including 20+ lodging sites with water service, 10 RV sites with water service, and a pond that requires temperature regulation. Please consider exempting Permit G-18506 from the pump test requirement.

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I hereby certify that the	well(s) requested for exemptio	n(s) are under my ownership.
SIGNATURE:		DATE: 7-14-21

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Pump Capa	heet	Kryger HARN 1043 / L-95128 Well #1P				OWR		
using Departm				75				
(hp)(efficiency)) / (lift + psi l	nead) = cap	acity in cfs					
			-					
Efficiency:								
Centrifugal = 6	5.61							
Turbine = 7.04								
Data Entry (fil	ll in underli	ned blanks	5)					
		571150X400						
HP =	5							
Efficiency =	7.04							
Lift =	5			-	-			
PSI =	24							
Results Calcu	ulated							
Results Calcu	nateu					_		
(hp)(efficiency)) =	35.2						
Head based or	the same of the sa	61.0						
Total dynamic	- contract of the same of the	66.0						
(head + lift)								
Pump Capaci	tv =	0.53	feet per se	econd				

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Pump Capacity Calculation Sheet			Kryger H	ARN 1044		OWRI		
using Departme								
(hp)(efficiency)	/ (lift + psi	head) = cap	acity in cfs					
Efficiency:								
Centrifugal = 6	.61							
Turbine = 7.04					-			
Data Entry (fil	l in underli	ned blanks)					
HP =	2	SCHOOL STATE OF THE STATE OF TH						
Efficiency =	7.04							
Lift =	21.7						1	
PSI =	24							
Results Calcu	lated							
(hp)(efficiency)	=	14.08						
Head based or		61.0						
Total dynamic l	head =	82.7						
(head + lift)								
Pump Capacit	ty =	0.17	feet per se	econd				

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Pump Capacity Calculation Sheet			Kryger HA	RN 51901/	L-109048 V	VELL #3P	OWF	
	using Department designed formula:							
(hp)(efficiency) / (lift + psi l	nead) = cap	acity in cfs		ALL DE LA COLUMN AND AND AND AND AND AND AND AND AND AN			
Efficiency:								
Centrifugal = 6	3.61							
Turbine = 7.04	-							
Data Entry (fi	ll in underli	ned blanks)					
HP =	10							
Efficiency =	7.04		4100					
Lift =	34							
PSI =	24							
Results Calcu	ulated							
(hp)(efficiency	r) =	70.4						
Head based o		61.0						
Total dynamic	head =	95.0						
(head + lift)								
Pump Capaci	ity =	0.74	feet per se	econd				

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Pump Capacity Ca	alculation S	heet	(ryger HARN §	52601 / L-123039 V	VELL #4	
using Department desi	using Department designed formula:					OWR
(hp)(efficiency) / (lift + p	osi head) = cap	pacity in cfs				
Efficiency:						
Centrifugal = 6.61						
Turbine = 7.04						
Data Entry (fill in und	erlined blanks	5)				
HP =	20					
Efficiency = 7.						
Lift =	30					
PSI =	24					
Results Calculated						
(hp)(efficiency) =	140.8					
Head based on psi =	61.0					
Total dynamic head =	91.0					
(head + lift)						
Pump Capacity =	1.55	feet per sec	ond			

JUL 2 3 2021

Pump Capacity Calculation Sheet			Kryger H	Kryger HARN 52548 / L-123037 WELL #5				
CONTRACTOR OF THE PROPERTY OF	using Department designed formula:							
(hp)(efficiency) / (l	ift + psi h	nead) = cap	acity in cfs	-				
Efficiency:								
Centrifugal = 6.61	-					_		
Turbine = 7.04								
Data Entry (fill in	underlii	ned blanks)					
HP =	7.5		***************************************					
Efficiency =	7.04			1				
Lift =	34							
PSI =	24		NAME OF THE OWNER, THE					
Results Calculate	he							
Results Guiculate	- L							
(hp)(efficiency) =		52.8						
Head based on ps	si =	61.0						
Total dynamic hea	id =	95.0						
(head + lift)								
Duma Canacita		0.50	foot nor co	l and				
Pump Capacity =	-	0.56	feet per se	econa	-	-		

JUL 2 3 2021

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WATER WELL REPORT

State Well No.

