

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	001.20 2021
1	1	Claim of Beneficial Use (27 pages letter bond)	OWRD
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:

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

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

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A separate form shall be completed for each permit.

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

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

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

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

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

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

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

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	O. ADDITIONAL CONTACT NO.	
Jesse T Van De Stroet		605-310-	6292 605-268-4343	
ADDRESS				
1524 290 th 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. <u>Fach</u> 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			
Сіту	STATE	ZIP	

ADDITIONAL PERMIT HOLDE NA		RECEIVED	
Address			OCT 2 5 2021
Сіту	STATE	ZIP	OWRD

4. Date of Site Inspection:

09/22/2021

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

Kendall Wedal	9/22/2021	Farm Manager
NAME	DATE	Association with the Project

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)):

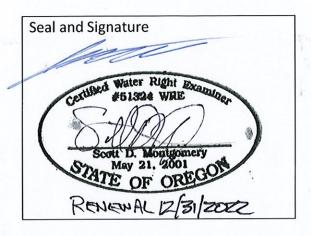
OWNER OF RECORD			
NA			
Address			
Сіту	STATE	ZIP	

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.



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CWRE NAME Scott D Montgomery		PHONE NO 541-548- 5	
ADDRESS			
PO Box 767			
Сіту	STATE	ZIP	E-MAIL
Terrebonne	OR	97760	scott@apeands.com

Permit Holder of Record Signature or Acknowledgement

<u>Each</u> permit holder of record must sign this form in the space provided below.

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

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
form	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
	1	TAG
T2	HARN 51944/52119	L-110811
Т3	HARN 52456	L-60071
T4	HARN 52624	L-118054
T5	HARN 50789	L-41943
Т6	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 RECEIVED
T2	Malheur Slough Basin	Malheur Lake
T3	Malheur Slough Basin	Malheur Lake UC 2 5 2021
T4	Malheur Slough Basin	Malheur Lake
T5	Malheur Slough Basin	Malheur Lake OWRD
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 OF VOLUME USED (CFS, GPM, OF 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
Т6	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

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SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs?

YES

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

T1

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A. Place of Use

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1. Is the right for municipal use?

NO

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TWP	RNG	Mer	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	If Irrigation, # Supplemental Acres
245	32.5E	WM	29	NE NE			IR	31.4	
245	32.5E	WM	29	NW NE			IR	31.4	
245	32.5E	WM	29	SW NE			IR	31.4	
245	32.5E	WM	29	SE NE			IR	31.4	
245	32.5E	WM	29	NE SE			IR	31.4	
245	32.5E	WM	29	NW SE			IR	31.4	
245	32.5E	WM	29	SW SE			IR	31.4	
245	32.5E	WM	29	SE SE			IR	31.4	
Total Ac	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	CASING	TOTAL	COMPLETION	COMPLETION	WHO THE WELL	WELL DRILLED BY
DIAMETER	DEPTH	DEPTH	DATE OF	DATES OF	WAS DRILLED FOR	
			ORIGINAL WELL	ALTERATIONS		
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 <u>and</u> 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 (GENTRIFUGAL, TURBINE OR	INTAKE SIZE	DISCHARGE
			SUBMERSIBLE)		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	LIFT FROM PUMP TO	TOTAL PUMP
		*IF A WELL, THE WATER LEVEL	PLACE OF USE	OUTPUT
		DURING PUMPING		(IN CFS)
200	40	325'	0'	3.30

5. Provide pump calculations:

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Q = $\frac{7.04 \text{ ft}^4/\text{s/hp x hp}}{\text{Total Head, ft}} = \frac{(7.04)(200)}{426.6} = 3.50 \text{ cfs}$ Total Head, ft 426.6

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

373571 gal x 1000	373574 gal x 1000	OBSERVED 4 min	(IN CFS)
INITIAL METER READING	ENDING METER READING	DURATION OF TIME	TOTAL PUMP OUTPUT

*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	SPRINKLER	TOTAL NUMBER	MAXIMUM	TOTAL SPRINKLER OUTPUT
	PSI	Оитрит	OF SPRINKLERS	NUMBER USED	(CFS)
3/4"	30	(GPM) 80	7	2	0.36

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

11. Drip Emitter Information:

SIZE"	OPERATING -	EMITTER	TOTAL NUMBER	MAXIMUM	TOTAL EMITTER OUTPUT
	PSI	OUTPUT	OF EMITTERS	Number Used	(CFS)
2246, 19 226, 19 26, 19	Constitution Constitution	(GPM)			
NA					

12. Drip Tape Information:

DRIPPER	GPM PER	TOTAL	MAXIMUM	TOTAL TAPE	Additional Information
SPACING IN	100 FEET	LENGTH OF	LENGTH OF TAPE	OUTPUT	
INCHES		TAPE	USED	(CFS)	
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 distr	ibution system include in-system storage (e.g. storage tank
bulge in system /	reservoir)?

NO

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?

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G. Gravity Flow Canal or Ditch

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(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)
---	---

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1. Is the right for municipal use?

A. Place of Use

NO

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TWP	RNG	Mer	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
245	32.5E	WM	29	NE NE		12.00	IR	31.4	
245	32.5E	WM	29	NW NE			IR	31.4	
245	32.5E	WM	29	SW NE			IR	31.4	
245	32.5E	WM	29	SE NE			IR	31.4	
245	32.5E	WM	29	NE SE			IR	31.4	
245	32.5E	WM	29	NW SE			IR	31.4	
245	32.5E	WM	29	SW SE			IR	31.4	
245	32.5E	WM	29	SE SE			IR	31.4	
Total Acı	res Irriga	ated						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:

34" white PVC pipe top of casing

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

CASING	CASING	TOTAL	COMPLETION	COMPLETION	WHO THE WELL WELL DRILLED	BY
DIAMETER	DEPTH	DEPTH	DATE OF	DATES OF	WAS DRILLED FOR	
		enced to the second	ORIGINAL WELL	ALTERATIONS		Lay-
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 <u>and</u> apply the water from the point of appropriation to the place of use.

1. Is a pump used?

YES

2. Pump Information:

Goulds	UNK	UNK	Submersible	12"	6"
Manufacturer	Model	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE

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 PLAGE OF USE	TOTAL PUMP OUTPUT (IN CFS)
75	40	300'	0'	1.31

5. Provide pump calculations:

5. Trovide parrip calculations.	RECEIVED	
$Q = 7.04 \text{ ft}^4/\text{s/hp x hp} = (7.04)(75) = 1.31 \text{ cfs}$	NEGENED	
Total Head, ft 401.6	OCT 2 5 2021	
Total Head, ft = 101.6' + 300' + 0' = 401.6'	A. A	

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	SPRINKLER	TOTAL NUMBER	MAXIMUM	TOTAL SPRINKLER OUTPUT
	PSI	OUTPUT (GPM)	OF SPRINKLERS	NUMBER USED	(CFS)
3/,"	30	80	2	2	0.36

11. Drip Emitter Information:

SIZE	OPERATING	EMITTER	TOTAL NUMBER	MAXIMUM	TOTAL EMITTER OUTPUT
	PSI	OUTPUT	OF EMITTERS	Number Used	(CFS)
NA	A Section 1997 Sec	(GPM)		version of the second second	

12. Drip Tape Information:

	ENGTH OF LENGTH O	F TAPE OUTPUT	
NA INCHES	TAPE USE	D (CFS)	

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

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

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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?

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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 s	ection describes (only	needed if there is more than	one):

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A. Place of Use

1. Is the right for municipal use?

OWRD

NO

TWP	RNG	Mer	SEC	QQ	GLot	DLC	Use	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
245	32.5E	WM	29	NE NE	1111	Andrew work with	IR	31.4	
245	32.5E	WM	29	NW NE			IR	31.4	
245	32.5E	WM	29	SW NE			IR	31.4	
245	32.5E	WM	29	SE NE			IR	31.4	
245	32.5E	WM	29	NE SE			IR	31.4	
245	32.5E	WM	29	NW SE			IR	31.4	
245	32.5E	WM	29	SW SE			IR	31.4	
245	32.5E	WM	29	SE SE			IR	31.4	
Total Acr	es Irriga	ated						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	CASING	TOTAL	COMPLETION	COMPLETION	WHO THE WELL	WELL DRILLED BY
DIAMETER	DEPTH	DEPTH	DATE OF	DATES OF	WAS DRILLED FOR	
	ere va e sonome v		ORIGINAL WELL	ALTERATIONS		g mes Mons in 2004 de mines
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)?

ΝО

D. Diversion and Delivery System Information

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

1. Is a pump used?

YES

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	LIFT FROM PUMP TO	TOTAL PUMP
		*IF A WELL, THE WATER LEVEL	PLACE OF USE	OUTPUT
		DURING PUMPING		(IN CFS)
100	40	300'	0'	1.75

5. Provide pump calculations:

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 $Q = 7.04 \text{ ft}^4/\text{s/hp x hp} = (7.04)(100) = 1.75 \text{ cfs}$

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)
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)
3/4"	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)
VA					

12. Drip Tape Information:

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

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED	OPERATING	TOTAL PIVOT	TOTAL PIVOT
	RADIUS	PSI	OUTPUT (GPM)	OUTPUT (CFS)
Reinke	1320 LF	30	900	2.01
Reinke	1320 LF	30	900	2.01

E.	Storage
E.	Storage

1.	Does the distr	ibution system	include in-system	storage (e	e.g. storage t	tank,
bι	Ilge in system /	reservoir)?				

NO

F. Gravity F	Flow Pi	pe
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(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?

OCT 2 5 2021 NO

G. Gravity Flow Canal or Ditch

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

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

NO

H. Additional notes or comments related to the system:

POA Name or Number	this section describes	(only needed if t	there is more than one	e):
				-,.

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A. Place of Use

OCT 2 5 2021

1. Is the right for municipal use?

OWRD

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
245	32.5E	WM	29	NE NE		a (C a Level Action)	IR	31.4	to account and projects and a project of
245	32.5E	WM	29	NW NE			IR	31.4	
245	32.5E	WM	29	SW NE			IR	31.4	
245	32.5E	WM	29	SE NE			IR	31.4	
245	32.5E	WM	29	NE SE			IR	31.4	
245	32.5E	WM	29	NW SE			IR	31.4	
245	32.5E	WM	29	SW SE			IR	31.4	
245	32.5E	WM	29	SE SE			IR	31.4	
Total Acr	es Irriga	ited						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	CASING	TOTAL	COMPLETION	COMPLETION	WHO THE WELL	WELL DRILLED BY
DIAMETER	DEPTH	DEPTH	DATE OF	DATES OF	WAS DRILLED FOR	
at a first of the affair and			ORIGINAL WELL	ALTERATIONS	n i Santa de la companya de la comp La companya de la co	
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 <u>and</u> apply the water from the point of appropriation to the place of use.

