ALL POINTS
ENGINEERING & SURVEYING, INC.
P.O. Box 767 (CRR)
Terrebonne, Oregon 97760

TRANSMITTAL

To: Oregon Water Resources Dept
725 Summer St NE, Suite A
Salem, OR 97301-1266

Date: 10/202021
Attention: Certificates
RE: Claims of Beneficial Use

[X] Prints [] Plans [] Plat [] Specifications.

Attached is a Claim of Beneficial Use & final proof maps for G-18685 for Jesse Van De Stroet.

If you have any questions please don't hesitate to call or email me.

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Copies	No.	Description
1	1	Claim of Beneficial Use (27 pages letter bond)
1	2	Final Proof Map (2 page mylar)
1	3	Aerial photo (1 page letter bond)
1	4	Well logs (12 pages letter bond)
1	5	Site Photos (12 pages letter bond)
1	6	Check for $230

Signed: Denise Montgomery

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

OREGON WATER RESOURCES DEPARTMENT

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

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

A separate form shall be completed for each permit.

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

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:
https://www.oregon.gov/OWRD/Forms/Pages/default.aspx
The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

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

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

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

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

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see
https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-17257	**G-18685**	**T-12965**

2. Property Owner (current owner information):

Applicant/Business Name	Phone No.	Additional Contact No.
Jesse T Van De Stroet	**605-310-6292**	**605-268-4343**
Address **1524 290th St**		

City	State	Zip	E-Mail
Inwood	**IA**	**51240**	**Inwoodfeeders@gmail.com**

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

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

Permit Holder of Record
Same as above
Address

City	State	Zip

Additional Permit Holder of Record
NA
Address

City	State	Zip

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4. Date of Site Inspection:

09/22/2021

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

Name	Date	Association with the Project
Kendall Wedal	**9/22/2021**	**Farm Manager**

6. County:

Harney

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

Owner of Record
NA
Address

City	State	Zip

Add additional tables for owners of record as needed

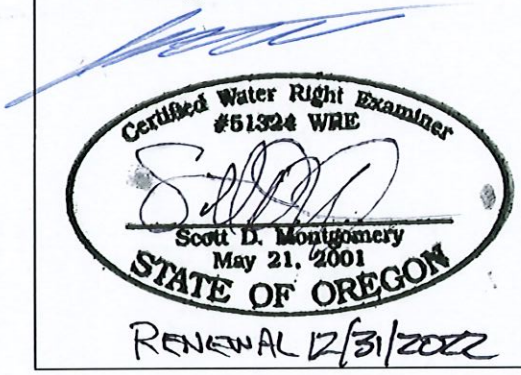
SECTION 2

SIGNATURES

CWRE Statement, Seal and Signature

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

Seal and Signature



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

Permit Holder of Record Signature or Acknowledgement

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

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

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	Jesse T. Van De Stroet	Owner/Permit Holder	

SECTION 3

CLAIM DESCRIPTION

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)
T1	HARN 52215	Requested new TAG
T2	HARN 51944/52119	L-110811
T3	HARN 52456	L-60071
T4	HARN 52624	L-118054
T5	HARN 50789	L-41943
T6	HARN 50285	L-21274

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
T1	Malheur Slough Basin	Malheur Lake
T2	Malheur Slough Basin	Malheur Lake
T3	Malheur Slough Basin	Malheur Lake
T4	Malheur Slough Basin	Malheur Lake
T5	Malheur Slough Basin	Malheur Lake
T6	Malheur Slough Basin	Malheur Lake

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)
T1	IR	Grass Hay	Mar 1 to Oct 31	1.67 cfs
T2	IR	Grass Hay	Mar 1 to Oct 31	1.31 cfs
T3	IR	Alfalfa	Mar 1 to Oct 31	1.75 cfs
T4	IR	Alfalfa	Mar 1 to Oct 31	1.59 cfs
T5	IR	Barley	Mar 1 to Oct 31	1.17 cfs
T6	IR	Alfalfa	Mar 1 to Oct 31	0.93 cfs
Total Quantity of Water Used				8.42 cfs*

*From any combination of wells to 4 other additional pivots

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 the authorized wells into a common pipe network that conveys to two center pivot sprinklers that irrigate the place of use.

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. **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
T1	3.12 cfs	3.30 cfs	1.67 cfs	IR	251.2	251.2
T2	3.12 cfs	1.31 cfs	Off	IR	251.2	251.2
T3	3.12 cfs	1.75 cfs	Off	IR	251.2	251.2
T4	3.12 cfs	1.75 cfs	1.59 cfs	IR	251.2	251.2
T5	3.12 cfs	1.17 cfs	Off	IR	251.2	251.2
T6	3.12 cfs	0.93 cfs	Off	IR	251.2	251.2

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? **YES**

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

T1

A. Place of Use

1. Is the right for municipal use? **NO**

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
24S	32.5E	WM	29	NE NE			IR	31.4	
24S	32.5E	WM	29	NW NE			IR	31.4	
24S	32.5E	WM	29	SW NE			IR	31.4	
24S	32.5E	WM	29	SE NE			IR	31.4	
24S	32.5E	WM	29	NE SE			IR	31.4	
24S	32.5E	WM	29	NW SE			IR	31.4	
24S	32.5E	WM	29	SW SE			IR	31.4	
24S	32.5E	WM	29	SE SE			IR	31.4	
Total Acres Irrigated								251.2	

B. Groundwater Source Information (Well)

1. Is the appropriation from a well? **YES**

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

Top of casing between 14" & 12" casings

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

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

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

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)? **NO**

D. Diversion and Delivery System Information

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

1. Is a pump used? YES

2. Pump Information:

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake size	Discharge size
Flowserve	UNK	32125451	Turbine	12"	10"

3. Motor Information:

Manufacturer	Horsepower
Nidec	200

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)
200	40	325'	0'	3.30

5. Provide pump calculations:

$Q = \frac{7.04\ ft^4/s/hp \times hp}{} = \frac{(7.04)(200)}{} = 3.50$ cfs

Total Head, ft 426.6

Total Head, ft = 101.6 + 325' + 0' = 426.6'