STATE OF OREGON

KELEIVEU HARN 1043UN 6 1984

WATER RESOURCES DEPBtate Permit No. SALEM, OREGON

1) OWNER:	(10) LOCATION OF WELL:			
Vame J. Black burn	County HARNEY Driller's well in			
Address	N. W 4 S, E 4 Section 34 T. 245	R.33	E	W.M.
City BURNS State ORC	Tax Lot # Lot Blk		ivision	
2) TYPE OF WORK (check):	Address at well location: 25 mi. F of	BURR	5,.	300
New Well				
f abandonment, describe material and procedure in Item 12.	(11) WATER LEVEL: Completed we	ell.		
	Depth at which water was first found		_2	ft.
(3) TYPE OF WELL: (4) PROPOSED USE (check):	Static level 7 ft. below la	nd surface. I	Date 5	13/84
Rotary Mind Dug Dug Irrigation Test Well Other	Artesian pressure lbs. per	r square inch	. Date	
Rotary Mud Dug Irrigation Test Well Other Bored Thermal: Withdrawal Reinjection	(12) WELL LOG: Diameter of well below of	asing	8	//
	Depth drilled 250 ft. Depth of c		-	50 ft.
5) CASING INSTALLED: Steel Plastic Welded Welded Welded Steel Welded Steel Welded Steel Steel Welded Steel Steel Welded Steel Steel Welded Steel Steel Steel Welded Steel Stee	Formation: Describe color, texture, grain size and stru thickness and nature of each stratum and aquifer penet for each change of formation. Report each change in p	rated, with	at least	one entry
	and indicate principal water-bearing strata.			
LINER INSTALLED: 10	MATERIAL	From	То	SWL
"Diam. from	Soil	0	10	0
	Clay, vellow	10	15	0
(6) PERFORATIONS: Perforated? ☐ Yes 🕱 No	Clay, blue	15	20	0
Size of perforations in. by in.	Rock, black	20 3	2	15
one of positivities.	Clay blue	22 3	50	20
perforations from	Rock, broken	50	75	20
perforations from	Clay, blue	75 9	5	15
perforations from ft. to ft,	Rock blue + grey	95 1	05	10
(7) SCREENS: Well screen installed? Yes X No	pumice, white with	105/	65	6
Manufacturer's Name	green clay	165 1	40	-
Type Model No.	C/AY, brown		90	6
Diam. Slot Size Set from ft. to ft.	Kock, hard		192	_5_
Diam. Slot Size Set from ft. to ft.	c/Af, blue w/ SMAIL gravel		105	5
(8) WELL TESTS: Drawdown is amount water level is lowered below static level	Clay, goey		15	5
W	Kock, hard		2/8	4
Wac a pump test made? ☐ Yes 💆 No If yes, by whom? gal/min. with ft. drawdown after hrs.	Claystone blue	218 2	50	3
gar/mm. with it, drawdown areer ing.	REGEIVED		-+	
Air test gal./min. with drill stem at ft. hrs.	AUG 2 5 2021		-+	
Bailer test 25 gal./min. with 5 ft. drawdown after / hrs.	JUL 2 3 2021		-+	
Autorian flow g.p.m.			-+	
perature of water 180° Depth artesian flow encountered ft.	Work started 4/10 1985 Complete	. 51	*	1984
	Work started 4/10 19 Complete Date well drilling machine moved off of well	13/		1989
(9) CONSTRUCTION: Special standards: Yes □ No X		/5		
Well seal—Material used	Drilling Machine Operator's Certification: This well was constructed under my direct s		Motor	riala usad
Diameter of well bore to bottom of seal	and information reported above are true to my b			
Diameter of well bore to bottom of seal	[Signed] Waseld Wrolling Machine Operator)			., 19. 89
Number of sacks of cement used in well seal	(Drilling Machine Operator)	125	4	
How was cement grout placed?	Drilling Machine Operator's License No	AX	£	
	Water Well Contractor's Certification:			
	This well was drilled under my jurisdiction the best of my knowledge and belief.	and this	report i	s true to
Was pump installed?	Name H.P. WoodRUFF DI	Illing		
Was a drive shoe used? XYes \(\subseteq No \) Plugs Size: location ft.	R (Person, firm or corporation)	0	(Type or p	print)
Did any strata contain unusable water? Yes No Through Water?	Address DOX 1093 DURN	3, UK	.C.r	9772
Type of Water? depth of strata Method of sealing strata off	[Signed] Harold Woodreff	2		
Method of sealing strata off Was well gravel packed? ☐ Yes X No Size of gravel:	Contractor's License No. 125 Date	5/15	-	10 90
Gravel placed from	Contractor's License No. J			., 19.4.7

