

Application for Permit Amendment



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 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.

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

- 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-16578**.

Attachments:

- Completed Permit Amendment Application Map (Does not have to be prepared by a Certified Water Right Examiner).
- Permit amendment fees – Amount enclosed: \$ **1200**.
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-17107**.
- 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. FEB 01 2012
- 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. 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 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 Andy Root		PHONE NO. 541-493-3645	ADDITIONAL CONTACT NO.
ADDRESS 524 Highway 20 North			FAX NO.
CITY Hines	STATE OR	ZIP 97738	E-MAIL

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

AGENT/BUSINESS NAME Scott D. Montgomery/All Points Engr & Surveying		PHONE NO. 541-548-5833	ADDITIONAL CONTACT NO. 541-420-0401
ADDRESS PO Box 767			FAX NO. 541-565-4602
CITY Terrebonne	STATE OR	ZIP 97760	E-MAIL scott@apeands.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)

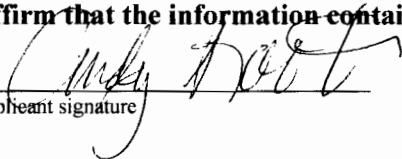
Is the applicant the permit holder of record? Yes No

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.


 Applicant signature

Andy Root
 Name (and title if applicable) (print)

Date 1-24-10

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): _____

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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.

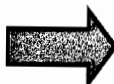
Check the appropriate box, if applicable:

- 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	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	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 Harney County	ADDRESS 450 N. Buena Vista	
CITY Burns	STATE OR	ZIP 97720

ENTITY NAME	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-16578

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 15	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 51275	22 S	33 E	30	NW SW	1800	2508' north & 780' east from SW cor.
Well 16	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 51823	22 S	33 E	30	NW SW	1800	1610' north & 780' east from SW cor.
Well 14	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 51475	22 S	33 E	30	NE SW	1800	1254' north & 1240' east from SW cor.
Well 17	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 206	22 S	33 E	30	NW SW	1800	1500' north & 50' east from SW cor.

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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For a change in place of use:

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: _____

 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)**

OR

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

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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 15	Yes	72705	260 ft	14 inch	Unk	48 ft	Unk	16 ft	Basalt	
Well 16	Yes	107662	310 ft	10 inch	Unk	21 ft	Unk	18 ft	Basalt	
Well 14	Yes	93564	400 ft	8 inch	Unk	35 ft	Unk	65 ft	Basalt	
Well 17	Yes	35540	345 ft	8 inch	Unk	71 ft	Unk	6 ft	Basalt	

G-16578
ARR. G-17365?

HARN 51823

HOMEPLACE
PINOT 14 (#13?)

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

12-14-2011

WELL 6

WELL LABEL # L 107662

START CARD # 1015574

(1) LAND OWNER Owner Well I.D. _____
First Name _____ Last Name _____
Company ACW
Address PO Box 3
City Burns State Or Zip 97720

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard Attach copy
Depth of Completed Well 310.00 ft

BORE HOLE

Dia	From	To	Material	SEAL From	To	Amt	sacks/ lbs
14	0	21	Bentonite Chips	0	21	30	S
10	21	310					

How was seal placed: Method A B C D E

Other poured & tamped

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

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

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	From	To	Gauge	Stl	Plastic	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	2	80	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

Perf/S	Casing/ Screen	green	Liner	Dia	From	To	Scr/m slot width	Slot length	# of slots	Tele/ pipe size

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

Pump Bailor Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
400 _____ 310 1

Temperature 65 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Harney Twp 22.00 S N/S Range 33.00 E E/W WM
Sec 30 NW 1/4 of the SW 1/4 Tax Lot 300
Tax Map Number _____ Lot _____
Lat _____ or _____ DMS or DD
Long _____ or _____ DMS or DD
 Street address of well Nearest address
72987 Cowcreek Road
Burns, Or 97720

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(R)
Completed Well	12-14-2011		18

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 35

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(R)
12-14-2011	35	310	400		18