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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)
373571 gal x 1000	373574 gal x 1000	4 min	1.67

*Flowtest from 7/23/2020

7. Is the distribution system piped? YES

8. Mainline Information:

Mainline Size	Length	Type of Pipe	Buried or Above Ground
10"	2100 LF	PVC	Buried
8"	2265 LF	PVC	Buried

9. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
NA			

10. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (CFS)
¾"	30	80	2	2	0.36

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

11. Drip Emitter Information:

Size	Operating PSI	Emitter Output (GPM)	Total Number of Emitters	Maximum Number Used	Total Emitter Output (CFS)
NA					

12. Drip Tape Information:

Dripper Spacing in Inches	GPM per 100 Feet	Total Length of Tape	Maximum Length of Tape Used	Total Tape Output (CFS)	Additional Information
NA					

13. Pivot Information:

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (GPM)	Total Pivot Output (CFS)
Reinke	1320 LF	30	900	2.01
Reinke	1320 LF	30	900	2.01

E. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)? NO

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe? NO

G. Gravity Flow Canal or Ditch

(The Department typically uses Manning's formula for canals and ditches)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? NO

H. Additional notes or comments related to the system:

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

T2

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A. Place of Use

1. Is the right for municipal use? NO

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
24S	32.5E	WM	29	NE NE			IR	31.4	
24S	32.5E	WM	29	NW NE			IR	31.4	
24S	32.5E	WM	29	SW NE			IR	31.4	
24S	32.5E	WM	29	SE NE			IR	31.4	
24S	32.5E	WM	29	NE SE			IR	31.4	
24S	32.5E	WM	29	NW SE			IR	31.4	
24S	32.5E	WM	29	SW SE			IR	31.4	
24S	32.5E	WM	29	SE SE			IR	31.4	
Total Acres Irrigated								251.2	

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

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

¾" white PVC pipe 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
See well log						

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

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)? NO

D. Diversion and Delivery System Information

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

1. Is a pump used? YES

2. Pump Information:

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake Size	Discharge Size
Goulds	UNK	UNK	Submersible	12"	6"

3. Motor Information:

Manufacturer	Horsepower
Goulds	75

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)
75	40	300'	0'	1.31

5. Provide pump calculations:

Q = 7.04 $ft^4/s/hp$ x hp = (7.04)(75) = 1.31 cfs
Total Head, ft 401.6
Total Head, ft = 101.6' + 300' + 0' = 401.6'

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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)
373571 galx1000	373574 gal x 1000	4 min	1.67

*Flowtest from 7/23/2020

7. Is the distribution system piped? YES

8. Mainline Information:

Mainline Size	Length	Type of Pipe	Buried or Above Ground
8"	2650 LF	PVC	Buried

9. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
NA			

10. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (CFS)
¾"	30	80	2	2	0.36

11. Drip Emitter Information:

Size	Operating PSI	Emitter Output (GPM)	Total Number of Emitters	Maximum Number Used	Total Emitter Output (CFS)
NA					

12. Drip Tape Information:

Dripper Spacing in Inches	GPM per 100 Feet	Total Length of Tape	Maximum length of Tape Used	Total Tape Output (CFS)	Additional Information
NA					

13. Pivot Information:

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (GPM)	Total Pivot Output (CFS)
Reinke	1320 LF	30	900	2.01
Reinke	1320 LF	30	900	2.01

E. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)? NO

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe? NO

G. Gravity Flow Canal or Ditch

(The Department typically uses Manning's formula for canals and ditches)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? NO

H. Additional notes or comments related to the system:

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

T3

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A. Place of Use

1. Is the right for municipal use? NO

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
24S	32.5E	WM	29	NE NE			IR	31.4	
24S	32.5E	WM	29	NW NE			IR	31.4	
24S	32.5E	WM	29	SW NE			IR	31.4	
24S	32.5E	WM	29	SE NE			IR	31.4	
24S	32.5E	WM	29	NE SE			IR	31.4	
24S	32.5E	WM	29	NW SE			IR	31.4	
24S	32.5E	WM	29	SW SE			IR	31.4	
24S	32.5E	WM	29	SE SE			IR	31.4	
Total Acres Irrigated								251.2	

B. Groundwater Source Information (Well)

1. Is the appropriation from a well? YES

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

1" Thd bolt S side pump base

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

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

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

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)? NO

D. Diversion and Delivery System Information

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

1. Is a pump used? YES

2. Pump Information:

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake size	Discharge size
Flowserve	10EMM	1507CGC94080-1	Turbine	12"	8"

3. Motor Information:

Manufacturer	Horsepower
Nidec	100

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)
100	40	300'	0'	1.75

5. Provide pump calculations:

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$Q = \frac{7.04\ ft^4/s/hp \times hp}{\text{Total Head, ft}} = \frac{(7.04)(100)}{401.6} = 1.75$ cfs

Total Head, ft = 101.6' + 300' + 0' = 401.6'

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

Initial Meter Reading	Ending Meter Reading	Duration of Time Observed	Total Pump Output (in cfs)
Not running			

7. Is the distribution system piped? YES

8. Mainline Information:

Mainline Size	Length	Type of Pipe	Buried or Above Ground
8"	1715 LF	PVC	Buried

9. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
NA			

10. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (cfs)
¾"	30	80	2	2	0.36

11. Drip Emitter Information:

Size	Operating PSI	Emitter Output (GPM)	Total Number of Emitters	Maximum Number Used	Total Emitter Output (cfs)
NA					

12. Drip Tape Information:

Dripper Spacing in Inches	GPM per 100 Feet	Total Length of Tape	Maximum length of Tape Used	Total Tape Output (cfs)	Additional Information
NA					

13. Pivot Information:

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (gpm)	Total Pivot Output (cfs)
Reinke	1320 LF	30	900	2.01
Reinke	1320 LF	30	900	2.01

E. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)? NO

F. Gravity Flow Pipe

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

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1. Does the system involve a gravity flow pipe? NO