For Official Use Only by The Oregon Water Resources Department: Received Date: County Well Log ID # Well Identification Tag # HARN 1043 L 9512B OWRD

APPLICATION FOR WELL IDENTIFICATION TAG

RECEIVED

AUG 1 1 Zuiu

LANDOWNER INFORMATION	WATER RESOURCES DEPT SALEM, OREGON
Name: DENNISE KRYGER	170
Name: DENNISE KRYGER Mailing Address: 59315 HWY 78	
City: BURNS D State: OREGON Zip	
Return Well Tag to (if different than mailing address):	
WELL LOCATION INFORMATION	and the second s
County: Harvey Township: 24 North of South (circle one) Range: 33 one), Section: 34 NW 1/4 S E 1/4 Tax Lot #:	East or West (circle
Street Address of Well (if different than mailing address): CRYSTAL Careful Street Address of Well (if different than mailing address): CRYSTAL Careful Street Address of Well (if different than mailing address): CRYSTAL Careful Street Address of Well (if different than mailing address): CRYSTAL Careful Street Address of Well (if different than mailing address): CRYSTAL Careful Street Address of Well (if different than mailing address): CRYSTAL Careful Street Address of Well (if different than mailing address): CRYSTAL Careful Street Address of Well (if different than mailing address): CRYSTAL Careful Street Address of Well (if different than mailing address): CRYSTAL Careful Street Address of Well (if different than mailing address): CRYSTAL Careful Street Address of Well (if different than mailing address): CRYSTAL Careful Street Address of Well (if different than mailing address): CRYSTAL Careful Street Address of Well (if different than mailing address): CRYSTAL Careful Street Address of Well (if different than mailing address): CRYSTAL Careful Street Address of Well (if different than mailing address): CRYSTAL Careful Street Address of Well (if different than mailing address): CRYSTAL Careful Street Address of Well (if different than mailing address): CRYSTAL Careful Street Address of Well (if different than mailing address): CRYSTAL Careful Street Address of Well (if different than mailing address): CRYSTAL Careful Street Address of Well (if different than mailing address): CRYSTAL Careful Street Address of Well (if different than mailing address): CRYSTAL Careful Street Address of Well (if different than mailing address): CRYSTAL Careful Street Address of Well (if different than mailing address): CRYSTAL Careful Street Address of Well (if different than mailing address): CRYSTAL Careful Street Address of Well (if different than mailing address): CRYSTAL Careful Street Address of Well (if different than mailing address): CRYSTAL Careful Street Address of Well (if different than mailing address): CRYSTAL Ca	ANE Hot Spaings 720
WELL INFORMATION (Do Not Complete If Well Report is Attached)	
Type of Well (i.e. domestic, irrigation, etc):Date Well	ell Constructed:
Well Constructor/Company:	JUL 2 3 202
Well Depth (in feet): Diameter of Well Casing (in inches):	OWRD
Landowner Who Had Well Constructed or Previous Owner at the Time Well was Con	nstructed (if known):
	-
Other Information:	

Return to: Oregon Water Resources Department, Janet Halladey, 725 Summer St. NE, Suite A, Salem, OR 97301-1271, (503) 986-0854 or fax to 503-986-0902

STATE ENGINEER Salem, Oregon	1044	Record MAILING	APF	TE WELL I	NO	
OWNER: Unknown		ADDRESS:	***************************************			
LOCATION OF WELL: Owner's	No	STATE:				
NE ¼ SW ¼ Sec. 34 T. 24		., W.M.			;	
Bearing and distance from section of	or subdivision					
corner						
			1			
Altitude at well4119_ft.						
TYPE OF WELL: Date			<u></u>			-1) /==
Depth drilled 21 ft. Depth	th cased		Sect	tion	RECE	:IVED
CASING RECORD: 6 x 6 ft.					AUG 2	5 2021
					OW	RD
FINISH:	and the same of th			R	ECEIVE	D
				Jl	JL 2 3 202	1
AQUIFERS:	or all the second of the secon			-	OWRD	
WATER LEVEL: 19.7 to 18.8	ft.					
PUMPING EQUIPMENT: Type . Capacity	M.				H.P	
WELL TESTS: Drawdown ft. a	fter	hours				G.P.M.
Drawdown ft. a						
				- Alexander		
USE OF WATER None SOURCE OF INFORMATION NO DRILLER or DIGGER	Well "206, W.S.	P. 841				, 19
ADDITIONAL DATA: Log						
REMARKS:						

