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.wrd.state.or.us

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:
http://www.oregon.gov/owrd/pages/wr/cwre_info.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
http://www.oregon.gov/owrd/pages/mgmt_reimbursement_authority.aspx

SECTION 1
GENERAL INFORMATION

1. File Information

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G- 16583	G- 17082	T-11561

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME		PHONE NO.	ADDITIONAL CONTACT NO.
Jacob M. Potter / Shelly M. Potter			
ADDRESS PO Box 803			
CITY Crane	STATE OR	ZIP 97732	E-MAIL

RECEIVED BY OWRD
NOV 27 2017
SALEM, OR

APPLICANT/BUSINESS NAME **PMT NPL Financing 2014-1**		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS **3043 Townsgate Rd # 2200**			
CITY **Westlake Village**	STATE **CA**	ZIP **91361-3027**	E-MAIL
APPLICANT/BUSINESS NAME **Shirley M. Thompson Family Trust**		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS **53743 Hwy 78**			
CITY **Burns**	STATE **OR**	ZIP **97720-9482**	E-MAIL
APPLICANT/BUSINESS NAME **Lincoln & Le Vona Vlasnik**		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS **1422 Beckwith Ave**			
CITY **Los Angeles**	STATE **CA**	ZIP **90049-3618**	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 **Jacob M. Potter / Shelly M. Potter**		
ADDRESS **PO Box 803**		
CITY **Crane**	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD **Northwest Farm Credit Services, FLCA**		
ADDRESS **308 SE 10th St.**		
CITY **Ontario**	STATE **OR**	ZIP **97914**

4. Date of Site Inspection: **10-12-2017**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Jacob M. Potter	**10-12-2017**	**Owner**

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(4)):

OWNER OF RECORD	**N/A**

Supersede

RECEIVED
MAR 23 2022
OWRD

SECTION 2

SIGNATURES

CWRE Statement, Seal and Signature

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

Seal and Signature	CWRE Statement: This partially revised Claim of Beneficial Use application includes a map showing the place of use, and updated information to reflect the changes in the place of use and acreage/rate totals. Also included is additional information regarding the hand line and wheel line sprinklers. The revisions include the CBU Map and CBU pages 3, 4, 5, 6, 8, & 9.
3-09-2022 CERTIFIED WATER RIGHTS EXAMINER 47708 Linda Lee Miller LINDA LEE MILLER JUNE 29, 2007 STATE OF OREGON **Renewal Date: December 31, 2022**	

CWRE NAME		PHONE NO.	ADDITIONAL CONTACT NO.
Linda Lee Miller			**John Short 541-389-3837**
ADDRESS **PO Box 901**			
CITY **Bend**	STATE **OR**	ZIP **97709**	E-MAIL **johnshort@usa.com**

Permit Holder of Record Signature or Acknowledgement

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

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

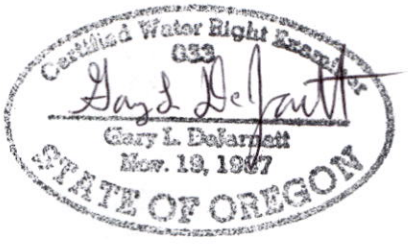
SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE

SECTION 2
SIGNATURES

CWRE Statement, Seal and Signature

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

Seal and Signature



Renewal Date: December 31, 2017

CWRE NAME		PHONE NO.	ADDITIONAL CONTACT NO.
Gary Lee DeJarnatt Job # 17062			**John Short 541-389-3837**
ADDRESS **20735 Double Peaks Drive**			
CITY **Bend**	STATE **OR**	ZIP **97701**	E-MAIL

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
Jake Potter	Jake Potter		11/19/17
Shelly Potter	Shelly Potter		11/19/17

RECEIVED BY OWRD

NOV 27 2017

SALEM, OR

Supersede RECEIVED
MAR 23 2022
OWRD

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)
WELL 1	HARN 1384	
WELL 2	HARN 51869	L-94034

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

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

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
WELL 1	Malheur Lake Basin	
WELL 2	Malheur 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)
WELL 1	IR	Hay	Mar 1 – Oct 31	2.62 cfs
WELL 2	IR	Hay	Mar 1 – Oct 31	2.62 cfs
Total Quantity of Water Used				2.62 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:

8" main from Pump to pivot to pump to pivot

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

5. Variations:

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below. YES NO

(e.g. *"The permit allowed three points of appropriation. The water user only developed one of the points."* or *"The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres."*)

Applicant developed 209.6 acres out of 260 acres authorized.

