

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

725 Summer St. N.E. Ste. A
SALEM, OR 97301-4172

(503) 986-0900 / (503) 986-0904 (fax)

RECEIPT # **137088**

INVOICE # _____

RECEIVED FROM: Joseph P Cronin or
BY: Vivian G Cronin

APPLICATION	G-16045
PERMIT	
TRANSFER	

CASH: CHECK:# 11026 OTHER: (IDENTIFY) _____

TOTAL REC'D \$ 30.00

1083 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES \$ _____
OTHER: (IDENTIFY) \$ _____
0243 I/S Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

4270 WRD OPERATING ACCT

MISCELLANEOUS 46111

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

WATER RIGHTS:

EXAM FEE		RECORD FEE
\$ _____	0202	\$ _____
\$ _____	0204	\$ _____
\$ _____		

WELL CONSTRUCTION

EXAM FEE		LICENSE FEE
\$ _____	0219	\$ _____
\$ _____	0220	\$ _____

0200 OTHER (IDENTIFY) OSBU \$ 30.00

0536 TREASURY 0437 WELL CONST. START FEE

0211 WELL CONST START FEE \$ _____ CARD# _____
0210 MONITORING WELLS \$ _____ CARD# _____
OTHER (IDENTIFY) _____

0607 TREASURY 0467 HYDRO ACTIVITY LIC NUMBER

0233 POWER LICENSE FEE (FW/WRD) \$ _____
0231 HYDRO LICENSE FEE (FW/WRD) \$ _____
HYDRO APPLICATION \$ _____

TREASURY OTHER / RDX

FUND _____ TITLE _____
OBJ. CODE _____ VENDOR # _____
DESCRIPTION _____ \$ _____

RECEIPT: **137088**

DATED: 12-13-2001 BY: Mindy Carlson

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

725 Summer St. N.E. Ste. A
SALEM, OR 97301-4172

(503) 986-0900 / (503) 986-0904 (fax)

RECEIPT # **137015**

INVOICE # _____

RECEIVED FROM: Joseph P Cronin or
BY: Vivian G Cronin

APPLICATION	G-16045
PERMIT	
TRANSFER	

CASH: CHECK:# X 11005 OTHER: (IDENTIFY)

TOTAL REC'D \$ 200.00

1083 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES \$
OTHER: (IDENTIFY) \$
0243 I/S Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

4270 WRD OPERATING ACCT

MISCELLANEOUS 46111

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

WATER RIGHTS:

EXAM FEE		RECORD FEE
\$	0202	\$
\$	0204	\$
\$		

WELL CONSTRUCTION

EXAM FEE		LICENSE FEE
\$	0219	\$
	0220	\$

0201 SURFACE WATER
0203 GROUND WATER
0205 TRANSFER

0218 WELL DRILL CONSTRUCTOR
LANDOWNER'S PERMIT

0200 OTHER (IDENTIFY) COBU \$200.00

0536 TREASURY 0437 WELL CONST. START FEE

0211 WELL CONST START FEE \$
0210 MONITORING WELLS \$
OTHER (IDENTIFY) _____

CARD#	
CARD#	

0607 TREASURY 0467 HYDRO ACTIVITY LIC NUMBER

0233 POWER LICENSE FEE (FW/WRD) \$
0231 HYDRO LICENSE FEE (FW/WRD) \$
HYDRO APPLICATION \$

TREASURY OTHER / RDX

FUND _____ TITLE _____
OBJ. CODE _____ VENDOR # _____
DESCRIPTION _____ \$

RECEIPT: **137015**

DATED 12-6-2021 BY: Mindy Carlson

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



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

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

A separate form shall be completed for each permit.