G. Gravity Flow Canal or Ditch

(The Department typically uses Manning's formula for canals and ditches)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? NO

H. Additional notes or comments related to the system:

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

T4

A. Place of Use

1. Is the right for municipal use? 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
24S	32.5E	WM	29	NE NE			IR	31.4	
24S	32.5E	WM	29	NW NE			IR	31.4	
24S	32.5E	WM	29	SW NE			IR	31.4	
24S	32.5E	WM	29	SE NE			IR	31.4	
24S	32.5E	WM	29	NE SE			IR	31.4	
24S	32.5E	WM	29	NW SE			IR	31.4	
24S	32.5E	WM	29	SW SE			IR	31.4	
24S	32.5E	WM	29	SE SE			IR	31.4	
Total Acres Irrigated								251.2	

B. Groundwater Source Information (Well)

1. Is the appropriation from a well? YES

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

2" capped pipe SW side of casing & 1" thd bolt SW side pump base

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

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

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

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)? NO

D. Diversion and Delivery System Information

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

1. **Is a pump used?** YES

2. **Pump Information:**

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake Size	Discharge Size
Flowserve	UNK	2125451	Turbine	12"	10"

3. **Motor Information:**

Manufacturer	Horsepower
US Motors	100

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)
100	40	300'	0'	1.75

5. **Provide pump calculations:**

$Q = \frac{7.04 \text{ ft}^4/\text{s/hp} \times \text{hp}}{\text{Total Head, ft}} = \frac{(7.04)(100)}{401.6} = 1.75 \text{ cfs}$

Total Head, ft = 101.6' + 300' + 0' = 401.6'

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)
364163 gal x 1000	364168 gal x 1000	7 min	1.59

*Flowtest from 7/23/2020

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7. **Is the distribution system piped?** YES

8. **Mainline Information:**

Mainline Size	Length	Type of Pipe	Buried or Above Ground
10"	2245 LF	PVC	Buried

9. **Lateral or Handline Information:**

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
NA			

10. **Sprinkler Information:**

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (cfs)
¾"	30	80	2	2	0.36

11. Drip Emitter Information:

Size	Operating PSI	Emitter Output (GPM)	Total Number of Emitters	Maximum Number Used	Total Emitter Output (CFS)
NA					

12. Drip Tape Information:

Dripper Spacing in Inches	GPM per 100 Feet	Total Length of Tape	Maximum length of Tape Used	Total Tape Output (CFS)	Additional Information
NA					

13. Pivot Information:

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (GPM)	Total Pivot Output (CFS)
Reinke	1320 LF	30	900	2.01
Reinke	1320 LF	30	900	2.01

E. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)? NO

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

1. Does the system involve a gravity flow pipe? NO

G. Gravity Flow Canal or Ditch

(The Department typically uses Manning's formula for canals and ditches)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? NO

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H. Additional notes or comments related to the system:

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

T5

A. Place of Use

1. Is the right for municipal use? NO

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
24S	32.5E	WM	29	NE NE			IR	31.4	
24S	32.5E	WM	29	NW NE			IR	31.4	
24S	32.5E	WM	29	SW NE			IR	31.4	
24S	32.5E	WM	29	SE NE			IR	31.4	
24S	32.5E	WM	29	NE SE			IR	31.4	
24S	32.5E	WM	29	NW SE			IR	31.4	
24S	32.5E	WM	29	SW SE			IR	31.4	
24S	32.5E	WM	29	SE SE			IR	31.4	
Total Acres Irrigated								251.2	

B. Groundwater Source Information (Well)

1. Is the appropriation from a well? YES

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

2" capped pipe NE side of casing

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

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

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

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)? NO

D. Diversion and Delivery System Information

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

1. **Is a pump used?** YES

2. **Pump Information:**

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake Size	Discharge Size
Flowserve		6056GC95749-1	Turbine	16"	8"

3. **Motor Information:**

Manufacturer	Horsepower
Nidec	50

4. **Theoretical Pump Capacity:**

Horsepower	Operating PSI	Lift from Source to Pump *If a well, the water level during pumping	Lift from Pump to Place of Use	Total Pump Output (in cfs)
50	40	200'	0'	1.17

5. **Provide pump calculations:**

$Q = \frac{7.04\ ft^4/s/hp \times hp}{} = \frac{(7.04)(50)}{} = 1.17$ cfs

Total Head, ft 301.6

Total Head, ft = 101.6' + 200' + 0' = 301.6

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

Initial Meter Reading	Ending Meter Reading	Duration of Time Observed	Total Pump Output (in cfs)
Not running			

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

7. **Is the distribution system piped?** YES

8. **Mainline Information:**

Mainline Size	Length	Type of Pipe	Buried or Above Ground
8"	6470 LF	Steel	Buried

9. **Lateral or Handline Information:**

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
NA			

10. **Sprinkler Information:**

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (cfs)
¾"	30	80	2	2	0.36

11. **Drip Emitter Information:**

Size	Operating PSI	Emitter Output (GPM)	Total Number of Emitters	Maximum Number Used	Total Emitter Output (cfs)
NA					

12. Drip Tape Information:

Dripper Spacing in Inches	GPM per 100 Feet	Total Length of Tape	Maximum length of Tape Used	Total Tape Output (cfs)	Additional Information
NA					

13. Pivot Information:

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (GPM)	Total Pivot Output (CFS)
Reinke	1320 LF	30	900	2.01
Reinke	1320 LF	30	900	2.01

E. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)? NO

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe? NO

G. Gravity Flow Canal or Ditch

(The Department typically uses Manning's formula for canals and ditches)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? NO

H. Additional notes or comments related to the system:

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

T6

A. Place of Use

1. Is the right for municipal use? NO

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
24S	32.5E	WM	29	NE NE			IR	31.4	
24S	32.5E	WM	29	NW NE			IR	31.4	
24S	32.5E	WM	29	SW NE			IR	31.4	
24S	32.5E	WM	29	SE NE			IR	31.4	
24S	32.5E	WM	29	NE SE			IR	31.4	
24S	32.5E	WM	29	NW SE			IR	31.4	
24S	32.5E	WM	29	SW SE			IR	31.4	
24S	32.5E	WM	29	SE SE			IR	31.4	
Total Acres Irrigated								251.2	

