

Application for Water Right Transfer

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 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

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 SALEM, OREGON

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

- 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: **Certificate 66520. See Attachment A.**

Attachments:

- Completed Transfer Application Map. **See Attachment B.**
- Completed Evidence of Use Affidavit and supporting documentation. **See Attachment C.**
- Fees – Amount enclosed: **\$2,150 (\$900 Base Fee + \$300 To Add a Well + \$700 Additional Change Fee + \$250 Rate Fee beyond 1 cfs).**
 See the Department’s Fee Schedule at 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. **See Attachment D.**
- N/A For changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation, Water Well Report/Well Log. **See Attachment E.**
- 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):

___ Application fee not enclosed/insufficient	___ Map not included or incomplete
___ Land Use Form not enclosed or incomplete	___ Part ___ is incomplete
___ Additional signature(s) required	

Other/Explanation _____

Staff: _____ 503-986-0 _____ 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 a list of CWREs, see http://www1.wrd.state.or.us/pdfs/cwre_listing.pdf. CWRE stamp and signature are not required for temporary 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.
- N/A 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°).

Part 3 of 4 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME City of Sisters			PHONE NO. 541-323-5205	ADDITIONAL CONTACT NO.
ADDRESS P.O. Box 39				FAX NO. 541-549-0561
CITY Sisters	STATE OR	ZIP 97759	E-MAIL estein@ci.sisters.or.us	

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

AGENT/BUSINESS NAME GSI Water Solutions, Inc.			PHONE NO. 541-753-0745	ADDITIONAL CONTACT NO.
ADDRESS 1600 Western Blvd., Suite 240				FAX NO. 541-754-4211
CITY Corvallis	STATE OR	ZIP 97333	E-MAIL asussman@gsiws.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 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.

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

Eileen Stein
Applicant signature

Eileen Stein, City Manager
Name (and title if applicable) (print)

8-8-11
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 change(s): **The City of Sisters is requesting to add a point of appropriation to Certificate 66520 to add supply redundancy and flexibility and is modifying the place of use to conform with the current service area.**

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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	

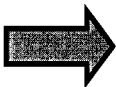
Describe any special ownership circumstances here: _____

- 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 City of Sisters	ADDRESS P.O. Box 39	
CITY Sisters	STATE OR	ZIP 97759

ENTITY NAME Deschutes County, Department of Community Development	ADDRESS 117 NW Lafayette Avenue	
CITY Bend	STATE OR	ZIP 97701

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>.

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CERTIFICATE # 66520

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Description of Water Delivery System

System capacity: 1.78 cubic feet per second (cfs) **OR**
 _____ gallons per minute (gpm)

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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.

This is a municipal use water right held by a municipality. Currently, this water right is appropriated from one City well (Well #1). Water is pumped from Well #1 directly into the City's water distribution system and is either delivered directly to customers or is directed to fill the City's above ground concrete reservoir, which is located approximately 1.7 miles south of Well #1.

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)
Well 1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	DESC 3023	15 S	10 E	9	NW SW	N/A	481.87 feet South and 706.96 feet East from the West quarter corner of Section 9
Well 3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	DESC 57902	15 S	10 E	4	SE NW	N/A	1890 feet South and 2325 feet East from NW corner, Section 4

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Place of Use (POU) | <input type="checkbox"/> Supplemental Use to Primary Use (S to P) |
| <input type="checkbox"/> Character of Use (USE) | <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"/> Substitution (SUB) |
| <input type="checkbox"/> Surface Water POD to Ground Water POA (SW/GW) | <input type="checkbox"/> 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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Please use additional pages of Table 2 as needed

