

# Application for Water Right Transfer



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

## Part 1 of 4 – Minimum Requirements Checklist

**This transfer application will be returned if Parts 1 through 4 and all required attachments are not completed and included.**  
 For questions, please call (503) 986-0900, and ask for Transfer Section.

### FOR ALL TRANSFER APPLICATIONS

Check all items included with this application. (N/A = Not Applicable)

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 SALEM, OREGON

- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Transfer Application Map Checklist.
- Part 3 – Completed Transfer Application – Applicant Information and Signature.
- Part 4 – Completed Transfer Application – Water Right Information. Please include a separate Part 4 for each water right. List all water right certificates to be transferred here:  
 \_\_\_\_\_

**Attachments:**

- Completed Transfer Application Map.
- Completed Evidence of Use Affidavit and supporting documentation.
- Fees – Amount enclosed: \$ **2,150.00**.  
 See the Department's Fee Schedule at [www.wrd.state.or.us](http://www.wrd.state.or.us) or call (503) 986-0883.
- N/A Affidavit(s) of Consent.
- N/A Supplemental Form D – For water rights served by or issued in the name of an irrigation district. Complete when the transfer applicant is not the irrigation district.
- N/A Land Use Information Form with approval and signature (or signed land use form receipt stub). Not required if water is to be diverted, conveyed, and/or used only on federal lands or if **all** of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone.
- N/A For changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation, Water Well Report/Well Log.
- N/A For Temporary Transfer (one to five years) Begin Year \_\_\_\_ End Year \_\_\_\_.
- N/A For Temporary Transfer only – Current recorded deed for the land **from** which the authorized place of use is being moved.
- N/A Temporary Drought Transfer (For use in counties where the Governor has declared drought)

**(For Staff Use Only)**

**WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):**

<input type="checkbox"/> Application fee not enclosed/insufficient <input type="checkbox"/> Land Use Form not enclosed or incomplete <input type="checkbox"/> Additional signature(s) required Other/Explanation _____ Staff: _____ 503-986-0 _____	<input type="checkbox"/> Map not included or incomplete <input type="checkbox"/> Part _____ is incomplete Date: ____/____/____
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## Part 2 of 4 – Transfer Application Map Checklist

**Your transfer application will be returned if any of the map requirements listed below are not met.**

**Please be sure that the transfer application map you submit includes all the required items and matches the existing water right map. Check all boxes that apply.**

- N/A Certified Water Right Examiner (CWRE) Stamp and Original Signature. For list of CWREs see [http://www1.wrd.state.or.us/pdfs/cwre\\_listing.pdf](http://www1.wrd.state.or.us/pdfs/cwre_listing.pdf). CWRE stamp and signature are not required for temporary changes, historic point of diversion changes, and substitutions.
- N/A If **more than three** water rights are involved, separate maps are needed for each water right.
- Permanent quality printed with dark ink on white or clear paper or film.
- The size of the map can be 8½ x 11 inches, 8½ x 14 inches, or up to 30 x 30 inches. For 30 x 30 inch maps, three (3) paper copies and an electronic copy in a .pdf, .tiff or .jpg format are required.
- A north arrow, a legend, and scale.
- The scale of the map must be: 1 inch = 400 feet, 1 inch = 1,320 feet, the scale of the Final Proof/Claim of Beneficial Use Map (the map used when the permit was certificated), the scale of the county assessor map if the scale is not smaller than 1 inch = 1,320 feet, or a scale that has been pre-approved by the Department.
- Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines.
- Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
- Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.
- Major water delivery system features from the point(s) of diversion/appropriation such as main pipelines, canals, and ditches.
- Existing place of use that includes separate hachuring for each water right, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions. If less than the entirety of the water right is being changed, a separate hachuring is needed for lands left unchanged.
- N/A Proposed place of use that includes separate hachuring for each water right, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions.
- Existing point(s) of diversion or well(s) with distance and bearing or coordinates from a recognized survey corner. This information can be found in your water right certificate or permit.
- N/A If you are proposing a change in point(s) of diversion or well(s), show the proposed location and label it clearly with distance and bearing or coordinates. If GPS coordinates are used, latitude-longitude coordinates may be expressed as either degrees-minutes-seconds with at least one digit after the decimal (example – 42°32'15.5") or degrees-decimal with five or more digits after the decimal (example – 42.53764°).