STATE ENGINEER Salem, Oregon

RECEIVED

AUG 2 5 2021

State	Well	No.	24/33-34Ll
-------	------	-----	------------

County Harney

OWRD

Application No.

Chemical Analysis

WNER Unknown OWNER'S NO.						
ANALYST USGS	Address					
Date of Collection May 11,1932						
Point of Collection						
	P.P.M.	E,P.M.				
Silica (SiO ₂)						
Iron (Fe) Total						
Manganese (Mn)						
Calcium (Ca)	15.					
Magnesium (Mg)	5.2					
Sodium (Na)	7 429.					
Potassium (K)	3 "					
Bicarbonate (HCO ₈)	531.					
Carbonate (CO _s)	16.					
Sulfate (SO ₄)	347.					
Chloride (Cl)	119.					
Fluoride (F)		RECEIVED				
Nitrate (NO ₃)		JUL 2 3 2021				
Boron (B)		014/00				
Boton (D)		OWRD				
Dissolved Solids	1,193.					
Hardness as CaCO ₃	59.					
Specific Conductance (Micromhos at 25°C)						
рН						
Percent Sodium						
Sodium Absorption Ratio (S.A.R.)						
CLASS	ate Printing 89313					

STATE OF OREGON WATER SUPPLY WELL REPORT

HARN 51901

	Page 1 of 2
WELL I.D. LABEL# I	109048
START CARD #	1018770
ORIGINAL LOG#	

WATER SUPPLY WELL REPORT	1/17	//2013	ORIGINAL LOG #	10107	70	
(as required by ORS 537.765 & OAR 690-205-0210)	1/1/	72013	ORIGINAL LOG			
1) LAND OWNER Owner Well I.D.		4				
First Name DAN Last Name KRYGER		(9) LOCAT	TION OF WELL (legal	descrip	otion)	
Company CRYSTAL CRANE HOT SPRINGS		County HARNE	Twp 24.00 S	N/S Ra	ange 33.00	E E/W WM
Address 59315 HWY 78		Sec 34	NE 1/4 of the SW	1/4	Tax Lot 89	900
City CRANE State OR Zip 97732		Tax Map Numb	" or		Lot	
	Conversion	Lat	' " or			DMS or DD
Alteration (complete 2a & 10) Abandonme	ent(complete 5a)	Long°	" or			DMS or DD
2a) PRE-ALTERATION Dia + From To Gauge Stl Plstc Wld T	hrd		reet address of well	Nearest ad	dress	
Casing:		59315 HWY 7	8			
Material From To Amt sacks/lbs		CRANE, OR.	97732			
Seal:		(10) 677 177	C. VIII CORD V DI DI			
3) DRILL METHOD		(10) STATI	C WATER LEVEL Da	to CN	T (- ') - 1	CAM (O)
Rotary Air Rotary Mud Cable Auger Cable M	Mud	Existing W	Vell / Pre-Alteration	ile Sw	/L(psi) +	- SWL(ft)
Reverse Rotary Other	_	Completed		3	— F	32
4) PROPOSED USE Domestic Irrigation Comm	unity		Flowing Artesian?	Dry	Hole?	
Industrial/ Commercial Livestock Dewatering		WATER BEAR		•	first found	32.00
Thermal Injection Other						
		SWL Date	From To F	LSI Flow	SWL(psi)	+ SWL(ft)
5) BORE HOLE CONSTRUCTION Special Standard	(Attach cop	y) 1/11/2013	32 397	40		32
Depth of Completed Well 403.00 ft.						
BORE HOLE SEAL	sacks	/				
Dia From To Material From To 12 0 20 Bentonite Chips 0 20	Amt lbs	1				
12 0 20 Bentonite Chips 0 20 8 20 403	20 5	┨ └──				
0 20 403		1	RECE	IVE		
		(11) WELL	LOG Ground Elevat	tion		
How was seal placed: Method A B C I	D E		Material AUG 2	5 2021	From	То
Other POURED & TAMPED		topsoil clay loa	m Auu 2	O LUL	0	1
Backfill placed from ft. Material		clay brown			1	16
Filter pack from ft. to ft. Material	Size	clay green	OW	RD	16	35
Explosives used: Yes Type Amount		cinders black clay green	0 00	0 42	35	38
5a) ABANDONMENT USING UNHYDRATED BENTO	NITE	shale			42	50
Proposed Amount Actual Amount	MILE	clay green	RECEIVE	D	50	71
		sand cemented			71	75
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl F	Plste Wld Thrd	clay grey	111 2 3 20	21	75	95
(a) 8 X 2 80 .250 (b)		sandstone grey	002 20 20	E. 1	95	110
	AA H	sandstne green			110	170
	\forall H \forall	shale grey	OWRD		170	173
	апп	shale brown			173 180	180 205
	апп	sandstone gree	n		205	212
Shoe Inside Outside Other Location of shoe(s	s)	shale brown			212	215
Temp casing Yes Dia From To		claystone green	n		215	230
		sandstone gree	n		230	280
7) PERFORATIONS/SCREENS Perforations Method		clay green			280	310
Screens Type Material		Date Started	11/8/2013 Cor	mplete	1/11/2013	
Perf/ Casing/ Screen Scm/slot Slot	# of Tele/					
Screen Liner Dia From To width length	slots pipe size		Vater Well Constructor Cert			
			the work I performed on the of this well is in complian			
			tandards. Materials used and			
		11	knowledge and belief.			
		License Numb	er	Date		
8) WELL TESTS: Minimum testing time is 1 hour						
	ing Artesian	Signed				
	ion (hr)	(honded) Wat	er Well Constructor Certific	ation		
Yield gal/min Drawdown Drill stem/Pump depth Durat	1		nsibility for the construction,		o alteration	n or abandonmen
			d on this well during the const			
			ring this time is in complia			
Temperature 150 °F Lab analysis Yes By			andards. This report is true to			
		License Numb	er 1424	Date 1/17	7/2013	
Water quality concerns? Yes (describe below) TDS amount Description Amo	ount Units					
		Contact Info (o	optional)			

