

**CLAIM OF
BENEFICIAL USE
for Ground Water Permits
claiming 0.1 cfs or less**



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

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

A separate form shall be completed for each permit.

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

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

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

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

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

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

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>

(See Certificate Resources)

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-14970	G-17848	T-12394

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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Donald E. and Patricia L. Wells		PHONE NO. 541-490-4545	ADDITIONAL CONTACT NO.
ADDRESS 72023 Buchanan Road			
CITY Burns	STATE OR	ZIP 97720	E-MAIL runningdeerpat@yahoo.com

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

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

PERMIT HOLDER OF RECORD Same as above		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

3/31/2022

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Don Wells	5/27/2015	Owner/permit holder
Don Wells	3/31/2022	Owner/permit holder

6. County:

Harney

7. If any property described in the place of use of the permit 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

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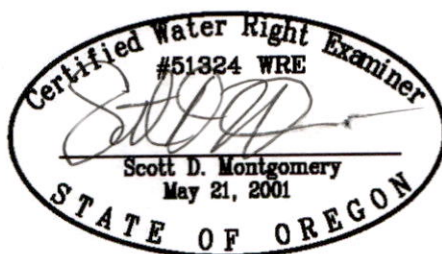
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SECTION 2 SIGNATURES

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



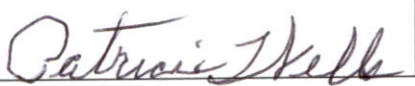
Renewal 12/31/2022

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

Permit Holder's 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
	Donald E. Wells	Owner	5/6/22
	Patricia L. Wells	Owner	5/6/22

SECTION 3 CLAIM DESCRIPTION

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1. Point(s) of Appropriation (POA):

POA NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
#1	HARN 50195	L-16801
#2	HARN 51456	L-94484

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

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
#1	IR	Grass hay	March through Oct.	1.14 cfs
#2	IR	Grass hay	March through Oct.	0.76 cfs
Total Quantity of Water Used				1.90 cfs

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

Water is pumped from the authorized wells and conveyed by buried pipe to a mainline and wheel line sprinklers that irrigate the place of use.

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

4. Variations:

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

YES

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

The permit allowed 90.0 acres of irrigation. The water user only developed 72.0 acres.

5. Claim Summary:

POD / POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
#1	1/80 cfs per acre	1.14 cfs	Not on	IR	90.0*	72.0*
#2	1/80 cfs per acre	0.76 cfs	Not on	IR	90.0*	72.0*

*area of use from both wells 1 & 2

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs?

YES

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

#1

A. Place of Use

Attach Claim of Beneficial Use map.

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (Gov Lot), Quarter-Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, Gov Lot, and QQ.

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

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

3/4" threaded bolt NE side pump base

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

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

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

C. Groundwater Source Information (Sump)

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

NO

D. Appropriation and Delivery System Information

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

1. Is a pump used?

YES

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
American	UNK	A-T 03	turbine

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	130'	15'	1.14

4. Provide pump calculations:

$$Q = 7.04 \text{ ft}^4/\text{s}/\text{hp} \times \text{hp} = (7.04)(40) = 1.14 \text{ cfs}$$

Total head, ft 246.6

$$\text{Total head} = 101.6' + 130' + 15' = 246.6'$$

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 on			

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

6. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
9/64"	40	3.4	64	64	0.48
1/8"	40	2.9	64	64	0.42

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

7. Drip Emitter Information:

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

8. Drip Tape Information:

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

E. Storage

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

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F. Gravity Flow Pipe

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

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NO

1. Does the system involve a gravity flow pipe?

G. Gravity Flow Canal or Ditch

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

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

NO

H. Additional notes or comments related to the system:

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

#2

A. Place of Use

Attach Claim of Beneficial Use map.

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (Gov Lot), Quarter-Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, Gov Lot, and QQ.

