

Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Dennis R. Ingram, Roberta L. Jackson			PHONE NO. 541 474-1111	ADDITIONAL CONTACT NO.
ADDRESS 1216 E. Main Street				FAX NO.
CITY Medford	STATE OR	ZIP 97504	E-MAIL ingramlaw@gmail.com	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.				

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

AGENT/BUSINESS NAME Dennis R. Ingram			PHONE NO. 541 474-1111	ADDITIONAL CONTACT NO.
ADDRESS 1216 E. Main Street				FAX NO.
CITY Medford	STATE OR	ZIP 97504	E-MAIL ingramlaw@gmail.com	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.				

Explain in your own words what you propose to accomplish with this transfer application, and why: Identify proposed ground water well locations as Additional Points of Appropriation to improve the access to groundwater. Change the Place of Use under the water right to conform to desired use of land. Transfer a portion of the water right to Industrial Use pursuant to a change in use under a Conditional Use Permit.

If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1".

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

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 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.

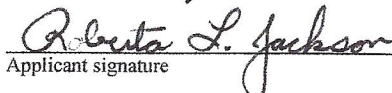
I understand that prior to Department approval of the transfer application, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the water right is located, once per week for two consecutive weeks. If more than one qualifying newspaper is available, I suggest publishing the notice in the following newspaper: Hermiston Herald.

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


Applicant signature

Dennis R. Ingram
Print Name (and Title if applicable)

Amended: May 11, 2014
Date


Applicant signature

Roberta L. Jackson
Print Name (and Title if applicable)

May 11, 2014
Date

9-7-14

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 deeded landowners (and mailing and/or e-mail addresses if different than the applicant's) or attach affidavits of consent (and mailing and/or e-mail addresses) from all landowners or individuals/entities to which the water right(s) were conveyed.*

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.
- Both 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. For more information see:

RECEIVING LANDOWNER NAME 505 Properties, LLC			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 1216 E. Main Street				FAX NO.
CITY Medford	STATE OR	ZIP 97504	E-MAIL ingramlaw@gmail.com	

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 county, city, municipal corporation, or tribal governments within whose jurisdiction water will be diverted, conveyed or used.

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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9-7-14

Part 5 of 5 – Water Right Information

CERTIFICATE # 85536

Please use a separate Part 5 for each water right being changed. See instructions on page 6, to copy and paste additional Part 5s, or to add additional rows to tables within the form.

700 gallons per minute (gpm)

Describe the current water delivery system or the system that was in place at some time within the last five years. Include information on the pumps, canals, pipelines and sprinklers used to divert, convey and apply the water at the authorized place of use. **6" mainline supplying stand pipes and circle pivot**

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)
2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	55219, 56175	4 N	27 E	36	NW NE	800	2400'N, 330'E from Center of Sec 36
4	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	1581	4 N	27 E	36	SW NE	1400	70'N, 1310'E from Center of Sec 36
5	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	1579	4 N	27 E	36	NE NE	700	270'S, 990'W from NE Cor. of Sec 36
1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	55218, 55325	4 N	27 E	36	NW NE	800	2340' N, 160' E from Center of Sec 36
102	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		4 N	27 E	36	NW NE	800	2600' N, 480' E from Center of Sec 36
104	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		4 N	27 E	36	SE NE	1500	70' N, 950' W from E 1/4 Cor. of Sec 36
105	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		4 N	27 E	36	NE NE	700	50' S, 1300' W from NE Cor. of Sec 36
109	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		4 N	27 E	36	SW NE	1400	1100' N, 1100' E from Center of Sec 36
110	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		4 N	27 E	36	NW NE	800	2250' N, 600' E from Center of Sec 36
111	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		4 N	27 E	25	SW SE	900	150' N, 500' E from S ¼ Cor. of Sec 25
112	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	55220	4 N	27 E	36	NE NE	600	150' S, 870' W from NE Cor. of Sec 36
114	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		4 N	27 E	36	SW NE	1400	70' N, 700' E from Center of Sec 36
115	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		4 N	27 E	36	SE NE	1500	70' N, 500'W from E 1/4 Cor. of Sec 36

116	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		4	N	27	E	36	SE	NE	1500	1100' N, 500' W from E 1/4 Cor. of Sec of Sec 36
117	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		4	N	27	E	36	SE	NE	1500	1100' N, 100' W from E 1/4 Cor. of Sec 36
118	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		4	N	27	E	36	NW	NE	800	1600' N, 50' E from Center of Sec 36
119	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		4	N	27	E	25	SW	SE	900	250' N, 50' E from N 1/4 Cor. of Sec 25
120	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		4	N	27	E	25	SW	SE	900	20' N, 1200' E from S 1/4 Cor. of Sec 25
121	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		4	N	27	E	36	NW	NE	800	2240' N, 50' E from Center of Sec 36

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 checked="" 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" or "on" 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.

