

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

A separate form shall be completed for each permit.

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

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

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

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

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

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

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

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

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

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

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION # G-17189	PERMIT # (IF APPLICABLE) G-17650	PERMIT AMENDMENT # (IF APPLICABLE) T-12110
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Charles & Louanna Eggert		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 18555 SW Teton Ave			
CITY Tualatin	STATE OR	ZIP 97062	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		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Charles Eggert		Owner/Permit Holder

6. County:

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

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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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Seal and Signature



RENEWAL 12/31/2022

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

Permit Holder of Record Signature or Acknowledgement

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
	Charles Eggert	Owner/Permit Holder	11/22/2021
	Louanna Eggert	Owner/Permit Holder	11/22/2021

SECTION 3
CLAIM DESCRIPTION

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1. Point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
#1	HARN 1336	L-122440
#7	HARN 51973	L-111174
#8	HARN 52169	L-116675

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	Harney Lake Basin	
#7	Harney Lake Basin	
#8	Harney Lake 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		Mar 1 to Oct 31	0.92 cfs
#7	IR		Mar 1 to Oct 31	1.20 cfs
#8	IR		Mar 1 to Oct 31	3.6 cfs
Total Quantity of Water Used				3.6 cfs*

*Combination of all wells

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 conveyance network that supplies 4 center pivot sprinklers irrigating the place of use.

Reminder: The map associated with this claim must identify the location of the point(s) of diversion, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

5. Variations:

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below.

YES

(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.")

The permit holder was allowed four points of appropriation but only three wells were developed to beneficial use.

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	3.6 cfs	0.92 cfs	NA	IR	291.2	291.2
#7	3.6 cfs	1.20 cfs	NA	IR	291.2	291.2
#8	3.6 cfs	5.01 cfs	NA	IR	291.2	291.2

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

NO

D. Diversion and Delivery System Information

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

1. Is a pump used?

YES

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Aurora Vertiline	UNK	UNK	Turbine	14"	8"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Hollow Shaft	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	205'	0'	0.92

5. Provide pump calculations:

$$Q = 7.04 \text{ ft}^4/5/\text{hp} \times \text{hp} = (7.04)(40) = 0.92 \text{ cfs}$$

Total head, ft 306.6

Total head = 101.6' + 205' + 0' = 306.6'

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"	+/- 1 mile	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)
NA					

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**SECTION 4
SYSTEM DESCRIPTION**

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Are there multiple POAs?

YES

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

#1 (HARN 1336)

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
26S	30E	WM	17	NE NE			IR	32.0	
26S	30E	WM	17	NW NE			IR	29.2	
26S	30E	WM	17	SW NE			IR	32.3	
26S	30E	WM	17	SE NE			IR	36.0	
26S	30E	WM	17	NE NW			IR	21.8	
26S	30E	WM	17	NW NW			IR	37.2	
26S	30E	WM	17	SW NW			IR	39.5	
26S	30E	WM	17	SE NW			IR	37.6	
26S	30E	WM	18	NE NE			IR	12.2	
26S	30E	WM	18	SE NE			IR	13.4	
Total Acres Irrigated								291.2	

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 1/4" capped pipe W side

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

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

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

C. Groundwater Source Information (Sump)

11. Drip Emitter Information:

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

12. Drip Tape Information:

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

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Lindsay Zimmatic	1320 LF	30	1000	2.23
Lindsay Zimmatic	600 LF	30	500	1.11
Lindsay Zimmatic	600 LF	30	500	1.11
Lindsay Zimmatic	1320 LF	30	1000	2.23

E. Storage

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

NO

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

NO

G. Gravity Flow Canal or Ditch

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

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

NO

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

H. Additional notes or comments related to the system:

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

#7 (HARN 51973)

