

Application for Permit Amendment

Part 1 of 4 – Minimum Requirements Checklist



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

This permit amendment 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.

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

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- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Permit Amendment Application Map Checklist.
- Part 3 – Completed Permit Amendment Application – Applicant Information and Signature.
- Part 4 – Completed Permit Amendment Application – Water Use Permit Information.
Please include a separate Part 4 for each permit. List all permit(s) to be amended here: **G-16071**.

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Attachments:

- Completed Permit Amendment Application Map (Does not have to be prepared by a Certified Water Right Examiner).
- Permit amendment fees – Amount enclosed: \$ **1200.00**.
See the Department’s Fee Schedule at www.wrd.state.or.us or call (503) 986-0883.
- N/A Request for Assignment Form and statutory fee. The request for assignment form has to be completed if the applicant is **not** the permit holder of record and needs to be assigned to the permit; **or** the landowner of the proposed place of use is **not** the permit holder of record and needs to be assigned to the permit (the Request for Assignment Form is available online at <http://www.wrd.state.or.us/OWRD/PUBS/forms.shtml>). Assignment is not needed if applicant is the permit holder of record.
- N/A Affidavit(s) of Consent are required from all permit holder(s) of record if the permit is not assigned to the applicant, **or** other permit holders of record that are not listed as applicants.
- N/A Land Use Information Form with approval and signature (or signed land use form receipt stub). Land use form is not required if any of the following apply:
 - Water is to be diverted, conveyed, and/or used only on federal lands.
 - 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.
 - The proposed changes are all located on the property reviewed in Land Use form enclosed in Water Right Application Folder # **G-16531**.
- N/A For changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation, Water Well Report(s)/Well Log(s)

(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"/> Map not included or incomplete
<input type="checkbox"/> Land Use Form not enclosed or incomplete	<input type="checkbox"/> Assignment Form and fee not enclosed/insufficient
<input type="checkbox"/> Additional signature(s) required	Part _____ is incomplete

Other/Explanation _____

Staff: _____ 503-986-0 _____ Date: ____/____/____

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Part 2 of 4 – Permit Amendment Map Checklist

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

Please be sure that the map you submit includes all the items listed below and meets the requirements of OAR 690-380-3100, however, the map does not have to be prepared by a Certified Water Right Examiner. Check all boxes that apply.

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- N/A If more than three permits are involved, separate maps for each permit.
- Permanent quality printed with dark ink on white or clear paper or film. WATER RESOURCES DEPT
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- The size of the map can be 8½ x 11 inches, 8½ x 14 inches, or up to 30 x 30 inches. 30 x 30 inch maps, three (3) paper copies and an electronic copy in a .pdf, .tiff or .jpg format are required. RECEIVED
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- A north arrow, a legend, and scale. WATER RESOURCES DEPT
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- The scale of the map must be: 1 inch = 400 feet, 1 inch = 1,320 feet, 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 use permit, 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 permit is being changed, a separate hachuring is needed for the portion of the permit left unchanged.
- N/A If you are proposing a change in place of use, show the proposed place of use with hachuring that includes separate hachuring for each permit, 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 use 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°).

Part 3 of 4 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Audric Enterprises, Inc.		PHONE NO. 831-427-2727	ADDITIONAL CONTACT NO.
ADDRESS C/O James Thompson, Comstock Thompson Kontz & Brenner 340 Soquel Ave Suite 205			FAX NO. 831-458-1165
CITY Santa Cruz	STATE CA	ZIP 95065	E-MAIL jamest2643@msn.com

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

AGENT/BUSINESS NAME Martha Pagel, Schwabe Williamson & Wyatt		PHONE NO. 503-540-4260	ADDITIONAL CONTACT NO.
ADDRESS 530 Center St. NE, Suite 400			FAX NO. 503-796-2900
CITY Salem	STATE OR	ZIP 97301	E-MAIL mpagel@schwabe.com

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 permit holder of record? Yes No

If NO, include either:

- A completed assignment form (with required statutory assignment fee), assigning all or a portion of the permit to the applicant(s), **OR**
- An affidavit of consent from the permit holder(s) of record that gives permission for the applicant to amend the permit.



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

Eric T. Miyasaka
Applicant signature

Eric T. Miyasaka, President
Name (and title if applicable) (print)

7/30/10
Date

Applicant signature

Name (and title if applicable) (print)

Date

In your own words tell us what change(s) you want made and the reason for the amendment(s): **The applicant is adding a point of appropriation to achieve the maximum authorized rate under this permit.**

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Check one of the following:

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

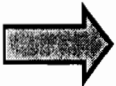
Check the appropriate box, if applicable:

- Check here if any of the permits proposed for amendment are or will be located within or served by an irrigation or other water district.

IRRIGATION DISTRICT NAME N/A	ADDRESS	
CITY	STATE	ZIP

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

ENTITY NAME N/A	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 Klamath County	ADDRESS 305 Main Street	
CITY Klamath Falls	STATE OR	ZIP 97601

ENTITY NAME N/A	ADDRESS	
CITY	STATE	ZIP

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Part 4 of 4 – Water Use Permit Information

Please use a separate Part 4 for each permit being amended.