Table 2. Description of Changes to Water Right Certificate # 85536

List the change proposed for the acreage in each 1/4 1/4. If more than one change is proposed, specify the acreage associated with each change. If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

Additional remarks: _____.

AUTHORIZED (the "from" or "off" lands)										PROPOSED (the "to" or "on" lands)													
The listing that appears on the certificate BEFORE PROPOSED CHANGES										The listing as it would appear AFTER PROPOSED CHANGES													
List only that part or portion of the water right that will be changed.										are made.													
Twp	Rng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acreage	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date	Proposed Changes (see "CODES" from previous page)	Twp	Rng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acreage	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date	
4	N	27	E	25	SW	SE	900	IRR	POA 2, 4, 5	10/4/67	POA	4	N	27	E	25	SW	SE	900	1.1	IRR	POA1,2,4,5,102,104,105, 109,110,111,112,114,115, 116,117,118, 119,120,121	10/4/67
4	N	27	E	36	NE	NE	500	IRR	POA 2, 4, 5	10/4/67	USE, POU, & POA	4	N	27	E	25	SW	SE	900	3.9	IRR	POA1,2,4,5,102,104,105, 109,110,111,112,114,115, 116,117,118, 119,120,121	10/4/67
4	N	27	E	36	NE	NE	700	IRR	POA 2, 4, 5	10/4/67	USE, POU, & POA	4	N	27	E	36	NE	NE	500	0.5	IRR	POA1,2,4,5,102,104,105, 109,110,111,112,114,115, 116,117,118, 119,120,121	10/4/67
4	N	27	E	36	NE	NE	500	IRR	POA 2, 4, 5	10/4/67	POA	4	N	27	E	36	NE	NE	700	0.9	IRR	POA1,2,4,5,102,104,105, 109,110,111,112,114,115, 116,117,118, 119,120,121	10/4/67
4	N	27	E	36	NE	NE	700	IRR	POA 2, 4, 5	10/4/67	POA	4	N	27	E	36	NE	NE	500	0.7	IRR	POA1,2,4,5,102,104,105, 109,110,111,112,114,115, 116,117,118, 119,120,121	10/4/67
4	N	27	E	36	NW	NE	800	IRR	POA 2, 4, 5	10/4/67	USE, POU, & POA	4	N	27	E	36	NE	NE	700	11.8	IRR	POA1,2,4,5,102,104,105, 109,110,111,112,114,115, 116,117,118, 119,120,121	10/4/67
4	N	27	E	36	NW	NE	800	IRR	POA 2, 4, 5	10/4/67	POA	4	N	27	E	36	NW	NE	800	1.8	IRR	POA1,2,4,5,102,104,105, 109,110,111,112,114,115, 116,117,118, 119,120,121	10/4/67
4	N	27	E	36	SW	NE	1400	IRR	POA 2, 4, 5	10/4/67	USE, POU, & POA	4	N	27	E	36	NW	NE	800	18.7	IRR	POA1,2,4,5,102,104,105, 109,110,111,112,114,115, 116,117,118, 119,120,121	10/4/67
4	N	27	E	36	SW	NE	1400	IRR	POA 2, 4, 5	10/4/67	POA	4	N	27	E	36	SW	NE	1400	34.9	IRR	POA1,2,4,5,102,104,105, 109,110,111,112,114,115, 116,117,118, 119,120,121	10/4/67
4	N	27	E	36	SE	NE	1500	IRR	POA 2, 4, 5	10/4/67	POA	4	N	27	E	36	SE	NE	1500	35.6	IRR	POA1,2,4,5,102,104,105, 109,110,111,112,114,115, 116,117,118, 119,120,121	10/4/67
											USE								(13.7)	IND	POA1,2,4,5,102,104,105, 109,110,111,112,114,115, 116,117,118, 119,120,121	10/4/67	
											USE								(13.7)	IND	POA1,2,4,5,102,104,105, 109,110,111,112,114,115, 116,117,118, 119,120,121	10/4/67	
TOTAL ACRES: 123.6										TOTAL ACRES: 123.6													

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For Place of Use or Character of Use Changes

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

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

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

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

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

For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # _____

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

- Well log(s) are attached for each authorized and proposed well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map.

