

MONEY SLIP

DATE: <u>8-25-2021</u>	RECEIPT #: <u>136251</u>
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RECEIVED FROM: Crane Hot Springs LLC
Denise P. Kryger

APPLICATION	
PERMIT	
TRANSFER	

CASH CHECK # 10712 OTHER (IDENTIFY) _____

TOTAL REC'D	\$ <u>230.00</u>
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1083 TREASURY	4170 MISC CASH ACCT.
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0407 COPIES	\$
_____ OTHER: (IDENTIFY) _____	\$

0243 Instream Lease _____ 0244 Muni. Water Mgmt. Plan _____ 0245 Cons. Water _____

1083 TREASURY	4270 WRD OPERATING ACCT.
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MISCELLANEOUS

0407 COPY & TAPE FEES	\$
0410 RESEARCH FEES	\$
0408 MISC REVENUE (IDENTIFY) _____	\$
TC162 DEPOSIT LIAB. (IDENTIFY) _____	\$
0240 EXTENSION OF TIME _____	\$

WATER RIGHTS

	EXAM FEE		RECORD FEE
0201 SURFACE WATER	\$	0202	\$
0203 GROUND WATER	\$	0204	\$
0205 TRANSFER	\$		

WELL CONSTRUCTION

	EXAM FEE		RECORD FEE
0218 WELL DRILL CONSTRUCTOR	\$	0219	\$
_____ LANDOWNER'S PERMIT		0220	\$
_____ OTHER (IDENTIFY) _____			

0607 TREASURY	0467 HYDROELECTRIC
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0233 POWER LICENSE FEE (FW/WRD)		LIC NUMBER	
0231 HYDRO LICENSE FEE (FW/WRD)			\$
_____ HYDRO APPLICATION			\$

SPECIAL INSTRUCTIONS:

RETURN TO APPLICANT -- LETTER ATTACHED



Oregon

Kate Brown, Governor

Water Resources Department

725 Summer St NE, Suite A

Salem, OR 97301

(503) 986-0900

Fax (503) 986-0904

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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

Enclosed is
a check
for 230.-

**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 \$200 must accompany this form for permits
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 # G-15732	PERMIT # (IF APPLICABLE) G-18506	PERMIT AMENDMENT # (IF APPLICABLE) T-13503
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Daniel & Denise Kryger		PHONE NO. 206-786-2038	ADDITIONAL CONTACT NO.
ADDRESS 59315 Hwy 78			
CITY Burns	STATE OR	ZIP 97720	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		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD n/a		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

3-17-2021

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Denise & Daniel Kryger	3-17-2021	Owners

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 n/a		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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SECTION 2
 SIGNATURES

CWRE Statement, Seal and Signature

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



CWRE NAME Gary L. DeJarnatt Project # 20093		PHONE NO.	ADDITIONAL CONTACT NO. John Short 541-389-2837	
ADDRESS 20735 Double Peaks Drive				
CITY Bend	STATE OR	ZIP 97701	E-MAIL johnshort@usa.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
	Daniel R Kryger	owner	7-19-21

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)
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	"	
Well #3P	"	
Well #4	"	
Well #5	"	

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	"	"	"	1.0 CFS
Well #3P	"	"	"	1.0 CFS
Well #4	"	"	"	1.0 CFS
Well #5	"	"	"	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	"	"	"	"
Well #3P	0.14 CFS	0.74 CFS	"	"	"	"
Well #4	0.58 CFS	1.55 CFS	"	"	"	"
Well #5	0.58 CFS	0.56 CFS	"	"	"	"

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SECTION 4
SYSTEM DESCRIPTION

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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):

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Well #1P HARN 1043 / L-95128

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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 Acres Irrigated								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.

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 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	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)
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

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10. Sprinkler Information:

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

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

11. Drip Emmitter 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

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)

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

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 Acres Irrigated								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

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YES NO

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C. Groundwater Source Information (Sump)

1. 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

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 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
	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:

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

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10. Sprinkler Information:

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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

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?

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

H. Additional notes or comments related to the system:

Well #3P HARN 51901 / L-109048

A. Place of Use

1. Is the right for municipal use?

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 Acres Irrigated								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?