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
WELL 1	2.62 cfs	6.20 cfs	N/A	IR	260.0	209.6
WELL 2	2.62 cfs	5.99 cfs	N/A	IR	260.0	209.6

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)
WELL 1	**HARN 1384**	
WELL 2	**HARN 51869**	**L-94034**

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

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

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
WELL 1	**Malheur Lake Basin**	
WELL 2	**Malheur 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)
WELL 1	**IR**	**Hay**	**Mar 1 – Oct 31**	**2.89 cfs**
WELL 2	**IR**	**Hay**	**Mar 1 – Oct 31**	**2.89 cfs**
Total Quantity of Water Used				**2.89 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:

8" main from Pump to pivot to pump to pivot

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

5. Variations:

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below. **YES** NO

(e.g. *"The permit allowed three points of appropriation. The water user only developed one of the points."* or *"The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres."*)

Applicant developed 231.7 acres out of 260 acres authorized.

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
WELL 1	**2.89 cfs**	**6.20 cfs**	**N/A**	**IR**	**260.0**	**231.7**
WELL 2	**2.89 cfs**	**5.99 cfs**	**N/A**	**IR**	**260.0**	**231.7**

Supersede

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? **YES** NO

If *"YES"* you will need to copy and complete Sections 4B through 4F for each POA.

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

WELL 1 - HARN 1384

A. Place of Use

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

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
26 S	33 E	WM	1	SE NE			IR	19.8	
26 S	33 E	WM	1	SW NE			IR	28.9	
~~26 S~~	~~33 E~~	~~WM~~	~~1~~	~~SE NW~~			~~IR~~	~~12.2~~	
~~26 S~~	~~33 E~~	~~WM~~	~~1~~	~~NE SW~~			~~IR~~	~~3.0~~	
~~26 S~~	~~33 E~~	~~WM~~	~~1~~	~~SE SW~~			~~IR~~	~~15.0~~	
26 S	33 E	WM	1	NE SE			IR	10.3	
26 S	33 E	WM	1	NW SE			IR	33.6	
26 S	33 E	WM	1	SW SE			IR	40.0	
26 S	33 E	WM	1	SE SE			IR	25.7	
26 S	33 E	WM	12	NE NE			IR	23.5	
26 S	33 E	WM	12	NW NE			IR	27.8	
~~26 S~~	~~33 E~~	~~WM~~	~~12~~	~~NE NW~~			~~IR~~	~~2.1~~	
Total Acres Irrigated								209.6	

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. Diversion and Delivery System Information

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

1. Is a pump used? **YES** NO

If "NO" items 2 through item 6 may be deleted.

2. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Layne & Bowler	Well Line	T-77481	Turbine		

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? **YES** NO

If *"YES"* you will need to copy and complete Sections 4B through 4F for each POA.

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

WELL 1 - HARN 1384

A. Place of Use

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

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
26 S	33 E	WM	1	SE NE			IR	19.8	
26 S	33 E	WM	1	SW NE			IR	28.9	
26 S	33 E	WM	1	SE NW			IR	12.2	
26 S	33 E	WM	1	NE SW			IR	3.0	
26 S	33 E	WM	1	SE SW			IR	15.0	
26 S	33 E	WM	1	NE SE			IR	10.3	
26 S	33 E	WM	1	NW SE			IR	33.6	
26 S	33 E	WM	1	SW SE			IR	40.0	
26 S	33 E	WM	1	SE SE			IR	25.2	
26 S	33 E	WM	12	NE NE			IR	16.7	
26 S	33 E	WM	12	NW NE			IR	24.9	
26 S	33 E	WM	12	NE NW			IR	2.1	
Total Acres Irrigated								231.7	

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. Diversion and Delivery System Information

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

1. Is a pump used? **YES** NO

If "NO" items 2 through item 6 may be deleted.

2. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Layne & Bowler	**Well Line**	**T-77481**	**Turbine**		

Supersede

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	15	24 ft	6 ft	6.20 cfs

5. Provide pump calculations:

See attached OWRD pump calculations.

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
N/A			

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

7. Is the distribution system piped? **YES** NO

If "NO" items 8 through item 11 may be deleted.

8. Mainline Information

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8 "	4,460 ft		Buried
6"	440 ft		Buried

9. Lateral or Handline Information

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4"	1375 ft	Aluminum	Above

10. Sprinkler Information

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
wheel line/ hand line set 7/16"	40	3.4 GPM	58	58	0.44 CFS

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

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	15	24 ft	6 ft	6.20 cfs

5. Provide pump calculations:

See attached OWRD pump calculations.

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
N/A			

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

7. Is the distribution system piped? **YES** NO

If "NO" items 8 through item 11 may be deleted.

8. Mainline Information

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8 "	4,460 ft		Buried
6"	440 ft		Buried

9. Lateral or Handline Information

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4"	1375 ft	Aluminum	Above

10. Sprinkler Information

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
	15				

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

11. Pivot Information

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Grow Smart (south)	**1380 ft**	**15**	**1100**	**2.45**
Zimmatic (north)	**1380 ft**	**15**	**600**	**1.34**

12. Additional notes or comments related to the system:

C. Groundwater Source Information (Well and Sump)

1. Is the appropriation from ground water (well or sump)? **YES** NO

If "NO", items 2 through 8 relating to this section may be deleted.

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

2-inch access port on east side of well

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

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.

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

If "NO", items 6 through 8 relating to this section may be deleted.

D. Storage

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

If "NO", item 2 and 3 relating to this section may be deleted.

E. Gravity Flow Pipe

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

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

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

F. Gravity Flow Canal or Ditch

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

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

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

Supersede

RECEIVED
MAR 23 2022
OWRD

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

WELL 2 HARN 51869 L-94034

A. Place of Use

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

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
26 S	33 E	WM	1	SE NE			IR	19.8	
26 S	33 E	WM	1	SW NE			IR	28.9	
~~26 S~~	~~33 E~~	~~WM~~	~~1~~	~~SE NW~~			~~IR~~	~~12.2~~	
~~26 S~~	~~33 E~~	~~WM~~	~~1~~	~~NE SW~~			~~IR~~	~~3.0~~	
~~26 S~~	~~33 E~~	~~WM~~	~~1~~	~~SE SW~~			~~IR~~	~~15.0~~	
26 S	33 E	WM	1	NE SE			IR	10.3	
26 S	33 E	WM	1	NW SE			IR	33.6	
26 S	33 E	WM	1	SW SE			IR	40.0	
26 S	33 E	WM	1	SE SE			IR	25.7	
26 S	33 E	WM	12	NE NE			IR	23.5	
26 S	33 E	WM	12	NW NE			IR	27.8	
~~26 S~~	~~33 E~~	~~WM~~	~~12~~	~~NE NW~~			~~IR~~	~~2.1~~	
Total Acres Irrigated								209.6	

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. Diversion and Delivery System Information

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

1. Is a pump used? **YES** NO

If "NO" items 2 through item 6 may be deleted.

2. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Fairbanks Morse	10J-7STC	MI44402	Turbine		

3. Motor Information

MANUFACTURER	HORSEPOWER
GE	75

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

WELL 2 HARN 51869 L-94034

A. Place of Use

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

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
26 S	33 E	WM	1	SE NE			IR	19.8	
26 S	33 E	WM	1	SW NE			IR	28.9	
26 S	33 E	WM	1	SE NW			IR	12.2	
26 S	33 E	WM	1	NE SW			IR	3.0	
26 S	33 E	WM	1	SE SW			IR	15.0	
26 S	33 E	WM	1	NE SE			IR	10.3	
26 S	33 E	WM	1	NW SE			IR	33.6	
26 S	33 E	WM	1	SW SE			IR	40.0	
26 S	33 E	WM	1	SE SE			IR	25.2	
26 S	33 E	WM	12	NE NE			IR	16.7	
26 S	33 E	WM	12	NW NE			IR	24.9	
26 S	33 E	WM	12	NE NW			IR	2.1	
Total Acres Irrigated								231.7	

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. Diversion and Delivery System Information

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

1. Is a pump used? **YES** NO

If "NO" items 2 through item 6 may be deleted.

2. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Fairbanks Morse	**10J-7STC**	**MI44402**	**Turbine**		

3. Motor Information

MANUFACTURER	HORSEPOWER
GE	**75**

Supersede

4. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
75	15	48 ft	2 ft	5.99 cfs

RECEIVED
MAR 23 2022
OWRD

5. Provide pump calculations:

See attached OWRD pump calculations.

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
N/A			

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

7. Is the distribution system piped? **YES** NO

If "NO" items 8 through item 11 may be deleted.

8. Mainline Information

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8 "	4,460 ft		Buried
6"	440 ft		Buried

9. Lateral or Handline Information

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4"	1375 ft	Aluminum	Above

10. Sprinkler Information

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
wheel line/ hand line set 7/16"	40	3.4 GPM	58	58	0.44 CFS

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

11. Pivot Information

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Grow Smart (south)	1380 ft	15	1100	2.45
Zimmatic (north)	1380 ft	15	600	1.34

4. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
75	15	48 ft	2 ft	5.99 cfs

5. Provide pump calculations:

See attached OWRD pump calculations.

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
N/A			

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

7. Is the distribution system piped? **YES** NO

If "NO" items 8 through item 11 may be deleted.

8. Mainline Information

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8 "	4,460 ft		Buried
6"	440 ft		Buried

9. Lateral or Handline Information

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4"	1375 ft	Aluminum	Above

10. Sprinkler Information

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
	15				

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

11. Pivot Information

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Grow Smart (south)	1380 ft	15	1100	2.45
Zimmatic (north)	1380 ft	15	600	1.34

12. Additional notes or comments related to the system:

C. Groundwater Source Information (Well and Sump)

1. Is the appropriation from ground water (well or sump)? **YES** NO

If "NO", items 2 through 8 relating to this section may be deleted.

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

1-1/4 inch access port on southwest side of well

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

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.

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

If "NO", items 6 through 8 relating to this section may be deleted.

D. Storage

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

If "NO", item 2 and 3 relating to this section may be deleted.

E. Gravity Flow Pipe

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

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

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

F. Gravity Flow Canal or Ditch

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

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

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

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	**12-10-2013**		
BEGIN CONSTRUCTION (A)		**8/23/2012**	**Well 2 drilled HARN 51869 L-94034**
COMPLETE CONSTRUCTION (B)	**10-01-2017**	**10-01-2017**	**System Complete**
COMPLETE APPLICATION OF WATER (C)	**10-01-2017**	**10-01-2017**	**Complete Application of Water to Beneficial Use**

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

2. Is there an extension final order(s)? YES **NO**

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? **YES** NO

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

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

March

c. Was the measurement submitted to the Department? **YES** NO

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
N/A			

4. Annual Static Water Level Measurements:

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

If "NO", items 5b through 5e relating to this section may be deleted.

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** NO

d. If "YES", were those measurements submitted to the Department? **YES** NO

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
N/A			

5. Pump Test (Required for most ground water permits prior to issuance of a certificate)

a. Did the permit require the submittal of a pump test? **YES** NO

If "NO", items 6b through 6e relating to this section may be deleted.

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

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

d. Has the pump test been approved by the Department? YES **NO**

e. Has a pump test exemption been approved by the Department? YES **NO**

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

6. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? **YES** NO

If "NO", items 7b through 7f relating to this section may be deleted.

b. Has a meter been installed? **YES** NO

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 1	Landis Gyr	85-303-365	Working	Illegible	
Well 2	Elster	15160371	Working	000,025	

If a meter has been installed, items 7d through 7f relating to this section may be deleted.