B. Groundwater Source Information (Well)

1. Is the appropriation from a well? YES

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

1 ¼" dia. Capped pipe S side

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

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

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

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)? NO

D. Diversion and Delivery System Information

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

1. **Is a pump used?** YES

2. **Pump Information:**

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake Size	Discharge Size
UNK	UNK	UNK	Submersible	14"	6"

3. **Motor Information:**

Manufacturer	Horsepower
UNK	40

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)
40	40	200'	0	0.93

5. **Provide pump calculations:**

$Q = \underline{7.04\ ft^4/s/hp \times hp} = \underline{(7.04)(40)} = 0.93$ cfs

Total Head, ft 301.6

Total Head, ft = 101.6' + 200' + 0' = 301.6'

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

Initial Meter Reading	Ending Meter Reading	Duration of Time Observed	Total Pump Output (in cfs)
Not running			

7. **Is the distribution system piped?** YES

8. **Mainline Information:**

Mainline Size	Length	Type of Pipe	Buried or Above Ground
6"	1350 LF	PVC	Buried
8"	1715 LF	PVC	Buried

9. **Lateral or Handline Information:**

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
NA			

10. **Sprinkler Information:**

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (cfs)
¾"	30	80	2	2	0.36

11. **Drip Emitter Information:**

Size	Operating PSI	Emitter Output (GPM)	Total Number of Emitters	Maximum Number Used	Total Emitter Output (cfs)
NA					

12. Drip Tape Information:

Dripper Spacing in Inches	GPM per 100 Feet	Total Length of Tape	Maximum length of Tape Used	Total Tape Output (cfs)	Additional Information
NA					

13. Pivot Information:

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (GPM)	Total Pivot Output (CFS)
Reinke	1320 LF	30	900	2.01
Reinke	1320 LF	30	900	2.01

E. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)? NO

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe? NO

G. Gravity Flow Canal or Ditch

(The Department typically uses Manning's formula for canals and ditches)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? NO

H. Additional notes or comments related to the system:

SECTION 5

CONDITIONS

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

1. Time Limits:

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

	Date from Permit	Date Accomplished*	Description of Actions Taken by Water User to Comply with the Time Limits
Issuance Date	8/30/2021		
Begin construction (A)	NA	NA	NA
Complete construction (B)	10/1/2022	9/22/2021	Irrigation System complete
Complete application of water (C)	10/1/2022	9/22/2021	Water metered & reported 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**

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

b. Were the Progress Reports submitted? **YES**

3. Initial Water Level Measurements:

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

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

March

c. Was the measurement submitted to the Department? **YES**

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

Date of Measurement	Measurement Made By	Method	Measurement

4. Annual Static Water Level Measurements:

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

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

March

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

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

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

Date of Measurement	Measurement Made By	Method	Measurement

5. Pump Test:

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

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

c. Is the pump test attached to this claim? **NO**

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

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

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***Exemption has been sent to OWRD**

6. Measurement Conditions:

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

b. Has a meter been installed? **YES**

c. Meter Information

POD/POA Name or #	Manufacturer	Serial #	Condition (working or not)	Current Meter Reading	Date Installed
T1	McCrometer	16-06210-10	Not running	611.589 gal x 1000	Spring 2016
T2	McCrometer	16-06272-08	Not running	527.418 gal x 1000	Spring 2016
T3	McCrometer	17-08123-08	Not running	290.849 AF	Summer 2020
T4	McCrometer	16-06269-10	Not running	528.006 gal x 1000	Spring 2016
T5	McCrometer	09-08506-08	Not running	257450 AF	Fall 2009
T6	McCrometer	17-07932-06	Not running	065400 AF	Spring 2017

7. Recording and reporting conditions:

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

b. Have the reports been submitted? **YES**

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

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

a. Were there special well construction standards? **NO**

b. Was submittal of a ground water monitoring plan required? **NO**

c. Was submittal of a water management and conservation plan required? **NO**

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **YES**

Well ID #	Date Attached To Well

Requested TAG	
L-110811	5/24/2013
L-60071	7/31/2015
L-118054	6/18/2018
L-41943	3/31/2002
L-21274	3/20/1998

e. Other conditions? **NO**

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
Well logs	**T1 to T6**
Aerial imagery	**USDA/FSA imagery from June 2020**
Site photos	**Location & time stamped pictures of wells, irrigation system and place of use**

SECTION 7

CLAIM OF BENEFICIAL USE MAP

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

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

The wells, conveyances, sprinklers, and place of use were tied using a Trimble GeoXT 6000 GIS data collector. Point data was imported into Trimble Pathfinder software and converted to Statewide Lambert Projection. Point data was compared with aerial imagery for accuracy.

Map Checklist

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

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

Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for
Well ID Number

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Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name *(please print)*: Jesse Van De Stroet

Mailing Address: 1524 290th St

City, State, Zip: Inwood, IA 51240

Mail Well ID Tag to: ☐ SAME AS ABOVE ☒ In Care Of (C/O)

Name & Address: All Points Engr & Surveying, Scott Montgomery

City, State, Zip: PO Box 767, Terrebonne, OR 97760

II. WELL LOCATION INFORMATION *(Please fill out as completely as possible)*

Township: 24S (North / South) Range: 32.5 (East / West) Section: 29 SE 1/4 of the NE 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 8400 County Harney

GPS Coordinates: 43.27'52.82"N 118.47'31.80"W

Street Address of Well, City: 37584 Taylor Lane, Burns, OR 97720

If the property had a different street address in the past:

III. GENERAL WELL INFORMATION *(Please fill out as completely as possible, AND attach copy of Well Log, if available)*

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation

Date Well Constructed (or property built): 3/19/2014 Total Well Depth: 350' Casing Diameter: 12"

Owner at time the well was constructed (if known): Jesse Van De Stroet Well Log # (if known): HARN 52215

Other Information: Tag was lost

SUBMITTED BY *(please print)*: Scott D Montgomery

PHONE: 541-548-5833 **EMAIL &/or FAX:** scott@apeands.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:	Well Log Number:	Well Identification #:

HARN 52215

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

6/20/2015

WELL I.D. LABEL# L 94009
START CARD # 1020274
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name DUSTY Last Name ROBEY
Company
Address PO BOX 3402
City PRINCETON State OR Zip 97721

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion [ ] Alteration (complete 2a & 10) [ ] Abandonment(complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	Material	From	To	Amt	sacks/lbs
Seal:					

(3) DRILL METHOD

[ ] Rotary Air [ ] Rotary Mud [X] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE

[ ] Domestic [X] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 350.00 ft.