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A. Place of Use

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NO

1. Is the right for municipal use?

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
26S	30E	WM	17	NE NE			IR	32.0	
26S	30E	WM	17	NW NE			IR	29.2	
26S	30E	WM	17	SW NE			IR	32.3	
26S	30E	WM	17	SE NE			IR	36.0	
26S	30E	WM	17	NE NW			IR	21.8	
26S	30E	WM	17	NW NW			IR	37.2	
26S	30E	WM	17	SW NW			IR	39.5	
26S	30E	WM	17	SE NW			IR	37.6	
26S	30E	WM	18	NE NE			IR	12.2	
26S	30E	WM	18	SE NE			IR	13.4	
Total Acres Irrigated								291.2	

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:

1 1/2" capped pipe SE side of casing

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

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

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

C. Groundwater Source Information (Sump)

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

NO

D. Diversion and Delivery System Information

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

1. Is a pump used? YES

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Fairbanks Morse	UNK	Hi60L7100B0220F	Turbine	14"	8"

3. Motor Information:

MANUFACTURER	HORSEPOWER
GE	60

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)
60	40	250'	0'	1.20

5. Provide pump calculations:

$$Q = \frac{7.04 \text{ ft}^4/5/\text{hp} \times \text{hp}}{\text{Total head, ft}} = \frac{(7.04)(60)}{351.6} = 1.20 \text{ cfs}$$

$$\text{Total head} = 101.6' + 250' + 0' = 351.6'$$

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
Not running			

7. Is the distribution system piped? YES

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8"	+/- 2 1/4 miles	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)
NA					

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

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11. Drip Emitter Information:

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

12. Drip Tape Information:

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

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Lindsay Zimmatic	1320 LF	30	1000	2.23
Lindsay Zimmatic	600 LF	30	500	1.11
Lindsay Zimmatic	600 LF	30	500	1.11
Lindsay Zimmatic	1320 LF	30	1000	2.23

E. Storage

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

NO

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

NO

G. Gravity Flow Canal or Ditch

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

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

NO

H. Additional notes or comments related to the system:

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

#8 (HARN 52169)

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A. Place of Use

1. Is the right for municipal use?

NO

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
26S	30E	WM	17	NE NE			IR	32.0	
26S	30E	WM	17	NW NE			IR	29.2	
26S	30E	WM	17	SW NE			IR	32.3	
26S	30E	WM	17	SE NE			IR	36.0	
26S	30E	WM	17	NE NW			IR	21.8	
26S	30E	WM	17	NW NW			IR	37.2	
26S	30E	WM	17	SW NW			IR	39.5	
26S	30E	WM	17	SE NW			IR	37.6	
26S	30E	WM	18	NE NE			IR	12.2	
26S	30E	WM	18	SE NE			IR	13.4	
Total Acres Irrigated								291.2	

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:

1" thd plug W side of casing

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

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

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

C. Groundwater Source Information (Sump)

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

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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.

1. Is a pump used?

YES

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Goulds	UNK	M01350	Turbine	14"	10"

3. Motor Information:

MANUFACTURER	HORSEPOWER
GE	250

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)
250	40	250'	0'	5.01

5. Provide pump calculations:

$$Q = 7.04 \text{ ft}^4/5/\text{hp} \times \text{hp} = (7.04)(250) = 5.01 \text{ cfs}$$

$$\text{Total head, ft} = 351.6$$

$$\text{Total head} = 101.6' + 250' + 0' = 351.6'$$

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
10"	+/- ¼ mile	PVC	Buried
8"	+/- 2 miles	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)
NA					

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

11. Drip Emitter Information:

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

12. Drip Tape Information:

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

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Lindsay Zimmatic	1320 LF	30	1000	2.23
Lindsay Zimmatic	600 LF	30	500	1.11
Lindsay Zimmatic	600 LF	30	500	1.11
Lindsay Zimmatic	1320 LF	30	1000	2.23

E. Storage

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

NO

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

NO

G. Gravity Flow Canal or Ditch

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

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

NO

H. Additional notes or comments related to the system:

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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	10/12/2016		
BEGIN CONSTRUCTION (A)	Not mentioned	NA	NA
COMPLETE CONSTRUCTION (B)	10/1/2021	10/1/2018	Wells, conveyances & sprinklers constructed
COMPLETE APPLICATION OF WATER (C)	10/1/2021	9/29/2021	Flow meters installed on all wells for reporting use. Static levels reported.