7. Recording and reporting conditions

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

If "NO", item 7b relating to this section may be deleted.

b. Have the reports been submitted? **YES** NO
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? YES **NO**

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

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

d. 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):

N/A

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Pump Calcs	**OWRD Calculations**
CBU Map	**Claim of Beneficial Use**
Well Logs	**HARN 1384 and HARN 51869 / L-94034**

SECTION 7

CLAIM OF BENEFICIAL USE MAP

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

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

On site direct measurement and NAIP Imagery

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
- **N/A** Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- ☒ Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- ☒ Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- ☒ Point(s) of diversion or appropriation (illustrated and coordinates)
- ☒ Tax lot boundaries and numbers
- **N/A** Source illustrated if surface water
- ☒ Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- ☒ Application and permit number or transfer number
- ☒ North arrow
- ☒ Legend
- ☒ CWRE stamp and signature

Pump Capacity Calculation Sheet				***Potter Well 1 HARN 1384***				
using Department designed formula:								
(hp)(efficiency) / (lift + psi head) = capacity in cfs								
Efficiency:								
Centrifugal = 6.61								
Turbine = 7.04								
Data Entry (fill in underlined blanks)								
HP =	60							
Efficiency =	7.04							
Lift =	30							
PSI =	15							
Results Calculated								
(hp)(efficiency) =		422.4						
Head based on psi =		38.1						
Total dynamic head =		68.1						
(head + lift)								
Pump Capacity =		**6.20**	**cfs**					

Pump Capacity Calculation Sheet				***Potter Well 2 HARN 51869 L-94034***				
using Department designed formula:								
(hp)(efficiency) / (lift + psi head) = capacity in cfs								
Efficiency:								
Centrifugal = 6.61								
Turbine = 7.04								
Data Entry (fill in underlined blanks)								
HP =	75							
Efficiency =	7.04							
Lift =	50							
PSI =	15							
Results Calculated								
(hp)(efficiency) =		528						
Head based on psi =		38.1						
Total dynamic head =		88.1						
(head + lift)								
Pump Capacity =		**5.99**	**cfs**					

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

HA DN 51869
HARN 51869
8/27/2012

WELL I.D. LABEL# L 94034
START CARD # 1017273
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D.
First Name JACOB Last Name POTTER
Company
Address PO BOX 803
City CRANE State OR Zip 97732

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

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:	14	☒	2	88	.250	☒	☐	☒	☐

	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/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION
Special Standard ☐ (Attach copy)
Depth of Completed Well 170.00 ft.

BORE HOLE

Dia	From	To
20	0	18
16	18	90
12	90	170

SEAL

Material	From	To	Amt	sacks/ lbs
Bentonite Chips	0	18	41	S

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

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

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
◉	○	14	☒	2	88	250	◉	○	☒	☐
◉	○	12	☒	2	138	250	◉	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

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/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Casing	12	78	138	.25	3	1320	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1200	30	130	15

Temperature 59 °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 33.00 E E/W WM
Sec 1 SE 1/4 of the NE 1/4 Tax Lot 0100
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
◉ Street address of well ○ Nearest address
54422 HIGHWAY 78
BURNS, OR 97720-9480

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration	8/6/2012			48
Completed Well	8/23/2012			48

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 83.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
8/16/2012	83	170	1200			48

(11) WELL LOG
Ground Elevation

Material	From	To
Topsoil	0	2
Brown Clay	2	57
Gray Clay	57	83
Brown Coarse Sand	83	85
Sandy Blue Clay	85	134
Gray Clay with Pumice	134	170

RECEIVED BY OWRD
OCT 15 2012
SALEM, OR
RECEIVED BY OWRD
NOV 27 2017
SALEM, OR

Date Started 8/6/2012 Complete 8/23/2012

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

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
License Number 1675 Date 8/27/2012
Signed GEORGE VALENTINE (E-filed)
Contact Info (optional) George Valentine

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

WATER SUPPLY WELL REPORT - continuation page

HARN 51869

HARN 51869

8/27/2012

WELL I.D. LABEL# L 94034

START CARD # 1017273

ORIGINAL LOG #

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

(5) BORE HOLE CONSTRUCTION

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

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

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

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

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

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

(11) WELL LOG

Material	From	To

RECEIVED BY OWRD

OCT 15 2012

SALEM, OR

RECEIVED BY OWRD

NOV 27 2017

SALEM, OR

Comments/Remarks

Withdrew 14" casing from well. Reamed well and straightened bore hole. Reinstalled 14" casing and installed surface seal. No original log and no surface seal detectable before I started.