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						

AUG 25 2021

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 OWRD

C. Groundwater Source Information (Sump)

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

RECEIVED YES NO

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

JUL 23 2021

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

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9. Lateral or Handline Information:

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

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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)

E. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)? OVRD 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 Acres Irrigated								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 AUG 25 2021
n/a						
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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 23 2021 YES NO

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

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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 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
	20 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)
20	24	28'	2'	1.55

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?

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

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 Emmitter 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)

AUG 25 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.

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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:

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 Acres Irrigated								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						AUG 25 2021
						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)

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

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YES NO

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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 and 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
	7.5 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)
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 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?

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

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE 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 Emmitter 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)

AUG 25 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.

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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:

**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.

5. Pump Test:

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

For additional information regarding pump tests see:

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

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	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well #1P	Fluke	T5-600	Working	9	2016
Well #2P	Fluke	T5-600	Working	4	2016
Well #3P	Fluke	T5-600	Working	19	2016
Well #4	Qpump	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

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

e. Other conditions?

YES NO

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

[Empty text box for condition description]

**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.)

- 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
- N/A If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- N/A 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
- N/A 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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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	ZIP: 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-
c	HARN 51901	L- 109048	3P	G-	G-	T-
d	HARN 52601	L- 123039	4	G-	G-	T-
e	HARN 52548	L- 123037	5	G-	G-	T-

(CONTINUED)

	TWP (EX. 25S)	RNG (EX. 31E)	SEC (EX. 12)	QQ (EX. SE/SW)	SURVEYED LOCATION (EX. 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (EX. 44.94473859)	LONGITUDE (EX. -123.02787000)
a	24S	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
c	"	"	"	"	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 exemption(s) are under my ownership.

SIGNATURE:

DATE: 7-14-21

Pump Capacity Calculation Sheet		Kryger HARN 1043 / L-95128 Well #1P			OWRD
using Department designed formula:					
$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$					
Efficiency:					
Centrifugal = 6.61					
Turbine = 7.04					
Data Entry (fill in underlined blanks)					
HP =	<u>5</u>				
Efficiency =	<u>7.04</u>				
Lift =	<u>5</u>				
PSI =	<u>24</u>				
Results Calculated					
(hp)(efficiency) =	35.2				
Head based on psi =	61.0				
Total dynamic head =	66.0				
(head + lift)					
Pump Capacity =	0.53	feet per second			

Pump Capacity Calculation Sheet		Kryger HARN 1044 WELL #2P			
using Department designed formula:					
$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$					
Efficiency:					
Centrifugal = 6.61					
Turbine = 7.04					
Data Entry (fill in underlined blanks)					
HP =	<u>2</u>				
Efficiency =	<u>7.04</u>				
Lift =	<u>21.7</u>				
PSI =	<u>24</u>				
Results Calculated					
$(hp)(\text{efficiency}) =$	14.08				
Head based on psi =	61.0				
Total dynamic head =	82.7				
(head + lift)					
Pump Capacity =	0.17 feet per second				

Pump Capacity Calculation Sheet		Kryger HARN 51901/L-109048 WELL #3P	
using Department designed formula:			
$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$			
Efficiency:			
Centrifugal = 6.61			
Turbine = 7.04			
Data Entry (fill in underlined blanks)			
HP =	<u>10</u>		
Efficiency =	<u>7.04</u>		
Lift =	<u>34</u>		
PSI =	<u>24</u>		
Results Calculated			
$(hp)(\text{efficiency}) =$	70.4		
Head based on psi =	61.0		
Total dynamic head =	95.0		
(head + lift)			
Pump Capacity =	0.74	feet per second	

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Pump Capacity Calculation Sheet		Kryger HARN 52601 / L-123039 WELL #4	
using Department designed formula:			
$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$			
Efficiency:			
Centrifugal = 6.61			
Turbine = 7.04			
Data Entry (fill in underlined blanks)			
HP =	<u>20</u>		
Efficiency =	<u>7.04</u>		
Lift =	<u>30</u>		
PSI =	<u>24</u>		
Results Calculated			
$(hp)(\text{efficiency}) =$	140.8		
Head based on psi =	61.0		
Total dynamic head =	91.0		
(head + lift)			
Pump Capacity =	1.55 feet per second		