HARN 51901

WELL I.D. LABEL# L START CARD #

EL# L	109048	
RD#	1018770	
OC #		1

continuation page	1/17/	2013		ORIGINA			
2a) PRE-ALTERATION		Water Qu	ality Co	ncerns			
Dia + From To Gauge Stl Plstc Wld Thrd		From	То	De	escription	Amount	Units
Material From To Amt sacks/lbs							
		(10) STA	TIC WA	TEDIEV	FI		
5) BORE HOLE CONSTRUCTION	1	SWL Date		TER LEV		SWL(psi)	+ SWL(ft)
	sacks/						
Dia From To Material From To Amt	lbs		_			++	_
	+						
							1
	+						
	+		+		_	++	+
FILTER PACK	7	(11) WEI	LIOC				
From To Material Size	1	(11) WEI		terial		From	То
	l I	sandstone g		епаі		310	393
		clay grey				393	403
6) CASING/LINER		clay grey				393	403
	Thed						
Casing Liner Dia + From To Gauge Stl Plstc Wld	Time					+	-
	$H \parallel$					RECE	VED
H B B H H H B B H	$H \parallel$						-
						AUG 25	2021
8 9 H	$H \parallel$						
	HI					OW	RD
	\Box					+	-
				RI	CEIVE		
				0.46	OLIVLI	1	-
7) PERFORATIONS/SCREENS				JU	L 2 3 2021		
Perf/ Casing/ Screen Scrm/slot Slot # of Screen Liner Dia From To width length slots	Tele/ pipe size					+	-
Selecti Emer Dia Profit To with length stots	pipe size			-	OWRD		
	-				000110		-
	-					+	-
		Commer	its/Rem	arks			
(O) WELL TECTS. Minimum 4 and a direct of the second							
(8) WELL TESTS: Minimum testing time is 1 hour							
Yield gal/min Drawdown Drill stem/Pump depth Duration (h	hr)						
	- 1						
		1					