1. Is a pump used?

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	LIFT FROM PUMP TO	TOTAL PUMP
		*IF A WELL, THE WATER LEVEL	PLACE OF USE	OUTPUT
		DURING PUMPING		(IN CFS)
100	40	300'	0'	1.75

5. Provide pump calculations:

Q = $\frac{7.04 \text{ ft}^4/\text{s/hp x hp}}{1.04 \text{ ft}^4/\text{s/hp x hp}} = \frac{(7.04)(100)}{1.05 \text{ cfs}} = 1.75 \text{ cfs}$ Total Head, ft 401.6 Total Head, ft = 101.6' + 300' + 0' = 401.6'

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

364163 gal x 1000	364168 gal x 1000	7 min	1.59
INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)

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*Flowtest from 7/23/2020

7. Is the distribution system piped?

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YES

8. Mainline Information:

11 8 8		
- O	VR	

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	Sprinkler	TOTAL NUMBER	MAXIMUM	TOTAL SPRINKLER OUTPUT
	PSI	Оитрит (дрм)	OF SPRINKLERS	Number Used	(CFS)
3/4"	30	80	2	2	0.36

11. Drip Emitter Information:

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

12. Drip Tape Information:

DRIPPER	GPM PER	TOTAL	MAXIMUM	TOTAL TAPE	Additional Information
SPACING IN	100 FEET	LENGTH OF	LENGTH OF TAPE	OUTPUT	
INCHES		TAPE	USED	(CFS)	
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

	200				
_	St	_			_
-	•	•	ra	a	7
	31	·u		2	

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)

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

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NO

H. Additional notes or comments related to the system	H. Additional	notes or	comments re	elated	to t	he s	ystem
---	---------------	----------	-------------	--------	------	------	-------

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

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A. Place of Use

1. Is the right for municipal use?

OWRD

NO

TWP	Rng	Mer	SEC	QQ	GLOT	-DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
245	32.5E	WM	29	NE NE		Lat Later says	IR	31.4	•
245	32.5E	WM	29	NW NE			IR	31.4	
245	32.5E	WM	29	SW NE			IR	31.4	
245	32.5E	WM	29	SE NE			IR	31.4	
245	32.5E	WM	29	NE SE			IR	31.4	
245	32.5E	WM	29	NW SE			IR	31.4	
245	32.5E	WM	29	SW SE			IR	31.4	
245	32.5E	WM	29	SE SE			IR	31.4	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
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	CASING	TOTAL	COMPLETION	COMPLETION	WHO THE WELL	WELL DRILLED BY
DIAMETER	DEPTH	DEPTH	DATE OF	DATES OF	WAS DRILLED FOR	
			ORIGINAL WELL	ALTERATIONS		
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 <u>and</u> apply the water from the point of appropriation to the place of use.

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	LIFT FROM PUMP TO	TOTAL PUMP
		*IF A WELL, THE WATER LEVEL	PLACE OF USE	OUTPUT
		DURING PUMPING		(IN CFS)
50	40	200'	0'	1.17

5. Provide pump calculations:

Q = $\frac{7.04 \text{ ft}^4}{\text{s/hp x hp}} = \frac{(7.04)(50)}{1.17 \text{ cfs}} = 1.17 \text{ cfs}$ Total Head, ft 301.6

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

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			

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	Sprinkler	TOTAL NUMBER	MAXIMUM	TOTAL SPRINKLER OUTPUT
	PSI	Оитрит (дрм)	OF SPRINKLERS	Number Used	(CFS)
3/4"	30	80	2	2	0.36

11. Drip Emitter Information:

SIZE	OPERATING	EMITTER	TOTAL NUMBER	MAXIMUM	TOTAL EMITTER OUTPUT
	PSI	OUTPUT	OF EMITTERS	NUMBER USED	(CFS)
i. Nasalah Politeratuan Santa		(GPM)			
NA	- 1				

12. Drip Tape Information:

DRIPPER	GPM PER	TOTAL	MAXIMUM	TOTAL TAPE	Additional Information
SPACING IN	100 FEET	LENGTH OF	LENGTH OF TAPE	OUTPUT	
INCHES	Fall Market	TAPE	USED	(CFS)	
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.	Sto	ra	ge

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

NO

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

NO

G. Gravity Flow Canal or Ditch

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

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

NO

H. Additional notes or	comments	related	to	the	system:
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POA Name or Number this section describes (o	only needed if there is more than one)
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A. Place of Use

1. Is the right for municipal use?

OWRD

NO

TWP	RNG	Mer	SEC	QQ	GLOT	DLC	USE	If Irrigation, # Primary	If Irrigation, # Supplemental
All Maria	List y tenerid	lindra (S. 1878) Pazka (Kuranitz		Control of the Contro				Acres	ACRES
245	32.5E	WM	29	NE NE			IR	31.4	
245	32.5E	WM	29	NW NE			IR	31.4	
245	32.5E	WM	29	SW NE			IR	31.4	
245	32.5E	WM	29	SE NE			IR	31.4	
245	32.5E	WM	29	NE SE			IR	31.4	
245	32.5E	WM	29	NW SE			IR	31.4	
245	32.5E	WM	29	SW SE			IR	31.4	
245	32.5E	WM	29	SE SE			IR	31.4	
Total Acı	res Irriga	ated						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	CASING	TOTAL	COMPLETION	COMPLETION	WHO THE WELL	WELL DRILLED BY
DIAMETER	DEPTH	DEPTH	DATE OF	DATES OF	WAS DRILLED FOR	
			ORIGINAL WELL	ALTERATIONS		Marie de la companya
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 <u>and</u> apply the water from the point of appropriation to the place of use.

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:

$Q = 7.04 \text{ ft}^4/\text{s/hp} \times \text{hp} = (7.04)(40) = 0.93 \text{ cfs}$	RECEIVED	
Total Head, ft 301.6 Total Head, ft = 101.6' + 200' + 0' = 301.6'	OCT 2 5 2021	

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	SPRINKLER	TOTAL NUMBER	MAXIMUM	TOTAL SPRINKLER OUTPUT
	PSI	Оитрит	OF SPRINKLERS	Number Used	(CFS)
		(GPM)			
3/4"	30	80	2	2	0.36

11. Drip Emitter Information:

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

12. Drip Tape Information:

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

13. Pivot Information:

Manufacturer	MAXIMUM WETTED	OPERATING	TOTAL PIVOT	TOTAL PIVOT
	RADIUS	PSI	OUTPUT (GPM)	OUTPUT (CFS)
Reinke	1320 LF	30	900	2.01
Reinke	1320 LF	30	900	2.01

F	S	to	ra	ge
L.	3	ιU	ı a	KC

1.	Does the dis	tribution system	include in-system	storage (e.	g. storage t	tank
bu	lge 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
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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	8/30/2021		
BEGIN CONSTRUCTION (A)	NA	NA	NA
COMPLETE CONSTRUCTION (B)	10/1/2022	9/22/2021	Irrigation System complete
COMPLETE APPLICATION OF	10/1/2022	9/22/2021	Water metered & reported to
WATER (C)			beneficial use

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

Is there an extension final order(s)?	YES
Did the Extension Final Order require the submittal of Progress Reports?	YES
Were the Progress Reports submitted?	YES
Initial Water Level Measurements:	
Was the water user required to submit an initial static water level measurement?	YES
What month was the initial measurement to be taken in?	
	Did the Extension Final Order require the submittal of Progress Reports? Were the Progress Reports submitted? Initial Water Level Measurements: Was the water user required to submit an initial static water level measurement?

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	Метнор	MEASUREMENT

1	A	Ctatio Matau	Level Measurements:	
4	Annual	Manic Water	Level Meachtements.	

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

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?

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YES

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*Exemption has been sent to OWRD

6. Measurement Conditions:

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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

YES

to the well?

WELL ID#	DATE ATTACHED TO WELL
All the state of t	

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

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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.)

\boxtimes	Map on polyester film	
\boxtimes	Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scal assessor map)	e of the county
\boxtimes	Township, Range, Section, Donation Land Claims, and Government Lots	
\boxtimes	If irrigation, number of acres irrigated within each projected Donation Land Government Lots, Quarter-Quarters	Claims,
	Locations of fish screens and/or fish by-pass devices in relationship to point	of diversion
\boxtimes	Locations of meters and/or measuring devices in relationship to point of divappropriation	version or
\boxtimes	Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.	:.)
\boxtimes	Point(s) of diversion or appropriation (illustrated and coordinates)	
\boxtimes	Tax lot boundaries and numbers	
	Source illustrated if surface water	
	Disclaimer ("This map is not intended to provide legal dimensions or locatio ownership lines")	ns of property
\boxtimes	Application and permit number or transfer number	
\boxtimes	North arrow	
\boxtimes	Legend	RECEIVED
\boxtimes	CWRE stamp and signature	OCT 2 5 2021
		OWDD



Application for Well ID Number

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

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Jacob Von De Chront	OWRD
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 Tax Lot (usually last 3-5 numbers of Tax Map #): 8400 County 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:	SE 1/4 of the NE 1/4 Harney
III. <u>GENERAL WELL INFORMATION</u> (Please fill out as completely as possible, AND attach	
III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation	copy of Well Log, if available)
III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation Date Well Constructed (or property built): 3/19/2014 Total Well Depth: 350'	copy of Well Log, if available) Casing Diameter: 12"
III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach of Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation Date Well Constructed (or property built): 3/19/2014 Total Well Depth: 350' Owner at time the well was constructed (if known): Jesse Van De Stroet Well Log # (if the constructed file of the con	copy of Well Log, if available) Casing Diameter: 12"
III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach of Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation Date Well Constructed (or property built): 3/19/2014 Total Well Depth: 350' Owner at time the well was constructed (if known): Jesse Van De Stroet Well Log # (if the constructed file of the con	copy of Well Log, if available) Casing Diameter: 12"
HII. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach of Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation	copy of Well Log, if available) Casing Diameter: 12"
III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach at Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation Date Well Constructed (or property built): 3/19/2014 Total Well Depth: 350' Owner at time the well was constructed (if known): Jesse Van De Stroet Well Log # (if the construction) Well Log #	copy of Well Log, if available) Casing Diameter: 12"
III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach at Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation	copy of Well Log, if available) Casing Diameter: 12" if known): HARN 52215 97301; or fax to (503) 986-0902.
III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach and the Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation Date Well Constructed (or property built): 3/19/2014 Total Well Depth: 350'	copy of Well Log, if available) Casing Diameter: 12" if known): HARN 52215 97301; or fax to (503) 986-0902. pusiness days.

HARN 52215 WELL I.D. LABEL# L 94009 STATE OF OREGON WATER SUPPLY WELL REPORT START CARD # 1020274 (as required by ORS 537.765 & OAR 690-205-0210) 6/20/2015 **ORIGINAL LOG#** (1) LAND OWNER Owner Well I.D. First Name DUSTY Last Name ROBEY (9) LOCATION OF WELL (legal description) Company_ County HARNEY Twp 24.00 S N/S Range 32.50 E Address PO BOX 3402 Sec 29 SE 1/4 of the NE 1/4 Tax Lot 8400 City PRINCETON Zip 97721 State OR Tax Map Number X New Well (2) TYPE OF WORK Deepening Conversion " or DMS or DD Alteration (complete 2a & 10) Abandonment(complete 5a) _, or DMS or DD (2a) PRE-ALTERATION Gauge Stl Plstc Wld Thrd C Street address of well Nearest address Casing: TURN ONTO SOUTH HARNEY RD OFF HIGHWAY 78 AND MAKE AN IMMEDIATE RIGHT O From Amt sacks/lbs Seal: (10) STATIC WATER LEVEL (3) DRILL METHOD SWL(psi) Rotary Air Rotary Mud X Cable Auger Cable Mud Existing Well / Pre-Alteration Reverse Rotary Other Completed Well 3/19/2014 Domestic X Irrigation Flowing Artesian? Dry Hole? (4) PROPOSED USE Community Industrial/ Commericial Livestock Dewatering WATER BEARING ZONES Depth water was first found Thermal Injection Other SWL Date Est Flow SWL(psi) + SWL(ft) From To (5) BORE HOLE CONSTRUCTION Special Standard (Attach copy) 8/15/2013 178 84 71 Depth of Completed Well 350.00 11/12/2013 71 231 287 35 **BORE HOLE** SEAL sacks/ 2/27/2014 318 350 1000 71 Dia From To Material From To Amt lbs 20 40 40 Bentonite Chips 72 Calculated 10.59 14 40 106 12 106 350 (11) WELL LOG Calculated Ground Elevation A B Пс How was seal placed: Method From Material To XOther POURED Topsoil 2 Brown Clay 57 Backfill placed from _ ft. to ft. Material 2 Gray Clay 143 57 Filter pack from _ ft. to ft. Material Gray Clay with Fine Sand 143 178 Amount Explosives used: Yes Type_ Green Clay 178 231 (5a) ABANDONMENT USING UNHYDRATED BENTONITE Gray Clay with Fine Sand 231 287 Green Clay 287 318 Proposed Amount **Actual Amount** Coarse Sand and Gravel 318 350 (6) CASING/LINER Dia Plstc Wld Thrd From To Casing Liner XXX 12 1.5 310 .250 $oldsymbol{\odot}$ 106 .250 14 1 • 10 300 350 .250 JUL **3.1 201**5 Inside Outside Other Location of shoe(s) Temp casing Yes Dia (7) PERFORATIONS/SCREENS Perforations Method torch Date Started6/24/2013 Screens Type Material Completed 3/19/2014 Tele/ Perf/ Casing/ Screen # of Scm/slot Slot (unbonded) Water Well Constructor Certification Screen Liner slots pipe size Dia From width length I certify that the work I performed on the construction, deepening, alteration, or 1000 Liner 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 (8) WELL TESTS: Minimum testing time is 1 hour Signed (o) Bailer Clowing Artesian C Pump \bigcirc Air (bonded) Water Well Constructor Certification Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 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. °F Lab analysis Yes By Temperature 62 License Number 1675 Water quality concerns? Yes (describe below) TDS amount Date 6/20/2015 Amount Units Description Signed GEORGE VALENTINE (E-filed) Contact Info (optional) 1675 ORIGINAL - WATER RESOURCES DEPARTMENT