BORE HOLE

Dia	From	To
20	0	40
14	40	106
12	106	350

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite Chips	0	40	72	S
		Calculated	10.59	
		Calculated		

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other POURED
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	Thrd
●	○	12	X	1.5	310	.250	●	○	X	
●	○	14	X	1	106	.250	●	○	X	
○	●	10		300	350	.250	●	○	X	
○	○						○	○		
○	○						○	○		

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

(7) PERFORATIONS/SCREENS

Perforations Method torch
Screens Type Material

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	10	300	350	.25	3	1000	

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

( ) Pump (o) Bailer ( ) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
50	10		1

Temperature 62 °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 32.50 E E/W WM
Sec 29 SE 1/4 of the NE 1/4 Tax Lot 8400
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
( ) Street address of well ( ) Nearest address
TURN ONTO SOUTH HARNEY RD OFF HIGHWAY 78 AND MAKE AN IMMEDIATE RIGHT O

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	3/19/2014			71

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 83 M.V.

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
8/15/2013	84	178				71
11/12/2013	231	287	35			71
2/27/2014	318	350	1000			71

(11) WELL LOG

Ground Elevation

Material	From	To
Topsoil	0	2
Brown Clay	2	57
Gray Clay	57	143
Gray Clay with Fine Sand	143	178
Green Clay	178	231
Gray Clay with Fine Sand	231	287
Green Clay	287	318
Coarse Sand and Gravel	318	350

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Date Started 6/24/2013 Completed 3/19/2014

(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 1675 Date 6/20/2015

Signed GEORGE VALENTINE (E-filed)

Contact Info (optional) 1675

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

STATE OF OREGON
WATER SUPPLY WELL REPORT
(ORS 537.765 & OAR 690-205-0210)
Instructions for completing this report are on the last page of this form.

HARN 54944 pg 2

WELL LABEL # L 110811
START CARD # 1019713
ORIGINAL LOG #

(1) LANDOWNER Owner Well I.D. _____
First Name _____ Last Name _____
Company DCR Hay Co. LLC
Address PO Box 3042
City Princeton State OR Zip 97721

(2) TYPE OF WORK ☒ New ☐ Conversion ☐ Deepening
☐ Alteration (complete Sections 2a & 10) ☐ Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: ☐ Steel ☐ Plastic ☐ Other _____
Casing Gauge _____ Casing Diameter _____

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

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

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 920 ft. Special Standard: ☐ Yes (attach copy)

BORE HOLE Dia	From	To	SEAL Material	From	To	Amount	Sacks/lbs
20"	0	33	Bentonite	0	32	1650	165
16"	33	327					
10	327	920					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Poured Dry
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		16"	+	15"	33	.250	✓		✓	
	✓	12"	+	2'	327	.250	✓		✓	

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

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

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

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1500		300'	1.5

Temperature 97 °F Lab analysis ☐ Yes By _____
Water quality concerns? ☐ Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Harney Twp 24 N or ☒ S Range 32 1/2 ☒ E or W W.M.
Sec 28 SW 1/4 of the NW 1/4 Tax Lot 830
Tax Map Number _____ Lot _____
Lat ___ ° ___ ' ___ . ___ " or ___ . ___ DMS or DD
Long ___ ° ___ ' ___ . ___ " or ___ . ___ DMS or DD
Street Address of Well (or nearest address) 37584 Taylor Ln. Burns

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	5-24-13		~	21'

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes
WATER BEARING ZONES Depth water was first found 45

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
5-09-13	45	325	50 gpm		~	20'
5-22-13	325	800	800		~	22
5-24-13	800	920	1500		~	21

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(11) WELL LOG Ground Elevation _____

Material	From	To
BRN SAND	0	24
BRN CLAY - SANDY	24	28
GRAY CLAY - SANDY	28	45
FINE BLACK SAND	45	95
SANDY CLAY	95	112
GRAY CLAY - SAND	112	150
BRN. SANDY CLAY	150	158
BLACK CLAY - SAND STREAKS	158	190
GRAVEL - SAND	190	207
SAND - SILT	207	268
SILT - CLAY LAYERS	268	325
GRAY CLAY - CLAYSTONE	325	355
GRAY CLAYSTONE - CLAY LAYERS	355	370
CLAY STONE	370	385
ROCK - CLAY LAYERS	385	428
CONTINUED ON PAGE 2		

Date Started _____ Completed _____

(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 1940 Date 5/24/2013
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 1355 Date 5-24-13
Signed _____
Contact Info. (optional)

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OWRD

ORIGINAL – WATER RESOURCES DEPARTMENT ONE COPY FOR CONSTRUCTOR ONE COPY FOR CUSTOMER
SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK 01/02/2009

STATE OF OREGON
WATER SUPPLY WELL REPORT
(ORS 537.765 & OAR 690-205-0210)
Instructions for completing this report are on the last page of this form.