STATE OF OREGON WATER SUPPLY WELL REPORT

HARN 52601

WELL I.D. LABEL# L

123039

START CARD # 1032168

ORIGINAL LOG #

(as required by ORS 537.765 & OAR 690-205-0210)	10/19/	2016	ORIGI	NAL LOG#				
(1) LAND OWNER Owner Well I.D.	T							
First Name DAN Last Name KRYGER		(9) LOCATION OF WELL (legal description)						
Company CRYSTAL CRANE HOT SPRINGS		County HARNEY Twp 24.00 S N/S Range 33.00 E E						E/W WM
Address 59315 HWY 78	_	Sec 34 NE 1/4 of the SW 1/4 Tax Lot 8900						
Address 59315 HWY 78 City CRANE State OR Zip 97732 (2) TYPE OF WORK New Well Deepening Converse Conv	<u> </u>							
(2) TYPE OF WORK X New Well Deepening Convers	SION	Lat o	, ,,	or 43,440650	00			DMS or DD
Alteration (complete 2a & 10) Abandonment(com	plete 5a)	Long°_	"	or -118.64150	0000			DMS or DD
Dia + From To Gauge Stl Plstc Wld Thrd			eet address of	well N	learest add	dress		
Casing:		SAME AS ABO	OVE					19
Material From To Amt sacks/lbs	- 1							
Seal: (3) DRILL METHOD		(10) STATIO	CWATER	LEVEL				
Rotary Air Rotary Mud X Cable Auger Cable Mud		, ,		Da	te SW	L(psi)	+ 5	SWL(ft)
Reverse Rotary Other		Existing Wo	ell / Pre-Altera				4	
		Completed		9/21/201 g Artesian?	6 Drv	Hole?	4	28
(4) PROPOSED USE Domestic Irrigation Community Industrial Commercial Livestock Dewatering		WATER DEAD				_	_	00
Thermal Injection Other		WATER BEARI			vater was			
		SWL Date	From	То Е	st riow	SWL(psi) +	SWL(ft)
(5) BORE HOLE CONSTRUCTION Special Standard (Att	tach copy)	9/17/2016	31	55	14	. 2	$ \vdash$ \vdash	22
Depth of Completed Well 192.00 ft. BORE HOLE SEAL	sacks/	9/21/2016	68	131	40		$\dashv \vdash$	28
Dia From To Material From To Am		-	-	-	-		$\dashv \vdash$	
12 0 58 Cement 0 58 24			+				\dashv	
8 58 192 Calculated 19.3	34							
Calculated	+	(11) WELL I	LOG	Ground Elevat	ion			
How was seal placed: Method A B XC D	E		Material	Oround Die van		From		То
Other		top soil		RECE	IVE	0		1
Backfill placed from ft. to ft. Material		clay brown				1	+	13
Filter pack from ft. to ft. Material Size		clay green clay blue		AUG 2	5 202	13 25	+	31
Explosives used: Yes Type Amount		clay grey		HOU A	LOLI	31	+	68
(5a) ABANDONMENT USING UNHYDRATED BENTONITI	E	gravel & sand w	vith pumice			68		77
Proposed Amount Actual Amount		clay grey		OW	RD	77		113
(6) CASING/LINER		clay green clay red sticky				113	+	121
Casing Liner Dia + From To Gauge Stl Plstc W		cobbles & grave	el black			127	+	131
© Q 8 X 2 82 .250 © Q ≥		clay red				131		160
	+HI	sandstone light	brown	RECEI	VED	160	+	192
	1 11 1				-		+	
				.111 23	2021		\top	
Shoe Inside Outside Other Location of shoe(s)								
Temp casing Yes Dia From To							+	
(7) PERFORATIONS/SCREENS				OWF			+	
Perforations Method Holt Star Perforator	-	D . C						
Screens Type Material Perf/ Casing/ Screen Scrn/slot Slot # of	Tele/	Date Started	9/13/2016	Cor	npleted	9/21/20	16	
Screen Liner Dia From To width length slots r	pipe size	(unbonded) Wa						
Perf Casing 8 62 82 .375 1 480	8	I certify that the					0.	
		abandonment of construction sta						
		the best of my k						
		License Numbe	r		Date			
(8) WELL TESTS: Minimum testing time is 1 hour		Signed		-				
Pump Bailer • Air Flowing Arte	esian	Signed						
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	_	(bonded) Water	r Well Constr	uctor Certific	ation			
40 150 2		I accept respons						
	\dashv	work performed performed durin						
Temperature 140 °F Lab analysis Yes By		construction star						
		License Number	r 1899]	Date 10/1	9/2016		
Water quality concerns? Yes (describe below) TDS amount Description Amount C	Units							
	 	Signed SAM						
		Contact Info (op	nionai)					
ODIODIAL WATER DEGO	VIDOEG DE	TO A DOTA OTTA TO						

