

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

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### TRANSMITTAL

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

Date: 9/5/2022  
Attention: Certificates  
Re: COBU G-15112

Prints  Plans  Map/Plat  Specifications  Change order  Other

Copies	No.	Description
1	1	COBU (12 sheets letter bond)
1	2	Final Proof Map ( 1 sheet mylar)
1	3	Well ID Report (1sheet letter bond)
1	4	Site photos (12sheets letter bond)
1	5	Aerial imagery (1 sheet letter bond)
1	6	Progress Report (1 page letter bond)
1	7	Check for \$230

Thanks, and if you have questions please don't hesitate to call (541) 548-5833.

Signed: Denise Montgomerie

# CLAIM OF BENEFICIAL USE for Groundwater Permits



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

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

A separate form shall be completed for each permit.

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

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

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

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

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

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

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

## SECTION 1

### GENERAL INFORMATION

#### 1. File Information:

APPLICATION # G-15576	PERMIT # (IF APPLICABLE) G-15112	PERMIT AMENDMENT # (IF APPLICABLE) T-
--------------------------	-------------------------------------	--

**2. Property Owner (current owner information):**

APPLICANT/BUSINESS NAME <b>RJ Sanford Trust/Richard Sanford</b>		PHONE NO. <b>775-741-3281</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>760 Lazy Heart Land</b>			
CITY <b>Fallon</b>	STATE <b>NV</b>	ZIP <b>89406</b>	E-MAIL <b>Brayout@yahoo.com</b>

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 <b>Samer as above</b>		
ADDRESS		
CITY	STATE	ZIP

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**4. Date of Site Inspection:**

**March 30, 2021**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Richard Sanford</b>	<b>March 30, 2021</b>	<b>Owner/Permit Holder</b>

**6. County:**

**Klamath**

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

OWNER OF RECORD <b>NA</b>		
ADDRESS		
CITY	STATE	ZIP

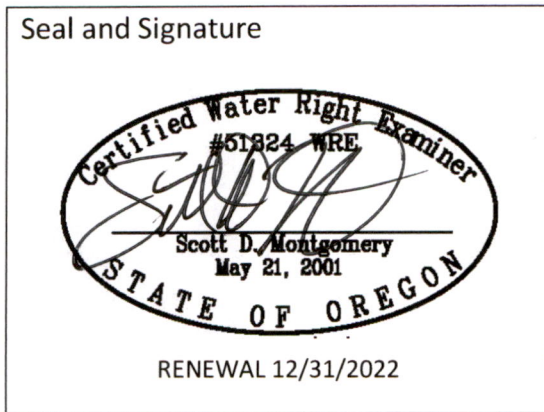
Add additional tables for owners of record as needed

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

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
	<b>Richard Sanford</b>	<b>Owner/Permit Holder</b>	<b>8/17/22</b>



**SECTION 3**  
**CLAIM DESCRIPTION**

**1. Point of appropriation name or number:****OWRD**

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)
Hufford Well	KLAM 53513	L-53592

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
Hufford Well	Long Prairie Creek Basin	Williamson River

**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)
Hufford Well	IR	Grrass	Apr 1 – Oct 31	7.04 cfs
<b>Total Quantity of Water Used</b>				<b>7.04 cfs</b>

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

Water is pumped from the Hufford Well and conveyed by pipe to an irrigation swale that delivers to an existing flood irrigation system built for water right certificate # 89142.

**5. Variations:**

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

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

The permit allowed 973.7 acres of supplemental irrigation. However, there are only 905.6 acres that could be supplemental to certificate 89142.

**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
Hufford Well	10.39 cfs	7.04 cfs	Not on	IR	973.7	973.7

SECTION 4  
SYSTEM DESCRIPTION

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Are there multiple POAs?