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

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:

<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

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

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

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

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

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

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

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

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION # G-16045	PERMIT # (IF APPLICABLE) G-15674	PERMIT AMENDMENT # (IF APPLICABLE) T-
---------------------------------	--------------------------------------------	-------------------------------------------------

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Joseph & Vivian Cronin		PHONE NO. 541-589-0781	ADDITIONAL CONTACT NO. 541-589-1781
ADDRESS 35049 N Harney Lane			
CITY Burns	STATE OR	ZIP 97720	E-MAIL

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

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

PERMIT HOLDER OF RECORD Same as above			RECEIVED
ADDRESS			DEC 06 2021
CITY	STATE	ZIP	OWRD

ADDITIONAL PERMIT HOLDER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

7/6/2021

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Joseph Cronin	7/6/2021	Owner/Permit Holder

6. County:

Harney

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

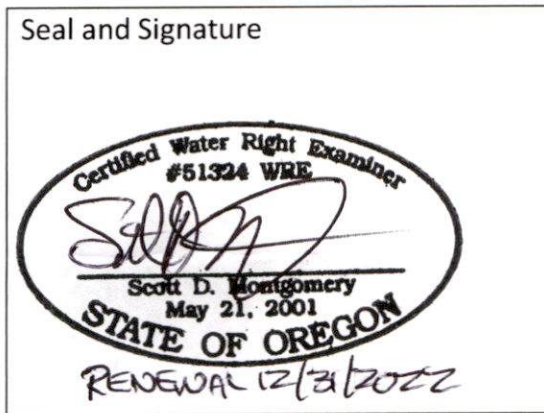
OWNER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

**SECTION 2
SIGNATURES**

CWRE Statement, Seal and Signature

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



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CWRE NAME Scott D Montgomery		PHONE NO. 541-548-5833	ADDITIONAL CONTACT NO. 541-420-0401
ADDRESS PO Box 727			
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
	Joseph Cronin	Owner/Permit Holder	11-18-21
	Vivian Cronin	Owner/Permit Holder	11-18-21

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)
#1	HARN 50944/50952	L-59173

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

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

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
#1	Soldier Creek Basin	

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
#1	IR	Pasture Grass	Mar 1 – Oct 31	1.12 cfs
Total Quantity of Water Used				1.12 cfs

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

Water is pumped from POA & conveyed by buried conduit to a mainline with risers that flood 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
#1	1.11 cfs	1.12 cfs	Not running	IR	100.0	100.0

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**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple POAs?

NO

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

#1 (HARN 50944/50952)

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
22S	32E	WM	28	NE NE			IR	40.0	
22S	32E	WM	28	NW NE			IR	1.0	
22S	32E	WM	28	SE NE			IR	34.8	
22S	32E	WM	28	NE SE			IR	24.2	
Total Acres Irrigated								100.0	

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:

1 1/2" capped pipe N 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
24" - 12"	60'	131	4/29/03	6/2/03	Greg Shull	Timothy Riley

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)?

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NO

D. Diversion and Delivery System Information

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

YES

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1. Is a pump used?

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
National	UNK	UNK	Turbine		6"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Johnson	20

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
20	30	50'	0'	1.12

5. Provide pump calculations:

$$Q = 7.04 \text{ft}^{4/5} / \text{hp} \times \text{hp} = (7.04)(20) = 1.12 \text{ cfs}$$

Total head, ft 126.2
Total head = 76.2' + 50' + 0' = 126.2'

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
Not 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
6"	75 LF	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
6"	1280 LF	PVC	Buried

10. Sprinkler Information:

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

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

11. Drip Emmitter Information:

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

E. Storage

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

If "YES" is it a: Storage Tank
 Bulge in System / Reservoir

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YES

NO

YES

Complete appropriate table(s), unused table may be deleted.