Table 2. Description of Changes to Water Right Certificate # 66520

List only the part of the right that will be changed. For the acreage in each ¼ ¼, 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 Changes (see "CODES" from previous page)	Proposed ("to" lands) AFTER THE CHANGES									
Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date
"	"	"	"	"	"	"	EXAMPLE	"	"	"	The existing authorized POU and the proposed additional POU listed below:									
										POU/APOA	15 S	10 E	6	NE SE	N/A	N/A	N/A	MUNI	Well 1, Well 3	1991, 2008
										"	15 S	10 E	6	NW SE	N/A	N/A	N/A	MUNI	Well 1, Well 3	1991, 2008
										"	15 S	10 E	6	SW SE	N/A	N/A	N/A	MUNI	Well 1, Well 3	1991, 2008
										"	15 S	10 E	6	SE SE	N/A	N/A	N/A	MUNI	Well 1, Well 3	1991, 2008
										"	15 S	10 E	5	NW SW	N/A	N/A	N/A	MUNI	Well 1, Well 3	1991, 2008
										"	15 S	10 E	5	SW SW	N/A	N/A	N/A	MUNI	Well 1, Well 3	1991, 2008
										"	15 S	10 E	4	NE NW	N/A	N/A	N/A	MUNI	Well 1, Well 3	1991, 2008
										"	15 S	10 E	4	SW NW	N/A	N/A	N/A	MUNI	Well 1, Well 3	1991, 2008
										"	15 S	10 E	4	SE NW	N/A	N/A	N/A	MUNI	Well 1, Well 3	1991, 2008
										"	15 S	10 E	9	NE SE	N/A	N/A	N/A	MUNI	Well 1, Well 3	1991, 2008
										"	15 S	10 E	9	NW SE	N/A	N/A	N/A	MUNI	Well 1, Well 3	1991, 2008
										"	15 S	10 E	9	SE SE	N/A	N/A	N/A	MUNI	Well 1, Well 3	1991, 2008
TOTAL ACRES							TOTAL ACRES						N/A							

Additional remarks: **The proposed additional POU detailed in Table 2 is in addition to the existing authorized POU. The proposed APOA will serve the existing authorized POU and the proposed additional POU.**

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 N/A. This is a municipal water right.

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): N/A

Ground water supplemental Permit or Certificate # _____;
Surface water primary Certificate # _____

For a change from Supplemental Irrigation Use to Primary Irrigation Use: N/A

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) See Attachment E.

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 RESOURCES DEPT
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NOTICE TO WATER WELL CONTRACTOR

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

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

DESC 3023

WATER WELL REPORT

STATE OF OREGON

(Please type or print)

(Do not write above this line)

State Well No. 155/10E-9

State Permit No. G-9979

(1) OWNER:

Name City of Sisters
Address Sisters City Hall
Sisters, Oregon 97759

(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
14" Diam. from + 2 ft. to 100 ft. Gage 250
12" Diam. from 25 ft. to 111 ft. Gage 250
10" Diam. from 0 ft. to 195.6 ft. Gage 250

PERFORATIONS:

Perforated? Yes No.
Type of perforator used ACY. and Machine
Size of perforations 1/2 in. by 6" and 1/2" by 2"
1200 perforations from 50 ft. to 100 ft.
1560 perforations from 95.6 ft. to 195.6 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 Davidson
Was a pump test made? Yes No If yes, by whom? Drilling
Yield: 549 gal./min. with 4 ft. drawdown after 1 1/2 hrs.
902 " " 7'4" " 4 "
" 135 " " 5'3" " 1 "
~~Water test~~ PUMP TEST 24 hrs.
Artesian flow _____ g.p.m.
Temperature of water 46 Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:

Well seal—Material used Cement and Bentonite
Well sealed from land surface to 40 ft.
Diameter of well bore to bottom of seal 18 in.
Diameter of well bore below seal 16 in.
Number of sacks of cement used in well seal 58 sacks
Number of sacks of bentonite used in well seal 150 lbs. sacks
Brand name of bentonite Western
Number of pounds of bentonite per 100 gallons of water 5 1/2 gals. water per 100 lbs. Cement/100 gals.
Was a drive shoe used? Yes No Plugs _____ Size: location _____ ft.
Did any strata contain unusable water? Yes No
Type of water? SURFACE depth of strata 3 feet
Method of sealing strata off casing and grout
Was well gravel packed? Yes No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.