HARN 51944

WELL LABEL # L 110811
START CARD # 1019713
ORIGINAL LOG #

(1) LANDOWNER Owner Well I.D.
First Name Last Name
Company D.C.R. HayCo LLC.
Address PO Box 3042.
City Prineton State OR Zip 97721

(2) TYPE OF WORK ☒ New ☐ Conversion ☐ Deepening
☐ Alteration (complete Sections 2a & 10) ☐ Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth ft.
Seal Material
Casing Type: ☐ Steel ☐ Plastic ☐ Other
Casing Gauge Casing Diameter

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

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

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 920 ft. Special Standard: ☐ Yes (attach copy)

BORE HOLE Dia	From	To	Material	SEAL From	To	Amount	Sacks/lbs

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: sacks/lbs
Actual Amount Used: sacks/lbs

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd

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

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type Material

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

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1500		300	1 1/2

Temperature 97 °F Lab analysis ☐ Yes By
Water quality concerns? ☐ Yes (describe below) TDS ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Harney Twp 24 ☒ N or S Range 32 1/2 ☒ E or W W.M.
Sec 28 SW 1/4 of the NW 1/4 Tax Lot 830
Tax Map Number Lot
Lat ° ' " or . DMS or DD
Long ° ' " or . DMS or DD
Street Address of Well (or nearest address) 37584 Taylor Ln
Burns

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	5-24-13		-	21

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes
WATER BEARING ZONES Depth water was first found 45

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
5-09-13	45	325	50		-	20
5-22-13	325	800	200		-	22
5-24-13	800	920	1800		-	21

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(11) WELL LOG Ground Elevation

Material	From	To
GRAY PUMICE STONE	428	480
GRAY CLAY	480	482
GRAY PUMICE STONE	482	557
BRN SANDY GRAVELLY CLAY & CLAYSTONE LAYERS	557	570
BRN SAND & CLAY - ROCK	570	581
ROCK CLAY - SAND LAYERS	581	690
BRN SAND - CLAY - CLAYSTONE	690	798
BROKEN ROCK	798	800
CLAYSTONE - CLAY LAYERS	800	835
BROKEN ROCK CONGLOMERATE	835	842
ROCK - CLAYSTONE LAYERS	842	873
BROKEN BASALT & BROKEN CLAYSTONE LAYERS	873	920

Date Started 5-07-13 Completed 5-23-13

(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 1940 Date 5/24/2013
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 1355 Date 5-24-13
Signed Arthur L. Hay
Contact Info. (optional)

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ORIGINAL – WATER RESOURCES DEPARTMENT ONE COPY FOR CONSTRUCTOR ONE COPY FOR CUSTOMER
SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK 01/02/2009

HARN 52119

HARN 52119

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

10/22/2014

WELL I.D. LABEL# L ~~1019719~~ 110811
START CARD # 1023146
ORIGINAL LOG # HARNEY 51944

(1) LAND OWNER

Owner Well I.D.
First Name DUSTY Last Name ROBEY
Company DCR HAY COMPANY
Address PO BOX 3042
City PRINCETON State OR Zip 97721

(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	Thrd
Casing:	16	☒	1	33	.250	◉	○	☒	☐

	Material	From	To	Amt	sacks/lbs
Seal:	Bentonite	0	32	1650	Pounds

(3) DRILL METHOD

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

(4) PROPOSED USE

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

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)
Depth of Completed Well 920.00 ft.

BORE HOLE

Dia	From	To
20	0	33
16	33	327
10	327	920

SEAL

Material	From	To	Amt	sacks/lbs

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other POURED
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	Thrd
○	◉	12	☒	2	327	.250	◉	○	☒	☐
○	◉	8	☐	278	900	.250	◉	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

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

(7) PERFORATIONS/SCREENS

Perforations Method Torch Cut
Screens Type Material

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	8	278	900	.25	4	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)
1108	158	253	2

Temperature 97 °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 32.50 E E/W WM
Sec 28 SW 1/4 of the NW 1/4 Tax Lot 830
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
○ Street address of well ◉ Nearest address
37584 TAYLOR LN

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration	5/18/2014		☐	21
Completed Well	5/20/2014		☐	21

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)

(11) WELL LOG

Ground Elevation

Material	From	To

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Date Started 5/18/2014 Complete 5/20/2014

(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 1801 Date 10/22/2014
Signed JARRETT S HUMPHREY (E-filed)
Contact Info (optional) Jarrett Humphrey #1801

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

WATER SUPPLY WELL REPORT - continuation page

HARN 52119
~~HARN 52119~~

10/22/2014

WELL I.D. LABEL# L ~~1019713~~ 110811
START CARD # 1023146
ORIGINAL LOG # HARNEY 51944

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

Water Quality Concerns

From	To	Description	Amount	Units

(5) BORE HOLE CONSTRUCTION

BORE HOLE Dia	From	To

SEAL Material	From	To	Amt	sacks/lbs

FILTER PACK

From	To	Material	Size

(10) STATIC WATER LEVEL

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(11) WELL LOG

Material	From	To

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(7) PERFORATIONS/SCREENS

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

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

Comments/Remarks

The borehole had caved, bridged at 490 feet. Baled caved material from borehole and immediately installed 8 inch perforated liner and K-Packer from 278 - 900 foot.

Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for
Well ID Number

Do not complete if the well already has a Well Identification Number.

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I. OWNER INFORMATION

Current Owner Name *(please print)*: Jesse Van De Stroet

Mailing Address: 1524 290th St

City, State, Zip: Inwood, IA 51240

Mail Well ID Tag to: ☐ SAME AS ABOVE ☒ In Care Of (C/O)

Name & Address: All Points Engr & Surveying, Scott Montgomery

City, State, Zip: PO Box 767, Terrebonne, OR 97760

II. WELL LOCATION INFORMATION *(Please fill out as completely as possible)*

Township: 24S (North / South) Range: 32.5 (East / West) Section: 21 SE 1/4 of the SE 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 500 County Harney

GPS Coordinates: 43.46851000 118.77694000

Street Address of Well, City: 3 miles west of Hwy 78 on Taylor Lane

If the property had a different street address in the past:

III. GENERAL WELL INFORMATION *(Please fill out as completely as possible, AND attach copy of Well Log, if available)*

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation

Date Well Constructed (or property built): 7/14/2015 Total Well Depth: 340' Casing Diameter: 12"

Owner at time the well was constructed (if known): Jesse Van De Stroet Well Log # (if known): HARN 52456

Other Information: There are two different Well logs with the same Well Tag number- HARN 52456 & HARN 52299

SUBMITTED BY *(please print)*: Scott D Montgomery

PHONE: 541-548-5833 **EMAIL &/or FAX:** scott@apeands.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:	Well Log Number:	Well Identification #:

AMENDED 3-30-2020

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

HARN 52456

11/23/2015

WELL I.D. LABEL# ~~60072~~ **60070**
START CARD # 1026802
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name JESSE Last Name VAN DE STOET
Company
Address 1524 290TH STREET
City INWOOD State IA Zip 51240

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion [ ] Alteration (complete 2a & 10) [ ] Abandonment(complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	Material	From	To	Amt	sacks/lbs
Seal:					

(3) DRILL METHOD

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE

[ ] Domestic [X] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 340.00 ft.