agent/business name <b>Dennis R. Glender dba Glender's Hydro Tech Services</b>		phone no. <b>541-548-4882</b>	additional contact no. <b>541-219-0806</b>
address <b>8664 SW Sand Ridge Rd</b>			fax no. <b>541-504-7728</b>
city <b>Crooked River Ranch</b>	state <b>OR</b>	zip <b>97760</b>	e-mail <b>djglender@msn.com</b>

If an agent is listed above, please check **one** of the following:

Please send all correspondence to Agent. Send copies of correspondence to Applicant;  
**OR**

Please send all correspondence to Applicant. Send copies of correspondence to Agent.

Check this box if this project is fully or partially funded by the American Recovery and Reinvestment Act. (Federal stimulus dollars)

Is the applicant the sole owner of the land on which the water right, or portion thereof, proposed for transfer is located? Yes No

If NO, include signatures of all landowners (and mailing address if different than the applicant's) or attach affidavits of consent (and mailing addresses) from all landowners or individuals/entities to which the water right(s) has been conveyed.

Permanent Transfers Only (check one box)

By signing this application, I understand that, upon receipt of the draft preliminary determination and prior to Department approval of the transfer, I will be required to provide landownership information and evidence that I am authorized to pursue the transfer as identified in OAR 690-380-4010(5); **OR**

I affirm the applicant is a municipality as defined in ORS 540.510(3)(b) and that the right is in the name of the municipality or a predecessor; **OR**

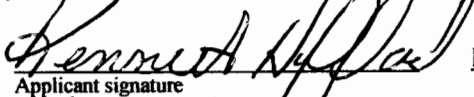
I affirm that the applicant is an entity with the authority to condemn property and is acquiring by condemnation the property to which the water right proposed for transfer is appurtenant and have supporting documentation.

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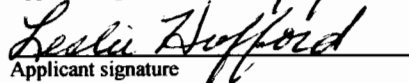
WATER RESOURCES DEPT  
SALEM, OREGON

I (we) affirm that the information contained in this application is true and accurate.

  
Applicant signature

**Kenneth Hufford - Owner**  
Name (and title if applicable) (print)

11/26/10  
Date

  
Applicant signature

**Leslie Hufford - Owner**  
Name (and title if applicable) (print)

Date 11/26/10

In your own words tell us what change(s) you want made and the reason for the change (s): **Water is being transferred from rocky soils to better and more productive soils.**

# Part 3 of 4 – Applicant Information and Signature

## Applicant Information

APPLICANT/BUSINESS NAME <b>KENNETH AND LESLIE HUFFORD REVOCABLE LIVING TRUST dba HUFFORD ESTATE, LLC</b>			PHONE NO. <b>541-576- 2431</b>	ADDITIONAL CONTACT NO. <b>541-403-1044</b>
ADDRESS <b>PO BOX 99</b>				FAX NO.
CITY <b>FORT ROCK</b>	STATE <b>OR</b>	ZIP <b>97735</b>	E-MAIL <b>ijhufford@yahoo.com</b>	

**Agent Information** – The agent is authorized to represent the applicant in all matters relating to this application.

AGENT/BUSINESS NAME <b>Dennis R. Glender dba Glender's Hydro Tech Services</b>			PHONE NO. <b>541-548-4882</b>	ADDITIONAL CONTACT NO. <b>541-219-0806</b>
ADDRESS <b>8664 SW Sand Ridge Rd</b>				FAX NO. <b>541-504-7728</b>
CITY <b>Crooked River Ranch</b>	STATE <b>OR</b>	ZIP <b>97760</b>	E-MAIL <b>djglender@msn.com</b>	

If an agent is listed above, please check **one** of the following:

- Please send all correspondence to Agent. Send copies of correspondence to Applicant; **OR**
- Please send all correspondence to Applicant. Send copies of correspondence to Agent.
- Check this box if this project is fully or partially funded by the American Recovery and Reinvestment Act. (Federal stimulus dollars)

Is the applicant the sole owner of the land on which the water right, or portion thereof, proposed for transfer is located?  Yes  No

If NO, include signatures of all landowners (and mailing address if different than the applicant's) or attach affidavits of consent (and mailing addresses) from all landowners or individuals/entities to which the water right(s) has been conveyed.