HARN 549440 C 2 STATE OF OREGON WATER SUPPLY WELL REPORT WELL LABEL # L IIC81 (ORS 537.765 & OAR 690-205-0210) START CARD# 101 Instructions for completing this report are on the last page of this form. ORIGINAL LOG# (1) LANDOWNER Owner Well I.D. (9) LOCATION OF WELL (legal description) First Name Last, Name County HARNEY Twp 24 N of S Range 32 126 Dr W W.M. ompany PO BOX Sec 28 5W 1/4 of the NW 1/4 Tax Lot 830 iddress City PRINCETON Zip 9772 Tax Map Number (2) TYPE OF WORK 4-New ☐ Conversion ☐ Deepening ☐ Alteration (complete Sections 2a & 10) ☐ Abandonment (complete Section 5a) (2a) PRE-ALTERATION: Well Depth Seal Material ☐ Steel Casing Type: ☐ Plastic Other Casing Diameter Casing Gauge (3) DRILL METHOD Rotary Air Rotary Mud Auger ☐ Cable ☐ Cable Mud Reverse Rotary ☐ Other (4) PROPOSED USE ☐ Domestic E-trrigation ☐ 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 From To Amount Scks/lbs BENTONITE 32 1650 165 How was seal placed: Method A B C D E Pother Poured Dry Backfill placed from ft. to ft. Material ilter pack from ft. to ft. Material (5a) ABANDONMENT USING UNHYDRATED BENTONITE: Calculated Amount Proposed to be Used: sacks/lbs Actual Amount Used: sacks/lbs (6) CASING/LINER Csng Linr Dia + Steel | Plastic | Welded | Thrd

Lat'	" or			_	DMS or DD
Long	" or				_ DMS or DD
Street Address of Well (o	r nearest add	ress) 3	7584 71 BURNS	476	me lue
(10) STATIC WATE	R LEVEL				
		Date	SWL(psi)	+	SWL (ft)
Existing Well/Pre-Altera					
Completed Well		24-13			Ži'
WATER BEARING Z	owing Artesi ONES		es Dry Hole' er was first for		45
SWL Date From	To	Est Flow	SWL (psi)	+	SWL (ft)
5-09-13 45	325	5098	7	43	20
5-22-13 325	920	1800	E COLOUR	T P	2.1
	REC	EVE	BY OW	77.	
(11) WELL LOG	Gro	und Alleva	<u>aa 2013</u>		
Material SAND		-	From		To
BRN CLAY - S		SAL	EM, OF	1	28
GRAY CLAY.	SANDY		2 5	1	85
FINE BLACK SANDY CLAY	SAND		4		95
GRAY CLAY"	audi		112	-	130
BRN. SANDY	CLAY		1.50	3	158
BLACK CLAN-		reaks			190
SAND - SILT	<u> </u>		19		207
			2.4		
	LAYER	.5	20		268
SILT - CLAY GRAY CLAY-	CLAY 3"	TONE	32	8	268 325 335
GRAY CLAY- GRAY CLAY- GRAY CLAYST	CLAY 3"	TONE	26 32: 45 33	8 5 5.	325 335 370
SILT - CLAY GRAY CLAY- GRAY CLAYSTO CLAY STONE	CLAY 5" CLAY 5" CLI	tene 44 Lay	26 32: 445 33 3'70	\$ \$ \$ \$ \$	325 355 370 385
GRAY CLAY- GRAY CLAY- GRAY CLAYST	CLAY 5" CLAY ET	Pone 44 Lay	26 323 445 33 370 38	\$ \$ \$ \$ \$	325 335 370
SILT - CLAY GRAY CLAY- GRAY CLAY STONE CLIY STONE ROCK - CLAY	CLAY S' CUE - CLI LAY ET UED 0	Pone 44 Lay	26 32: 45 33 376 88 66 &	\$ \$ \$ \$ \$	325 355 370 385
SILT - CLAY GRAY CLAY- GRAY CLAY STONE ROCK - CLAY CONTIN	CLAY ST LAY ET LAY ET	TENE GY LAY S S F Completed	26 32: 445 33 376 88 66 &	\$ \$ \$ \$ \$	325 355 370 385
SILT - CLAY GRAY CLAY- GRAY CLAY STONE ROCK - CLAY CONTIN Date Started (unbonded) Water Well (I certify that the work	CLAY STEELED &	Completed Certification the cons	26 32: 245 33 377 88 66 2	S S	325 375 376 385 428
SILT - CLAY GRAY CLAY- GRAY CLAY STONE ROCK - CLAY CONTIN Date Started (unbonded) Water Well of I certify that the work abandonment of this well is	LAYER LIED & Constructor I performed c s in compliar	Completed Certificate on the cons	26 32: 243 33 377 88 66 2 ion truction, deep	ening,	325 375 376 385 428
SILT - CLAY GRAY CLAY- GRAY CLAY STONE ROCK - CLAY CONTIN Date Started (unbonded) Water Well (I certify that the work	LAYER LIED & Constructor I performed of sin compliar aterials used	Completed Certificate on the cons	26 32: 243 33 377 88 66 2 ion truction, deep	ening,	325 375 376 385 428
SILT - CLAY GRAY CLAY- GRAY CLAY STOPE ROCK - CLAY CONTIN Date Started (unbonded) Water Well of 1 certify that the work abandonment of this well is construction standards. Mi	Constructor I performed cs in compliar aterials used and belief.	Completed Certificate on the consider with Orand inform	26 32: 243 33 377 88 66 2 ion truction, deep	ening, pply v	375 375 375 385 428 alteration, or well
SILT - CLAY GRAY CLAY GRAY CLAY GRAY CLAY STONE ROCK - CLAY CONTIN Date Started (unbonded) Water Well of I certify that the work abandonment of this well is construction standards. Many the best of my knowledge a	Constructor I performed cs in compliar aterials used and belief.	Completed Certificate on the consider with Orand inform	ion truction, deep regon water su attion reported	ening, pply v	375 375 375 385 428 alteration, or well
Silt T - CLAY GRAY CLAY - GRAY CLAY STONE ROCK - CLAY CONTIN Date Started (unbonded) Water Well of 1 certify that the work abandonment of this well is construction standards. Mathe best of my knowledge at the construction of the constructio	CLAY STATE OF CONSTRUCTOR I performed of sin compliar aterials used and belief.	Completed Certificate on the cons nee with Or and inform	ion truction, deeper superior reported	ening, pply v	375 375 375 385 428 alteration, or well
Silt T - CLAY GRAY CLAY - GRAY CLAY STONE ROCK - CLAY CONTIN Date Started (unbonded) Water Well (I certify that the work abandonment of this well is construction standards. Matches best of my knowledge at the best of m	Constructor I performed os in compliar aterials used and belief.	Completed Certification the consuce with O and inform Date of the consuce of the	ion truction, deeperegon water superior reported	ening, pply wabove	alteration, or well e are true to
Silt T - CLAY GRAY CLAY GRAY CLAY GRAY CLAY GRAY CLAY CLAY STONE ROCK - CLAY CONTIN Date Started (unbonded) Water Well (I certify that the work abandonment of this well is construction standards. Methods the best of my knowledge at the best of	Constructor I performed of sin compliar aterials used and belief.	Completed Certification the consumer with On and inform Date of the consumer	ion truction, deeper segon water su sation reported se S/ZS/	ening, pply v above	alteration, or well eare true to
Silt - Ciny GRAY Ciny - GRAY Ciny - GRAY Ciny ST CLIAY STENE ROCK - CLIAY CONTINE Date Started (unbonded) Water Well of I certify that the work I abandonment of this well is construction standards. More than the best of my knowledge of the best o	Constructor of performed cand belief.	Completed Certification the consuction, deceeded during time is in a	ion truction, deep regon water su nation reported e 5/24/	ening, pply v above	alteration, or well eare true to
Silt T - CLAY GRAY CLAY GRAY CLAY GRAY CLAY GRAY CLAY CLAY STONE ROCK - CLAY CONTIN Date Started (unbonded) Water Well (I certify that the work abandonment of this well is construction standards. Methods the best of my knowledge at the best of	Constructor of performed cand belief.	Completed Certification the consuction, deceeded during time is in a	ion truction, deep regon water su nation reported e 5/24/	ening, pply v above	alteration, or well eare true to
Silt - Ciny GRAY Ciny - GRAY Ciny - GRAY Ciny ST Clay STONE ROCK - Clay Contine Date Started (unbonded) Water Well is construction standards. Mathe best of my knowledge at License Number / GYC Signed Signed Chonded) Water Well Cor I accept responsibility abandonment work perform above. All work performed supply well construction started.	Constructor of performed cand belief.	Completed Certification the consuction, deceeded during time is in a	ion truction, deep regon water su that construction the construction true to the best true to the best formula and the construction true to the construction true true to the construction true to the construction true true true true to the construction true true true true true true true true	ening, pply v above	alteration, or well eare true to
Silt T - CLAY GRAY CLAY GRAY CLAY GRAY CLAY GRAY CLAY CLAY STONE ROCK - CLAY CONTINE Date Started (unbonded) Water Well of the best of my knowledge at the best o	Constructor of performed cand belief.	Completed Certification the constant inform Date of the constant information	ion truction, deep regon water su that construction the construction true to the best true to the best formula and the construction true to the construction true true to the construction true to the construction true true true true to the construction true true true true true true true true	ening, pply v above	alteration, or well eare true to
Silt T - CLAY GRAY CLAY GRAY CLAY GRAY CLAY GRAY CLAY CLAY STONE ROCK - CLAY CONTIN Date Started (unbonded) Water Well of the best of my knowledge at the best of	Constructor of performed cand belief.	Completed Certification the constant inform Date of the constant information	ion truction, deep regon water su that construction the construction true to the best true to the best formula and the construction true to the construction true true to the construction true to the construction true true true true to the construction true true true true true true true true	ening, pply v above	alteration, or well eare true to
Silt T - CLAY GRAY CLAY GRAY CLAY GRAY CLAY GRAY CLAY CLAY STENE ROCK - CLAY CONTIN Date Started (unbonded) Water Well of I certify that the work abandonment of this well is construction standards. More than the best of my knowledge of the best	Constructor of performed cand belief.	Completed Certification the constant inform Date of the constant information	ion truction, deeper regon water su lation reported the construction compliance with true to the best region in true to the best region in the construction in true to the best region in the construction in true to the best region in the construction in the construct	signal and the second and the second attention, or one date of my	alteration, or well eare true to

t 15 Shoe Inside Outside Other Location of shoe(s) Temporary casing Yes Diameter From To (7) PERFORATIONS/SCREENS Perforations Method Screens Type Material Screen/ Tele/ Screen slot Slot # of pipe Perf Scm Csng Linr Dia From To width length (8) WELL TESTS: Minimum testing time is 1 hour ☐ Pump ☐ Bailer Air ☐ Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth