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
NA	NA	NA

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
Unnamed	4 feet	0.5

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

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**SECTION 5
CONDITIONS**

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

1. Time Limits:

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

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	7/15/2004		
BEGIN CONSTRUCTION (A)	NA		
COMPLETE CONSTRUCTION (B)	NA		
COMPLETE APPLICATION OF WATER (C)	10/1/2021	7/6/2021	POA developed w/meter, flood irrigation system irrigating POU

* 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? NO

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? NO

5. Pump Test:

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

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

For additional information regarding pump tests see:

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

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

b. Has the pump test been previously submitted to the Department? NO

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

- d. Has the pump test been approved by the Department? NO
- e. Has a pump test exemption been approved by the Department? NO

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

6. Measurement Conditions:

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

- 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
POA	Aclara	87185496	Working	1462 kw hrs	2021

7. Recording and reporting conditions:

- a. Is the water user required to report the water use to the Department? NO

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? NO

WELL ID #	DATE ATTACHED TO WELL

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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):

The power meter listed above was installed in September 2021. The water user plans to switch pump/motor to electrical. The existing diesel motor was metered by estimated rrate x time running.

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well logs	HARN 50944/50952
Aerial imagery	FSA USDA Aerial Photo taken June 2018
Site Photos	Time & Location stamped pictures of POA, system & POU

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 well, conveyances, meter & place of use were tied to approximate boundaries using a Trimble GeoXT 3000 GIS data collector. Point data was imported in Trimble Pathfinder software & converted to Statewide Lambert Projection. Point data was compared with aerial imagery for accuracy.

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Map Checklist

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

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

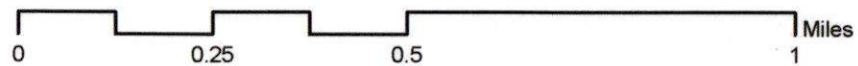
- Map on polyester film
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government 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

T22S R 32E, W.M.

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



Legend



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

WELL I.D. # L 659173
 START CARD # 144623

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

(1) LAND OWNER Well Number _____
 Name GREG SHOLL
 Address 1071 N Buena Vista
 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 125 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
18	0 25	bentonite	0 25	30	sacks
14	25 135				

How was seal placed: Method A B C D E
 Other pooured dry & 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: <u>14</u>	<u>+1</u>	<u>60</u>	<u>375</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time	Flowing
<u>100</u>	<u>4</u>		<u>1 hr.</u>	<input checked="" type="checkbox"/> Artesian

Temperature of water 58° 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 22 S N or S Range 32 E E or W. WM.
 Section 28 NW 1/4 NE 1/4
 Tax Lot 1700 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Old Harney Ln

(10) STATIC WATER LEVEL:
17 ft. below land surface. Date 4-29-03
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
<u>25</u>	<u>130</u>	<u>450</u>	<u>17</u>

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
clay loam topsoil	0	1	
clay brn	1	5	
sandstone	5	6	
clay brn	6	25	
clay gravel	25	35	17
gravel clay	35	45	17
sand fine brn	45	125	17
sand fine caving	125	130	17
clay	130	135	17

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 MAY 02 2003
 WATER RESOURCES DEPT
 SALEM, OREGON

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 DEC 06 2003
 OWRD

Date started 4-24-03 Completed 4-29-03

(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 Timothy K. Kelly Date 5-1-03

Agreement for the
Department of Commerce & Economic Services
Industrial and Energy Services
Project No. 183-20-00133-5116
Date: 9/28/21
Address: 15015 W. Highway
Holt

