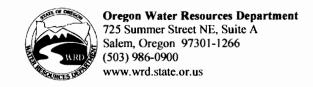
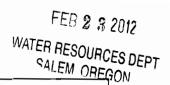
Application for

Permit Amendment



Part 1 of 4 - Minimum Requirements Checklist

		This	permit amendment app and all required attack For questions, please call	plication will be returned if Parts 1 hments are not completed and inclu 1 (503) 986-0900, and ask for Transfer Section	on.
Che	ck all	items inclu	ded with this applicatio	on. (N/A = Not Applicable)	FER 2 3 2012
			Completed Minimum Rec		WATER RESOURCES DEPT
		Part 2 – 0	Completed Permit Amend	dment Application Map Checklist.	SALEM. OREGON
		Part 3 – 0	Completed Permit Amend	dment Application – Applicant Inform	nation and Signature.
\boxtimes			•	dment Application – Water Use Permor each permit. List all permit(s) to be	
		Attachm	ents:		
\boxtimes		•	ed Permit Amendment Apght Examiner).	pplication Map (Does not have to be	prepared by a Certified
\boxtimes			mendment fees – Amount Department's Fee Schedul	t enclosed: \$ <u>1,200</u> . le at <u>www.wrd.state.or.us</u> or call (503	986-0883.
	⊠ N/	complete permit; o needs to l http://ww	d if the applicant is not the randowner of the probe assigned to the permit	d statutory fee. The request for assign the permit holder of record and needs roposed place of use is not the permit (the Request for Assignment Form is D/PUBS/forms.shtml). Assignment is ecord.	to be assigned to the holder of record and available online at
	⋈ N/.			ed from all permit holder(s) of record permit holders of record that are not	
	⋈ N/.			approval and signature (or signed langed if any of the following apply:	d use form receipt
			Water is to be diverted,	, conveyed, and/or used only on feder	al lands.
			changes, c) the use of v	oply: a) a change in place of use only, water is for irrigation only, and d) the an exclusive farm use zone.	
				are all located on the property review ht Application Folder #	ed in Land Use form
\boxtimes	□ N/A	-	ges in point(s) of appropri port(s)/Well Log(s)	riation (well(s)) or additional point(s)	of appropriation, Water
				(For Staff Use Only)	
	w	E ARE RET	URNING YOUR APPLICA	TION FOR THE FOLLOWING REASON	N(S):
	l	_ Application	n fee not enclosed/insufficient	Map not included or incomplet	e
	-	_	Form not enclosed or incomple signature(s) required	ete Assignment Form and fee not of Part is incomplete	enclosed/insufficient
		-	on		
	Sta	aff:	503-986-0	/	



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 <u>not</u> have to be prepared by a Certified Water Right Examiner. Check all boxes that apply.

	⊠ N/A	If more than three permits are involved, separate maps for each permit.
\boxtimes		Permanent quality printed with dark ink on white or clear paper or film.
\boxtimes		The size of the map can be $8\frac{1}{2} \times 11$ inches, $8\frac{1}{2} \times 14$ 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.
\boxtimes		A north arrow, a legend, and scale.
\boxtimes		The scale of the map must be: $1 \text{ inch} = 400 \text{ feet}$, $1 \text{ inch} = 1,320 \text{ feet}$, the scale of the county assessor map if the scale is not smaller than $1 \text{ inch} = 1,320 \text{ feet}$, or a scale that has been preapproved by the Department.
\boxtimes		Township, Range, Section, 1/4 1/4, DLC, Government Lot, and other recognized public land survey lines.
\boxtimes		Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
\boxtimes		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.
\boxtimes		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.
\boxtimes		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.
\boxtimes	□ 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 N	AME	PHONE NO.	ADDITIONAL CONTACT NO.						
Oregon Department of	of Transportation	541 823-4017	541 216-3896						
ADDRESS			FAX NO.						
1390 SE 1st St.									
CITY	STATE	ZIP	E-MAIL						
Ontario	OR	97914	thomas.j.davis@oo	thomas.j.davis@odot.state.or.us					

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

Salem	OR	97302	normn@oregonte.	.com		
CITY	STATE	ZIP	E-MAIL			
1500 Liberty St. SE, Suite	150			503 378-6282		
ADDRESS				FAX NO.		
Oregon Travel Information	n Council	<u>_</u>	800 574-9397	397 503 877-0034		
AGENT/BUSINESS NAME		-	PHONE NO.	ADDITIONAL CONTACT NO.		

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 normit holder of record? Ver No

S	the app	licant the permit holder of record? 🛛 Yes 🔲 No
	If NO,	include either:
		A completed assignment form (with required statutory assignment fee), assigning all or 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 inforplation contained in this application is true and accurate.