Tip: You may search for well logs on the Department's web page at:

AND/OR

- Describe the construction of the authorized and proposed well(s) in Table 3 for any wells that do not have a well log. For *proposed wells not yet constructed or built*, provide "a best estimate" for each requested information element in the table. The Department recommends you consult a licensed well driller, geologist, or certified water right examiner to assist with assembling the information necessary to complete Table 3.

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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 the information will delay the processing of your transfer application until it is received. The information is necessary for the department to assess whether the proposed well(s) will access the same source aquifer as the authorized point(s) of appropriation (POA). The Department is prohibited by law from approving POA changes that do not access the same source aquifer.

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	55218 55325		6"	To 117'				Alluvial	
102	No		370'	8"	To Basalt				Basalt	
104	No		370'	8"	To Basalt				Basalt	
105	No		370'	8"	To Basalt				Basalt	
109	No		117'	8"	To Basalt		72' to 100'		Alluvial	
110	No		370'	8"	To Basalt				Basalt	
111	No		370'	8"	To Basalt				Basalt	
112	Yes	55220	370'	10"	To Basalt			213'	Basalt	
114	No		117'	8"	To Basalt		72' to 100'		Alluvial	
115	No		117'	8"	To Basalt		72' to 100'		Alluvial	
116	No		370'	8"	To Basalt				Basalt	
117	No		117'	8"	To Basalt		72' to 100'		Alluvial	
118	No		117'	8"	To Basalt		72' to 100'		Alluvial	
119	No		370'	8"	To Basalt				Basalt	
120	No		117'	8"	To Basalt		72' to 100'		Alluvial	
121	No		370'	8"	To Basalt				Basalt	

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a.k.a. Well # 1

WELL I.D. # L _____

(1) LAND OWNER Well Number ORD 28
 Name Dennis Ingram
 Address 505 NE Seventh ST
 City Grants Pass State OR Zip 97526

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/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 117 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds
Diameter	From To	Material	From To	

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: <u>6"</u>	<u>0</u>	<u>117</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations		Screens		Material	
From	To	Type	Slot size	Material	Number

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

Pump	Bailer	Air	Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
<u>100</u>			<u>1 hr</u>

Temperature of water _____ Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Washtenaw Latitude _____ Longitude _____
 Township 4N N or S Range 27E E or W. WM.
 Section 36 NW 1/4 NE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 2340' N + 160' E Fr Center Section 36

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
 Ground Elevation 575 +/-

Material	From	To	SWL

Date started _____ Completed 1948

SOURCE OF DATA/INFO
Appl File G-3945
OWRD GW Report No. 23
OWRD Well Visit sheets

COMPILED BY: Dann Miller
OWRD Hydrogeologist

DATE: 8/25/04

aka Well # 1

WELL I.D. # L _____

(1) LAND OWNER Name Dennis Ingram Well Number ORD 28
 Address Grants Pass State OR Zip _____

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/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 117 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL					
Diameter	From	To	Material	From	To	Sacks or pounds	

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: <u>6</u>	<u>0</u>	<u>117</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing	<input type="checkbox"/> Artesian
Yield gal/min	Drawdown	Drill stem at	Time	
<u>100</u>			<u>1</u> hr.	

Temperature of water _____ Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Umatilla Latitude _____ Longitude _____
 Township 4 N or S Range 27 E or W. WM.
 Section 36 NW 1/4 NE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
54 ft. below land surface. Date 2/22/05
 Artesian pressure _____ lb. per square inch Date _____

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL

Date started _____ Completed 1948

SOURCE OF DATA/INFO
OWRD Gw Report #23
OWRD Site Visit

COMPILED BY: Dann Miller
OWRD

DATE: 3/1/05

u.kel Well # 2

WELL I.D. # L _____

(1) LAND OWNER Well Number ORD 20-A
 Name Dennis Ingram
 Address 506 NE Seventh St
 City Grants Pass State OR Zip 97526

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/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 127 ft.
 Explosives used Yes No Type _____ Amount _____

Diameter	HOLE		Material	SEAL		Sacks or pounds
	From	To		From	To	

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	<u>8"</u>	<u>0</u>	<u>100</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____ Material _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

	Pump	Bailer	Air	Flowing
	Yield gal/min	Drawdown	Drill stem at	Artesian
	<u>200</u>			
				Time
				1 hr.