* 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 NO

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

3. Initial Water Level Measurements:

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

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

March

c. Was the measurement submitted to the Department? YES

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

4. Annual Static Water Level Measurements:

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

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

March

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

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

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

5. Pump Test:

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

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>

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
#1	Aquamaster 900	50204	Off	000009 AF	2021
#7	Seametrics	UNK	On	79027.438 gal	9/2021
#8	McCrometer	15-01183-10	Off	401.225 AF	2015

7. Recording and reporting conditions:

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

b. Have the reports been submitted? YES

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

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

a. Were there special well construction standards? NO

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

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

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

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WELL ID #	DATE ATTACHED TO WELL
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L-122440	June 2016
L-111174	Sept 2013
L-116675	April 2015

e. Other conditions?

YES NO

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

Riparian area wasn't observed to be disturbed

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well logs	HARN 51973, HARN 1336 & HARN 52169
Aerial imagery	USDA/FSA image from June 2020

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 irrigation system & place of use were tied using survey-grade GPS receivers. Point data was compared with recent aerial imagery to check accuracy.

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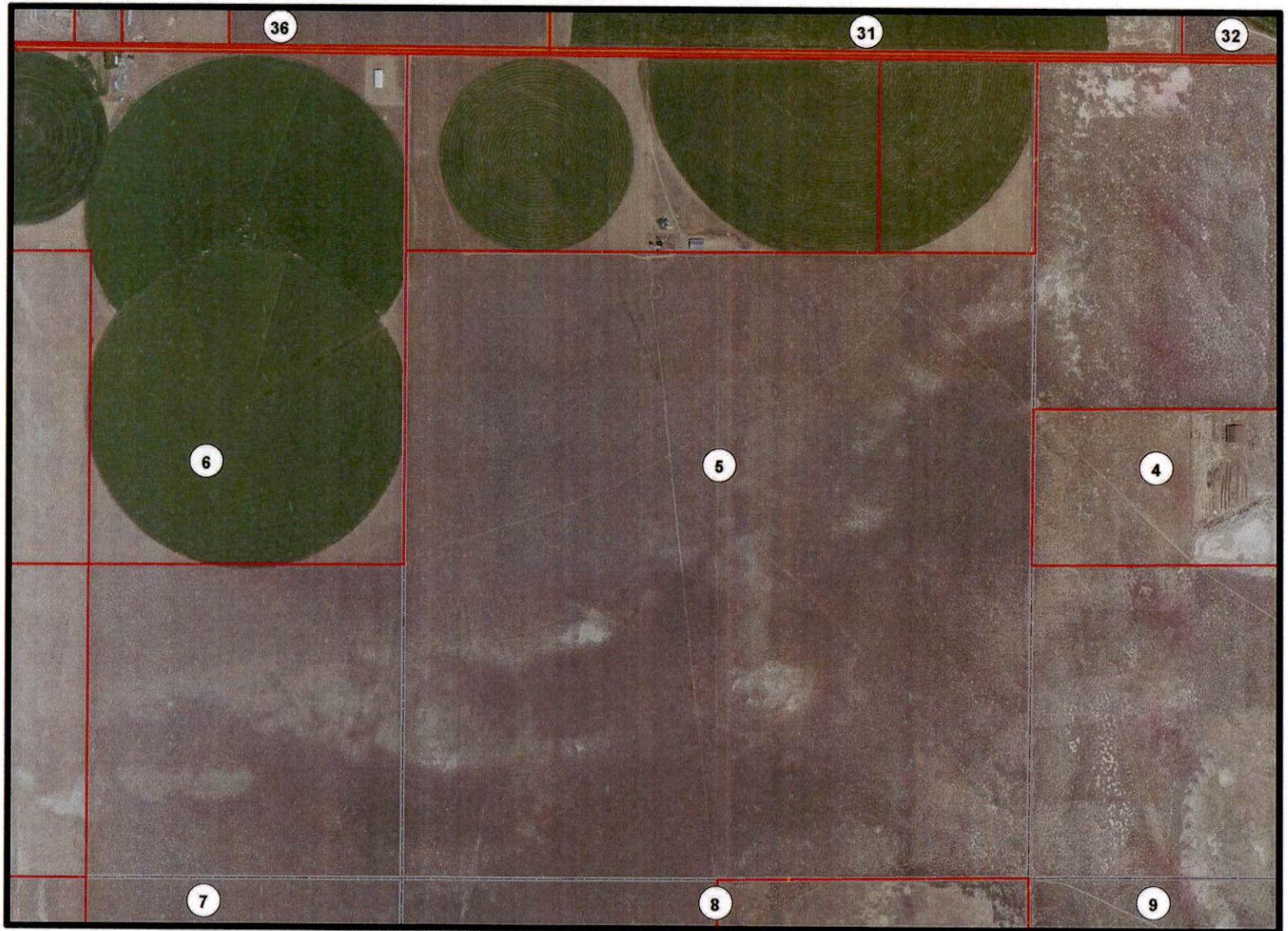
Map Checklist

