

**CLAIM OF
BENEFICIAL USE
for Transfer with Multiple
Changes - Groundwater**



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 any Transfer final orders
including a water right with a priority date of July 9, 1987, or later.** MAY 09 2022

Example – A transfer involves 5 rights and one of the rights
has a priority date of July 9, 1987, or later, the fee is required.

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A separate form shall be completed for each transfer.

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 7" 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>

GENERAL INFORMATION

Type of Authorized Change

This Claim is being submitted for a transfer involving multiple changes.

YES

Mark all that apply:

1. ☒ Change in POA(s) or Additional POA(s) 2. ☒ Change in Place of Use
3. ☐ Change in Character of Use

A separate section will be completed for each type of change authorized in the transfer final order.

1. File Information

APPLICATION #

T-13409

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 transfer holder of record, it is recommended that an assignment be filed with the Department. ***Each transfer holder of record must sign this form.***

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

TRANSFER HOLDER OF RECORD Same as above		
ADDRESS		
CITY	STATE	ZIP

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4. Date of Site Inspection:

3/16/2022

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Ben Kern	3/16/2022	Farm Manager

6. County:

Harney

7. If any property described in the place of use of the transfer final order 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 767		
CITY Terrebonne	STATE OR	ZIP 97760
E-MAIL scott@apeands.com		

Transfer Holder of Record Signature or Acknowledgement

Each transfer 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
	Charles Eggert	Owner/Permit Holder	
	Louanna Eggert	Owner/Permit Holder	

SECTION 3

Changes Made

Note: The Claim only needs to describe the changes that were authorized in the transfer final order.

Change #1

Change in POA(s) or Additional POA(s)

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Did the transfer order authorize a change in the points of appropriation or additional points of appropriation?

YES

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1. New or additional 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)	SOURCE (IF LISTED IN TRANSFER FINAL ORDER)
#1	HARN 1336	L-122440	Harney Lake Basin
#2	MALH 2323		Harney Lake Basin
#7	HARN 51973	L-111174	Harney Lake Basin
#8	HARN 52513	L-116675	Harney Lake Basin
#10	HARN 52639	L-122975	Harney Lake Basin
#11	HARN 52774	L-31963	Harney Lake Basin
#12	HARN 52513	L-121231	Harney Lake Basin

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

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final?

YES

If yes, describe below.

(e.g. "The order allowed three new/additional points of appropriation. The water user only developed one of the points.")

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
#1	8.19	0.92 cfs	Not on
#2	8.19	0.83 cfs	Not on
#7	8.19	1.20 cfs	Not on
#8	8.19	5.01 cfs	Not on
#10	8.19	2.19 cfs	Not on
#11	8.19	2.19 cfs	Not on
#12	8.19	5.01 cfs	Not on

System Description

Are there multiple new or additional Points of Appropriation (POA)?

YES

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

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#1 (HARN 1336)

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A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

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

2. Motor Information

MANUFACTURER	HORSEPOWER
Hollow Shaft	40

3. 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

4. Provide pump calculations:

$$Q = \frac{7.04 \text{ ft}^4/\text{Sec}/\text{hp} \times \text{hp}}{\text{Total head, ft}} = \frac{(7.04)(40)}{306.6} = 0.92 \text{ cfs}$$

$$\text{Total head} = 101.6' + 205' + 0' = 306.6'$$

5. 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.

6. Additional notes or comments related to the system:

B. Groundwater Source Information (Well and Sump)

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

NO

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

#2 (MALH 2323)

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A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
National	UNK	11703X	Turbine	12"	8"

2. Motor Information

MANUFACTURER	HORSEPOWER
Newman	50

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If a well, the water level during pumping	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (in cfs)
50	40	300'	20'	0.83

4. Provide pump calculations:

$Q = 7.04 \text{ ft}^4/\text{hp}/\text{sec} \times \text{hp} = \frac{(7.04)(50)}{421.6} = 0.83 \text{ cfs}$
Total head, ft = 421.6
Total head = 101.6' + 300' + 20' = 421.6'

5. 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.