STATE OF OREGON WATER SUPPLY WELL REPORT

HARN 52548

WELL I.D. LABEL# L 123037

START CARD # 1031798

ORIGINAL LOG #

(as required by ORS 537.765 & OAR 690-205-0210)	9/20/2	2016	ORIGI	NAL LOG	#		
(1) LAND OWNER Owner Well I.D.							
First Name DAN Last Name KRYGER	_ '	(9) LOCATION OF WELL (legal description)					
Company CRYSTAL CRANE HOT SPRINGS	_	County <u>HARNEY</u> Twp 24.00 <u>S</u> N/S Range 33.00 E E/S					
Address 59315 HWY 78		Sec 34 NE 1/4 of the SW 1/4 Tax Lot 8900					
Address 59315 HWY 78 City CRANE State OR Zip 97732 (2) TYPE OF WORK ✓ New Well Deepening Conversion	<u> </u>	Tax Map Number Lot					
(2) TYPE OF WORK New Well Deepening Converse	SION	Lat°		or			DMS or DD
Alteration (complete 2a & 10) Abandonment(com	plete 5a)	Long°	, ,	or			DMS or DD
Dia + From To Gauge Stl Plstc Wld Thrd	- 1	O Stre	et address of	well (Nearest ac	ldress	
Casing:	- 1	SAME AS ABO	VE				
Material From To Amt sacks/lbs	- [
Seal: (3) DRILL METHOD		(10) STATIC	WATER	LEVEL			
Rotary Air Rotary Mud X Cable Auger Cable Mud	1	3 6		D	ate SV	VL(psi) +	F SWL(ft)
Reverse Rotary Other	1	Existing Well / Pre-Alteration					
		Completed V		9/1/201 Artesian?	6 D	. Hele?	32
(4) PROPOSED USE Domestic Irrigation Community	- 1				_	Hole?	
Industrial/Commericial Livestock Dewatering	1	WATER BEARIN	IG ZONES			s first found	
Thermal Injection Other		SWL Date	From	То	Est Flow	SWL(psi)	+ SWL(ft)
(5) BORE HOLE CONSTRUCTION Special Standard (Att	tach copy)	8/18/2016	35	36	5		36
Depth of Completed Well 260.00 ft.		8/19/2016	48	55	10		32
BORE HOLE SEAL	sacks/	8/30/2016	70	260	50		32
Dia From To Material From To Am 14 0 60 Bentonite Chips 0 2 2							
14 0 60 Bentonite Chips 0 2 2 2 10 60 240 Calculated 1.3							
8 240 260 Cement 2 60 28	8 S	(11) WELL I	00				
Calculated 23.	12	(11) WELL L	JUG	Ground Eleva			
How was seal placed: Method A B C D	E		Material	RECE	IVE		To
Other BENT CHIPS FROM SU		gravel clay brown				0	9
Backfill placed fromft. toft. Material		clay blue		AUG 2	5 2021	9	36
Filter pack from ft. to ft. Material Size		clay grey				36	41
Explosives used: Yes Type Amount		clay with fine sar	nd	/ TIA		41	48
(5a) ABANDONMENT USING UNHYDRATED BENTONIT	E	gravel and sand		OW	RD	48	55
Proposed Amount Actual Amount		clay grey cemented sand w	ith some gray	vel .		55 70	70 78
(6) CASING/LINER		clay lt. blue hard				78	98
Casing Liner Dia + From To Gauge Stl Plstc W		clay red with cen	nented sand			98	112
10 X 1.5 68 .250 D	식	clay blue with ce				112	168
	\dashv \dashv \dashv \dashv	clay red fractured		RECE	IN/EI	168	187
	1 H I	sand cemented gr			IVL	196	225
		clay grey with pu		0.0	0.0004	225	260
Shoe Inside Outside Other Location of shoe(s)				JUL 2	3 2021		
Temp casing Yes Dia From To							
(7) PERFORATIONS/SCREENS				OW	RD		+
Perforations Method	_						
Screens Type Material	Tele/	Date Started8/	/17/2016	Cc	mpleted	9/1/2016	
Perf/ Casing/ Screen Scrm/slot Slot # of Screen Liner Dia From To width length slots	pipe size	(unbonded) Wa	ter Well Cor	structor Cer	tification		
Serven Ener Bia 110m 10 with length of the	I I						ning, alteration, or
							vater supply well
		the best of my kr			informat	ion reported	l above are true to
		License Number	-		Date		
(O) WELL TECTS M:		Laccinsc Ivallioci	-		_		
(8) WELL TESTS: Minimum testing time is 1 hour		Signed					
Pump Bailer Air Flowing Art		(bonded) Water	Well Const	netor Cortif	cation		
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	- $ -$					ng alteratio	n, or abandonment
						ed above. All work	
		performed durin	g this time	is in compli	ance with	Oregon w	vater supply well
Temperature 140 °F Lab analysis Yes By					the best	of my know	ledge and belief.
Water quality concerns? Yes (describe below) TDS amount	l	License Number	1899		Date 9/2	0/2016	
From To Description Amount	Units	Signed CANC	DVINODEV	(E. filed)			
		Signed SAM					
OPTODILL WILDED DEG	OLD CEG D	EDADTS (EXEC					