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Pump Capacity Calculation Sheet		Kryger HARN 52548 / L-123037 WELL #5		OWRD	
using Department designed formula:					
$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$					
Efficiency:					
Centrifugal = 6.61					
Turbine = 7.04					
Data Entry (fill in underlined blanks)					
HP =	<u>7.5</u>				
Efficiency =	<u>7.04</u>				
Lift =	<u>34</u>				
PSI =	<u>24</u>				
Results Calculated					
$(hp)(\text{efficiency}) =$	52.8				
Head based on psi =	61.0				
Total dynamic head =	95.0				
(head + lift)					
Pump Capacity =	0.56	feet per second			

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For Official Use Only by The Oregon Water Resources Department:

Received Date:

County Well Log ID #

Well Identification Tag #

HARN 1043

L 95128

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WATER RESOURCES DEPT
SALEM, OREGON

APPLICATION FOR WELL IDENTIFICATION TAG

LANDOWNER INFORMATION

Name: DENNISE KRYGER

Mailing Address: 59315 Hwy 78

City: Burns State: OREGON Zip: 97720

Return Well Tag to (if different than mailing address): _____

WELL LOCATION INFORMATION

County: Harney Township: 24 North or South (circle one) Range: 33 East or West (circle one)

Section: 34 NW 1/4 SE 1/4 Tax Lot #: _____

Street Address of Well (if different than mailing address): CRYSTAL CRANE Hot Springs
59315 Highway 78 Burns, Oregon 97720

WELL INFORMATION (Do Not Complete If Well Report is Attached)

Type of Well (i.e. domestic, irrigation, etc): _____ Date Well Constructed: _____

Well Constructor/Company: _____

Well Depth (in feet): _____ Diameter of Well Casing (in inches): _____

Landowner Who Had Well Constructed or Previous Owner at the Time Well was Constructed (if known): _____

Other Information: _____

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STATE ENGINEER
Salem, Oregon

Well Record

STATE WELL NO. 24/33-34L(1)
COUNTY Harney
APPLICATION NO. _____

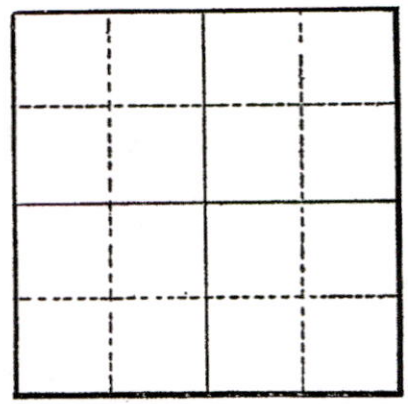
Harney 1044

OWNER: Unknown MAILING ADDRESS: _____

LOCATION OF WELL: Owner's No. _____ CITY AND STATE: _____

NE 1/4 SW 1/4 Sec. 34 T. 24 S., R. 33 W., W.M.

Bearing and distance from section or subdivision corner _____



Altitude at well 4119 ft.

TYPE OF WELL: _____ Date Constructed _____

Depth drilled 21 ft. Depth cased _____

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CASING RECORD: 6 x 6 ft.

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FINISH: RECEIVED

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AQUIFERS: OWRD

WATER LEVEL: 19.7 to 18.8 ft.

PUMPING EQUIPMENT: Type _____ H.P. _____
Capacity _____ G.P.M.

WELL TESTS:
Drawdown _____ ft. after _____ hours _____ G.P.M.
Drawdown _____ ft. after _____ hours _____ G.P.M.

USE OF WATER None Temp. _____ °F. _____, 19 _____

SOURCE OF INFORMATION Well "206, W.S.P. 841"

DRILLER or DIGGER _____

ADDITIONAL DATA:
Log _____ Water Level Measurements _____ Chemical Analysis X Aquifer Test _____

REMARKS:

STATE ENGINEER
Salem, Oregon

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State Well No. 24/33-34L1

County Harney

Application No. _____

OWRD

Chemical Analysis

OWNER 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)	3 429.	
Potassium (K)		
Bicarbonate (HCO ₃)	531.	
Carbonate (CO ₃)	16.	
Sulfate (SO ₄)	347.	
Chloride (Cl)	119.	
Fluoride (F)		RECEIVED
Nitrate (NO ₃)		JUL 23 2021
Boron (B)		OWRD
Dissolved Solids	1,193.	
Hardness as CaCO ₃	59.	
Specific Conductance (Micromhos at 25°C)		
pH		
Percent Sodium		
Sodium Absorption Ratio (S.A.R.)		
CLASS		