OWRD NO

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

Hufford Well (KLAM 53513)

A. Place of Use

1. Is the right for municipal use?

NO

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
30S	10E	WM	9	NE NE			IS	36.3	
30S	10E	WM	9	NW NE				21.6	
30S	10E	WM	9	SW NE				40.0	
30S	10E	WM	9	SE NE				40.0	
30S	10E	WM	9	NE SE				40.0	
30S	10E	WM	9	NW SE				38.7	
30S	10E	WM	9	SW SE				13.2	
30S	10E	WM	9	SE SE				9.6	
30S	10E	WM	10	NE NE				18.2	
30S	10E	WM	10	NW NE				27.9	
30S	10E	WM	10	SW NE				40.0	
30S	10E	WM	10	SE NE				40.0	
30S	10E	WM	10	NE NW				38.0	
30S	10E	WM	10	NW NW				40.0	
30S	10E	WM	10	SW NW				40.0	
30S	10E	WM	10	SE NW				40.0	
30S	10E	WM	10	NE SW				38.9	
30S	10E	WM	10	NW SW				38.4	
30S	10E	WM	10	SW SW				21.3	
30S	10E	WM	10	SE SW				31.3	
30S	10E	WM	10	NE SE				40.0	
30S	10E	WM	10	NW SE				40.0	
30S	10E	WM	10	SW SE				39.0	
30S	10E	WM	10	SE SE				40.0	
30S	10E	WM	11	NE NW				0.5	
30S	10E	WM	11	NW NW				16.3	
30S	10E	WM	11	SW NW				40.0	
30S	10E	WM	11	SE NW				36.4	
<b>Total Acres Irrigated</b>								905.6	



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B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

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

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

3/4" hole NW corner pump base

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

Table with 7 columns: CASING DIAMETER, CASING DEPTH, TOTAL DEPTH, COMPLETION DATE OF ORIGINAL WELL, COMPLETION DATES OF ALTERATIONS, WHO THE WELL WAS DRILLED FOR, WELL DRILLED BY. Row 1: 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.

[Empty box for additional information]

C. Groundwater Source Information (Sump)

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

NO

D. Diversion and Delivery System Information

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

1. Is a pump used?

YES

2. Pump Information:

Table with 6 columns: MANUFACTURER, MODEL, SERIAL NUMBER, TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE), INTAKE SIZE, DISCHARGE SIZE. Row 1: Flowserve, 120KH, 208000076042, Turbine, 16", 10"

3. Motor Information:

Table with 2 columns: MANUFACTURER, HORSEPOWER. Row 1: De' Ran Killingsworth, 150

4. Theoretical Pump Capacity:

Table with 5 columns: 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 (gals). Row 1: 150, 0, 150', 0', 7.04

5. Provide pump calculations:

Q = 7.04 ft4/sec/hp x hp = (7.04)(150) = 7.04 cfs
Total head, ft 150
Total Head = 0' + 150' + 0' = 150'



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

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

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

7. Is the distribution system piped?

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YES

If "NO" items 8 through item 13 may be deleted.

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**8. Mainline Information:**

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
10"	15 LF	Steel	Above Ground

**9. Lateral or Handline Information:**

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
NA			

**10. Sprinkler Information:**

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

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

**11. Drip Emmitter Information:**

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

**12. Drip Tape Information:**

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

**13. Pivot Information:**

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
NA				

**E. Storage**

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

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?

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NO

**G. Gravity Flow Canal or Ditch**

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

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

YES

2. Complete the table:

CANAL OR DITCH TYPE (MATERIAL)	TOP WIDTH OF CANAL OR DITCH	BOTTOM WIDTH OF CANAL OR DITCH	DEPTH	"N" FACTOR	AMOUNT OF FALL	LENGTH OF CANAL / DITCH	SLOPE	COMPUTED RATE (IN CFS)
Partially grass	10'	4'	+/- 2'	0.35	10'	+/- 2 mi	1/1 0.001	21.80

(0.001) 1/2

3. Provide calculations:

$$V = 1.486 R^{2/3} S^{1/2} = \frac{(1.486)(1.25)^{2/3}}{0.035} (0.001)^{1/2} = 1.56 \text{ fps}$$

$$x 14 \text{ sf} = 21.80 \text{ cfs}$$

$$A = \frac{10+4}{2} \times 2 = 14 \text{ SF} \quad P = 4+(2)(13)^{1/2} = 11.21' \quad R = \frac{A}{P} = \frac{14}{11.21} = 1.25'$$

4. If an actual measurement was taken, provide the following:

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)

Attach measurement notes.