PERMIT # G-16071

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

POD/POA Name or Number	Is this POD/POA Authorized by the permit 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)
Well 1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		41 S	11 E	17	NW SW	200	1320 feet north and 100 feet east from SW corner, Section 17
Well 2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		41 S	11 E	17	SE NW	200	1430 feet north and 2430 feet east from SW corner, Section 17
	<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):

- | | |
|---|--|
| <input type="checkbox"/> Place of Use (POU) | <input type="checkbox"/> Point of Appropriation/Well (POA) |
| <input type="checkbox"/> Point of Diversion (POD) | <input checked="" type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Additional Point of Diversion (APOD) | <input type="checkbox"/> Surface water POD to Ground Water POA (SW/GW) |

Will all of the proposed changes affect the entire water use permit?

- 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 permit to be changed.

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Please use additional pages of Table 2 as needed

Table 2. Description of Changes to Water Use Permit # G-16071

List only the part of the permit 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)	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)	POD(s)/POA(s) to be used (from Table 1)	
2	S	9	E	15	NW	100	15.0	POD #1 POD #2	POU/POD	2	S	9	E	15	NW	100	1	10.0	POD #5
"	"	"	"	"	"	"	EXAMPLE	"	"	2	S	9	E	15	SW	200		5.0	POD #6
									APOA	41	S	11	E	17	SW	NW		40.0	WELLS 1, 2
															SE	NW		38.0	"
															NE	SW		20.0	"
															NW	SW		40.0	"
															NE	SE		25.0	"
															NW	SE		40.0	"
TOTAL ACRES										TOTAL ACRES									
										751.0									

Additional remarks: **Table 2 Page 3 of 3.**

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Permit Amendment Application - Page 6 of 7

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Permit # G-16071

For a change in place of use:

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Does the permit holder of record own or control the land TO which the place of use is being moved?

Yes No

If NO, the landowner of the land TO which the place of use is being moved must be assigned to the permit as a permit holder of record by submitting a completed Request for Assignment form and the required statutory fee for an assignment.

Is the proposed place of use contiguous to the authorized place of use? Yes No

The permitted place of use can be moved only to lands that are contiguous to the authorized place of use unless the change to non-contiguous lands is in furtherance of mitigation or conservation efforts undertaken for the purposes of benefiting a species listed as sensitive, threatened, or endangered under ORS 496.171 to 496.192 or the federal Endangered Species Act of 1973 (16 U.S.C. 1531 to 1544), as determined by the listing agency. Contiguous land being either adjacent land or land separated from the land to which a permit is authorized by roads, utility corridors, irrigation ditches or publicly owned rights of way.

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

If YES, list the other certificate, permit, or ground water registration numbers: VAN BRIMMER DITCH CO. (SEE KLAMATH BASIN ADJUDICATION CLAIMS 321-324)



If the permit(s) are for irrigation or supplemental irrigation use, other water rights existing on the same land for irrigation that are subject to transfer must either change concurrently or be cancelled. Any change to a water right certificate or ground water registration must be filed separately in a water right transfer application or ground water registration modification application, respectively.

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)

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OR

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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
Well 2	No	N/A	±700'	24"	20'	0-20'		±60'	basalt	9.388cfs
				20"	322'	+2-320'				
				16"	325'	305'-630'				
				14"	80'	615'-695'	630'-695'			

Amendment

KLAM 55767

KLAM 55767

WELL ID # L 81988
START CARD # 162568

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

(1) OWNER: Well Number: 1-20*

Name: Audric Enterprises Inc.
Address: P.O. Box 1418
City: Watsonville State: Ca Zip: 95077

(2) TYPE OF WORK: (repair/
 New Well Deepening Alteration (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 696
Explosives Used Yes No Type _____ Amount _____

HOLE			SEAL			sacks or pounds
Diameter	From	To	Material	From	To	
28	0	20	cement	0	20	35 scks
23	-20	-322	cement	-20	322	215 scks
19	-322	700	cement	605	627	29scks

How was seal placed: Method A B C D E
 Other lower seal pumped from inside 16" up the
Backfill placed from _____ to _____ Material _____
from _____ to _____ Material _____
Gravel placed from _____ to _____ Size of gravel _____

(6) CASING/LINER:
CASING:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
24	1s	21	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	+1	322	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	-306	628	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

LINER:			
12	-354	696	.250

Final location of Shoe(s): _____

(7) PERFORATIONS/SCREENS:

Perforations Method: mechanical air Holte
 Screen Type: _____ Material: _____

From	To	Slot Size	No.	Discharge	Casing Liner
630	693	1/4"2	500		<input checked="" type="checkbox"/>

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

Yield gpm	Drawdown	Drill Stem at	Time
3000	200		1 hr.
2500	110		24

Temperature of water 61 Depth Artesian Flow Found _____
Was a water analysis done? _____ By whom _____
Did any strata contain water not suitable for intended use? (explain) _____

Depth of Strata: _____
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ORIGINAL & FIRST COPY FOR Water Resources Department

(9) LOCATION OF WELL by legal description:
County: Klam Latitude: _____ Longitude: _____
Township: 41s Range: 11e
Section: 17 nw 1/4 sw 1/4
Tax Lot: pk Lot: _____ Block: _____ Subdivision: _____
Street Address of Well (or nearest address) _____
1/8 mile S of State line rd. on east side of Malone rd.