**Permanent Transfers Only (check one box)**

- By signing this application, I understand that, upon receipt of the draft preliminary determination and prior to Department approval of the transfer, I will be required to provide landownership information and evidence that I am authorized to pursue the transfer as identified in OAR 690-380-4010(5); **OR**
- I affirm the applicant is a municipality as defined in ORS 540.510(3)(b) and that the right is in the name of the municipality or a predecessor; **OR**
- I affirm that the applicant is an entity with the authority to condemn property and is acquiring by condemnation the property to which the water right proposed for transfer is appurtenant and have supporting documentation.

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**I (we) affirm that the information contained in this application is true and accurate.**

\_\_\_\_\_  
Applicant signature

**Kenneth Hufford - Owner**  
Name (and title if applicable) (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature

**Leslie Hufford - Owner**  
Name (and title if applicable) (print)

\_\_\_\_\_  
Date

In your own words tell us what change(s) you want made and the reason for the change(s): **Water is being transferred from rocky soils to better and more productive soils.**

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**Check the following boxes that apply:**

- The applicant is responsible for completion of change(s). Notices and correspondence should continue to be sent to the applicant.
- The receiving landowner will be responsible for completing the proposed change(s) after the final order is issued. Copies of notices and correspondence should be sent to this landowner.
- The receiving landowner and applicant will be responsible for completion of change(s). Copies of notices and correspondence should be sent to this landowner and the applicant.

At this time, are the lands in this transfer application in the process of being sold?  Yes  No

If YES, and you know who the new landowner will be, please complete the receiving landowner information table below. If you do not know who the new landowner will be, then a request for assignment will have to be filed for at a later date.

If a property sells, the certificated water right(s) located on the land belong to the new owner, unless a sale agreement or other document states otherwise. (To learn about sale agreements please visit our web site at: <http://www1.wrd.state.or.us/pdfs/Transfer-PropertyTransactions.pdf>)

RECEIVING LANDOWNER NAME			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	

Describe any special ownership circumstances here: \_\_\_\_\_

- Check here if any of the water rights proposed for transfer are or will be located within or served by an irrigation or other water district. (**Tip:** Complete and attach Supplemental Form D.)

IRRIGATION DISTRICT NAME	ADDRESS	
CITY	STATE	ZIP

- Check here if water for any of the rights supplied under a water service agreement or other contract for stored water with a federal agency or other entity.

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP



To meet State Land Use Consistency Requirements, you must list all local governments (each county, city, municipal corporation, or tribal government) within whose jurisdiction water will be diverted, conveyed or used.

ENTITY NAME <b>Lake County</b>	ADDRESS <b>513 Center St</b>		RECEIVED DEC 06 2010
CITY <b>Lakeview</b>	STATE <b>Or</b>	ZIP <b>97630</b>	

ENTITY NAME	ADDRESS		WATCH RESOURCES DEPT SALEA, OREGON
CITY	STATE	ZIP	

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**Part 4 of 4 – Water Right Information**

Please use a separate Part 4 for each water right being changed. See instructions at <http://www.wrd.state.or.us/OWRD/PUBS/forms.shtml>.

**CERTIFICATE # 52626**

**Description of Water Delivery System**

System capacity: 1.59 cubic feet per second (cfs) **OR**  
 \_\_\_\_\_ gallons per minute (gpm)

Describe the current water delivery system or the system that was in place at some time within the last five years. Include information on the pumps, canals, pipelines and sprinklers used to divert, convey and apply the water at the authorized place of use. **Center pivot sprinkle irrigation system supplied by a 60 HP Turbine pump.**

**Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)**  
 (Note: If the POD/POA name is not specified on the certificate, assign it a name or number here.)