BORE HOLE

Dia	From	To
16	0	20
14.75	20	210
12	210	340

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite Chips	0	20	21	S
		Calculated	15.77	
		Calculated		

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other POURED
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	Thrd
●	○	12	X	1.5	210	.250	●	○	X	
○	●	10		200	340	.250	●	○	X	
○	○						○	○		
○	○						○	○		
○	○						○	○		

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

(7) PERFORATIONS/SCREENS

Perforations Method torch
Screens Type Material

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	10	240	340	.25	4	16	

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

(●) Pump ( ) Bailer ( ) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
600	4	189	4

Temperature 57 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount 191 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 24.00 S N/S Range 32.50 E E/W WM
Sec 21 SE 1/4 of the SE 1/4 Tax Lot 8400
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
(●) Street address of well ( ) Nearest address
THREE MILES WEST OF HWY 78 ON TAYLOR LANE

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			[ ]	
Completed Well	7/14/2015		[ ]	81

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 43.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
7/7/2015	43	340	600			81

(11) WELL LOG

Ground Elevation

Material	From	To
Top Soil	0	5
Sandy Clay	5	7
Fine Sand	7	9
Claystone	9	43
Sandy Clay	43	46
Fine Sand	46	47
Sandy Clay	47	109
Claystone Fractured	109	246
Claystone with seams of Sand	246	319
Sandy Claystone Coarse Gravel	319	340

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Date Started 7/7/2015 Completed 7/14/2015

(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 1801 Date 11/23/2015

Signed JARRETT S HUMPHREY (E-filed)
Contact Info (optional) Jarrett Humphrey #1801

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

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

HARN 52624

START CARD # 211663
ORIGINAL LOG #

(1) LAND OWNER
First Name Jesse Last Name Vande Street
Company
Address 1524 290th St.
City Inwood State Ia Zip 51240

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

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(2a) PRE-ALTERATION

	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:								

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	Material	From	To	Amt	sacks/lbs
Seal:					

FEB 13 2017 SALEM, OR

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

SALEM, OR

(4) PROPOSED USE ☐ Domestic ☒ Irrigation ☐ Community ☐ Industrial/ Commericial ☐ Livestock ☐ Dewatering ☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION Special Standard ☐ (Attach copy)
Depth of Completed Well 208 ft.

BORE HOLE

Dia	From	To
20"	0	160
15"	160	208

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite	22	0	64	s/a
		Calculated	25.01	
		Calculated		

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

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

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
☒	☐	16"	+	2	170	250	☒	☐	☒	☐
☐	☒	12"	+	1½	154	250	☒	☐	☒	☐
☐	☒	10"	+	145	154	250	☒	☐	☒	☐
☐	☒	10"	+	214	218	250	☒	☐	☒	☐
☐	☐						☐	☐	☐	☐

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

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type Stainless Material Steel

Perf/Screen	Casing/Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size
Screen	Liner	10"	154	214	.020			10"

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1300		204'	1 HR

Temperature 58 °F Lab analysis ☐ Yes By
Water quality concerns? ☐ Yes (describe below) TDS amount 188 ppm

From	To	Description	Amount	Units

HARN 52624

(9) LOCATION OF WELL (legal description)
County Harney Twp 24 ☒ N ☐ S Range 32e ☒ E ☐ W WM
Sec 29 NE 1/4 of the NE 1/4 Tax Lot 08301
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
☒ Street address of well ☐ Nearest address
Taylor Ln. Burns, OR

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	6/18/15			55

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 190

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
6/18/15	190	200	2800			55

(11) WELL LOG Ground Elevation

Material	From	To
Sandy Topsoil	0	5
Brown Sandy Clay	5	14
Gray Clay	14	51
Gray Sandy Clay	51	153
Gray Clay	153	189
Large Gravel	189	204
Gray Clay	204	218
K Packer @ 145'		

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Date Started 6/10/15 Completed 6/18/15

(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 1562 Date 1/4/17
Signed Sean C. Oltman
Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.95

HARN 50789

STATE OF OREGON
WATER SUPPLY WELL REPORT Amendment
(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

WELL I.D. # L 41943
START CARD # 131843

(1) OWNER: Joshua Nelson Well Number
Name Harn Corp
Address 375 #3 Taylor Ln.
City Burns #3 State Or Zip 97720

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 420 ft.
Explosives used ☐ Yes ☒ No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
24"	0	20	Bentonite	0	20	45
16	20	420				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other Poured
Backfill placed from ft. to ft. Material
Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	16"	+1	88	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:
☐ Perforations Method
☐ Screens Type Material

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

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

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.
800	20'	77'	5

Temperature of water 60 Depth Artesian Flow Found
Was a water analysis done? NO ☐ Yes By whom
Did any strata contain water not suitable for intended use? NO ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other
Depth of strata: 9.5

(9) LOCATION OF WELL by legal description:
County Harney Latitude Longitude
Township 24 N or S Range 32 1/2 E or W. WM.
Section 26 SE 1/4 NE 1/4
Tax Lot 500 Lot Block Subdivision
Street Address of Well (or nearest address) 37818 taylor Ln.