(1) LAND OWNER Owner Well I.D. _____
 First Name DAN Last Name KRYGER
 Company CRYSTAL CRANE HOT SPRINGS
 Address 59315 HWY 78
 City CRANE State OR Zip 97732

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
 Dia + From To Gauge Stl Plstc Wld Thrld
 Casing:
 Material From To Amt sacks/lbs
 Seal:

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 403.00 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
12	0	20	Bentonite Chips	0	20	20	S
8	20	403					

How was seal placed: Method A B C D E
 Other POURED & TAMPED

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount _____ Actual Amount _____

(6) CASING/LINER
 Casing Liner Dia + From To Gauge Stl Plstc Wld Thrld

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

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type _____ Material _____

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

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
40		200	1

Temperature 150 °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 24.00 S N/S Range 33.00 E E/W WM
 Sec 34 NE 1/4 of the SW 1/4 Tax Lot 8900
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

59315 HWY 78
CRANE, OR. 97732

(10) STATIC WATER LEVEL
 Date SWL(psi) + SWL(ft)
 Existing Well / Pre-Alteration _____
 Completed Well 1/11/2013 _____ 32
 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 32.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
1/11/2013	32	397	40		32

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(11) WELL LOG Ground Elevation _____

Material	From	To
topsoil clay loam	0	1
clay brown	1	16
clay green	16	35
cinders black	35	38
clay green	38	42
shale	42	50
clay green	50	71
sand cemented	71	75
clay grey	75	95
sandstone grey	95	110
sandstone green	110	170
shale grey	170	173
clay grey	173	180
shale brown	180	205
sandstone green	205	212
shale brown	212	215
claystone green	215	230
sandstone green	230	280
clay green	280	310

Date Started 1/8/2013 Complete 1/11/2013

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number _____ Date _____
 Signed _____

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 License Number 1424 Date 1/17/2013
 Signed TIMOTHY K RILEY (E-filed)
 Contact Info (optional) _____

(1) LAND OWNER Owner Well I.D. _____
 First Name DAN Last Name KRYGER
 Company CRYSTAL CRANE HOT SPRINGS
 Address 59315 HWY 78
 City CRANE State OR Zip 97732

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
 Dia + From To Gauge Stl Plstc Wld Thrld
 Casing: _____
 Material From To Amt sacks/lbs
 Seal: _____

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 192.00 ft.
 BORE HOLE
 Dia From To Material From To Amt sacks/lbs

12	0	58	Cement	0	58	24	S
8	58	192				Calculated	19.34
						Calculated	

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount _____ Actual Amount _____

(6) CASING/LINER
 Casing Liner Dia + From To Gauge Stl Plstc Wld Thrld

<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	2	82	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
-------------------------------------	--------------------------	---	-------------------------------------	---	----	------	-------------------------------------	--------------------------	--------------------------	-------------------------------------	--

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

(7) PERFORATIONS/SCREENS
 Perforations Method Holt Star Perforator
 Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
		8	62	82	.375	1	480	8

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
40		150	2

 Temperature 140 °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 24.00 S N/S Range 33.00 E E/W WM
 Sec 34 NE 1/4 of the SW 1/4 Tax Lot 8900
 Tax Map Number _____ Lot _____
 Lat _____ " or 43.44065000 DMS or DD
 Long _____ " or -118.64150000 DMS or DD
 Street address of well Nearest address
 SAME AS ABOVE

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	9/21/2016		28

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 32.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
9/17/2016	31	55	14		22
9/21/2016	68	131	40		28

(11) WELL LOG Ground Elevation _____

Material	From	To
top soil	0	1
clay brown	1	13
clay green	13	25
clay blue	25	31
clay grey	31	68
gravel & sand with pumice	68	77
clay grey	77	113
clay green	113	121
clay red sticky	121	127
cobbles & gravel black	127	131
clay red	131	160
sandstone light brown	160	192

Date Started 9/13/2016 Completed 9/21/2016

(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 1899 Date 10/19/2016
 Signed SAM P KINGREY (E-filed)
 Contact Info (optional) _____

(1) LAND OWNER Owner Well I.D. _____
 First Name DAN Last Name KRYGER
 Company CRYSTAL CRANE HOT SPRINGS
 Address 59315 HWY 78
 City CRANE State OR Zip 97732