H. Additional notes or comments related to the system:



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SECTION 5  
CONDITIONS

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

1. Time Limits:

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

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	July 31, 2002		
BEGIN CONSTRUCTION (A)	NA		
COMPLETE CONSTRUCTION (B)	Oct 1, 2022	Mar 30, 2021	Well & Flood irrigation system complete
COMPLETE APPLICATION OF WATER (C)	Oct 1, 2022	Mar 30, 2021	Flow meter installed & water use reported

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

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

YES

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

YES

b. Were the Progress Reports submitted?

NO

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

3. Initial Water Level Measurements:

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

YES

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

March

c. Was the measurement submitted to the Department?

YES

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

4. Annual Static Water Level Measurements:

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

YES

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

March

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

YES



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

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

**5. Pump Test:**

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

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

For additional information regarding pump tests see:

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

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

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

d. Has the pump test been approved by the Department? **SEP 08 2022** **NO**

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

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

**6. Measurement Conditions:**

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

b. Has a meter been installed? **YES**

**c. Meter Information**

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
<b>Hufford Well</b>	<b>McCrometer</b>	<b>16-04317-10</b>	<b>Not running</b>	<b>085.440 AF</b>	<b>2016</b>

**7. Recording and reporting conditions:**

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

b. Have the reports been submitted? **YES**

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

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

a. Were there special well construction standards? **NO**

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

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

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **NO**

WELL ID #	DATE ATTACHED TO WELL

L53592	7/18/2002

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e. Other conditions?

NO

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

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**SECTION 6**

**ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Well log	KLAM 53513
Aerial imagery	USDA/FSA photo of June 2018
Progress Report	2021 Progress Report

**SECTION 7**

**CLAIM OF BENEFICIAL USE MAP**

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

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

The irrigation system & place of use were tied to approximate boundaries using a Trimble GeoXT 6000 GIS data collector. Point data was imported to Trimble Pathfinder software and processed into statewide Lambert Projection. Point data was overlaid with recent aerial imagery for accuracy.

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## Map Checklist

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

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

- Map on polyester film
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Source illustrated if surface water
- Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature



KLAM  
53513

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

WELL I.D. # L 53592  
START CARD # 118025

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

(1) OWNER: Name Ken Hufford Well Number \_\_\_\_\_  
Address PO Box 438  
City Chiloquin State OR Zip 97604

(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 260 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
24"	0	32	Ben	0	32	10 Sack
14"	0	42	Cement	32	42	10 Sack
12"	42	260				

How was seal placed: Method  A  B  C  D  E  
 Other 3/8 hole plug  
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: 16"	0	32	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 14"	42	41	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

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

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(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min 2500+ gal Drawdown \_\_\_\_\_ Drill stem at 260 Time 1 hr  
Temperature of water 48 Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done?  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 Klamath Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 30 N or S Range 10 E or W. WM.  
Section 11 NW 1/4 NW 1/4  
Tax Lot 201 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Jackson Creek Rd  
2 mile Turn Right 1 mile

(10) STATIC WATER LEVEL:  
35 ft. below land surface. Date 7-18-02  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
65	260	2500+ gal	

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
TOP SAIL	0	1	
Sand Brown with	1	32	
Pumice			
Gray Basalt	32	42	
Brown Lava Breckenridge	42	260	
Red Lava Breckenridge	250	260	

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WATER RESOURCES DEPT SALEM, OREGON WATER RESOURCES DEPT SALEM, OREGON

Date started 12-20-01 Completed 7-18-02

(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 1654  
Signed \_\_\_\_\_ Date 7-18-02



CONCRETE FROM CURB



14:25 30-03-2021

Lat: 42° 59' 32.40" N Lon: 121° 30' 27.56" W



42° 59' 32.4<sup>3</sup>° N

121° 30' 27.5<sup>0</sup>° W

1366.5 m

~~4-1.2'~~

4-1.2'



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14:26 30-03-2021

Lat: 42° 59' 31.71" N Lon: 121° 30' 28.35" W



42° 59' 31.73" N

121° 30' 28.31" W

1366.8 m

+/- 1.1'

01000  
01000  
01000  
01000  
01000

01000  
01000  
01000



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14:28 30-03-2021

Lat: 42° 59' 30.22" N Lon: 121° 30' 27.67" W



42°59'30.21"N  
121°30'27.59"W

1366.3 m

+/- 1.1'