(10) LOCATION OF WELL:

County Deschutes Driller's well number _____
NW 1/4 SW 1/4 Section 9 T. 15 S R. 10 E W.M.
Bearing and distance from section or subdivision corner _____

(11) WATER LEVEL: Completed well.

Depth at which water was first found 105 ft.
Static level 85 ft. below land surface. Date 10/2/75
Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing 10"
Depth drilled 211 ft. Depth of completed well 211 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
Overburden	0	2	
Cong. Gray	2	21	
Clay and Cong. Brown	21	29	
Lava - Mild	29	111	
Sandstone & Cong. Brown	111	175	
Cong. Gray - Waterbearing	175	195	
Basalt	195	211	

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Work started 4/3/ 1975 Completed 10/2 1975
Date well drilling machine moved off of well 10/3/ 1975

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] William D. Akers Date 10/15 1975
(Drilling Machine Operator)

Drilling Machine Operator's License No. 803

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 DAVIDSON DRILLING INC.
(Person, firm or corporation) (Type or print)

Address 626 N.W. Marshall Way Redmond, Ore. 97751

[Signed] William Davidson
(Water Well Contractor)

Contractor's License No. 548 Date 10/15/ 1975

DESC 57902

DESC 57902

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

03-06-2007

WELL LABEL # L 84019

AMENDED 3-6-07

AMENDED REPORT CARD # 1000329 3-20-07

(1) LAND OWNER Owner Well I.D. Sisters Well #3

First Name Last Name
Company CITY OF SISTERS
Address 520 EAST CASCADE AVE
City SISTERS State OR Zip 97759

(2) TYPE OF WORK [X] New Well [] Deepening [] Conversion [] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD [X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud [] Reverse Rotary [] Other

(4) PROPOSED USE [] Domestic [] Irrigation [X] Community [] Industrial/ Commercial [] Livestock [] Dewatering [] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION Special Standard [X] (Attach copy) Depth of Completed Well 288.00 ft.

Table with columns: Dia, From, To, Material, SEAL, To, Amt, sacks/lbs. Rows include Cement, Bentonite Chips, and Cement.

How was seal placed: Method [] A [] B [X] 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

Table with columns: Casing, Liner, Dia, From, To, Gauge, Std, Plstc, Wld, Thrd. Includes rows for 16 and 14 inch casings.

Shoe [] Inside [] Outside [] Other Location of shoe(s)

Temp casing [] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type Cont. Wire Wrap Material 304 SS

Table with columns: Perf/Screen, Casing/Liner, Screen Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size.

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

[X] Pump [] Bailer [] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Rows for 1,500, 2,000, and 2,500 yield.

Temperature 54 °F Lab analysis [] Yes By

Water quality concerns? [] Yes (describe below)

From To Description

Table with columns: From, To, Description. Includes 'RECEIVED' stamp.

(9) LOCATION OF WELL (legal description)

County Deschutes Twp 10.00 S N/S Range 10.00 E E/W WM

Sec 4 SE 1/4 of the NW 1/4 Tax Lot 103

Tax Map Number Lot

Lat ° 0 ' " or DMS or DD

Long ° 0 ' " or DMS or DD

[] Street address of well [X] Nearest address

NE LOT ABOUT 350 FT WEST OF CAMP POLK RD AT INTERSECTION WITH BARCLAY

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Predeepening, Date, SWL(psi), + SWL(ft). Row for Completed Well 02-02-2007 with SWL 73.3.

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft).

(11) WELL LOG

Ground Elevation

Table with columns: Material, From, To. Lists soil types like Top Soil, Gravels, Basalt, etc.

Date Started 11-27-2006 Completed 02-02-2007

(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.

License Number 1702 Date 03-06-2007

Electronically Filed

Signed RUSTY R OTTO (E-filed)

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above.

License Number 1523 Date 03-06-2007

Electronically Filed

Signed ROBERT STADELI (E-filed)

Contact Info (optional)