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
 Dia + From To Gauge Stl Plstc Wld Thrld
 Casing:
 Material From To Amt sacks/lbs
 Seal: _____

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 260.00 ft.
 BORE HOLE

Dia	From	To	Material	SEAL	From	To	Amt	sacks/ lbs
14	0	60	Bentonite Chips		0	2	2	S
10	60	240		Calculated			1.36	
8	240	260	Cement		2	60	28	S
				Calculated			23.12	

 How was seal placed: Method A B C D E
 Other BENT CHIPS FROM SU
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+ From	To	Gauge	Stl	Plstc	Wld	Thrld
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10	<input checked="" type="checkbox"/>	1.5	68	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type _____ Material _____

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

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
50		250	2

 Temperature 140 °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 24.00 S N/S Range 33.00 E E/W WM
 Sec 34 NE 1/4 of the SW 1/4 Tax Lot 8900
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
 SAME AS ABOVE

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	9/1/2016		32

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 36.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
8/18/2016	35	36	5		36
8/19/2016	48	55	10		32
8/30/2016	70	260	50		32

(11) WELL LOG Ground Elevation _____

Material	From	To
gravel	0	1
clay brown	1	9
clay blue	9	36
clay grey	36	41
clay with fine sand	41	48
gravel and sand	48	55
clay grey	55	70
cemented sand with some gravel	70	78
clay lt. blue hard fractured	78	98
clay red with cemented sand	98	112
clay blue with cemented sand	112	168
clay red fractured	168	187
sand cemented green	187	196
clay green fractured	196	225
clay grey with pumice, sticky	225	260

 Date Started 8/17/2016 Completed 9/1/2016

(unbonded) Water Well Constructor Certification
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 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 1899 Date 9/20/2016
 Signed SAM P KINGREY (E-filed)
 Contact Info (optional) _____

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OMBD

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

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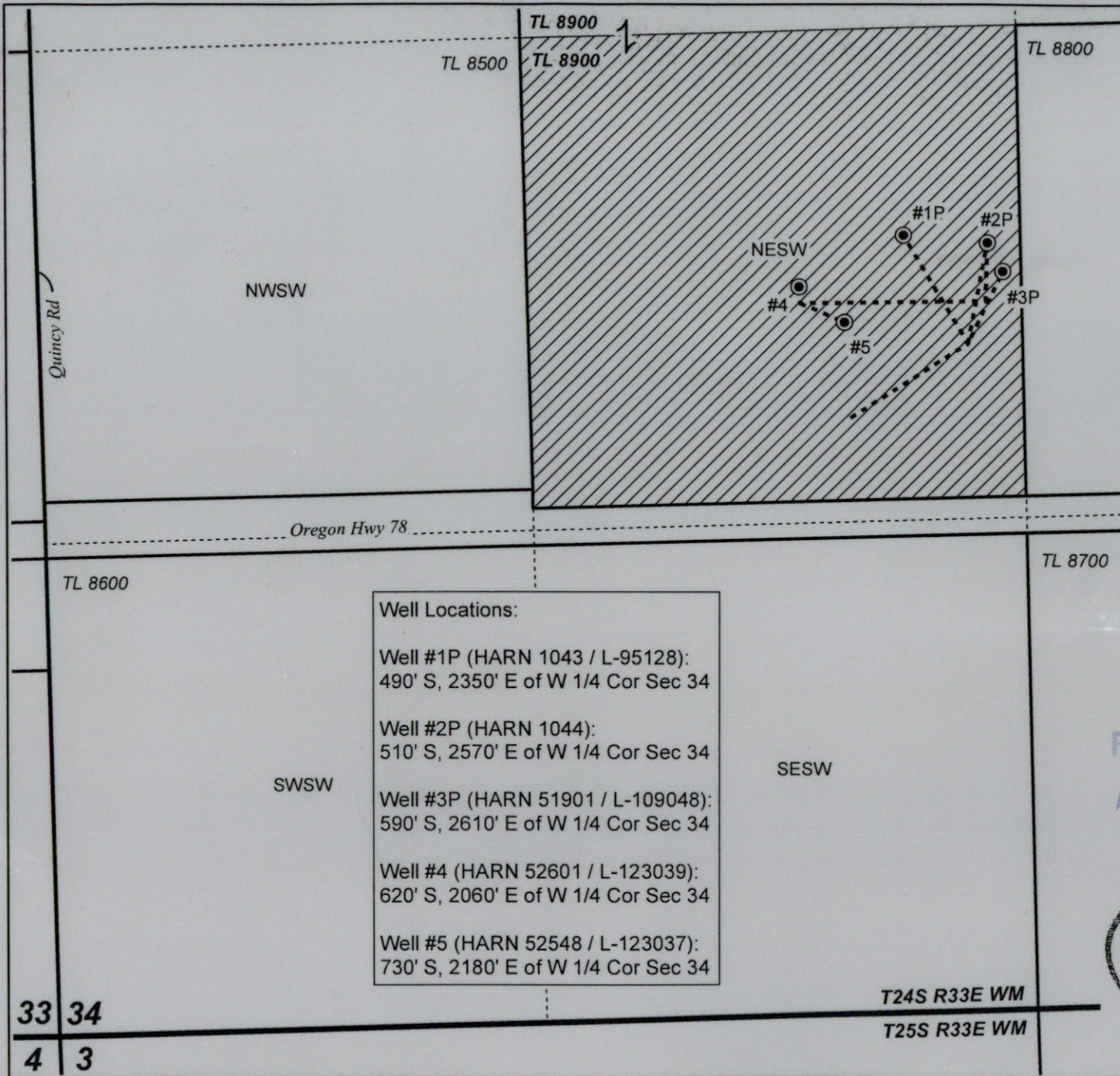
**T24S R33E, WM,
HARNEY COUNTY, OR**