300

Description

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

1500

From

ppm

Units

Duration (hr)

Amount

STATE OF OREGON WATER SUPPLY WELL REPORT

HARN 51944

WATER SUPPLY WELL REPORT	WELL LABEL # L (O S !)
(ORS 537.765 & OAR 690-205-0210)	START CARD#_1019713
Instructions for completing this report are on the last page of this form.	ORIGINAL LOG#
(1) LANDOWNER Owner Well LD	
First Name Last Name LLC	(9) LOCATION OF WELL (legal description)
ompany DER HAYCE LLC	County HARNEY Twp 24 (Nor S Range 32 1/2 (E) or W W.M.
City PRINCE TON State ()R Zip 97721	Sec 28 5w 1/4 of the NW 1/4 Tax Lot 830
	Tax Map Number Lot Lat o ' " or
(2) TYPE OF WORK ☐ New ☐ Conversion ☐ Deepening	Lat DMS or DD
☐ Alteration (complete Sections 2a & 10) ☐ Abandonment (complete Section 5a)	Long DMS or DD
(2a) PRE-ALTERATION: Well Depthft.	Street Address of Well (or nearest address) 37584 TAYLUR LIN
Seal Material	Burns
Casing Type:	70.40
0 1 0	(10) STATIC WATER LEVEL
Casing Gauge Casing Diameter	Date SWL(psi) + SWL (ft)
(2) DRILL METHOD (156)	Existing Well/Pre-Alteration
(3) DRILL METHOD Rotary Air Rotary Mud Auger	Completed Well S-24-13 - 21
Cable Cable Mud Reverse Rotary Other	Flowing Artesian? Yes Dry Hole? Yes
(4) PROPOSED USE Domestic Trrigation Community	WATER BEARING ZONES Depth water was first found 45
☐ Industrial/Commercial ☐ Livestock ☐ Dewatering ☐ Injection	
☐ Thermal ☐ Other	Market Date (1)
(5) BORE HOLE CONSTRUCTION	5-22-13 325 800 200 - 22
Depth of Completed Well 920 ft. Special Standard: Yes (attach copy)	5-24-13 800 928 CENED BY OWRD 21
	HECETVED BY OWNER
BORE HOLE SEAL	
Dia From To Material From To Amount Scks/lbs	(11) WELL LOG Groun Melevatibel 2013
	Material From To
	GRAY CLAY SALEM, ON 30 482
How was seal placed: Method A B C D B	GRAY CLAY. SALEW, UN 90 482.
Other	BEN SONDY GRAVELY CLAY 557
Backfill placed fromft. toft. Material	N Coff in a Company francisco
ilter neck from the form the f	BRN SANDY CLAY- PROCK 570 581
jlter pack from ft. to ft. Material Size	"REGK (LAY "SAND LAYERS 581 690
(5a) ABANDONMENT USING UNHYDRATED BENTONITE:	BRN SAND - CLAY - CLAYSTONE 690 798
Calculated Amount Proposed to be Used:sacks/lbs Actual Amount Used:sacks/lbs	Breken Reck 798 800
Actual Amount Used:sacks/lbs	CLAYSTONE - CLAY LAYERS 800 335
	BROKEN ROCK CONCLONERANT 835 842 ROCK - CLAYSTONE LAYERS 842 873
(6) CASING/LINER	
Csng Linr Dia + From To Gauge Steel Plastic Welded Thrd	CLAYSTENELAYERS 9731
The state of the s	70.
	Date Started 5-27-13 Completed 5 23-13
Shoe Inside Outside Other Location of shoe(s)	(unbonded) Water Well Constructor Certification
Temporary casing Yes Diameter From To	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
(7) PERFORATIONS/SCREENS	the best of my knowledge and belief.
Perforations Method	10110 0/2.0/2
Screens Type Material	License Number 1946 Date 5/24/2013
Screen slot Slot # of pipe	Signed 12/12
Perf Sem Cenal inc Dia From To width launth along	(bonded) Water Well Constructor Certification
	l 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.
(8) WELL TESTS: Minimum testing time is 1 hour	
☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian	License Number 1355
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	Date 3. 24-13
Duration time	Date 3-24-13
1500 300 112	Signed Leather Jan DECENTED
emperature 97 °F Lab analysis Yes By	Signed
wemperature 97 °F Lab analysis Yes By	Signed
Water quality concerns? ☐ Yes (describe below) TDSppm	Signed
Water quality concerns? ☐ Yes (describe below) TDSppm	Signed

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 START CARD #

		Page 1 of 2
1019713 -	110811	
1023146		
HADNEV	61044	

(11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10/22/2014 ORIGINAL LOG # HARNEY 51944
(1) LAND OWNER Owner Well I.D. First Name DUSTY Last Name ROBEY	
First Name DUSTY Last Name ROBEY Company DCR HAY COMPANY	(9) LOCATION OF WELL (legal description)
Address PO BOX 3042	County HARNEY Twp 24.00 S N/S Range 32.50 E E/W W
City PRINCETON State OR Zip 97721	Sec 28 SW 1/4 of the NW 1/4 Tax Lot 830
(2) TYPE OF WORK New Well Deepening Conversion	Tax Map Number Lot DMS or DI
X Alteration (complete 2a & 10) A handonment/complete	Lat or DMS or DI
(2a) PRE-ALTERATION	Long or DMS or DI Street address of well • Nearest address
Casing: 16 X 1 33 .250 St Plstc Wld Thrd	37584 TAYLOR LN
Material From To Amt sacks/lbs	37304 TATEOREM
Seal: Bentonite 0 32 1650 Pounds	
(3) DRILL METHOD	(10) STATIC WATER LEVEL
Rotary Air Rotary Mud Cable Auger Cable Mud Reverse Rotary Other	Date SWL(psi) + SWL(ft) Existing Well / Pre-Alteration 5/18/2014 21
	Completed Well 5/20/2014 21
(4) PROPOSED USE Domestic Irrigation Community	Flowing Artesian? Dry Hole?
Industrial/Commericial Livestock Dewatering	WATER BEARING ZONES Depth water was first found
Thermal Injection Other	SWL Date From To Est Flow SWL(psi) + SWL(ft)
(5) BORE HOLE CONSTRUCTION Special Standard (Attack	
Depth of Completed Well 920.00 ft.	
	sacks/
Dia From To Material From To Amt 20 0 33	lbs
16 33 327	
10 327 920	(11) WELL LOG Ground Flourism
How was good pleased. Math. I D. D. D. D. D. D.	Glouid Elevation
How was seal placed: Method A B C D E	Material From To
Backfill placed from ft. to ft. Material	
Filter pack from ft. toft. 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	Chrd Chrd
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
○ 8 □ 278 900 .250 ○ □	RECEIVED
	OCT 2 5 2021
Shoe Inside Outside Other Location of shoe(s)	00, 20 202.
Temp casing Yes Dia From To	
(7) PERFORATIONS/SCREENS	- OWRD
Perforations Method Torch Cut	
Screens Type Material Perf/ Casing/ Screen Scrn/slot Slot # of Te	Date Started 5/18/2014 Complete 5/20/2014
Pert/ Casing/ Screen Scrn/slot Slot # of Te Screen Liner Dia From To width length slots pipe	
Perf Liner 8 278 900 .25 4 8	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
(8) WELL TESTS: Minimum testing time is 1 hour	
Pump Bailer Air Flowing Artesian	Signed
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	(bonded) Water Well Constructor Certification
1108 158 253 2	I accept responsibility for the construction, deepening, alteration, or abandonmen
	work performed on this well during the construction dates reported above. All work
Temperature 97 °F Lab analysis Yes By	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.
Water quality concerns? Yes (describe below) TDS amount	License Number 1801 Date 10/22/2014
From To Description Amount Units	
	Signed JARRETT S HUMPHREY (E-filed)
	Contact Info (optional) Jarrett Humphrey #1801
ORIGINAL - WATER RESOURCE	ES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPA	RTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

10/22/2014

WELL I.D. LABEL# L-START CARD #

1019713	1108//
1023146	
HADNEY	51044

(2a) PRE-ALTERATION	ORIGINAL LOG # HARI	NEY 51944	
Dia + From To Gauge Stl Plstc Wld Thrd	Water Quality Concerns		
Troni to Gauge Sti Piste Wid Inrd	From To Description	Amount	Units
			-
Motorial D			
Material From To Amt sacks/lbs			
	(10) CTATIC WATER A FURT		
(5) BORE HOLE CONSTRUCTION	(10) STATIC WATER LEVEL		
BORE HOLE SEAL sealed	SWL Date From To Est Flow	SWL(psi) +	SWL(ft)
Dia From To Material From To Amt lbs			
Tront 10 Aint 10s			
FILTER PACK			
From To Material Size	(11) WELL LOG		
The state of the s			
	Material	From	То
6) CASING/LINER			
Casing Liner Dia + From To Gauge Stl Plste Wld Thrd			
	RECEIVED		
	RECEIVED		
	OCT 2 5 2021		
	.\		
			•
	OWRD		
	90010		
	,		
) PERFORATIONS/SCREENS			
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/			
Screen Liner Dia From To width length slots pipe size			
Width length stots pipe size			
	Comments/Remarks		
O MUDI I MOOMO AND	The borehole had caved, bridged at 490 feet. Baled cave	ed material from	
8) WELL TESTS: Minimum testing time is 1 hour	borehole and immediately installed 8 inch perforated lin	ner and K-Packs	r from
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	278 - 900 foot.	and ix-I acker	. Iroin
Duration (III)			
			1



Last Update: 8/1/16

Application for Well ID Number

Do not complete if the well already has a Well Identification Number.	RECEIVED	
	OCT 2 5 2021	
I. OWNER INFORMATION		
Current Owner Name (please print): Jesse Van De Stroet	OWRD	
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		
Tax Lot (usually last 3-5 numbers of Tax Map #): 500 County GPS Coordinates: 43.46851000 118.77694000	SE 1/4 of the SE 1/4 Harney	
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 concern use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation Date Well Constructed (or property built): 7/14/2015 Total Well Depth: 340' Owner at time the well was constructed (if known): Jesse Van De Stroet Well Log # (if the content of the content	Casing Diameter: 12" known): HARN 52456	
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 97 Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 bus	7301; or fax to (503) 986-0902. siness days.	
For Official Use Only by the Oregon Water Resources Department.		
Received Date: Well Log Number:	Well Identification #:	