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14:29 30-03-2021

Lat: 42° 59' 29.54" N Lon: 121° 30' 26.89" W







RECEIVED

SEP 08 2022

OWRD

14:31 30-03-2021

Lat: 42° 59' 25.88" N Lon: 121° 30' 26.54" W

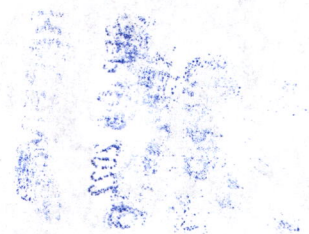


42°59'25.93"N

121°30'26.50"W

13664m

H-1.1'



SEP 04 2005  
10:10



RECORDED  
SEP 08 2021  
ONSD

14:33 30-03-2021

Lat: 42° 59' 21.92" N Lon: 121° 30' 25.3" W



42°59' 21.89" N  
121°30' 24.92" W

1366.2 m

H-3.1'

REC'D  
21.08.09  
01.3

05  
21.08.09  
01.3



CONCEPT PLAN

RECEIVED  
SEP 08 2022  
OWRD

14:36 30-03-2021

Lat: 42° 59' 21.53" N Lon: 121° 30' 19.10" W



42° 59' 21.55" N

121° 30' 19.05" W

1346.1 m

+/- 1.2'



COMPLIANCE WITH INVO 0021

RECEIVED

SEP 08 2022

OWRD

14:41 30-03-2021

Lat: 42° 59' 22.57" N Lon: 121° 30' 12.53" W



42° 59' 22.60" N  
121° 30' 12.47" W

1365.6 m

+125'

03 00 00  
03 00 00  
03 00 00  
03 00 00

0.0  
0.0  
0.0





RECEIVED  
SEP 08 2002  
OVRD

14:43 30-03-2021

Lat: 42° 59' 22.83" N Lon: 121° 30' 12.51" W



42°59'22.85"N

121°30'12.50"W

1367.5 m

±0.7 g



RECEIVED

SEP 08 2022

OWRD

14:55 30-03-2021

Lat: 42° 59' 22.78" N Lon: 121° 30' 12.57" W



14  
1952  
10-10-52

+/- 1.4'

1366.74

42° 59' 22.76" N  
121° 30' 12.45" W

0.000

285 08 305

JEC 5D



RECEIVED  
SEP 08 2022  
OWNS

PROPERTY  
BOUNDARY  
LAND SURVEY  
MONUMENT  
Please  
do not disturb

15:12 30-03-2021

Lat: 42° 59' 33.75" N Lon: 121° 29' 57.2" W



42°59'33.79"N

121°29'57.03"W

1368.7m

+/- 1.6'