0 400
Feet

1" = 400'

- Well & Meter
- Pipeline
-  POU Commercial Use
-  Township
-  Section
- Quarter Quarter
-  Tax Lot
- Quarter Quarter



Well Locations:

Well #1P (HARN 1043 / L-95128):
490' S, 2350' E of W 1/4 Cor Sec 34

Well #2P (HARN 1044):
510' S, 2570' E of W 1/4 Cor Sec 34

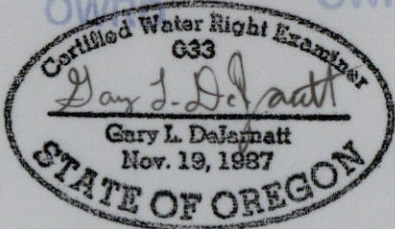
Well #3P (HARN 51901 / L-109048):
590' S, 2610' E of W 1/4 Cor Sec 34

Well #4 (HARN 52601 / L-123039):
620' S, 2060' E of W 1/4 Cor Sec 34


Well #5 (HARN 52548 / L-123037):
730' S, 2180' E of W 1/4 Cor Sec 34

RECEIVED RECEIVED
AUG 25 2021 JUL 23 2021

OWRD OWRD



RENEWAL DATE 12/31/2021



33 34
4 3

T24S R33E WM
T25S R33E WM

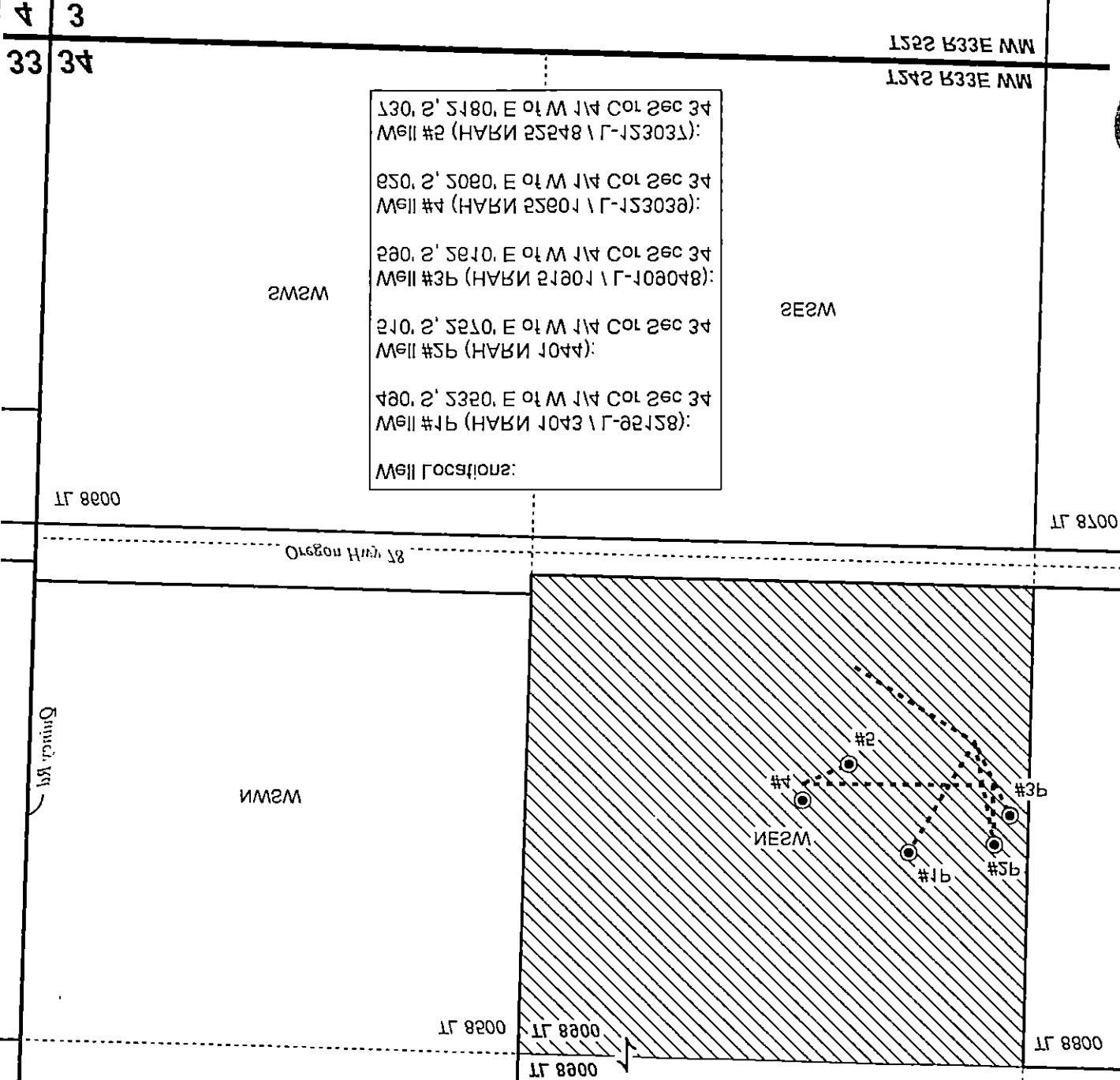
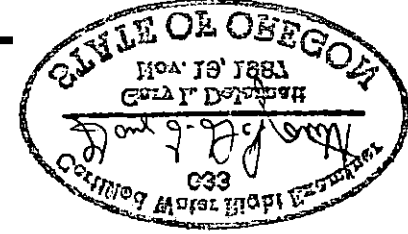
**CLAIM OF BENEFICIAL USE MAP
DANIEL & DENISE KRYGER**

This map is not intended