6. Additional notes or comments related to the system:

B. Groundwater Source Information (Well and Sump)

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

NO

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#7 (HARN 51973)

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Fairbanks Morse	UNK	H160L7100B0220F	Turbine	14"	8"

2. Motor Information

MANUFACTURER	HORSEPOWER
GE	60

3. 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

4. Provide pump calculations:

$Q = 7.04 \text{ ft}^4/\text{Sec}/\text{hp} \times \text{hp} = (7.04)(60) = 1.20 \text{ cfs}$
 Total head, ft 351.6
 Total head = 101.6' + 250' + 0' = 351.6'

5. 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.

6. Additional notes or comments related to the system:

B. Groundwater Source Information (Well and Sump)

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

NO

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

#8 HARN 52513

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A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

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1. Pump Information

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

2. Motor Information

MANUFACTURER	HORSEPOWER
GE	250

3. 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

4. Provide pump calculations:

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

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

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

5. 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			

6. Additional notes or comments related to the system:**B. Groundwater Source Information (Well and Sump)**

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

NO

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

#10 (HARN 52639)

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
UNK	UNK	406K4	Turbine	10"	10"

2. Motor Information

MANUFACTURER	HORSEPOWER
US Motors	100

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If a well, the water level during pumping	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
100	40	220'	0'	2.19

4. Provide pump calculations:

$$Q = \frac{7.04 \text{ ft}^3/\text{Sec}/\text{hp} \times \text{hp}}{\text{Total head, ft}} = \frac{(7.04)(100)}{321.6} = 2.19 \text{ cfs}$$

$$\text{Total head} = 101.6' + 220' + 0' = 321.6'$$

5. 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.

6. Additional notes or comments related to the system:

B. Groundwater Source Information (Well and Sump)

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

NO

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

#11 (HARN 52774)

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A. POA System Information

Provide the following information concerning the point of appropriation information provided must describe the equipment used to appropriate water at the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Goulds	13GMC	M09035	Turbine	16"	10"

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2. Motor Information

MANUFACTURER	HORSEPOWER
GE	100

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If a well, the water level during pumping	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
100	40	250'	0'	2.19

4. Provide pump calculations:

$$Q = 7.04 \text{ ft}^4/\text{Sec}/\text{hp} \times \text{hp} = (7.04)(100) = 2.19 \text{ cfs}$$

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

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

5. 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.

6. Additional notes or comments related to the system:

B. Groundwater Source Information (Well and Sump)

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

NO

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

#12 (HARN 52513)

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Goulds	12FDHC	MG1350	Turbine	20"	10"

2. Motor Information

MANUFACTURER	HORSEPOWER
GE	250

3. 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

4. Provide pump calculations:

$$Q = 7.04 \text{ ft}^3/\text{Sec}/\text{hp} \times \text{hp} = (7.04)(250) = 5.01 \text{ cfs}$$

Total head, ft 351.6

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

5. 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.

6. Additional notes or comments related to the system:

B. Groundwater Source Information (Well and Sump)

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

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NO

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Change #2

Change in Place of Use

Did the transfer order authorize a change in the place of use?

YES

1. Claim Summary – Authorized Use:

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
763.0	763.0

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If the new use(s) was not irrigation or nursery:

NEW USE(S)	WAS THE NEW PLACE OF USE DEVELOPED TO THE FULL EXTENT AUTHORIZED UNDER THE ORDER? (INCLUDE THE LOCATION OF THE DEVELOPED PLACE USE ON THE CLAIM MAP)
	NA

2. Variations:

Was the use developed differently from what was authorized by the transfer final order? YES

If yes, describe below.

(e.g. "The order authorized a change in place of use for 40 acres. The water user only developed 38 acres.")

--

Change #3

Change in Character of Use

Did the transfer order authorize a change in character of use?