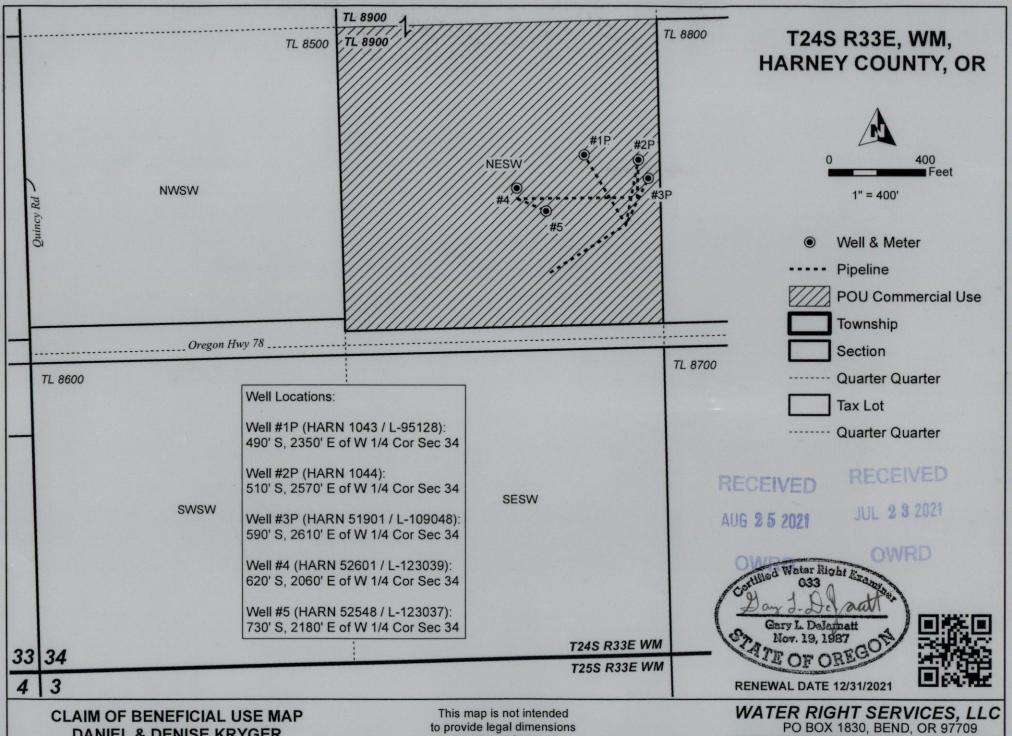
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JUL 2 3 2021

CWRD

THE BESSE

OMBD



DANIEL & DENISE KRYGER

Ap. G-15732 Permit G-18506 Date: 5/18/2021 or locations of property ownership lines.

Project #20093

WWW.OREGONWATER.US CCB # 197121 johnshort@usa.com