to provide legal dimensions
or locations of property
ownership lines.

WATER RIGHT SERVICES, LLC
PO BOX 1830, BEND, OR 97709
WWW.OREGONWATER.US CCB # 197121
johnshort@usa.com 541-389-2837

DANIEL & DENISE KRYGER CLAIM OF BENEFICIAL USE MAP

RENEWAL DATE 12/31/2021



330. 2' 5180. E of W 1/4 Cor Sec 34
Well #2 (HARN 25248 \ G-153031):

250. 2' 5080. E of W 1/4 Cor Sec 34
Well #4 (HARN 25001 \ G-153032):

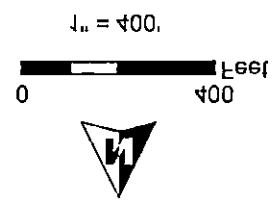
280. 2' 5210. E of W 1/4 Cor Sec 34
Well #3B (HARN 21801 \ G-108018):

210. 2' 5250. E of W 1/4 Cor Sec 34
Well #2B (HARN 10441 \ G-153033):

480. 2' 5320. E of W 1/4 Cor Sec 34
Well #1B (HARN 10431 \ G-22158):

Well Locations:

- Quarter Quarter
- Tax Lot
- Quarter Quarter
- Section
- Township
- ▨ Non Commercial Use
- Pipeline
- Well & Meter



HARNEY COUNTY, OR T24S R33E, WM