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

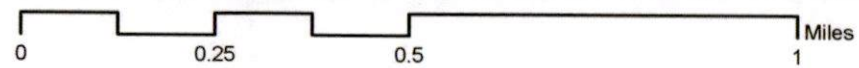
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WATER WELL REPORT
STATE OF OREGON

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HARN 1336

JUN 3 1981

WATER RESOURCES DEPT
SALEM, OREGON

State Well No. 265/30E-16 CB

State Permit No. _____

Harney 1336

(1) OWNER:

Name Leo Sullivan
Address 19101 Suncrest Ave.
City West Linn State Ore. 97068

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Air Driven Domestic Industrial Municipal
Rotary Mud Dug Irrigation Test Well Other
 Bored Thermal: Withdrawal Reinjection

(4) PROPOSED USE (check):

(5) CASING INSTALLED:

Steel Plastic
Threaded Welded
18" Diam. from 0 ft. to 20.5 ft. Gauge 2.50
" Diam. from _____ ft. to _____ ft. Gauge _____

LINER INSTALLED:

14" Diam. from 0 ft. to 20.5 ft. Gauge 2.50

(6) PERFORATIONS:

Perforated? Yes No
Type of perforator used Saw Cut
Size of perforations 1/8 in. by 3 in.
7,920 perforations from 85 ft. to 205 ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.

(7) SCREENS:

Well screen installed? Yes No
Manufacturer's Name _____
Type _____ Model No. _____
Diam. _____ Slot Size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot Size _____ Set from _____ ft. to _____ ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level
pump test made? Yes No If yes, by whom? Dale Pallin
1000 gal./min. with 3 ft. drawdown after 8 hrs.
Air test _____ gal./min. with drill stem at _____ ft. _____ hrs.
Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.
ian flow _____ g.p.m.
erature of water 53* Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:

Special standards: Yes No
Well seal—Material used Cement GROUT
Well sealed from land surface to 18 ft.
Diameter of well bore to bottom of seal 24 in.
Diameter of well bore below seal 24 in.
Number of sacks of cement used in well seal 14 Yds. _____ sacks
How was cement grout placed? PRESSURE GROUTED
Was pump installed? NO Type _____ HP _____ Depth _____ ft.
Was a drive shoe used? Yes No Plugs _____ Size: location _____ ft.
Did any strata contain unusable water? Yes No
Type of Water? _____ depth of strata _____
Method of sealing strata off _____
Was well gravel packed? Yes No Size of gravel: 3/8
Gravel placed from 2.55 ft. to 0 ft.