POD/POA Name or Number	Is this POD/POA Authorized on the Certificate or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-___)	Twp	Rng	Sec	¼ ¼	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
POA #4	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	170/174	25 S	15 E	19	NW SW	3	3700' S & 1310' from the NW Corner, Sec 19.
POA #6	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	L-91574	25 S	14 E	23	NE NE		1320' N & 1320' W from the E¼ Corner, Sec 23.
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed							
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed							

**Check all type(s) of change(s) proposed below (change “CODES” are provided in parentheses):**

- Place of Use (POU)
- Character of Use (USE)
- Point of Diversion (POD)
- Additional Point of Diversion (APOD)
- Historic POD (HPOD)
- Surface Water POD to Ground Water POA (SW/GW)
- Supplemental Use to Primary Use (S to P)
- Point of Appropriation/Well (POA)
- Additional Point of Appropriation (APOA)
- Substitution (SUB)
- Government Action POD (GOV)

**Will all of the proposed changes affect the entire water right?**

- Yes Complete only the Proposed (“to” lands) section of Table 2 on the next page. Use the “CODES” listed above to describe the proposed changes.
- No Complete all of Table 2 to describe the portion of the water right to be changed.

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SALMON DIVISION

Please use additional pages of Table 2 as needed

**Table 2. Description of Changes to Water Right Certificate # 52626**

List only the part of the right that will be changed. For the acreage in each 1/4 1/4, list the change proposed. If more than one change, specify the acreage associated with each change. If more than one POD/POA, specify the acreage associated with each POD/POA.

Authorized ("from" lands) as they appear BEFORE THE CHANGES										Proposed ("to" lands) AFTER THE CHANGES										
Twp	Rng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Proposed Changes (see "CODES" from previous page)	Twp	Rng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)
25 S	15 E	19	NE	SW	600		31.8	Irrigation	POA #4	POU/POA	25 S	14 E	23	NE	NE	400		31.2		POA #6
"	"	"	"	"	"	3	32.8	"	"	"	"	"	"	NW	NE	"		31.5		"
"	"	"	"	"	"	4	31.7	"	"	"	"	"	"	SW	NE	"		32.7		"
"	"	"	"	"	"		30.5	"	"	"	"	"	"	SE	NE	"		31.4		"
TOTAL ACRES											TOTAL ACRES									
126.8											126.8									

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 S-150 DIVISION

Additional remarks: **Please issue remaining rights certificate to: KENNETH AND LESLIE HUFFORD REVOCABLE LIVING TRUST dba HUFFORD ESTATE, LLC, PO Box 99, Fort Rock, Oregon 97735.**

**For Place of Use or Character of Use Changes**

Are there other water right certificates, water use permits or ground water registrations associated with the “from” or the “to” lands?  Yes  No

If YES, list the certificate, water use permit, or ground water registration numbers: \_\_\_\_\_.



Pursuant to ORS 540.510, any “layered” water use such as an irrigation right that is supplemental to a primary right proposed for transfer must be included in the transfer or be cancelled. Any change to a ground water registration must be filed separately in a ground water registration modification application.

**For Substitution** (ground water supplemental irrigation will be substituted for surface water primary irrigation)

Ground water supplemental Permit or Certificate # \_\_\_\_\_;  
Surface water primary Certificate # \_\_\_\_\_.

**For a change from Supplemental Irrigation Use to Primary Irrigation Use**

Identify the primary certificate to be cancelled. Certificate # \_\_\_\_\_

**For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation:**

Well log(s) are attached for each authorized and proposed well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map. (Tip: You may search for well logs on the Department’s web page at: [http://apps2.wrd.state.or.us/apps/gw/well\\_log/Default.aspx](http://apps2.wrd.state.or.us/apps/gw/well_log/Default.aspx))

**OR**

Describe the construction of the authorized and proposed well(s) in Table 3 for any wells that do not have a well log.

**Table 3. Construction of Point(s) of Appropriation**

Any well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the accompanying application map. Failure to provide adequate information is likely to delay the processing of your transfer application. For proposed wells, we recommend that you consult a licensed well driller, geologist, or certified water right examiner for the proper information needed to complete the table.

Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well, OWRD Well ID Tag No. L-___	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well - specific rate (cfs or gpm). If less than full rate of water right

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WATER RIGHTS DEPT  
SALMON DIVISION



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

**WATER WELL REPORT**

SEP 8 1967

STATE OF OREGON

State Well No. 25/15-19

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

(Please type or print)  
(Do not write above this line)

State Permit No. \_\_\_\_\_

*Lake 170*

**(1) OWNER:**

Name JOHN P FLANNERY  
Address FORT ROCK 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

**CASING INSTALLED:**

Threaded  Welded   
12" Diam. from 0 ft. to 15 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.  
\_\_\_\_\_ 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 90 ft. below land surface Date 8/17/67  
Piezometer pressure \_\_\_\_\_ 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?  
Yield \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.  
" " " " " "  
" " " " " "  
" " " " " "  
Bailer test 100 gal./min. with 10 ft. drawdown after \_\_\_\_\_ hrs.  
Artesian flow \_\_\_\_\_ g.p.m. Date \_\_\_\_\_  
Temperature of water 52° Was a chemical analysis made?  Yes  No

**(10) CONSTRUCTION:**

Well seal—Material used CEMENT  
Depth of seal 12 ft.  
Diameter of well bore to bottom of seal 12 in.  
Were any loose strata cemented off?  Yes  No Depth \_\_\_\_\_  
Was a drive shoe used?  Yes  No  
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.

**(11) LOCATION OF WELL:**

County LAKE Driller's well number \_\_\_\_\_  
Section \_\_\_\_\_ T. \_\_\_\_\_ R. \_\_\_\_\_ W.M. \_\_\_\_\_

Bearing and distance from section or subdivision corner

SEC 19 - TWP - 25 - S - RPE - 15GMM

**(12) WELL LOG:**

Diameter of well below casing 12"  
Depth drilled 200 ft. Depth of completed well 200 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
<u>OVERBURDEN</u>	<u>0</u>	<u>12</u>	
<u>SOFT PORUS LANA</u>	<u>17</u>	<u>50</u>	
<u>WATER</u>		<u>83</u>	<u>80</u>
<u>Water bearing sand and gravel &amp; ash</u>	<u>50</u>	<u>200</u>	<u>80</u>
<u>VARIOUS colored clay</u>			
<u>PUMIS</u>			

Work started 8-17 1967 Completed 8-18 1967  
Date well drilling machine moved off of well 8-18 1967

**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] [Signature] Date 8-19 1967  
(Drilling Machine Operator)

Drilling Machine Operator's License No. 570

**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 JACKSON DRILLING SERVICE  
(Person, firm or corporation) (Type or print)  
Address Redmond Ore  
[Signed] [Signature]  
(Water Well Contractor)  
Contractor's License No. 447 Date 8-18 1967

**WATER WELL REPORT**  
STATE OF OREGON

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SALEM, OREGON

*Lake 174*

State Well No. *255/SE-190C*

State Permit No. *deep*

**(1) OWNER:**

Name *John P. Fleming*  
Address *Hort Park*  
City *Hort Park* State *Oregon*

**(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   
Rough Mud  Dug   
Cased  Bored

**(4) PROPOSED USE (check):**

Domestic  Industrial  Municipal   
Irrigation  Test Well  Other   
Thermal:  Withdrawal  ReInjection

**(5) CASING INSTALLED:**

Steel  Plastic   
Threaded  Welded

....." Diam. from ..... ft. to ..... ft. Gauge  
....." Diam. from ..... ft. to ..... ft. Gauge

**LINER INSTALLED:**

....." Diam. from ..... ft. to ..... ft. Gauge

**(6) 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

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

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

Air test *700 g* gal./min. with drill stem at *317* ft. 1 hrs.

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

Artesian flow g.p.m.

Temperature of water Depth artesian flow encountered ft.

**(9) CONSTRUCTION:**

Special standards: Yes  No

Well seal—Material used

Well sealed from land surface to ft.

Diameter of well bore to bottom of seal in.

Diameter of well bore below seal in.

Number of sacks of cement used in well seal sacks

How was cement grout placed?

Was pump installed? 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: ft.

Gravel placed from ft. to ft.

**(10) LOCATION OF WELL:**

County *Lake* Driller's well number  
*SW* *SW* *Section 19* T. *35 S* R. *15 E* W.M.  
Tax Lot # Lot Blk Subdivision

Address at well location:

**(11) WATER LEVEL: Completed well.**

Depth at which water was first found ft.