NO

SECTION 4 CONDITIONS

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

1. Time Limits:

Describe how the water user has complied with each of the development timelines established in the transfer final order and any extensions of time issued for the transfer:

	DATE FROM TRANSFER	DATE THE AUTHORIZED CHANGES WERE COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	10/12/2021	
COMPLETENESS DATE FROM ORDER (C)	10/1/2022	Irrigation system constructed metering & reporting water use & static well levels.

* MUST BE WITHIN PERIOD BETWEEN TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETE THE CHANGE

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2. Is there an extension final order(s)?

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NO

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3. Measurement Conditions:

a. Does the transfer final order, or any extension final order require the installation of a meter or other approved measuring device? YES

b. Has a meter been installed? YES

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
#1	Aquamastr 900	50204	Not running	UNK	2018
#2	Semetrics	03212817	Not running	3495476.2 gal	2021
#7	Semetric	03212816	Not running	341.6492.6 gal	2021
#8	Aquamastre 900	UNK	Not running	UNK	2018
#10	McCrometer	21-03494-10	Not running	202.912AF	2021
#11	McCrometer	19-03411-10	Not running	794.229AF	2019
#12	McCrometer	20-00649-10	Not running	985.001AF	2020

4. Recording and reporting conditions

a. Is the water user required to report the water use and/or data? NO

5. Other conditions required by the transfer 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. Other conditions? NO

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

--

SECTION 5
ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well logs	HARN 1336, 1332, 50946, 51973, 52513, 50472, 52639, 52774, 52513 & MALH 2323
Aerial imagery	USDA/FSA image from June 2020

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SECTION 6

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.

The changes that were authorized under the transfer final order must be mapped based on the developed locations; new or additional points of appropriation and place of use.

In cases where the order involved additional points of appropriation, the additional points should be mapped based on their developed locations. The original points of appropriation should be mapped based on the original right of record at the time the transfer final order was issued.

In cases where the order involved changing the place of use for a portion of a water right, the portion of the place of use being changed should be mapped based on the developed location. If the transfer also included portions of the place of use that were not being modified, but were receiving a new or additional point of appropriation, the place of use for those lands should be mapped based on the original right of record at the time the transfer final order was issued.

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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HARN 52513

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

WELL I.D. LABEL # L 121231
START CARD # 1029942
ORIGINAL LOG #

6/12/2016

- (1) LAND OWNER Owner Well I.D. #12
First Name CHUCK Last Name EGGERT
Company
Address 9955 SW POTANO ST
City TUALATIN State OR Zip 97062
(2) TYPE OF WORK ☒ New Well ☐ Deepening ☐ Conversion
☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrd
Material From To Amt sacks/lbs
Seal: Material From To Amt sacks/lbs

(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

Depth of Completed Well 398.00 ft. Special Standard ☐ (Attach copy)

BORE HOLE SEAL sacks/lbs
Dia From To Material From To Amt
26 0 59 CEMENT 0 59 70 20
16 59 398 Calculated 69
Calculated

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E

Backfill placed from ft. to ft. Material

Filter pack from 0 ft. to 398 ft. Material PEA GRAV Size pea gravel

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
20 2 59 250
12 2 398 250
Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s)
Temp casing ☐ Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method Factory
Screens Type Material
Perf/ Casing/ Screen Dia From To Slot width length # of slots Tel/ pipe size
Perf Liner 12 98 298 .093 3 9000
Perf Liner 12 298 398 .093 3 3096

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
600 220 3

Temperature 63 °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 RD BURNS OREGON 97720

(10) STATIC WATER LEVEL

Date SWL (psi) + SWL (ft)
Existing Well / Pre-Alteration
Completed Well 6/12/2016 52
Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 62.00

SWL Date From To Est Flow SWL (psi) + SWL (ft)
6/12/2016 62 398 600 52

(11) WELL LOG

Ground Elevation

Material	From	To
fine brown sand	0	4
sandy tan clay	4	12
sand and fine gravel	12	50
grey clay with sand layers	50	398

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Date Started 4/26/2016 Completed 6/12/2016

(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 6/12/2016

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 6/12/2016

Signed ARTHUR L FRY (E-filed)

Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

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

13409

13409

WATER WELL REPORT
STATE OF OREGON

RECEIVED
HARN 1336
JUN 3 1981
WATER RESOURCES DEPT
SALEM, OREGON

State Well No.