70m L.	Tom Davis ADM	2/1/12
Applicant signature	Name (and title if applicable) (print)	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): <u>The well</u> (#L104086) was drilled in a different location than the approved location in the original permit (G-16475

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WATER RESOURCES DEPT SALEM, OREGON a

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 wi the final order is issued. Copies of holder(s) of record.		leting the proposed change(s) after nce should be sent to the permit							
Check the appropriate box, if applicab	le:								
Check here if any of the permits proby an irrigation or other water distri	•	or will be located within or served							
IRRIGATION DISTRICT NAME	ADDRESS								
CITY	STATE	ZIP							
Check here if water for any of the per contract for stored water with a federa		er service agreement or other							
ENTITY NAME	ADDRESS								
CITY	STATE	ZIP							
To meet State Land Use Consistency Required city, municipal corporation, or tribal government conveyed or used.									
ENTITY NAME City of Ontario	ADDRESS 444 SW 4 th St.								
CITY	STATE	71P							

ENTITY NAME City of Ontario	ADDRESS 444 SW 4 th St.	
CITY	STATE	ZIP
Ontario	OR	97914

ENTITY NAME	ADDRESS			
Malheur County	251 "B" Street			
CITY	STATE	ZIP		
Vale	OR	97918		

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WATER RESOURCES DEPT SALEM, OREGON

FS

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

PERMIT # G-16475

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	1/4 1/4		Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
1	□ Authorized □ Proposed		18	s	47	E	11	NW	sw	900	100' E & 50' S from W1/4 corner Sec 11
1	☐ Authorized ☐ Proposed	104086	18	S	47	E	11	NW	sw	900	350' E & 542' S from W1/4 corner Sec 11
	☐ Authorized ☐ Proposed										
	☐ Authorized ☐ Proposed			_							_

Check a	all typ	e(s) of change(s) proposed below (c	hange	"CODES" are provided in parentheses)
	Place	e of Use (POU)	\boxtimes	Point of Appropriation/Well (POA)
	Poin	t of Diversion (POD)		Additional Point of Appropriation (APOA
	Addi	tional Point of Diversion (APOD)		Surface water POD to Ground Water POA (SW/GW)
Will all	of the	proposed changes affect the entire	water	r use permit?
	Yes	Complete only the proposed ("to" las "CODES" listed above to describe the	,	ection of Table 2 on the next page. Use the bosed changes.
	No	Complete all of Table 2 to describe t	he por	tion of the permit to be changed.

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WATER RESOURCES DEPT SALEM, OREGON

Table 2. Description of Changes to Water Use Permit # G-16475

List only the part of the permit that will be changed. For the acreage in each ½ ½, list the change proposed. If more than one change, specify the acreage associated with each POD/POA.

											T
	Priority Date							CE			
ses	POD(s) or POA(s) to be Priority used (from Date Table 1)		1 1 1 1 1 1 1 1 1			\A(A)	FE	EB 2	3 20 URCE	12 S DE	PT
	PO POA					WA	SA	RESO LEM,	OREG	ON	
r the chan	Gvt Acres P Lot or (if DLC applicable)										
) after	Gvt Lot or DLC										S
" lands	Tax I	: 	:								TOTAL ACRES
Proposed ("to" lands) after the changes	74 74	11 12	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								TOTAI
٩	Sec	. ,									
	Rng										
	Twp	<i>*</i>									
	Proposed Changes (see "CODES" from previous page)	Collection of the Collection o	,								
S	Priority Date										
Authorized ("from" lands) as they appear before the changes	POD(s) or POA(s) (name or number from Table	100									
pear before	Gvt Acres Lot or (if DLC applicable)	:									
hey ag	Gvt Lot or DLC										ES
ds) as t	Tax	00 to 1780 7									TOTAL ACRES
"from" lan	7.										TOTA
ized (Sec	t									
Author	Rng	ţ									
	Twp										

Additional remarks: Only the location of the well has changed. The water will still be applied to the same land allocated in the original permit.

For a	change ii	n place of use	e:							
	t he perm i s □ No	it holder of r	ecord ow	n or cont	rol the la	nd TO whi	ch the plac	e of use is	being move	ed?
peri	nit as a p	downer of the ermit holder tory fee for a	of recor	d by subm						ne
Is the	proposed	l place of use	contigue	ous to the	authoriz	ed place of	use? 🔲 Y	es 🗌 No		
unle for t 496. listin	ess the char he purpos 192 or the ng agency	place of use ange to non-ce es of benefiti e federal Enda . Contiguous orized by roa	ontiguous ng a specangered Saland beir	lands is in ies listed a pecies Ac ng either a	n furthera as sensitiv t of 1973 adjacent la	nce of mitige, threatened (16 U.S.C.) and or land s	gation or co ed, or endan 1531 to 154 separated fr	nservation gered under 44), as deter om the lan	efforts under ORS 496. ermined by the distribution of the distribution of the distribution of the efforts are the distribution of the efforts under the effo	ertaken 171 to he
		r water right				mits or gro	ound water	· registrati	ons associa	ted
		" or "to" lan		_						
11 Y	ES, list th	e other certifi	icate, perr	nit, or gro	una watei	registration	n numbers:			
land to a	for irriga water righ	s) are for irrig tion that are s at certificate of ground water	subject to or ground	transfer m	nust either istration n	change con	ncurrently of separately	or be cance in a water	lled. Any cl	nange
For a	change ii	n point(s) of	appropri	ation (we	ll(s)) or a	dditional p	oint(s) of a	ppropriat	ion:	
	associate map. (T	g(s) are attached with the co lip: You may ps2.wrd.state	orrespond search fo	ing well(s) r well logs) in Table s on the D	1 above an epartment'	d on the ac	companyin		n
OR										
	Describe	the constructed the total	tion of th	e authoriz	ed and pro	oposed well	l(s) in Table	e 3 for any	wells that do	o not
Any well(accompanyour trans	Constructs) in this ying applefer applic	tion of Point(listing must b ication map. ation. For proght examiner	e clearly Failure to oposed w	tied to cor provide a ells, we re	respondin adequate i ecommend	nformation I that you co	is likely to onsult a lice	delay the pensed well	processing o	f
Proposed or Authorized	Is well	If an existing	Total	•	Casing	Seal	Perforated or screened	Static water level	Source aquifer	Well - specific ra (cfs or gpt