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

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

Remove well head

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

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

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

C. Groundwater Source Information (Sump)

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

NO

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D. Appropriation and Delivery System Information**OWRD**

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

1. Is a pump used?

YES

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
UNK	UNK	UNK	Submersible

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)
25	40	130'	0'	0.76

4. Provide pump calculations:

$$Q = \frac{7.04 \text{ ft}^4/\text{s}/\text{hp} \times \text{hp}}{2.31} = \frac{(7.04)(25)}{2.31} = 0.76$$

$$\text{Total head, ft} = 231.6$$

$$\text{Total head} = 101.6' + 130' + 0' = 231.6'$$

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 on			

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

6. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Same as Well 1					

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

7. Drip Emitter Information:

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

8. Drip Tape Information:

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

E. Storage

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

NO

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

NO

G. Gravity Flow Canal or Ditch

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

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

NO

H. Additional notes or comments related to the system:

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SECTION 5 CONDITIONS

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 any 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 extension final order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	9/28/2017		
BEGIN CONSTRUCTION (A)	2/28/2001	4/2000	Well 1 & irrigation system constructed
COMPLETE CONSTRUCTION (B)	10/1/2020	5/27/2015	Well 2 & Irrigation system constructed
COMPLETE APPLICATION OF WATER (C)	10/1/2020	Fall 2019	Flowmeter installed on Well 2

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

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

YES

a. Did the Extension Final Order require the submittal of Progress Reports?

YES

b. Were the Progress Reports submitted?

NO

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

3. Initial Water Level Measurements:

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

NO

4. Annual Static Water Level Measurements:

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

NO

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5. Pump Test:

a. Is a pump test required? YES

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

For additional information regarding pump tests see:

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

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

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

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

e. Has a pump test exemption been approved by the Department? YES

****The Claim 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

Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of appropriation.

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	Aquamaster	30117	working	0131732 gallons	2014
#2	McCrometer	19-017284-06	working	084.819 acre-ft	2019

If a meter has been installed, items d through f 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? NO

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

a. Were there special well construction standards? NO

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

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

WELL ID #	DATE ATTACHED TO WELL
#1 L-16801	August 1997
#2 L-94484	May 2008

d. Other conditions?

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NO

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

--

SECTION 6
ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Aerial Photo	USDA/FSA aerial imagery from June 2020
Well Logs	HARN 50195 and HARN 51456
Progress Report	2019 Progress Report

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SECTION 7

CLAIM OF BENEFICIAL USE MAP

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

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

The irrigation system and place of use were tied to approximate boundaries using survey grade GPS receivers in RTK autonomous mode. Point data was overlaid by recent aerial imagery to confirm accuracy.

Map Checklist

Please be sure that the map you submit includes ALL the items listed below.
(Reminder: Incomplete maps and/or claims may be returned.)

- ☒ 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 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
50195

AUG 25 1997

WELL I.D.# L16801

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

WATER RESOURCES DEPT.

(START CARD) # 098458

Instructions for completing this report are on the last page.

(1) OWNER:

Well Number _____

Name Don Wells

Address 10201 SW Lyons Drive

City Culver

State OR

Zip 97734

(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 140 ft.

Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE

SEAL

Diameter From To Material From To Sacks or pounds

18 0 20 bentonite 0 20 15 sacks

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

☒ Other poured dry and tamped

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: <u>14</u>	<u>+1</u>	<u>101</u>	<u>.250</u>	☒	☐	☒	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
Liner:				☐	☐	☐	☐
				☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☒ Perforations Method factory cut

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>20</u>	<u>101</u>	<u>1/8x4</u>	<u>10900</u>	<u>14</u>		☒	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump

☒ Bailer

☐ Air

☐ Flowing
☐ Artesian

Yield gal/min

Drawdown

Drill stem at

Time

100

2 ft

1 hr.

Temperature of water 58 Depth Artesian Flow Found _____

Was a water analysis done? ☐ No ☐ Yes By whom _____

Did any strata contain water not suitable for intended use? ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____

Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County Harney Latitude _____ Longitude _____

Township T23 S N or S Range 33 E E or W. WM.

Section 2 NW 1/4 SW 1/4

Tax Lot 300 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) Crane-Buchanan Rd

(10) STATIC WATER LEVEL:

16 ft. below land surface.

Date 8-14-97

Artesian pressure _____ lb. per square inch.

Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 35

From	To	Estimated Flow Rate	SWL
<u>35</u>	<u>95</u>	<u>500</u>	<u>16</u>

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
<u>Sandy loam topsoil</u>	<u>0</u>	<u>2</u>	
<u>Clay sand brn</u>	<u>2</u>	<u>15</u>	
<u>Clay gravel</u>	<u>15</u>	<u>35</u>	
<u>Sand gravel</u>	<u>35</u>	<u>42</u>	<u>16</u>
<u>Gravel med large</u>	<u>42</u>	<u>58</u>	<u>16</u>
<u>Sand clay</u>	<u>58</u>	<u>61</u>	<u>16</u>
<u>Clay green (conng)</u>	<u>61</u>	<u>65</u>	<u>16</u>
<u>Clay tan</u>	<u>65</u>	<u>69</u>	<u>16</u>
<u>Sand brn</u>	<u>69</u>	<u>95</u>	<u>16</u>
<u>Clay tan Swelling</u>	<u>95</u>	<u>140</u>	<u>16</u>