MINIENDED 3-30-2020 Page I of I WELL I.D. LABEL# L₆₀₀₇₂ 60070 STATE OF OREGON HARN 52456 START CARD# 1026802 WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210) 11/23/2015 **ORIGINAL LOG#** (1) LAND OWNER Owner Well I.D. Last Name VAN DE STOET First Name JESSE (9) LOCATION OF WELL (legal description) Company County HARNEY Twp 24.00 S N/S Range 32.50 E E/W WM Address 1524 290TH STREET Sec 21 SE 1/4 of the SE 1/4 Tax Lot 8400 City INWOOD State IA Zip 51240 Tax Map Number (2) TYPE OF WORK New Well Deepening Conversion Alteration (complete 2a & 10) Abandonment(complete 5a) DMS or DD (2a) PRE-ALTERATION Street address of well Nearest address Gauge Stl Plstc Wld Thrd Casing: THREE MILES WEST OF HWY 78 ON TAYLOR LANE Material From Seal: (10) STATIC WATER LEVEL (3) DRILL METHOD Rotary Air Rotary Mud Cable Auger Cable Mud SWL(psi) SWL(ft) Existing Well / Pre-Alteration Reverse Rotary Other Completed Well 7/14/2015 (4) PROPOSED USE Domestic X Irrigation Community Flowing Artesian? Industrial/ Commericial Livestock Dewatering Depth water was first found 43.00 WATER BEARING ZONES Thermal Injection Other SWL Date Est Flow SWL(psi) From To + SWL(ft) (5) BORE HOLE CONSTRUCTION Special Standard (Attach copy) 7/7/2015 43 340 Depth of Completed Well 340.00 ft. **BORE HOLE SEAL** Dia From Material To To From Amt lbs 16 0 20 Bentonite Chips 20 21 20 Calculated 210 12 210 340 (11) WELL LOG Calculated **Ground Elevation** How was seal placed: Method Material From To X Other POURED Top Soil Backfill placed from ____ ___ ft. to ____ ft. Material_ Sandy Clay Fine Sand Q Size Filter pack from _ ft. to ft. Material Claystone 43 Explosives used: Yes Type___ Amount 43 Sandy Clay 46 (5a) ABANDONMENT USING UNHYDRATED BENTONITE Fine Sand 46 47 Sandy Clay 109 Proposed Amount **Actual Amount** Claystone Fractured 109 246 (6) CASING/LINER Claystone with seams of Sand 246 319 Casing Liner From To Gauge Stl Plstc Wld Thrd Sandy Claystone Coarse Gravel 319 340 12 210 .250 1.5 10 340 .250 200 Shoe Inside Outside Other Location of shoe(s) Temp casing Yes Dia_ From ___ (7) PERFORATIONS/SCREENS Perforations Method torch Screens Type Material Date Started7/7/2015 Completed 7/14/2015 Tele/ Perf/ Casing/Screen # of Scrn/slot Slot (unbonded) Water Well Constructor Certification Screen Liner To Dia From width slots pipe size length I certify that the work I performed on the construction, deepening, alteration, or Liner 340 Perf 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 (8) WELL TESTS: Minimum testing time is 1 hour Signed Pump O Bailer O Air Flowing Artesian (bonded) Water Well Constructor Certification Drill stem/Pump depth Duration (hr) Yield gal/min I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work

°F Lab analysis Yes By.

Description

Water quality concerns? Yes (describe below) TDS amount 191

Temperature 57

ppm

License Number 1801

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

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.

Date 11/23/2015

STATE OF OREGON		" DDD 1.D. D. DDDD 4// 000 /	
WATER SUPPLY WELL REPORT	HARN 526	524 START CARD# 2/1663	
(as required by ORS 537.765 & OAR 690-205-0210)		ORIGINAL LOG#	
(1) LAND OWNER Owner Well J.D.		110011 501	1
First Name Jesse Last Name Jan	De Stroet	(9) LOCATION OF WELL (legal description)	Z
Company		County Harney Twp 24 NS Range 3205 EN	17 117
Address 524290 5+0		Sec 29 1/E 1/4 of the 1/E 1/4 Tax Lot 0830	V _w
City Thwood State To Zij	5/240		_
(2) TYPE OF WORK	Conversion		- DE
Alteration (complete 2a & 10) A	bandonment(complete 5a)		
(2a) PRE-ALTERATION BY OWN Gauge Stl. Plst	a WIJ Thad	Long or DMS or Street address of well Nearest address	DL
Casing: JAN		Succe address of well (Nearest address	
Material Express To Amt sack	s/lhs	Taylor Ln. Burns, OR	
Material From To Amt sack	3/103	7 701 2768 100 7137 316	_
(3) DRILL METHOD SALEM,	OR	(10) STATIC WATER LEVEL	
Rotary Air Rotary Mud Cable Auger [Cable Mud	Date SWL(psi) + SWL(ft)	
Reverse Rotary		Existing Well / Pre-Alteration Completed Well Completed Well	
(4) PROPOSED USE Domestic Irrigation	7.Community		
Industrial/ Commercial Livestock Dewatering		Flowing Artesian? Dry Hole? 196)
		WATER BEARING ZONES Depth water was first found // / C	<u>_</u>
ThermalInjectionOther		SWL Date From To Est Flow SWL(psi) + SWL(fit	l)
(5) BORE HOLE CONSTRUCTION Special	Standard (Attach copy	y) 6/15/15 190 200 2800 55	•
Depth of Completed Well 208 ft.			
BORE HOLE SEA			\exists
Dia From To Material From 20" 0 160 Bervonte 22			
15" 160 200 1000	Calculated 2.500/		
	Calculated	(11) WELL LOG Ground Elevation	
	C DD DE	Material From To	
Nother <u>Bentonite</u> rowed j		Sandy Topsoll 05	
Backfill placed from ft. to ft. Materia		Brown Sandy Clay 5, 19	_
Filter pack from ft. to ft. Material	Size	Gray Clay	\dashv
Explosives used: Yes Type Amount		Gray (1/2) 1-2 109	\dashv
(5a) ABANDONMENT USING UNHYDRATED	BENTONITE	Large Grave/ 189 204	
Proposed Amount Pounds Actual Amou		Gray Clay 204 218	\exists
(6) CASING/LINER			
	e Stl Plste Wld Thrd	,	4
Ø 0 16" \ 2 170 250		K Ducker O 1451	\dashv
Q X 1/2" H1/2 1/54/22		RECEIVED	
Q X 10" = 145 154 25		RECEIVED	H
2 × 10" = 214 218 250			
		OCT 2 5 2021	
_ :-	of shoe(s)		\dashv
Temp casing Yes Dia From	То	OWE	\dashv
(7) PERFORATIONS/SCREENS		, , OVYRD,	\dashv
Perforations Method Screens Type Staynless Mater	stool	Date Started 6/10/15 Completed 6/18/15	
Perf/S Casing/ Screen Scrn/slot	Slot # of Tele/	Date Started 6//5//5 Completed 6//8//5	_
	ength slots pipe size	(unbonded) Water Well Constructor Certification	
c 100 150 150 150 150 150 150 150 150 150	1011	I certify that the work I performed on the construction, deepening, alteration	n, o
5 ren 18 men 10" 154 214 020	10"	abandonment of this well is in compliance with Oregon water supply construction standards. Materials used and information reported above are true.	wel
		the best of my knowledge and belief.	ae to
		License Number Date	
(8) WELL TESTS: Minimum testing time is 1 hour			_
Pump Bailer Air (Flowing Artesian	Signed	
0	_	(bonded) Water Well Constructor Certification	
Yield gal/min Drawdown Drill stem/ Pump dept	IHR	I accept responsibility for the construction, deepening, alteration, or abandor	
-		work performed on this well during the construction dates reported above. All	wo
		performed during this time is in compliance with Oregon water supply	WC
Temperature <u>58</u> °F L <u>ab</u> analysis Yes By	100	construction standards. This report is true to the best of my knowledge and bel	ieľ.
Water quality concerns? Yes (describe below) TDS a	mount / 68 ppm	License Number 562 Date 114	
From To Description	Amount Whits	Signed Learn C. Ollana	
		- Jan - Charles	
		Contact Info (optional)	

STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765) Instructions for completing this report are on the fast page of this form.	well i.d. # L 44 start card #	1943	
(1) OWNER: Well Number Name Address 375 Tac lies City State 2 Zip 97710 (2) TYPE OF WORK New Well Deepening Alteration (repair/recondition) Abandonment (3) DRILLMETHOD:	(9) LOCATION OF WELL by legal description of WELL by legal description of Latitude Township Nor Range Section S = 1/4 Tax Lot S C Lot Block Street Address of Well (or nearest address) 37	Longitude 3.2 E or W. WM. V. F. 1/4 Subdivision	
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	(10) STATIC WATER LEVEL:		
Explosives used Yes No Type Amount HOLE SEAL Diameter From To Material From To Sacks or pounds 14" 0 10 Review to 10 45	From To 420'	Estimated Flow Rate SWL	
How was seal placed: Method A B C D E	(12) WELL LOG: Ground Elevation		
Backfill placed fromft. toft. Material Gravel placed fromft. toft. Size of gravel (6) CASING/LINER: Diameter FromGauge Steel Plastic Welded Threaded	Material Should be sure of the	From To SWL 0 3 37 37 45'	
Casing:	Sand a Grame RECEIVED	170 315 10' 315 410	
Final location of shoe(s) (7) PERFORATIONS/SCREENS: Perforations Method Screens Type Material	OCT 2 5 2021 RE(CEIVED	
Stot Stot Stot Diemeter size Casing Uner	RECEIVED WATER IS.	C 7 2005 SOURCES DEPT. M. OREGON	
(8) WELLTESTS: Minimum testing time is 1 hour	WATER RESOURCES DEPT. SALEM, OREGON Date started 2 16 27 Complete (unbouded) Water Well Constructor Certification		
Pump Bailer Air Plowing Artesian Yield gal/min Drawdown Drill stem at Time 1 hr.	I certify that the work I performed on the constru- of this well is in compliance with Oregon water supp Materials used and information reported above are tr and belief.	ction, alteration, or abandonment	
Temperature of water Depth Artesian Flow Found Was a water analysis done? *\ O Yes By whom Did any strata contain water not suitable for intended use? *\ O Too little Salty Muddy Odor Colored Other Depth of strata: ORIGINAL - WATER RESOURCES DEPARTMENT FIRST COPY - CONTINUE ORIGINAL - WATER RESOURCES DEPARTMENT FIRST COPY - CONTINUE ORIGINAL - WATER RESOURCES DEPARTMENT FIRST COPY - CONTINUE ORIGINAL - WATER RESOURCES DEPARTMENT FIRST COPY - CONTINUE ORIGINAL - WATER RESOURCES DEPARTMENT FIRST COPY - CONTINUE ORIGINAL - WATER RESOURCES DEPARTMENT FIRST COPY - CONTINUE ORIGINAL - WATER RESOURCES DEPARTMENT FIRST COPY - CONTINUE ORIGINAL - WATER RESOURCES DEPARTMENT FIRST COPY - CONTINUE OR TOTAL - WATER RESOURCES DEPARTMENT FIRST COPY - WATER RESOURCES DEPARTMENT FIRST COPY - WATER RESOURCES DEPARTMENT FIRST COPY - WATER RESOU	(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. Signed WWC Number Date Date		

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.	START CARD# (C) (C)		
(1) OWNER: Well Number	(9) LOCATION OF WELL by legal description:		
Name Vern Can	County Latitude Longitude Township N or Range 32 - Elor W. WM.		
Address 37518 Taille			
City 34 m. 4 State /31 Zip 97772	Section 5 5 1/4 N F 1/4		
(2) TYPE OF WORK	Tax Lot Sco Lot Block Subdivision		
New Well Deepening Alteration (repair/recondition) Abandonment	Street Address of Well (or nearest address) 378 18 toules kn.		
(3) DRILLMETHOD:			
Rotary Air Rotary Mud Cable Auger	(10) STATIC WATER LEVEL:		
Other	ft. below land surface. Date		
(4) PROPOSED USE:	Artesian pressure Ib. per square inch. Date		
☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation	(11) WATER BEARING ZONES:		
Thermal Injection Livestock Other			
(5) BORE HOLE CONSTRUCTION:	Depth at which water was first found		
Special Construction approval Yes No Depth of Completed Well 16 ft.			
Explosives used Yes No Type Amount	From To Estimated Flow Rate SWL		
HOLE SEAL	375' 420' 800 20		
Diameter From To Material From To Sacks or pounds 24" 0 20 Rentant 5 20 25			
16 20 120 Sancardo 10 45			
16 10 1-10			
How was seal placed: Method A B C D E	(12) WELL LOG: Ground Elevation		
	Ground Elevation		
Other	Material From To SWL		
Gravel placed from ft. to ft. Size of gravel	750 Suil 0 3		
(6) CASING/LINER:	3/2 Clay 13 32		
Diameter From Gauge Steel Plastic Welded Threaded	Gray Clay of 37 65'		
	3.25 Les 170'		
Casing: 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Gran Clay 170 325 20'		
	Sant & Grand 325 420		
Liner:			
Final location of shoe(s)			
(7) PERFORATIONS/SCREENS:	DECEMEN		
Perforations Method	HECEIVED		
Store Material Televator			
Slot Tele/pipe From To size Number Diameter size Casing Liner	ULI (2 8 2021		
	RECEIVED		
	OWRD		
	APR 17 2002		
	WATER RESOURCES DEPT.		
(0) MENT TECTS. Minimum testing time is 1 hours	SALEM, OREGON Date started 7 > 1/2 > 57 Completed 3 > 31 > 57		
(8) WELL TESTS: Minimum testing time is 1 hour	San state St		
Flowing Air Attacks	(unbonded) Water Well Constructor Certification:		
Pump Bailer Air Artesian Yield gal/min Drawdown Drill stem at Time	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.		
Yield gal/min Drawdown Drill stem at Time	Materials used and information reported above are true to the best of my knowledge and belief.		
800 20' 77' 5	WWC Number		
	Signed Date		
Temperature of water 60 Depth Artesian Flow Found	(bonded) Water Well Constructor Certification:		
Was a water analysis done? (10) Yes By whom	I accept responsibility for the construction, alteration, or abandonment work		
Did any strata contain water not suitable for intended use? ************************************	performed on this well during the construction dates reported above. All work		
Salty Muddy Odor Colored Other	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.		
Depth of strata:	WyC Number 17.51		
	Signed Permit Date 4-14-0		