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Mult by 1

CL 200 120-480V 3W FM2S KH 7.2 TV 240
787X290139 50/60HZ CA 0.2 TA 30 KH 7.2 TV 240

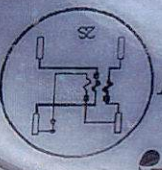
87 185 496
NXD87185496

0604 1019

64704802
Y73100
-309F

Acara
KV2C
Multifunction Meter

OB
OC
OE
OK
OM
OT
OV
OX



V207

L4

L1

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DEC 06 2021

OWRD

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DEC 06 2021

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12:34 06-07-2021

Lat: 43° 38' 27.65" N Lon: 118° 53' 15.58" W

43° 38' 27.64" N

118° 53' 15.59" W

474.3 ~~m~~ ft

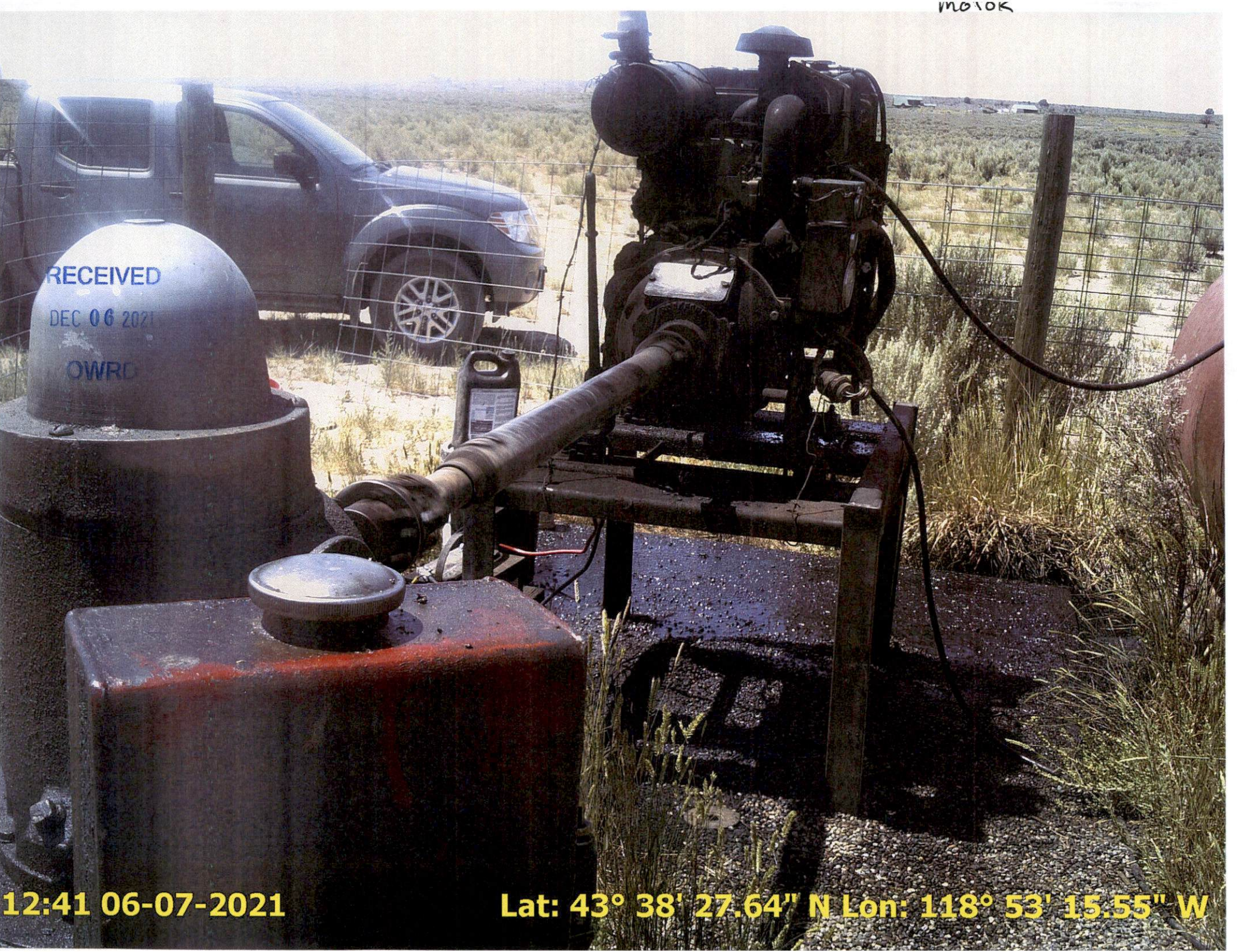
+18.9'