(10) LOCATION OF WELL:

County Harney Driller's well number 1
NW 4 SW 4 Section 16 T. 26S R. 30E W.M.
Tax Lot # _____ Lot _____ Blk _____ Subdivision _____
Address at well location: _____

(11) WATER LEVEL: Completed well.

Depth at which water was first found 35 ft.
Static level 17 ft. below land surface. Date 5-17-81
Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing 14"
Depth drilled 255 ft. Depth of completed well 255 ft.
Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Sand	0	5	
Sandstone	5	35	
Water-Bearing Blk. Sandstone	35	55	
Green & Grey Claystone	55	225	
Water-Bear. Grn. Claystone	225	255	
205 Ft. of 24" drllg			
50 Ft. of 14" "			

Work started 3-16 19 81 Completed 5-17 19 81
Date well drilling machine moved off of well 5-17 19 81

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] Dale Pallin (Drilling Machine Operator) Date 6-1, 19. 81
Drilling Machine Operator's License No. 1461

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Name Orvail Buckner Well Drilling, Inc. (Type or print)
(Person, firm or corporation)
Address 1686 N.E. Negus Way, Redmond, Ore. 97756
[Signed] Orvail Buckner (Water Well Contractor)
Contractor's License No. 608 Date 6-1, 19 81

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the

WATER RESOURCES DEPARTMENT,
SALEM, OREGON 97310
within 30 days from the date of well completion.

SP*12658-690

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

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Application for Well ID Number

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

APR 06 2016

SALEM, OR

I. OWNER INFORMATION

Current Owner Name (please print): Charles Eggert
Mailing Address: 9955 SW Potano St
City, State, Zip: Tualatin, OR 97062
Mail Well ID Tag to: SAME AS ABOVE In Care Of (C/O)
Name & Address: ACW, INC. 524 HWY 20
City, State, Zip: HINES, OR 97138

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

Township: 26 (North / South) Range: 30 (East / West) Section: 16
Tax Lot: 5000 County Harney NW 1/4 SW 1/4
GPS Coordinates: _____
Street Address of Well, City: Double O Ranch Rd (nearest)
If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation
Date Well Constructed (or property built): 6/1/81 Total Well Depth: 255' Casing Diameter: 14"
Owner at time the well was constructed (if known): Leo Sullivan
Other Information: HARN 1336 #1 Well

SUBMITTED BY (please print): ALL POINTS EWC & SURV INC
PHONE: (503) 548-5833 EMAIL &/or FAX: SCOTT @ APE and S. com

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

For Official Use Only by the Oregon Water Resources Department:

Received Date:
4-6-16

Well Log Number:
HARN 1336

Well Identification #:
L-122440

7

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

WELL I.D. LABEL# L 111174 START CARD # 1020837 ORIGINAL LOG #

9/12/2013

(1) LAND OWNER Owner Well I.D. First Name CHUCK Last Name EGGERT Company Address 9955 SW POTANO ST City TUALATIN State OR Zip 97062

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

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

(3) DRILL METHOD [X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud [] Reverse Rotary [] Other

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy) Depth of Completed Well 350.00 ft. BORE HOLE SEAL sacks/lbs

Table with columns: Dia, From, To, Material, From, To, Amt, lbs. Row 1: 18, 0, 18, Bentonite Chips, 0, 18, 20, S

How was seal placed: Method [] A [] B [] C [] D [] E [X] Other POURED & TAMPED Backfill placed from ft. to ft. Material Filter pack from ft. to ft. Material Size Explosives used: [] Yes Type Amount

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

(6) CASING/LINER Casing Liner Dia + From To Gauge Stil Plstc Wld Thrd Shoe [] Inside [] Outside [] Other Location of shoe(s) Temp casing [] Yes Dia From To

(7) PERFORATIONS/SCREENS Perforations Method Screens Type Material Perf/ Casing/ Screen Screen Liner Dia From To Scrn/slot width Slot length # of slots Tel/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour [] Pump [] Bailer [X] Air [] Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) Temperature 60 °F Lab analysis [] Yes By Water quality concerns? [] Yes (describe below) TDS amount From To Description Amount Units