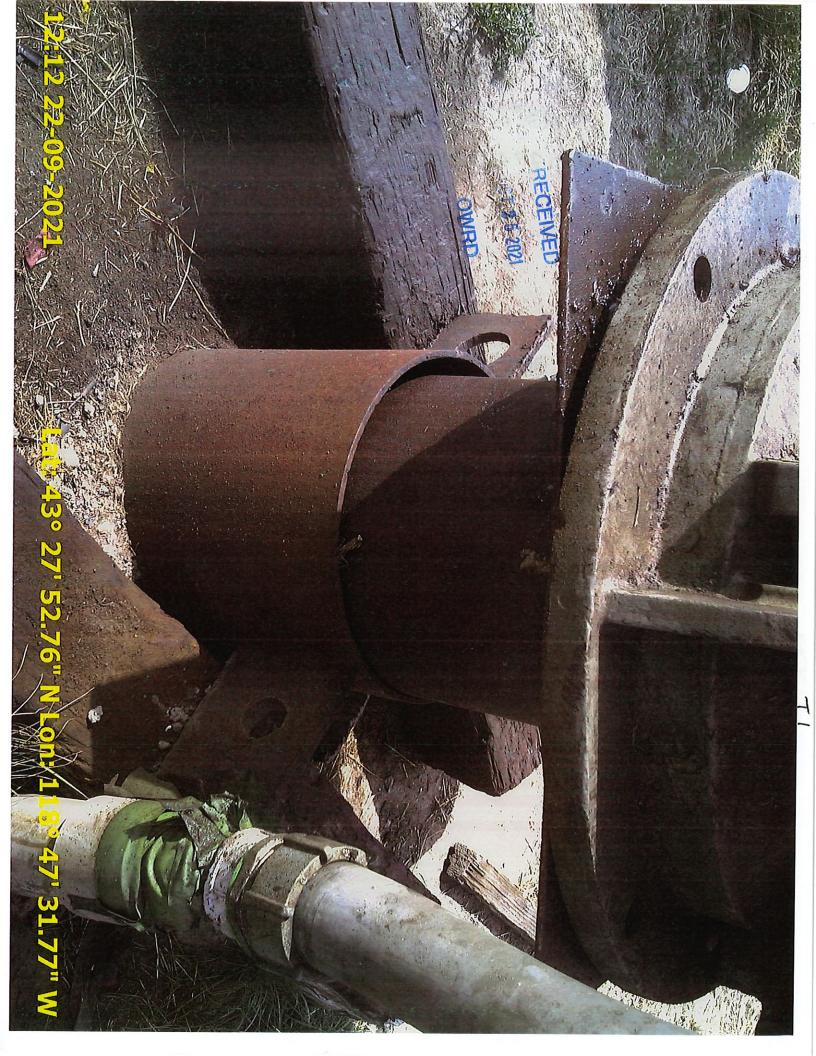
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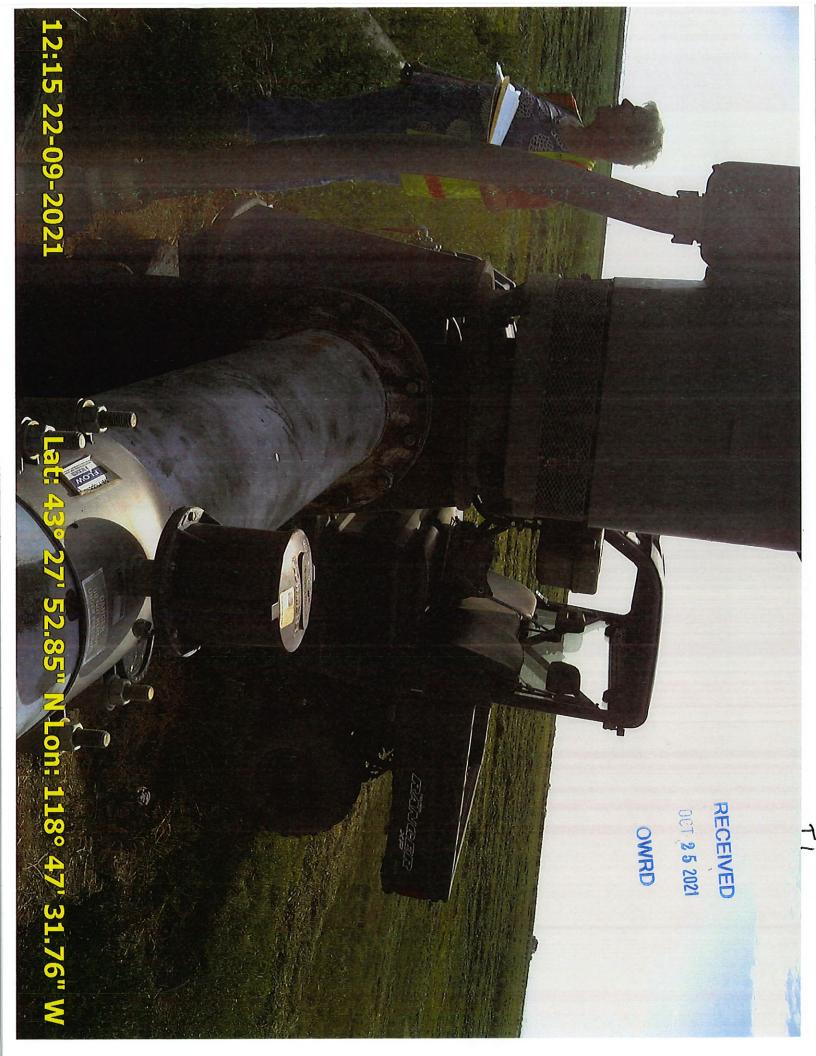
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STATE OF OREGON
WATER SUPPLY WELL REPORT
(to required by ORS 537.765) WATER RESOURCES DEPT.

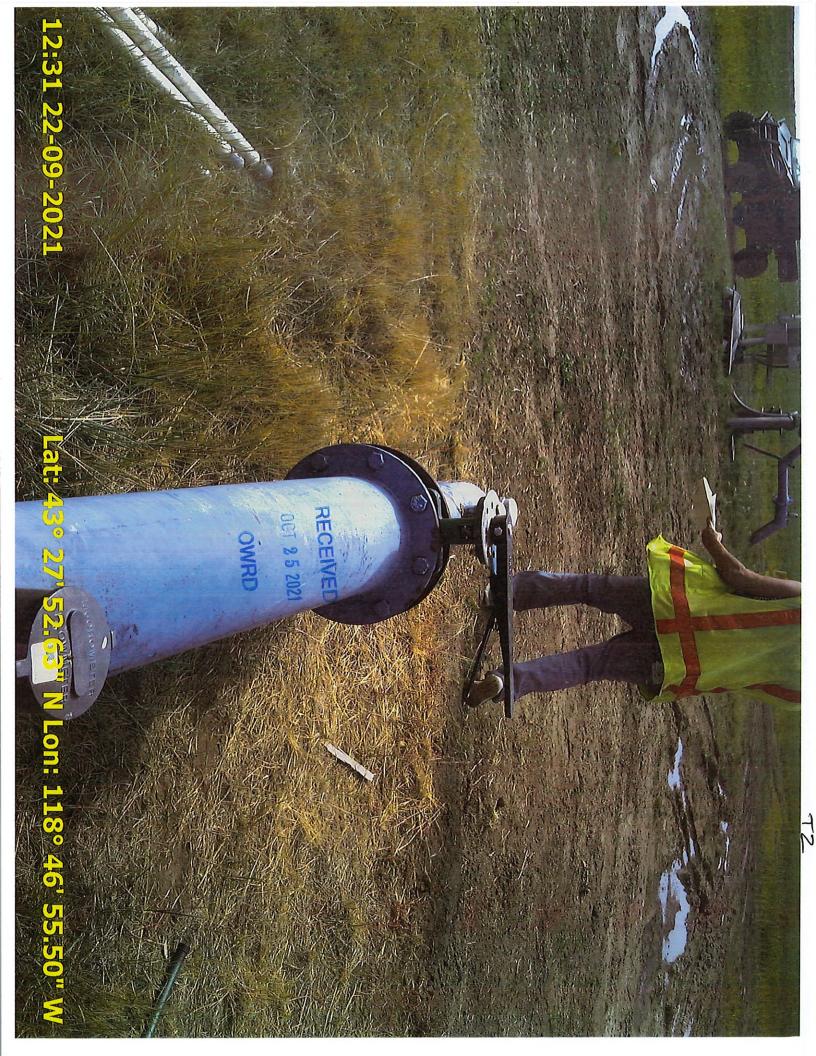
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START CARD#	098478