RECEIVED

DEC 06 2021

OWRD

MO10K



RECEIVED
DEC 06 2021
OWRD

12:41 06-07-2021

Lat: 43° 38' 27.64" N Lon: 118° 53' 15.55" W

43° 38' 27.66" N

118° 53' 15.63" W

4167.6 ft

4-8.8' OWRD

RECEIVED

DEC 06 2021

RECEIVED
DEC 06 2021
OWRD

12:42 06-07-2021

Lat: 43° 38' 27.78" N Lon: 118° 53' 15.48" W

43° 38' 27.80" N

118° 53' 15.47" W

4165.9'

+1 - 9.2'

RECEIVED

DEC 06 2021

OWRD

RECEIVED
DEC 06 2021
OWRD

DIS D

12:45 06-07-2021

Lat: 43° 38' 27.70" N Lon: 118° 53' 14.59" W

43° 38' 27.72" N

118° 53' 14.59" W

4169.4

+1-9.2'

RECEIVED

DEC 06 2021

OWRD

K10

RECEIVED
DEC 06 2021
OWRD

12:46 06-07-2021

Lat: 43° 38' 28.74" N Lon: 118° 53' 14.77" W



43°38'28.74" N
118°53'14.79" W

RECEIVED

DEC 06 2021

4168.0'

OWRD

+1-9.3'

NET RISER NO PHOTO

43°38'29.76" N
118°53'15.01" W

4165.9m

+1-9.7'

RECEIVED
DEC 06 2021
OWRD

12:49 06-07-2021

Lat: 43° 38' 31.0" N Lon: 118° 53' 15.18" W

43°38'31.0"N

118°53'15.19"W

4169.6'

+1-87'

RECEIVED

DEC 06 2021

OWRD

RECEIVED
DEC 06 2021
OWRD

12:51 06-07-2021

Lat: 43° 38' 32.40" N Lon: 118° 53' 15.44" W

43° 38' 32.41" N
118° 53' 15.45" W

4167.5'

+1-9.4'

RECEIVED

DEC 06 2021

OWRD

RECEIVED

DEC 06 2021

OWRD

13:10 06-07-2021

Lat: 43° 38' 18.29" N Lon: 118° 53' 12.78" W

43°38'18.29"N
118°53'12.80"W

4155.3'

+/- 9.0'

RECEIVED

DEC 06 2021

OWRD

RECEIVED
DEC 06 2021
OWRD

13:22 06-07-2021

Lat: 43° 38' 5.3" N Lon: 118° 52' 56.6" W

43°38'05.04"N

118°32'56.08"W

4145.2'

+/-9.5'