The 14" casing listed under section 6 is the original casing that was in the well, before I started. I tried to list it in 2a, the Pre-alteration section, but it kept giving me an error.

RECEIVED
MAY 23 1966
STATE ENGINEER
SALEM, OREGON

1384

WATER WELL REPORT

STATE OF OREGON

State Well No. 26/33-12B1

State Permit No. G-2774

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the STATE ENGINEER, SALEM 10, OREGON within 30 days from the date of well completion.

(Please type or print) G-2975

(1) OWNER:

Name Seattle Butte Ranch

Address Prineton, Oreg

(2) LOCATION OF WELL:

County Harney Driller's well number

NE¼ of NW¼ of Section 12 T. 26 S. R. 33 E W.M.

Bearing and distance from section or subdivision corner

(3) TYPE OF WORK (check):

Well ☑ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 12.

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐

Irrigation ☑ Test Well ☐ Other ☐

(5) TYPE OF WELL:

Rotary ☐ Driven ☐

Cable ☑ Jetted ☐

Dug ☐ Bored ☐

(6) CASING INSTALLED:

Threaded ☐ Welded ☑

12 " Diam. from 0 ft. to 177 ft. Gage .250

" Diam. from ft. to ft. Gage

" Diam. from ft. to ft. Gage

(7) PERFORATIONS:

Perforated? ☐ Yes ☑ No

Type of perforator used

Size of perforations in. by in.

perforations from ft. to ft.

perforations from ft. to ft.

perforations from ft. to ft.

perforations from ft. to ft.

perforations from ft. to ft.

(8) SCREENS:

Well screen installed? ☐ Yes ☑ No

Manufacturer's Name Model No.

Diam. Slot size Set from ft. to ft.

Diam. Slot size Set from ft. to ft.

(9) CONSTRUCTION:

Well seal—Material used in seal Bentonite

Depth of seal 30 ft. Was a packer used? No

Diameter of well bore to bottom of seal Approx 16 in.

Were any loose strata cemented off? ☐ Yes ☑ No Depth

Was a drive shoe used? ☑ Yes ☐ No

Was well gravel packed? ☐ Yes ☑ No Size of gravel:

Gravel placed from ft. to ft.

Did any strata contain unusable water? ☐ Yes ☑ No

Type of water? Depth of strata

Method of sealing strata off

(10) WATER LEVELS:

Static level 24 ft. below land surface Date 9/25/63

Artesian pressure lbs. per square inch Date

(11) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? ☐ Yes ☐ No If yes, by whom? driller

Yield: 1253 gal./min. with 26 ft. drawdown after 30 hrs.

" " " "

" " " "

Bailer test gal./min. with ft. drawdown after hrs.

Artesian flow g.p.m. Date

Temperature of water Cold Was a chemical analysis made? ☐ Yes ☑ No

(12) WELL LOG:

Diameter of well below casing 12"

Depth drilled 244 ft. Depth of completed well 240 ft.

Formation: *Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.*

MATERIAL	FROM	TO
TOP SOIL	0	4'
HARD PAN	4'	17'
FINE SAND	17'	28'
GREEN CLAY	28'	92'
CLAY & SAND MIXED	92'	160'
CLAY & SANDSTONE	160'	181'
CINDER ROCK	181'	196'
PUMIE ROCK	196'	243'
LOOSE PUMIE GRAVEL	243'	244'

Copy

Work started 9/20 1963 Completed 9/25 1963

Date well drilling machine moved off of well 9/29 1963

(13) PUMP:

Manufacturer's Name ?

Type: H.P.

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 John W Rossberg (Person, firm or corporation) (Type or print)

Address Box 443 Burns, Oreg.

Drilling Machine Operator's License No. 269

[Signed] John W. Rossberg (Water Well Contractor)

Contractor's License No. 272 Date 9/29, 1963

(USE ADDITIONAL SHEETS IF NECESSARY)