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Date started 8-7-97 Completed 8-14-97

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

WWC Number _____

Signed _____

Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1424

Signed Timothy K. Rely

Date 8-17-97

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

05-19-2008

WELL LABEL # L 94484

START CARD # 1003385

(1) LAND OWNER Owner Well I.D. _____

First Name DON Last Name WELLS

Company _____

Address 72023 CRANE BUCHANAN RD

City BURNS State OR Zip 97720

(2) TYPE OF WORK ☒ New Well ☐ Deepening ☐ Conversion
☐ Alteration (repair/recondition) ☐ Abandonment

(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 380.00 ft.

BORE HOLE			SEAL		sacks/	
Dia	From	To	Material	From	To	lbs
12	0	18	Bentonite	0	18	20
8	18	380				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E☒ Other poured dry and tam

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
☒	☐	8	☒	2	70	.250	☒	☐	☒	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐

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

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/S	Casing/	Screen	Scrn/slot	Slot	# of	Tele/
green	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)
200		380	1

Temperature 80 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Harney Twp 23.00 S N/S Range 33.00 E E/W WM

Sec 2 NW 1/4 of the SW 1/4 Tax Lot 1701

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

72023 CRANE BUCHANAN RD

(10) STATIC WATER LEVEL

Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening			
Completed Well	04-30-2008		49

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 50

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
04-30-2008	50	60	40			49
04-30-2008	310	380	500			49

(11) WELL LOG

Ground Elevation _____

Material	From	To
topsoil sandy loam	0	2
cobbles clay	2	5
clay/broken gravel	5	30
sandstone brn	30	40
sand fine brn	40	58
sandstone brn	58	65
clay, (bentonite) green	65	250
claystone green	250	310
rock green	310	350
rock broken grey	350	380
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OWRD		

Date Started 04-30-2008 Completed 04-30-2008

(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 _____

Electronically Filed

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 05-19-2008

Electronically Filed

Signed TIMOTHY K RILEY (E-filed)

Contact Info (optional) _____



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

Extension of Time
Progress Report Form
For Checkpoints

TO THE DIRECTOR OF THE OREGON WATER RESOURCES DEPARTMENT

RECEIVED

Permit Holder: RZ Ranch Inc.

Application G-14970

Permit G-13801

MAY 13 2022

Progress Report for 2019

OWRD

Report Due no later than October 1, 2019

DO NOT SUBMIT PRIOR TO 30 DAYS BEFORE DUE DATE

As authorized in ORS 690-315-0050(6), this progress report is required in order to ensure diligence is exercised in the development and perfections of Permit G-13801.

FAILURE TO SUBMIT THIS REPORT WILL MOST LIKELY RESULT IN ANY FUTURE EXTENSION BEING DENIED.

DATES	LIST ALL WORK ACCOMPLISHED and FINANCIAL INVESTMENTS For the period of time between August 24, 2015 and October 1, 2019	FINANCIAL INVESTMENT
2016	Applied for a Permit Amendment to add Well 2 (HARN 51456)	\$5000
2019	Plumb Wells into Irrigation system & install totalizing flow meter	\$4000

2. Describe actions to achieve compliance with conditions of the permit and/or previous extension.

POAs 1 & 2 constructed & plumbed into irrigation system with totalizing flow meters to account for rate & duty of use. Place of use has been harvested since 2015 to my knowledge.

3. Total number of acres irrigated to date: 72

4. Provide the maximum rate, or duty if applicable, of water diverted for beneficial use under this permit, if any, to date.

Maximum rate used to date = 1.90 cfs (cubic feet per second)

INCOMPLETE REPORTS WILL BE RETURNED. AN ANSWER IS REQUIRED IN EACH ITEM.

Signature

Date

9/14/2019

Printed Name/Title

Scott D. Montgomery, CWRE

Report the rate in the same units of measurement as specified in the permit, being cfs (cubic feet per second), gpm (gallons per minute) or AF (acre-feet). Do not provide daily, monthly or annual water volume totals.

Diligence Shown ☐ Yes ☐ No

Date Public Noticed: _____

For OWRD use only

Reviewed by: _____

Date: _____

T23S R 33E, W.M.

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



RECEIVED

MAY 13 2022

OWRD