(11) WELL LOG

Ground Elevation _____

Material	From	To
Topsoil clay loam	0	1
Clay brown	1	5
sand medium brown	5	14
Clay grey	14	35
Gravel sand	35	65
Clay green	65	120
Cinder black	120	130
Pumice pink	130	140
Cinders black	140	160
Claystone green	160	180
Pumice pink	180	190
Pumice grey	190	222
Sandstone blue green	222	310

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Date Started 12-12-2011 Completed 12-14-2011

(unbonded) Water Well Constructor Certification

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

License Number _____ Date _____
Electronically Filed
Signed _____

(bonded) Water Well Constructor Certification

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

License Number 1424 Date 12-14-2011
Electronically Filed
Signed TIMOTHY K RILEY (E-filed)
Contact Info (optional) _____

T 11348

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

HARN 51475

PAGE 1

WELL 14

WELL LABEL # L 93564

START CARD # 199640

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

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company RATTLESNAKE LANDY CATTLE CO.
 Address 524 N. HWY 20
 City HINES State OR Zip 97738

(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 400 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
13"	0	35	BENT.	0	35	74	Scks
10"	35	118					
8"	118	400					

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

(6) CASING/LINER

Csg	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		8"	+	2	118	.250	✓			✓

Shoe Inside Outside Other Location of shoe(s) 118'
 Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type _____ Material _____

Perf	Scrn	Csg	Linr	Screen Dia	From	To	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 300 Drawdown _____ Drill stem/Pump depth 390' Duration (hr) 2h

Temperature 56 °F Lab analysis Yes No By _____
 Water quality concerns? Yes (describe below) No

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County HARNY Twp 22 N of S Range 33 E of W.M.
 Sec 30 SW 1/4 of the SW 1/4 Tax Lot 1800
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street Address of Well (or nearest address) Cow Creek Rd.

(10) STATIC WATER LEVEL

Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening			
Completed Well	<u>7-23-08</u>	<u>65</u>	

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 12'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>7-21-08</u>	<u>12</u>	<u>23</u>	<u>See</u>	<u>5</u>		<u>5</u>
<u>7-23-08</u>	<u>124</u>	<u>400</u>	<u>300+</u>			<u>65</u>

(11) WELL LOG Grpund Elevation 4150

Material	From	To
GRAVELLY BRN. CLAY	0	4
SANDY BRN. CLAY - GRAVEL	4	23
SANDY BROWN CLAY	23	124
GRAVEL - CLAY	124	129
LIGHT GRAY PUMICE	129	135
SOFT BROWN ROCK - CLAY	135	184
BROWN ROCK	184	188
BROWN CLAY	188	190
LIGHT BROWN ROCK	190	196
DARK BRN SANDSTONE	196	238
LIGHT GRAY PUMICE	238	270
BROWN PUMICE	270	277
SANDY CLAY	277	295
PUMICE - SANDY	295	317
SOFT BLACK LAVA ROCK	317	321
GRAY PUMICE	321	335

Date Started 7-21-08 Completed 7-23-08

(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 well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

License Number _____ Date FEB 01 2012
 Signed _____ WATER RESOURCES DEPT
 SALEM, OREGON

(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 1355 Date 7-24-08
 Signed Arthur J. Jay
 Contact Info. (optional) _____

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 ORIGINAL OFFICE SALEM, OREGON

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

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company RATTLESNAKE LAND - LITTLE CO.
 Address 524 N. Hwy 20
 City HINES State OR Zip 97738

(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 160 ft.

BORE HOLE			SEAL				Amount	Seks/lbs
Dia	From	To	Material	From	To			

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

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	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 300 Drawdown _____ Drill stem/Pump depth 390' Duration (hr) 2h

Temperature 80 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County Harney Twp 22 N or S Range 33 E or W W.M.
 Sec 30 SW 1/4 of the SW 1/4 Tax Lot 1800
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street Address of Well (or nearest address) Low Creek Rd

(10) STATIC WATER LEVEL

Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening			
Completed Well			

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)

(11) WELL LOG Ground Elevation _____

Material	From	To
CONTINUED		
<u>BLACK LAVA WITH GRAY CLAY SANDS</u>	<u>335</u>	<u>400</u>

Date Started _____ Completed _____

(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 _____
 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 1355 Date 7-24-08
 Signed Arthur J. Jay
 Contact Info. (optional) _____

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 JUL 25 2008