State Permit No.

265/30E-16 Cb

(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 205 ft. Gauge 250
" Diam. from ft. to ft. Gauge

LINER INSTALLED:

14" Diam. from 0 ft. to 205 ft. Gauge 250

(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

Is 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.

Flow rate g.p.m.

Temperature 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? ☐ Yes ☒ 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 255 ft. to 0 ft.

(10) LOCATION OF WELL:

County Harney Driller's well number 1
NW 1/4 SW 1/4 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" drillg			
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 6-1-81

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



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

Application for Well ID Number

RECEIVED BY OWRD

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

APR 06 2016

SALEM, OR

I. OWNER INFORMATIONCurrent Owner Name (please print): Charles EggertMailing Address: 9955 SW Potano StCity, State, Zip: Tualatin, OR 97062Mail Well ID Tag to: ☐ SAME AS ABOVE ☒ In Care Of (C/O)Name & Address: ACW, INC. 524 HWY 20City, State, Zip: HINES, OR 97138

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MAY 09 2022

OWRD

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)Township: 26 (North / South) Range: 30 (East / West) Section: 16Tax 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): IrrigationDate 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 SullivanOther Information: HARN 1336 #1 Well

SUBMITTED BY (please print): _____

PHONE: (541) 548-5833

EMAIL &/or FAX: _____

ALL POINTS EOC & SURFACE
SCOTT @ APEANDS.COM

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

For Official Use Only by the Oregon Water Resources Department:

Received Date:

4-6-16

Well Log Number:

HARN 1336

Well Identification #:

L-122440

NOTICE TO WATER WELL CONTRACTOR

The original and first copy
of this report are to be
filed with the

STATE ENGINEER, SALEM, OREGON
within 30 days from the date
of well completion

RECEIVED
SEP 8 1970
STATE ENGINEER
SALEM, OREGON

WATER WELL REPORT

STATE OF OREGON

(Please type or print)

(Do not write above this line)

State Well No.

State Permit No.

(1) OWNER:

Name

Address

(2) TYPE OF WORK (check):

New Well ☐ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 13.

(3) TYPE OF WELL:

Rotary ☐ Driven ☐
Cable ☐ Jetted ☐
Dug ☐ Bored ☐

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☒ Test Well ☐ Other ☐

(5) CASING INSTALLED:

Threaded ☐ Welded ☐

" Diam. from _____ ft. to _____ ft. Gage _____

" Diam. from _____ ft. to _____ ft. Gage _____

" Diam. from _____ ft. to _____ ft. Gage _____

(6) PERFORATIONS:

Perforated? ☐ Yes ☐ No.

Size 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.

(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) WATER LEVEL: Completed well.

Static level 92 ft. below land surface Date 5/11/70

_____ lbs. per square inch Date _____

(9) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? ☒ Yes ☐ No If yes, by whom? ContractorYield: 1255 gal./min. with 60 ft. drawdown after 10 hrs.

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

Artesian flow _____ g.p.m. Date _____

Temperature of water 62 Was a chemical analysis made? ☐ Yes ☒ No

(10) CONSTRUCTION:

Well seal—Material used ConcreteDepth of seal 18 ft.Diameter of well bore to bottom of seal aprox 18 in.Were any loose strata cemented off? ☐ Yes ☐ No Depth _____Was a drive shoe used? ☐ Yes ☐ NoDid 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: _____

Gravel placed from _____ ft. to _____ ft.

(11) LOCATION OF WELL:

County

Driller's well number

SW 1/4 SW 1/4 Section 10 T. 26S R. 30E W.M.

Bearing and distance from section or subdivision corner

506' E - 75' S of 16 corner
Sec. 9 SW 1/4

(12) WELL LOG:

Diameter of well below casing _____

Depth drilled _____

ft. Depth of completed well _____

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 as drilling proceeds. Note drilling rates.