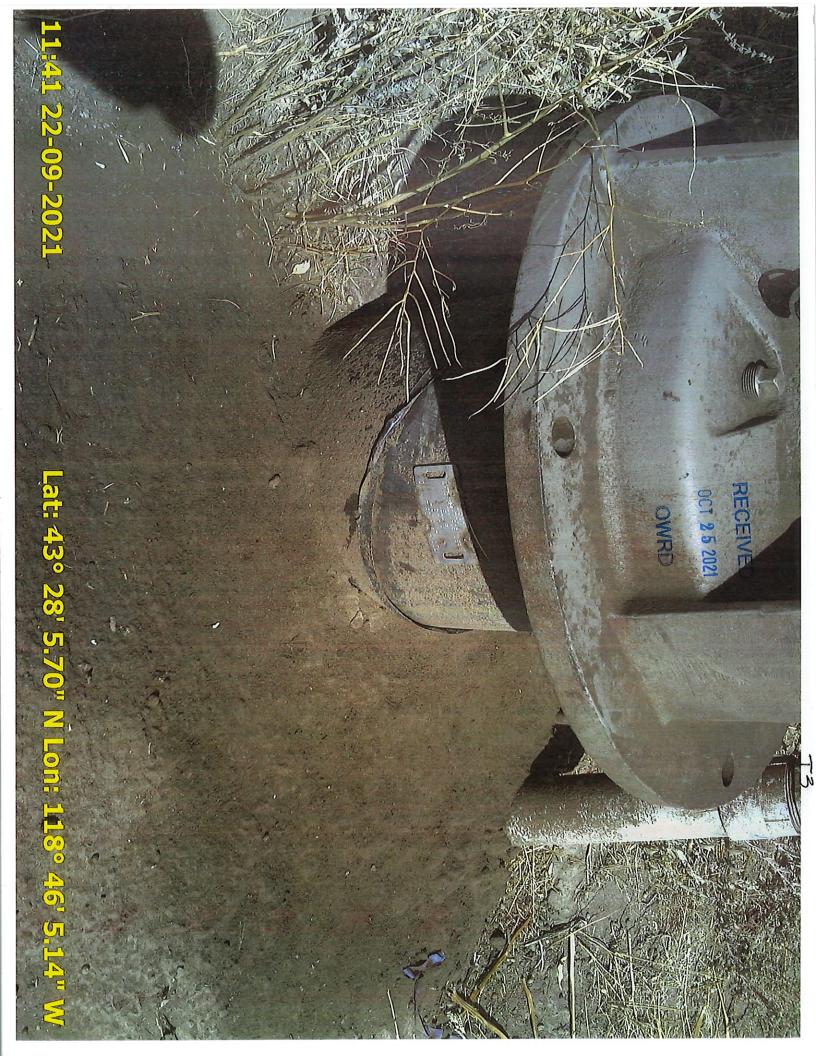
Instructions for completing this report are on the last page of this form.	M, OREGON STATE STATE TO	
(1) OWNER: Well Number	(9) LOCATION OF WELL by legal descrip	tion:
Name Double BG Ranches	County Harney Latitude	Longitude
Address 1523 Hillcrest Dr	Township 24S N or S Range	325E E or W. WM.
City Rurns, State OR Zip 97720	Section 21 NE 1/4 S	
(2) TYPE OF WORK	Tax Lot Block Street Address of Well (or nearest address)	
New Well Deepening Alteration (repair/recondition) Abandonment (3) DRILL METHOD:	Succe Address of Wolf (or floatest address)	
Rotary Air Rotary Mud Cable Auger	(10) STATIC WATER LEVEL:	
Other	22 ft. below land surface.	Date 3-14-98
(4) PROPOSED USE:	Artesian pressure lb. per square in	nch. Date
Domestic Community Industrial Infrigation	(11) WATER BEARING ZONES:	
Thermal Injection Livestock Other	n	<i>1.</i> E
(5) BORE HOLE CONSTRUCTION:	Depth at which water was first found	45
Special Construction approval Yes No Depth of Completed Well 370 ft.	From To	Estimated Flow Rate SWL
Explosives used Yes No Type Amount SEAL	57 65	50 22
Diameter From To Material From To Sacks or pounds	215 270	800 22
18 0 18 bentonite 0 18 19 sacks		
14 18 370		
	(12) WELL LOG:	
How was seal placed: Method A B C D B	Ground Elevation	
Cother _poured dry and tamped Backfill placed from ft. to ft. Material	Material	From To SWL
Gravel placed from ft. to ft. Size of gravel	sand brn topsoil	0 2
(6) CASING/LINER:	clay brn	2 38
Diameter From To Gauge Steel Plastic Welded Threaded	clay grey	38 57
Casing: 14 +1.5 100.250 🗔 🖂	clay grey, sand blk	57 75
	clay grey clay blue	75 180 180 185
	clay blue	185 215
Liner:	sandstone grey gravel	215 220
	sand white pumice	220 250
Final location of shoe(s)	clay claysotnes pumice	250 270
(7) PERFORATIONS/SCREENS:	clay grey	270 370
Perforations Method		
Stot Material Tele/pipe	RECEIVED	
From To size Number Diameter size Casing Liner	1120211	
	OCT 2 5 2021	
	OWRD.	
	Day and 2 5 00 Comple	tod 2.1/.00
(8) WELL TESTS: Minimum testing time is 1 hour	Date started 3-5-98 Comple (unbonded) Water Well Constructor Certification	
Flowing ☐ Pump	I certify that the work I performed on the constru	uction, alteration, or abandonment
Yield gal/min Drawdown Drill stem at Time	of this well is in compliance with Oregon water sup Materials used and information reported above are	ply well construction standards.
100 2 1 hr.	and belief.	and to allo out of my lane mongo
	WWC Number	
	Signed	Date
Temperature of water 66 Depth Artesian Flow Found	(bonded) Water Well Constructor Certification: I accept responsibility for the construction, alter	
Was a water analysis done? no Yes By whom Did any strata contain water not suitable for intended use? Too little	performed on this well during the construction date	s reported above. All work
Salty Muddy Odor Colored Other	performed during this time is in compliance with O construction standards. This report is true to the be	regon water supply well est of my knowledge and belief.
Depth of strata:	1 9 1	WWC Number 1424
	Summer wally lottill	est of my knowledge and belief. WWC Number <u>1424</u> Date <u>3-18-98</u>