(10) STATIC WATER LEVEL:
20 ft. below land surface. Date
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at which water was first found

From	To	Estimated Flow Rate	SWL
325'	420'	800	20

(12) WELL LOG:
Ground Elevation

Material	From	To	SWL
Top Soil	0	3	
Brown Clay	3	37	
Gray Clay	37	65'	
Silt	65	170'	
Gray Clay	170	325	20'
Sand & Gravel	325	420	

RECEIVED OCT 25 2021 OWRD
RECEIVED FEB 07 2005 WATER RESOURCES DEPT. SALEM, OREGON
RECEIVED APR 17 2002 WATER RESOURCES DEPT. SALEM, OREGON

Date started 2-16-02 Completed 3-31-02

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

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1752
Signed Kenneth C. Smith Date 4-14-02

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER

HARN 50789

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

WELL I.D. # L 41943
START CARD # 131843

(1) OWNER: Well Number
Name Vern Cox
Address 3758 Taylor Ln.
City Burns State Or Zip 97720

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 420 ft.
Explosives used ☐ Yes ☒ No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
24"	0	20	Bentonite	0	20	45
16	20	420				

How was seal placed: Method ☐A ☐B ☐C ☐D ☐E
☐ Other Poured
Backfill placed from ft. to ft. Material
Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	16"	+1	325	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:
☐ Perforations Method
☐ Screens Type Material

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

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
800	20'	77'	1 hr. 5

Temperature of water 60 Depth Artesian Flow Found
Was a water analysis done? NO ☐ Yes By whom
Did any strata contain water not suitable for intended use? NO ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other
Depth of strata: 97.5

(9) LOCATION OF WELL by legal description:
County Harney Latitude Longitude
Township 24 N or ☒ S Range 32½ ☐ E or W. WM.
Section 26 SE 1/4 NE 1/4
Tax Lot 500 Lot Block Subdivision
Street Address of Well (or nearest address) 3758 Taylor Ln.

(10) STATIC WATER LEVEL:
20 ft. below land surface. Date
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at which water was first found

From	To	Estimated Flow Rate	SWL
325'	420'	800	20

(12) WELL LOG:
Ground Elevation

Material	From	To	SWL
Top Soil	0	3	
Brown Clay	3	37	
Gray Clay & Rock	37	165	
Rock	165	170	
Gray Clay	170	325	20'
Sand & Gravel	325	420	

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OCT 25 2021
OWRD
RECEIVED
APR 17 2002
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 2-16-02 Completed 3-31-02

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

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1752
Signed Kenneth C. Smith Date 4-14-02

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER

harn 50285

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MAR 2 0 1998

WATER RESOURCES DEPT.
SALEM, OREGON

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

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

WELL I.D. # L L21274
START CARD # 098478

(1) OWNER: Well Number

Name Double BG Ranches
Address 1523 Hillcrest Dr
City Burns State OR Zip 97720

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:

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

(4) PROPOSED USE:

☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☐ Yes ☒ No Depth of Completed Well 370 ft.
Explosives used ☐ Yes ☒ No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
18	0	18	bentonite	0	18	19 sacks
14	18	370				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other poured dry and tamped
Backfill placed from ft. to ft. Material
Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	14	+1.5	100	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method
☐ Screens Type Material

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

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

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
100	2		1 hr.

Temperature of water 66 Depth Artesian Flow Found
Was a water analysis done? no ☐ Yes By whom
Did any strata contain water not suitable for intended use? ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other
Depth of strata:

(9) LOCATION OF WELL by legal description:

County Harney Latitude Longitude
Township 24S N or S Range 32½E E or W. WM.
Section 21 NE 1/4 SE 1/4
Tax Lot 500 Lot Block Subdivision
Street Address of Well (or nearest address)

(10) STATIC WATER LEVEL:

22 ft. below land surface. Date 3-14-98
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found 45

From	To	Estimated Flow Rate	SWL
57	65	50	22
215	270	800	22

(12) WELL LOG:

Ground Elevation

Material	From	To	SWL
sand brn topsoil	0	2	
clay brn	2	38	
clay grey	38	57	
clay grey, sand blk	57	75	
clay grey	75	180	
clay blue	180	185	
clay black	185	215	
sandstone grey gravel	215	220	
sand white pumice	220	250	
clay claysotnes pumice	250	270	
clay grey	270	370	

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OCT 25 2021
OWRD

Date started 3-5-98 Completed 3-14-98

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

WWC Number
Signed Date

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1424
Signed Date 3-18-98

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

T1


RECEIVED
OCT 25 2021
OWRD
12:12 22-09-2021
Lat: 43° 27' 52.76" N Lon: 118° 47' 31.77" W

T1

T2


RECEIVED
OCT 25 2021
OWRD
12:34 22-09-2021
Lat: 43° 27' 52.9" N Lon: 118° 46' 55.94" W

T2


RECEIVED
OCT 25 2021
OWRD
12:31 22-09-2021
Lat: 43° 27' 52.63" N Lon: 118° 46' 55.50" W

T3


RECEIVED
OCT 25 2021
OWRD
11:41 22-09-2021
Lat: 43° 28' 5.70" N Lon: 118° 46' 5.14" W

F3


RECEIVED
OCT 25 2021
11:43 22-09-2021
Lat: 43° 28' 5.79" N Lon: 118° 46' 5.22" W

T4

T4


RECEIVED
OCT 25 2021
OWRD
FLOWMETER
12:23 22-09-2021
Lat: 43° 27' 35.51" N Lon: 118° 47' 17.2" W


RECEIVED
OCT 25 2021
OWRD
12:02 22-09-2021
Lat: 43° 28' 29.15" N Lon: 118° 47' 14.78" W

TS


RECEIVED
OCT 25
OWR
12:03 22-09-2021
Lat: 43° 28' 29.9" N Lon: 118° 47' 14.89" W


RECEIVED
OCT 25 2021
OWRD
11:53 22-09-2021
Lat: 43° 28' 19.54" N Lon: 118° 46' 3.85" W

11:54 22-09-2021 Lat: 43° 28' 19.53" N Lon: 118° 46' 3.92" W
RECEIVED
OCT 25 2021
OWR

T6

T24S R 32-1/2-E, W.M.

2020 aerial imagery from NRCS Gateway website imported into ArcMap GIS software in statewide Lambert projection.