RECEIVED

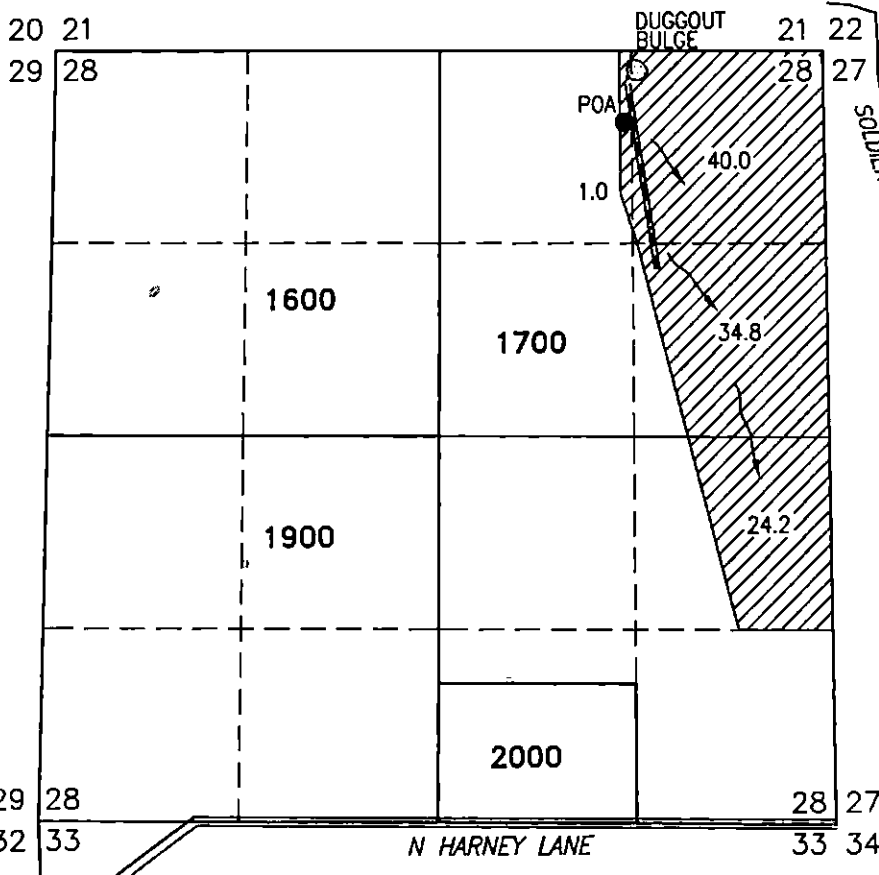
DEC 06 2021

OWRD

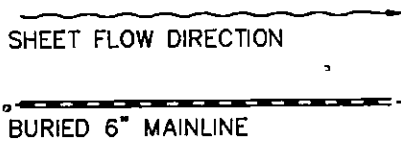
CLAIM OF BENEFICIAL USE MAP

TO ADD PLACE OF USE AND POINTS OF APPROPRIATION FOR APPLICATION G-16045


TAX LOT: 1700 IN SECTION 28,
TOWNSHIP 22 SOUTH, RANGE 32 EAST, W.M.



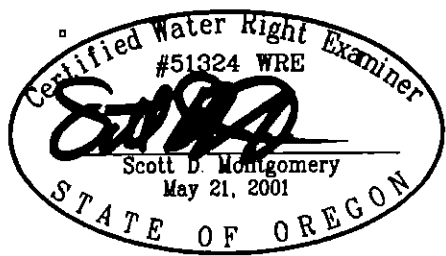
175
J 1701
AVR



POA (HARN 50944/50952)
 • LOCATED IN THE NW 1/4 NE 1/4 SECTION 28, T22S R32E, W.M. AND 485 FEET SOUTH AND 1369 FEET WEST FROM THE NE CORNER OF SECTION 28. METER IS LOCATED 9 FEET NORTH AND 16 FEET EAST FROM WELL.

 100.0 ACRES IR FROM PERMIT G-15674 AND POA, AS SHOWN

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




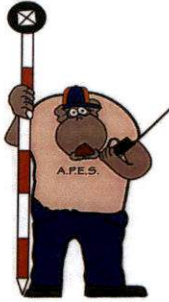
RENEWAL DATE: 12/31/2022

PREPARED FOR:

 JOSEPH & VIVIAN CRONIN
 35049 N HARNEY LANE
 BURNS, OR 97720

PREPARED BY:

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



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

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TRANSMITTAL

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

Date: 11/26/2021
Attention: Certificates
RE: COBU G-15674

Prints Plans Plat Specifications.

Attached is the Claim of Beneficial Use & final proof map for G-15674 for Joseph & Vivian Cronin

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

Copies	No.	Description
1	1	Claim of Beneficial Use (11 pages letter bond)
1	2	Final Proof map (1 page mylar)
1	3	Aerial imagery (1 page letter bond)
1	4	Well logs (2 pages letter bond)
1	5	Site photos (
1	6	Check for \$200

Signed: Denise Montgomery



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

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