MATERIAL

From

To

SWL

NOTE

Well test only

Please refer to driller's
original well log for
any information on well.

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OWRD

Work started 5/11/70 19 Completed 5/14/70 19

Date well drilling machine moved off of well _____ 19

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] _____ Date _____, 19____

(Drilling Machine Operator)

Drilling Machine Operator's License No. _____

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

[Signed]

(Water Well Contractor)

Contractor's License No. 272 Date 9-3-, 1970

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

WELL I.D. # L 57426
 START CARD # 149463

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

(1) LANDOWNER Well Number _____
 Name Joe Buernag
 Address 55055 00 Ranch Rd.
 City Burns State Ore 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 367 ft.
 Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	20'	Cement	0	20	40
14"	20	367				

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

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	14"	7	119		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<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:

		Method					
		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

Flowing			
<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Artesian
Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.
400	30'	120	6

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

9/12/2013

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

(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

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

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrld
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 350.00 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
18	0	18	Bentonite Chips	0	18	20	S
14	18	350					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E☒ 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	Stl	Plstc	Wld	Thrld
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14	<input checked="" type="checkbox"/>	2	163	250	<input checked="" 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 _____

Screens Type _____ Material _____

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

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
800		350	1

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 X 17 NE 1/4 of the NE 1/4 Tax Lot 5100
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address55055 DOUBLE O RDBURNS, OR 97720

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	8/28/2013			92

Flowing Artesian? ☐ Dry Hole? ☐

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

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JAN 19 2017

SALEM, OR

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MAY 09 2022

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. 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 1424 Date 9/12/2013Signed TIMOTHY K RILEY (E-filed)

Contact Info (optional) _____

STATE OF OREGON
WATER SUPPLY WELL REPORT WELL I.D.#

(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

HAKN
50472 HARN 50472

L 36694
(START CARD) # 120938

(1) OWNER:

Well Number

Name Joseph R Buermann
Address P.O. Box 292
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 285 ft.
Explosives used ☐ Yes ☒ No Type Amount

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
24"	0	18	Bentonite	0	18	31 sacks
14"	18	255				7
8"	255	285				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other Paused

Backfill placed from ft. to ft. Material
Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	14"	#1	32	250	<input 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"/>

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

		Method		Material	
		Type		Tilt pipe size	
From	To	Slot size	Number	Diameter	Casing
					Liner
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

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

<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
1750	35'		7 hr
1950	50'		16'
1400	25'		16'
Temperature of water 65°		Depth Artesian Flow Found	
Was a water analysis done? No <input type="checkbox"/> Yes By whom			
Did any strata contain water not suitable for intended use?			<input type="checkbox"/> Too little
<input type="checkbox"/> Salty	<input type="checkbox"/> Muddy	<input type="checkbox"/> Odor	<input type="checkbox"/> Colored <input type="checkbox"/> Other
Depth of strata: 88-95 215-231 255-285			
7' 16' 30'			

(9) LOCATION OF WELL by legal description:

County Harney Latitude Longitude
Township 26 N or S Range 30 E or W W.M.
Section 10 SW 1/4 SW 1/4
Tax Lot Lot Block Subdivision
Street Address of Well (or nearest address) 3 mi off 900 Rd

(10) STATIC WATER LEVEL:

88 ft. below land surface. Date 10/8/99
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found 88'

From	To	Estimated Flow Rate	SWL
88'	95'	50 GPM	88
215'	231'		
255'	285	1950 GPM	

(12) WELL LOG:

Ground Elevation 4150

Material	From	To	SWL
Top Soil	0	2'	
Loam	2'	19'	
Cinders (Black)	19'	83'	
Clay (Brown)	83'	88'	
Sand & gravel	88'	95'	water
Sandy clay	95'	110'	
Hard clay	110'	145'	
Clay stain	145'	215'	
Cinders	215'	231'	water
Clay stain	231'	255'	
rock & cinders rock	255'	285'	water

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NOV 08 1999

JAN 18 2000

WATER RESOURCES DEPT.
SALEM, OREGON

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 8-5-99 Completed 10-15-99

(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

Signed

Date

Joseph R Buermann 10/20/99

WATER RESOURCES DEPARTMENT,

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

WATER WELL REPORT

STATE OF OREGON

(Please type or print)

Do not write above this line

RECEIVED

APR 28 1982

State Well No. 265/29E-23

State Permit No.