(10) STATIC WATER LEVEL:
59 Ft. below land surface Date 3-30-07
Artesian pressure _____ lb. per sq. in. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 661

From	To	Est. Flow Rate	SWL
660	700	3000	59

(12) WELL LOG: Ground Elevation: _____

Material	From	To	SWL
Soil med sandy brn	0	2	
	2	6	
hard pan dense brn			
clay soft brn	6	19	
silt sandy brn	19	24	
clay sticky brn-yellow mix	24	61	
conglomerate mix brn	61	63	
clay soft brn	63	74	
conglomerate sand mix brn, gry blk	74	77	
claystone med brngry strks	77	101	
clay med brn	101	114	
claystone conglomerate brn	114	141	
sand packed med fine grain blk	141	219	
clay soft grey	219	262	
conglomerate med brn gry mix	262	276	
clay soft grey	276	310	
claystone conglomerate brn	310	336	
clay sandy brn	336	370	
clay sandy gry	370	523	
clay sticky gry	523	622	
basalt hard blk	622	631	
basalt fract blk	631	660	
loess circ zone no returns	660	671	59
basaltic rubble, volcanics, loose, caving			
large round very hard cobble size	671	700	59

Date Started: 11-30-06 Completed: 3-30-07

(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.

Signed _____ WWC Number 723
Date 4-23-07

(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.

Signed _____ WWC Number 723
Date 4-25-07

ORIGINAL & FIRST COPY FOR Water Resources Department SECOND COPY - Constructor AUG 0 THIRD COPY - Customer

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765)

(1) OWNER:

Well Number: 1-20"
Name: Audric Enterprises, Inc.
Address: P.O. Box 1418
City: Watsonville State: Ca Zip: 95077

(2) TYPE OF WORK: (repair/
 New Well Deepening Alteration (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 696
Explosives Used Yes No Type _____ Amount _____

HOLE		SEAL		Material	sacks or pounds	
Diameter	From To	From To	From To			
28	0 20	0	20	cement	35	sk
23	-20 -322	-20	322	cement	215	sk
19	-322 700	605	627	cement	29	sk

How was seal placed: Method A B C D E
 Other lower seal pumped from inside 16" up the
Backfill placed from _____ to _____ Material _____
Gravel placed from _____ to _____ Size of gravel _____

(6) CASING/LINER:

CASING:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
24	1s	21	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	+1	322	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	-306	628	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
12	-354	696	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of Shoe(s): _____

(7) PERFORATIONS/SCREENS:

Perforations Method: mechanical air Holte
 Screen Type: _____ Material: _____

From	To	Slot Size	No.	Diameter	Tele/pipe size	Casing	Liner
630	693	1/4"2	500			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gpm	Drawdown	Drill Stem at	Time
3000	200		1 hr.
2500	110		24

Temperature of water 61 Depth Artesian Flow Found _____
Was a water analysis done? _____ By whom _____
Did any strata contain water not suitable for intended use? (explain) _____
Depth of Strata: _____

(9) LOCATION OF WELL by legal description:

County: klam Latitude: _____ Longitude: _____
Township: 41s Range: 11e
Section: 17 nw 1/4 sw 1/4
Tax Lot: uk Lot: _____ Block: _____ Subdivision: _____
Street Address of Well (or nearest address) _____
1/8 mile south of State line rd. on east side of Malone rd.

(10) STATIC WATER LEVEL:

59 Ft. below land surface Date 3-30-07
Artesian pressure _____ lb. per sq. in. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 661

From	To	Est. Flow Rate	SWL
660	700	3000	59

(12) WELL LOG:

Ground Elevation: _____

Material	From	To	SWL
Soil med sandy brn	0	2	
hard pan dense brn	2	6	
clay soft brn	6	19	
silt sandy brn	19	24	
clay sticky brn-yellow mix	24	61	
conglomerate mix brn	61	63	
clay soft brn	63	74	
conglomerate sand mix brn, gry blk	74	77	
claystone med brngry strks	77	101	
clay med brn	101	114	
claystone conglomerate brn	114	141	
sand packed med fine grain blk	141	219	
clay soft grey	219	262	
conglomerate med brn gry mix	262	276	
clay soft grey	276	310	
claystone conglomerate brn	310	336	
clay sandy brn	336	370	
clay sandy gry	370	523	
clay sticky gry	523	622	
basalt hard blk	622	631	
basalt fract blk	631	660	
loss circ zone no returns	660	671	59
basaltic rubble, volcanics, loose, caving			
large round very hard cobble size	671	700	59

Date Started: 11-30-06 Completed: 3-30-07

(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.

Signed _____ WWC Number 723
Date 4-25-07

(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.

Signed _____ WWC Number 723
Date 4-25-07

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