APR 07 2013

01:10:10

1368.7

1368.7



RECEIVED

SEP 08 2022

OWRD





RECEIVED

FEB 08 1933

01113

FEB 08

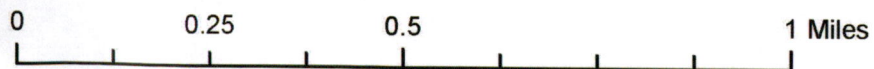
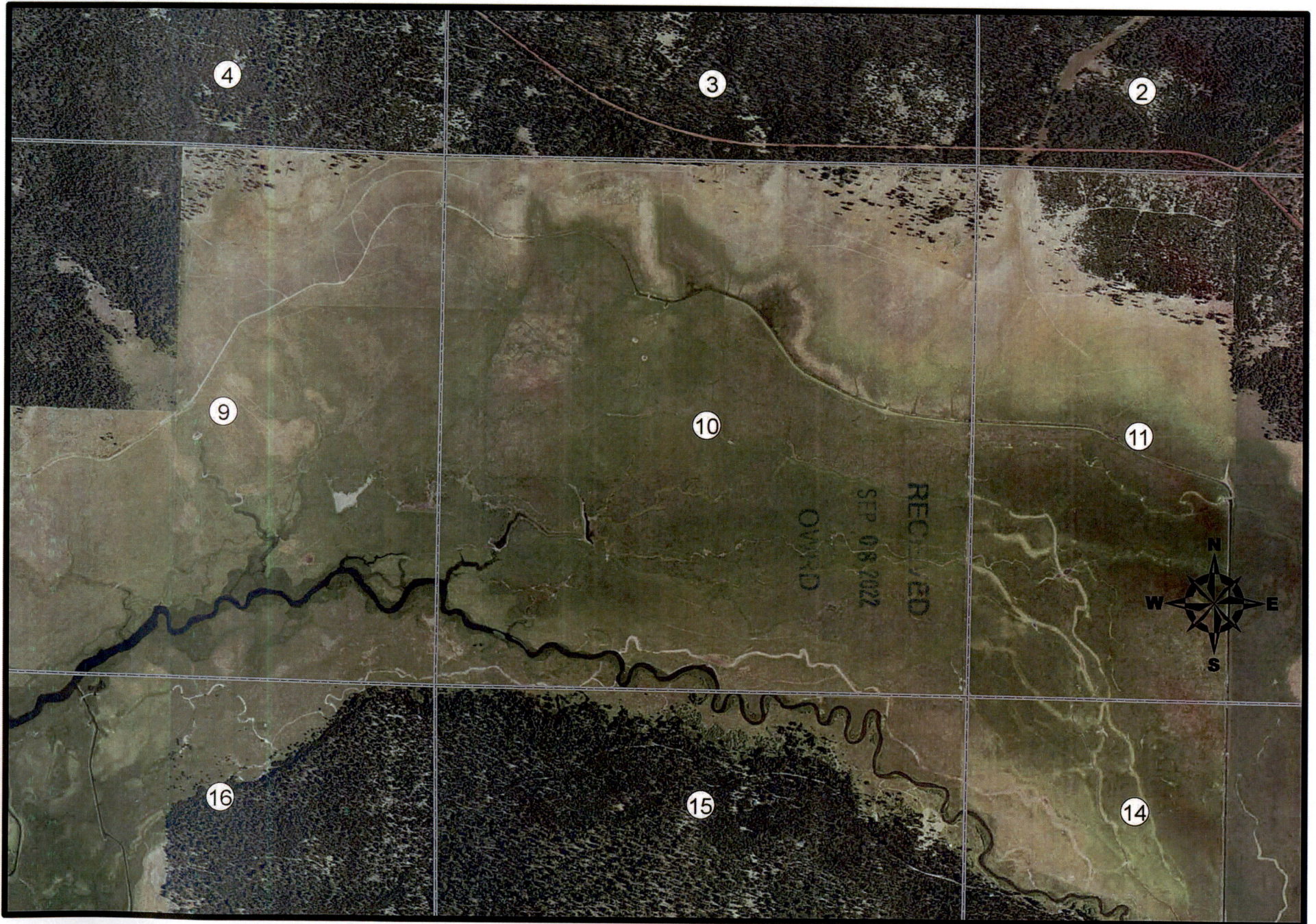
OMMO

FEB 08 1933

RECEIVED



# T30S, R10E, W.M.



FSA/USDA IMAGERY FROM JUNE 2018





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

RECEIVED

SEP 08 2022

OWRD

Extension of Time  
 Progress Report Form  
 For Checkpoints

TO THE DIRECTOR OF THE OREGON WATER RESOURCES DEPARTMENT

Permit Holder: RJ Sanford Family Trust      Application G-15576      Permit G-15112

**Progress Report for 2020**

Report Due no later than October 1, 2020

**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 completions of Permit G-15112.

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

DATE(S)	LIST ALL WORK ACCOMPLISHED and FINANCIAL INVESTMENTS For the period of time between July 31, 2015 and October 1, 2020	FINANCIAL INVESTMENT
2016	Installed flow meter	\$ 3500
2016-2021	Reported water use	\$ 1000
2016-2022	Reported annual static water level	\$ 2500
2021	Final Proof Survey	\$ 1500
2022	COB report & map	\$ 1500

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

A totalizing flow meter, has been installed in the system. The well's March static levels & annual water use have been reported to the department.

3. Total number of acres irrigated to date: 973.7

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 = 7.04 cfs (cubic feet per second)

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.

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

Signature [Signature] Date 9/10/2022  
 Printed Name/Title Scott D. Montgomery / Agent

Diligence Shown     Yes     No      Date Public Noticed: \_\_\_\_\_  
 Reviewed by: \_\_\_\_\_      For OWRD use only  
 Date: \_\_\_\_\_