(1) OWNER:

Name ALDRICH FARMS

Address RR BURNS

ORE

(2) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary ☒ Driven ☐
Cable ☐ Jetted ☐
Dug ☐ Bored ☐

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☒ Test Well ☐ Other ☐

(5) CASING INSTALLED:

12" Diam. from +2 ft. to -248 ft. Gage -250

" Diam. from _____ ft. to _____ ft. Gage _____

" Diam. from _____ ft. to _____ ft. Gage _____

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.

(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

Was a pump test made? ☒ Yes ☐ No If yes, by whom? Harvey Co

Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.

" " " " " "

" " " " " "

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

Artesian flow _____ g.p.m.

Temperature of water _____ Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:

Well seal—Material used PORTLAND CEMENT

Well sealed from land surface to 20' ft.

Diameter of well bore to bottom of seal 16 in.

Diameter of well bore below seal 13 1/2 in.

Number of sacks of cement used in well seal 15 sacks

How was cement grout placed? TREBLE

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: _____

Gravel placed from _____ ft. to _____ ft.

WATER RESOURCES DEPT

(10) LOCATION OF WELL:

County Malheur Driller's well number _____

SE 1/4 SW 1/4 Section 23 T. 26S R. 29E W.M.

Bearing and distance from section or subdivision corner _____

(11) WATER LEVEL: Completed well.

Depth at which water was first found 169' ft.

Static level 32 ft. below land surface. Date 11-15-81

Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing _____

Depth drilled 400 ft. Depth of completed well 400 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
GRAVEL	0	15	
BLACK CINDERS	15	100	
BRN CLAY	100	134	
" " * GRAY CINDER	134	140	
GREEN CLAY	140	189	
" " * BLK CINDERS	189	218	
RED CINDERS * BRN CINDER	218	226	
BROWN SANDSTONE	226	230	
GREENISH BLACK BASALT	230	260	
GRAY CINDERS	260	268	
GRAY-GREEN BASALT	268	358	
BLACK	358	361	
GRAY	361	400	

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WATER RESOURCES DEPT
SALEM, OREGON

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Work started 11-9 1981 Completed 11-20 1981

Date well drilling machine moved off of well 11-20 1981

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] Donald J. Feller Date 11-20, 1981
(Drilling Machine Operator)

Drilling Machine Operator's License No. 1454

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 Don Jory and Neil Drilling INC.
(Person, firm or corporation) (Type or print)

Address 5543 SW Douglas Portland OR

[Signed] Don Jory
(Water Well Contractor)

Contractor's License No. 544 Date 11-20-81, 1981

T26S R 30E, W.M.

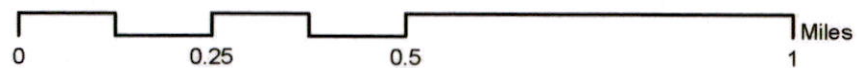
2020 aerial imagery from NRCS Gateway website imported into ArcMap GIS software in statewide Lambert projection.



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

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TRANSMITTAL

OWRD

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

Date: 5/6/2022
Attention: Certificates
RE: Claim of Beneficial Use

[X] Prints ☐ Plans ☐ Plat ☐ Specifications.

Attached is a Claim of Beneficial Use & final proof map for T-13409 for Silver Sage Farms.

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

Copies	No.	Description
1	1	Claim of Beneficial Use (17 pages letter bond)
1	2	Final Proof Map (1 page mylar)
1	3	Well logs (11 pages letter bond)
1	4	Aerial imagery
1	5	Check for \$230

Signed:

Deiuse Montgon