(9) LOCATION OF WELL (legal description) County HARNEY Twp 26.00 S N/S Range 30.00 E E/W WM Sec 17 NE 1/4 of the NE 1/4 Tax Lot 5100 Tax Map Number Lot Lat Long Street address of well Nearest address 55055 DOUBLE O RD BURNS, OR 97720

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) Existing Well / Pre-Alteration Completed Well 8/28/2013 92 WATER BEARING ZONES Depth water was first found 92.00 SWL Date From To Est Flow SWL(psi) + SWL(ft) 8/28/2013 92 343 800 92

(11) WELL LOG Ground Elevation Material From To topsoil sandy loam 0 2 clay 2 32 cinders black 32 75 clay grey 75 100 clay sand black 100 120 cinders sand 120 130 cinders multicolored 130 277 claystone brown 277 307 claystone black 307 343 clay black 343 350 RECEIVED BY OWRD RECEIVED JAN 19 2017 DEC 06 2021 SALEM, OR OWRD

Date Started 8/24/2013 Complete 8/28/2013

(unbonded) Water Well Constructor Certification I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. License Number Date Signed

(bonded) Water Well Constructor Certification I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. License Number 1424 Date 9/12/2013 Signed TIMOTHY K RILEY (E-filed) Contact Info (optional)

8

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

HARN 52169
4/14/2015

WELL I.D. LABEL# 116675
 START CARD # 1025585
 ORIGINAL LOG # _____

(1) LAND OWNER Owner Well I.D. _____
 First Name CHARLES Last Name EGGERT
 Company _____
 Address 9955 SW POTANO ST.
 City TUALITAN State OR Zip 97062

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

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 407.00 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amt	sacks/lbs
20	0	198	Bentonite Chips	0	45	88	S
14	198	407				Calculated	67.48
						Calculated	

How was seal placed: Method A B C D E
 Other POURED DRY
 Backfill placed from 45 ft. to 47 ft. Material CEMENTING BASK
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

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

(6) CASING/LINER

Casing	Liner	Dia	+ From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	<input checked="" type="checkbox"/> 2	198	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> 187	407	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrns/slot width	Slot length	# of slots	Tele/ pipe size
		10	207	407	.125	3	4320	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1000		180	2

 Temperature 67 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount _____

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County HARNEY Twp 26.00 S N/S Range 30.00 E E/W WM
 Sec 16 SE 1/4 of the SE 1/4 Tax Lot 5000
 Tax Map Number _____ Lot _____
 Lat _____ or _____ DMS or DD
 Long _____ or _____ DMS or DD
 Street address of well Nearest address
55055 DOUBLE O RANCH RD. PRINCETON, OR.

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	3/6/2015		52

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 190.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
3/6/2015	190	407	1000		52

(11) WELL LOG Ground Elevation _____

Material	From	To
Sandy soil	0	2
tan clay and sand	2	40
Grey clay	40	190
Broken Basalt	190	205
Fractured green claystone	205	260
green claystone with layers of broken ro	260	407

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Date Started 2/13/2015 Completed 3/5/2015

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number 1739 Date 4/14/2015
 Signed CHARLES M FRY (E-filed)

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 License Number 1355 Date 4/14/2015
 Signed ARTHUR L FRY (E-filed)
 Contact Info (optional) _____



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 T-12110

Prints Plans Plat Specifications.

Attached is the Claim of Beneficial Use & final proof map for T-12110 for Silver Sage Farms/Eggert.

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

Copies	No.	Description
1	1	Claim of Beneficial Use (18 pages letter bond)
1	2	Final Proof map (1 page mylar)
1	3	Aerial imagery (1 page letter bond)
1	4	Well logs (4 pages letter bond)
1	5	Check for 230.00

Signed: Denise Montgomery