Static level *80* ft. below land surface. Date *June 3-85*

Artesian pressure lbs. per square inch. Date

**(12) WELL LOG:**

Diameter of well below casing *9 3/4*

Depth drilled *317* ft. Depth of completed well *317* 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
<i>loose brown clay</i>	<i>199</i>	<i>205</i>	
<i>hard grey basalt</i>	<i>205</i>	<i>208</i>	
<i>medium clay</i>	<i>208</i>	<i>265</i>	
<i>loose shale</i>	<i>265</i>	<i>275</i>	
<i>broken clay</i>	<i>275</i>	<i>290</i>	
<i>broken basalt</i>	<i>290</i>	<i>300</i>	
<i>alternate layers of brown clay and gravelly rock.</i>	<i>300</i>	<i>317</i>	<i>80</i>

*would not blow out good.*

RECEIVED  
DEC 06 2010

Work started *June 3* 19 *85* Completed *June 3* 19 *85*

Date well drilling machine moved off of well *June 3* 19 *85*

**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] *Lyle Adams* Date *June 4, 1985*  
(Drilling Machine Operator)

Drilling Machine Operator's License No. *12,52*

**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 *Lyle Adams*  
(Person, firm or corporation) (Type or print)

Address *Box 355 Christensen Valley, Ore.*  
*97164*

[Signed] *Lyle Adams*  
(Water Well Contractor)

Contractor's License No. *690* Date *June 4*, 19 *85*

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

*11162*

**DRAFT**

**LAKE 52251**

WELL LABEL # L 91574

START CARD # 206035

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

**(1) LAND OWNER** Owner Well I.D. \_\_\_\_\_  
 First Name Man Last Name HIV F FULD  
 Company \_\_\_\_\_  
 Address PO Box 99  
 City FURT ROCK State OR Zip 97733

**(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  Injection  
 Thermal  Other \_\_\_\_\_

**(5) BORE HOLE CONSTRUCTION** Special Standard:  Yes (attach copy)  
 Depth of Completed Well \_\_\_\_\_ ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
20"	0	79	Conc	0	79	75	Sck
16"	79	200					
11"	200	300					

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

**(6) CASING/LINER**

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		16"	+	79		.250	Y		X	

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
 Temporary casing  Yes Diameter \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Material	Screen slot width	Slot length	# of slots	Tele/pipe size

**(8) WELL TESTS: Minimum testing time is 1 hour**  
 Pump  Bailer  Air  Flowing Artesian  
 Yield gal/min 2500 Drawdown 300 Drill stem/Pump depth \_\_\_\_\_ Duration (hr) \_\_\_\_\_

Temperature 53 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below)

From	To	Description	Amount	Units

**(9) LOCATION OF WELL (legal description)**  
 County Lake Twp 25 N or S Range 14 E or W W.M.  
 Sec 23 SE 1/4 of the SE 1/4 Tax Lot 1400  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street Address of Well (or nearest address) 79337 5070 LN  
FURT ROCK OR 97735

**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>5-25-10</u>			<u>35'</u>

Flowing Artesian?  Yes Dry Hole?  Yes  
**WATER BEARING ZONES** Depth water was first found 160

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>5-25-10</u>	<u>155</u>	<u>160</u>	<u>1000'</u>			<u>35'</u>
<u>5-22-10</u>	<u>190</u>	<u>200</u>	<u>1500</u>			

**(11) WELL LOG** Ground Elevation \_\_\_\_\_

Material	From	To
<u>TOP Soil</u>	<u>0</u>	<u>2</u>
<u>Small gravel</u>	<u>2</u>	<u>30</u>
<u>Brown Lava Rock</u>	<u>30</u>	<u>79</u>
<u>Grey Lava Rock</u>	<u>79</u>	<u>155</u>
<u>Broken Lava Rock</u>	<u>155</u>	<u>160</u>
<u>ROCK</u>		
<u>Brown Lava Rock</u>	<u>160</u>	<u>190</u>
<u>Brown Lava Rock</u>	<u>190</u>	<u>200</u>
<u>ROCK</u>		
<u>Green Lava Rock</u>	<u>200</u>	<u>300</u>

Date Started 5-18-10 Completed 5-25-10

**(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 DEC 06 2010  
 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 1654 Date Aug-9-10  
 Signed [Signature]  
 Contact Info. (optional) \_\_\_\_\_

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