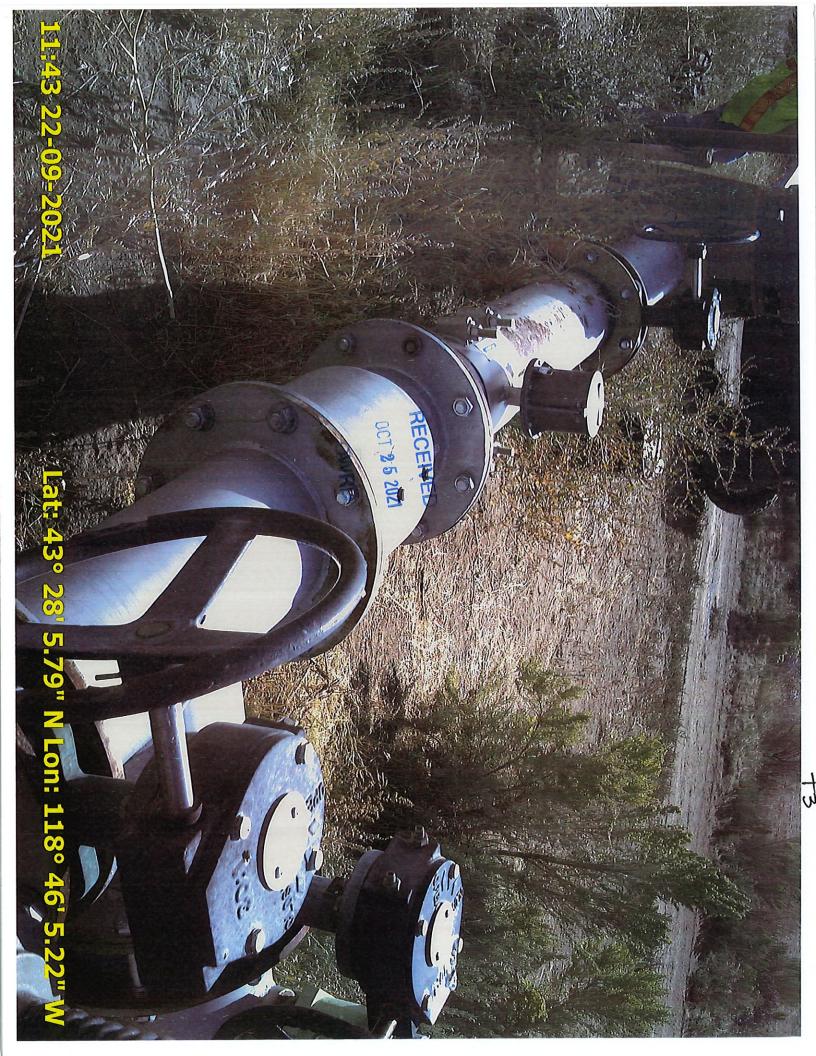


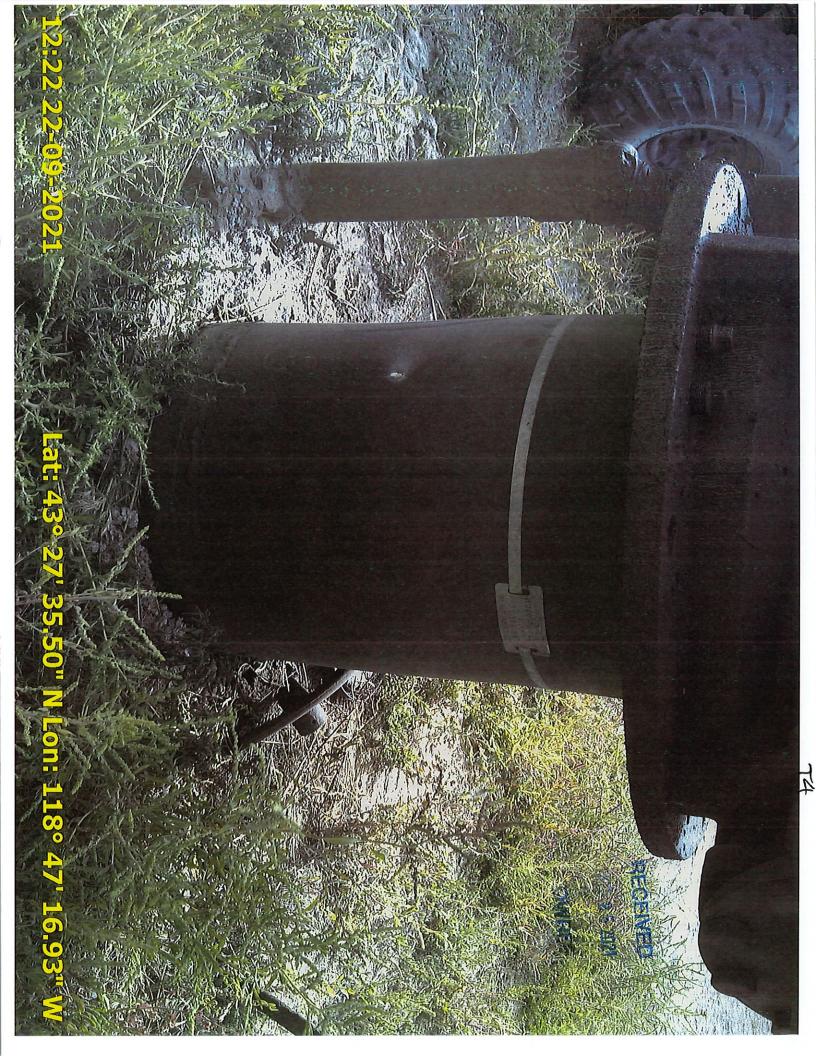


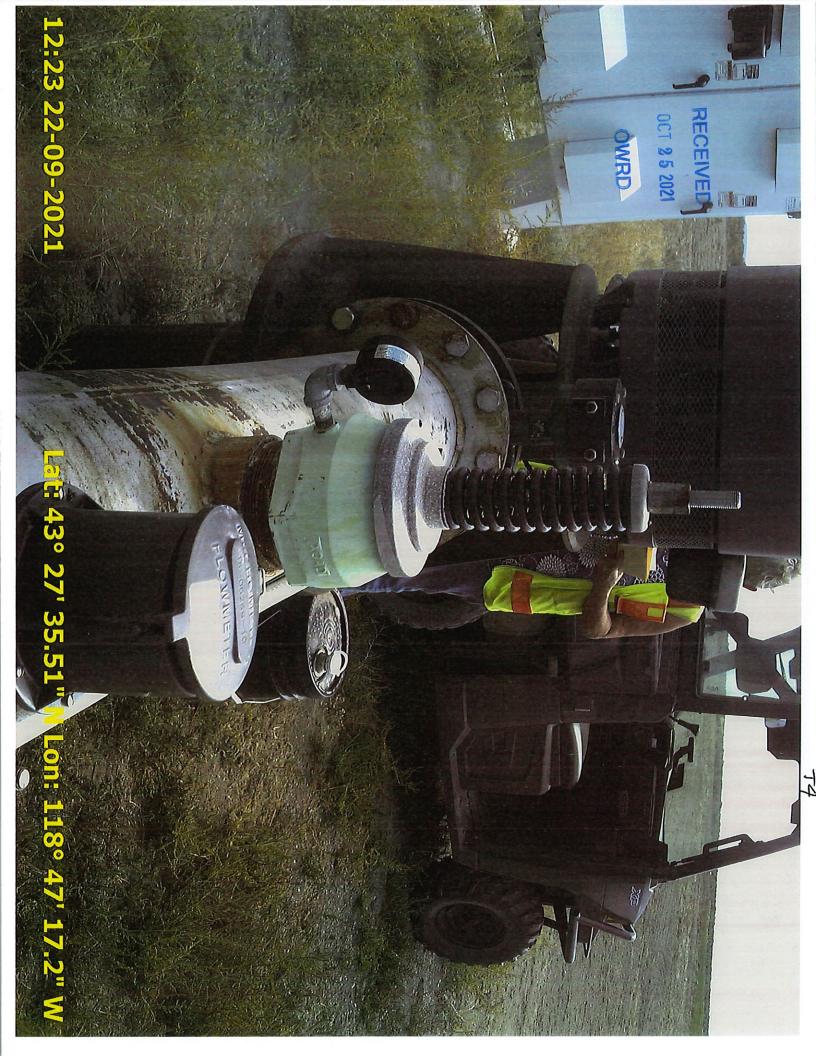


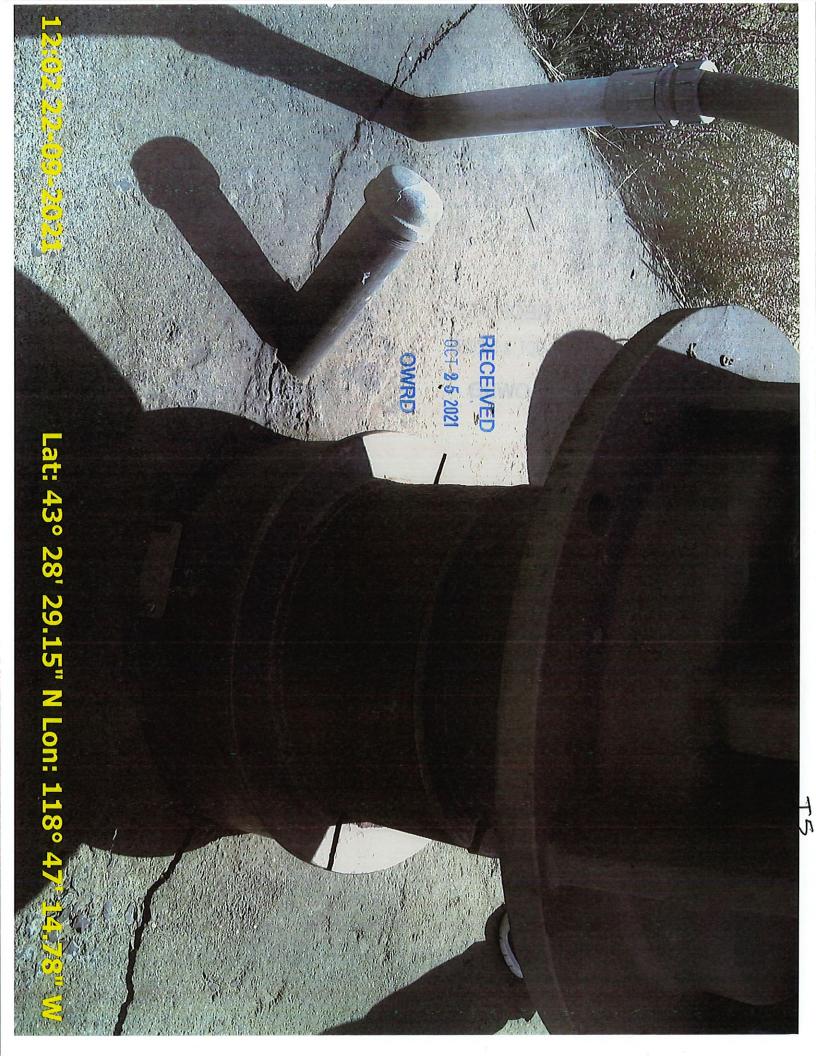


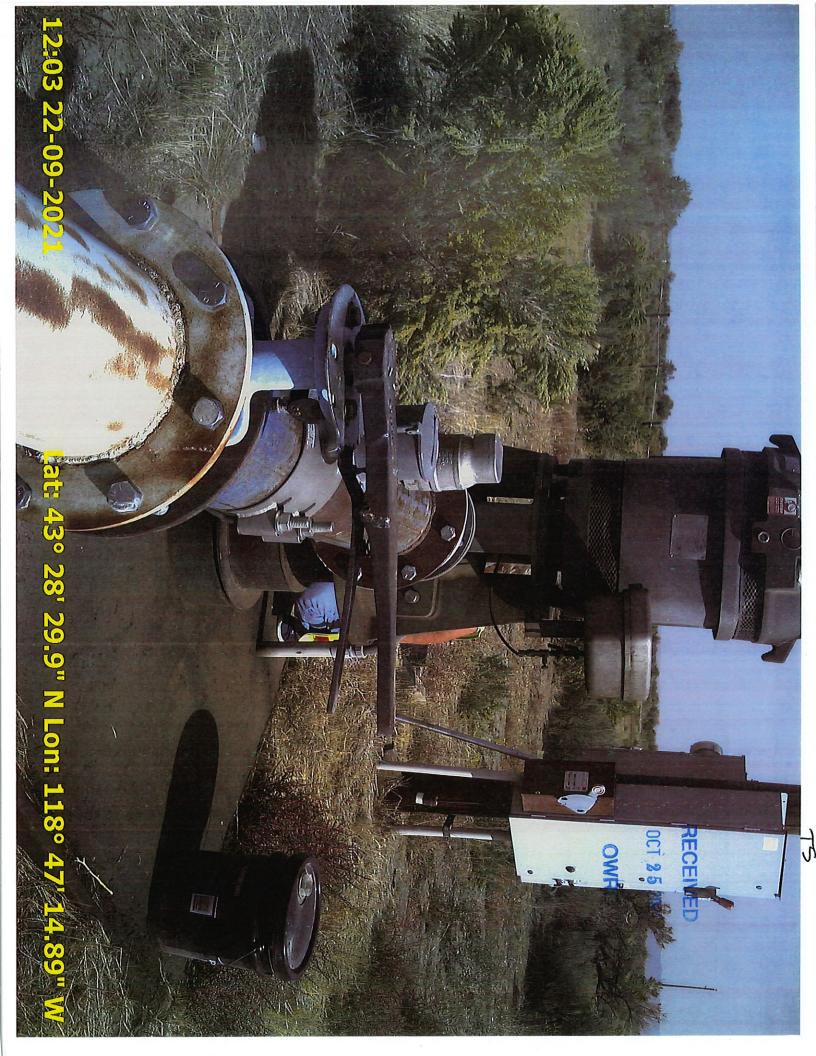


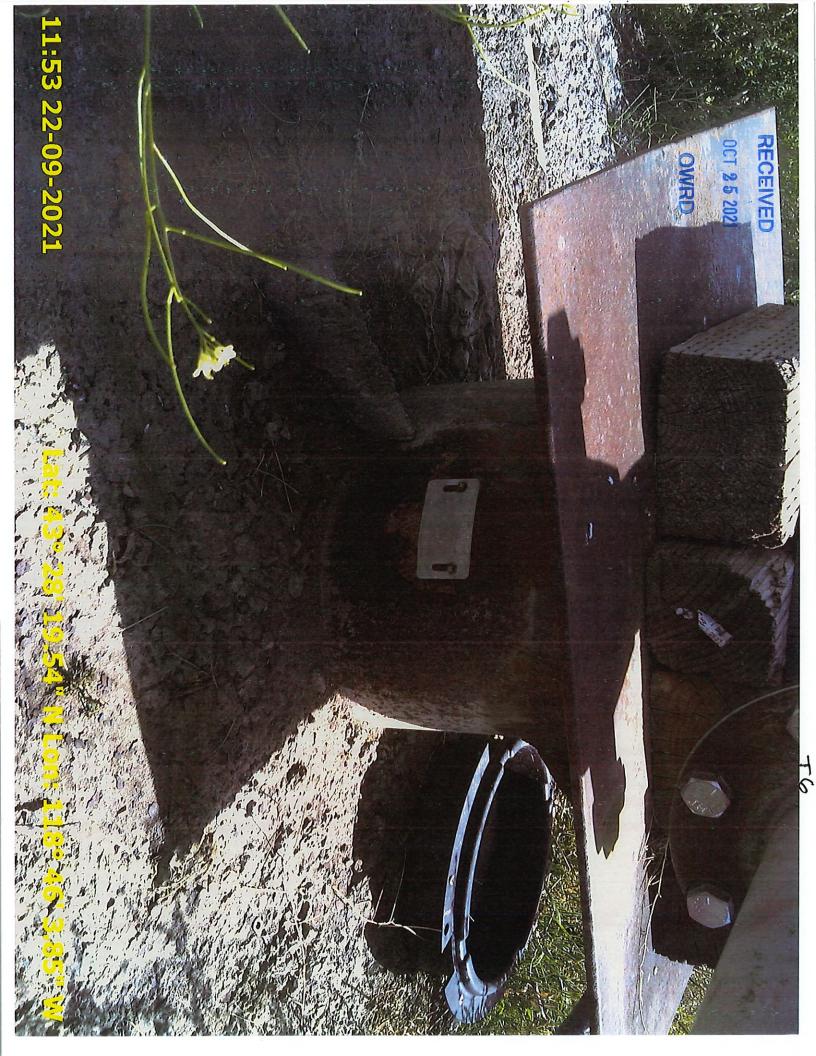


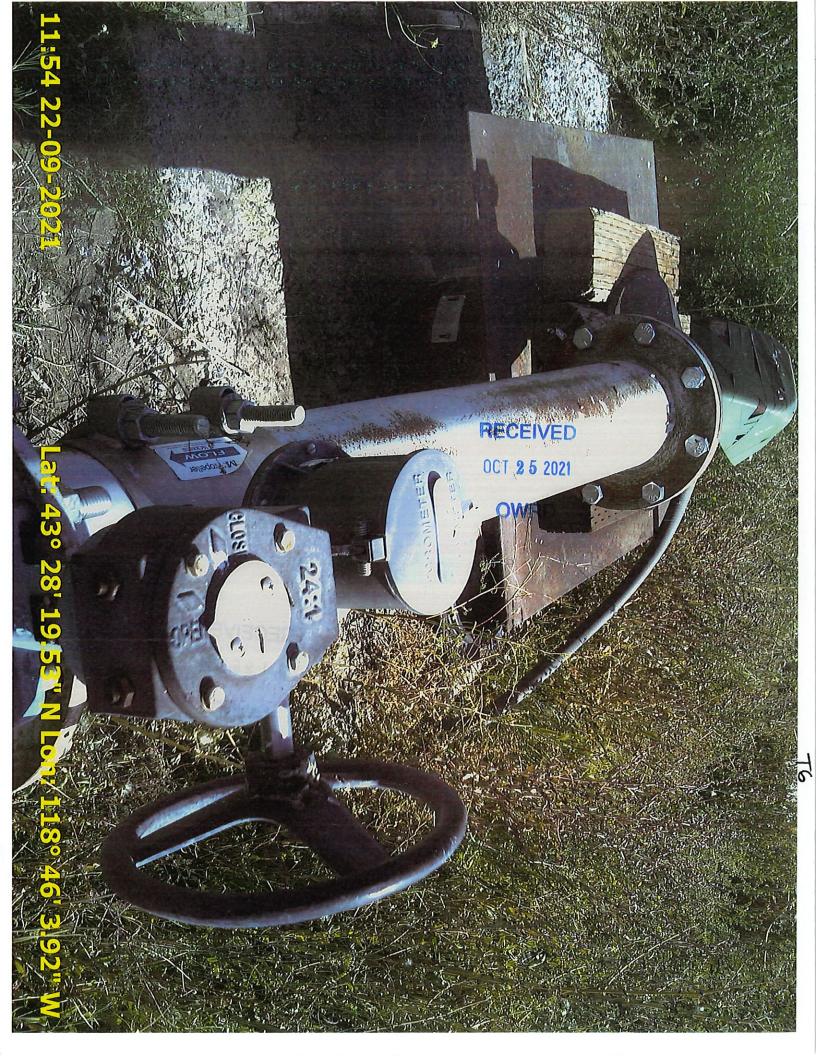












OWRD





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