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
1	yes	104086	See	Well log						
							ാട			
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STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)

08-18-2011

WELL LABEL # L	104086
START CARD #	1014513

(1) LAND OWNER Owner Well I.D.					
	(9) LOCATION OF WELL (legal description)				
First Name ATT: MIKE Last Name BARNES	County Malheur Twp 18.00 S N/S Range 47.00 E E/W WM				
Company OREGON TRAVEL INFORMATION COUNSEL (ODOT) Address 1500 LIBERTY STREET SE	Sec 11 NW 1/4 of the SW 1/4 Tax Lot 900 Tax Map Number Lot				
City SALEM State OR Zip 97302	Lat ° ' " or 44.01608000 DMS or DD				
(2) TYPE OF WORK New Well Deepening Conversion	Long or Or116.94390000 DMS or DD				
Alteration (repair/recondition) Abandonment	Street address of well Nearest address 1202 SOUTH 184 EAST NORTH ONTARIO OR				
(3) DRILL METHOD Rotary Air Rotary Mud Cable Auger Cable Mud	ENTERING OREGON FROM IDAHO ON 18				
Reverse Rotary Other	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)				
(4) PROPOSED USE Domestic Irrigation Community	Existing Well / Predeepening				
Industrial/ Commercial Livestock Dewatering	Completed Well 08-18-2011 14				
Thermal Injection Other	Flowing Artesian? Dry Hole?				
	WATER BEARING ZONES Depth water was first found				
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy)	To Service Swingson, Swingson,				
Depth of Completed Well 39.00 ft. BORE HOLE SEAL sacks/	08-18-2011 15 38 120 4				
BORE HOLE SEAL sacks/ Dia From To Material From To Amt lbs					
16 0 19 Bentonite Chips 0 19 1,000 P					
12 19 39					
	(11) WELL LOG Ground Flourism				
Harmon and allowed. Marked DA DB DC DB DC	Glound Elevation				
How was seal placed: Method A B C D E	Material From To Topsoil 0 2				
Other overbore Backfill placed from ft. to ft. Material	1 1 1 2 1 5 1				
Backfill placed from ft. to ft. Material Filter pack from ft. to ft. Material Size 8/12	gravel 15 38				
Explosives used: Yes Type Amount	blue clay 38 39				
Explosives used Amount					
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd					
0 10 1 27.5 .250					
	STATIVES				
0 10 37.5 39 250 0	RECEIVED				
	FEB 2 3 2012				
Shoe Inside Outside Other Location of shoe(s)	WATER BROOK				
Temp casing Yes Dia From To	WATER RESOURCES DEPT				
(7) PERFORATIONS/SCREENS	SALEM, OREGON				
Perforations Method Screens Type Alloy 25 slot Material 304 Stainless					
Perf/S Casing/Screen Scrn/slot Slot # of Tele/ ereen Liner Dia From To width length slots pipe size	Date Started 08-12-2011 Completed 08-17-2011				
Screen Casing 10 27.5 37.5 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.				
(O) WELL TESTS Million Andrew 1 1 1	1				
(8) WELL TESTS: Minimum testing time is 1 hour	License Number Date				
Pump Bailer Air Flowing Artesian	Signed				
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)					
75	(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				
Temperature 58 °F Lab analysis Yes By	performed during this time is in compliance with Oregon water supply well				
Water quality concerns? Yes (describe below)	construction standards. This report is true to the best of my knowledge and belief.				
From To Description Amount Units	License Number 1818 Date 08-18-2011				
	Electronically Filed				
	Signed DANIEL MCLERAN (E-filed)				
	Contact Info (optional) 208-941-0647				
ORIGINAL - WATER RESOURCES D	DEPARTMENT MENT WITHIN 30 DAYS OF COMPLETION OF WORK				
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTM	T 1 1 2 6 Form Version: 0.95				