Temperature of water _____ Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Umatilla Latitude _____ Longitude _____
 Township 4N N or S Range 27E E or W. WM.
 Section 36 NW 1/4 NE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 2400' N + 330' E fr Center Section 36

(10) STATIC WATER LEVEL:
53.16 ft. below land surface. Date 12/10/71
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: Ground Elevation 575 +/-

Material	From	To	SWL
<u>The owner's video log in late 1997 disclosed the following modifying info on this well</u>			
<u>Casing to 64'</u>			
<u>Depth 92' due to cave-in</u>			
<u>Water Level 53'</u>			

Date started _____ Completed 1962

SOURCE OF DATA/INFO

Appl. File G-3945
OWRD Gw Report No. 23
OWRD Well Visit sheets
Well Video
 COMPILED BY: Donna Miller
OWRD hydrogeologist

DATE: 0/25/04

aka, Well #2

WATER WELL REPORT
UMAT 56175
STATE OF OREGON

State Well No. _____

State Permit No. _____

(1) OWNER:

Name Harold Hult
Address 111 N. Main St.
Hermiston, Oregon

(2) LOCATION OF WELL:

County Wheeler Owner's number, if any—
1/4 Section 36 T. 49 N. R. 27 E. W.M.
Bearing and distance from section or subdivision corner

(3) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

(5) TYPE OF WELL:

Rotary Driven
Cable Jetted
Dug Bored

(6) CASING INSTALLED:

Threaded Welded

" Diam. from 6 ft. to 6 1/2 ft. Gage
" Diam. from _____ ft. to _____ ft. Gage
" Diam. from _____ ft. to _____ ft. Gage

(7) PERFORATIONS:

Perforated? Yes No

Type of perforator used _____
SIZE of perforations in. by in.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.

(8) 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.

(9) CONSTRUCTION:

Was well gravel packed? Yes No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.
Was a surface seal provided? Yes No To what depth? _____ ft.
Material used in seal—
Did any strata contain unusable water? Yes No
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(10) WATER LEVELS:

Static level 10 ft. below land surface Date 3-9-61
Artesian pressure _____ lbs. per square inch Date _____
Log Accepted by: Harold Hult
(Signed) _____ Date _____, 1961
(Owner)

(11) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? Yes No If yes, by whom?
Yield: gal./min. with ft. drawdown after hrs.

Ballier test 65 gal./min. with 10 ft. drawdown after _____ hrs.

Artesian flow _____ g.p.m. Date _____

Temperature of water _____ Was a chemical analysis made? Yes No

(12) WELL LOG:

Diameter of well 8 inches.

Depth drilled 194 ft. Depth of completed well 194 ft.

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
Topsoil	0	3
Reddish gravel	3	27
Sand, gravel & boulders	27	40
Gravelly clay	40	47
Light gray clay	47	60
Dark gray clay	60	114
Blue clay	114	116
Dark gray clay	116	117
Light gray clay	117	123
Blue clay	123	130
Brown silty sand	130	170
Hard sand	170	194

Work started 3-1 1961 Completed 3-9 1961

(13) PUMP:

Manufacturer's Name _____
Type: _____ H.P. _____

Well Driller's Statement:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME TRAY GIERIN
(Person, firm, or corporation) (Type or print)
Address 3812 HERMISTON AVE. HERMISTON
Driller's well number _____
[Signed] Tray Gierin
(Well Driller)
License No. 65 Date 3-27 1961

aka. Well # 3
Well # 112

WELL I.D. # L _____

(1) LAND OWNER Well Number ORD 28-B
Name Dennis Ingram
Address 505 NE Seventh St
City Grants Pass State OR Zip 97526

(9) LOCATION OF WELL by legal description:
County Umatilla Latitude _____ Longitude _____
Township 4 (N or S) Range 27 (E or W) WM.
Section 36 NE 1/4 NE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 150'S + 920' W fr NE Corner S36

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/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 313 ft.
Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	

How was seal placed: Method A B C D E
 Other _____

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

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
<u>Casing: 8"</u>	<u>0</u>	<u>30</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations		Screens		Material		
From	To	Slot size	Type	Number	Diameter	Tele/pipe size

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

Pump	Bailer	Air	Flowing	Time
Yield gal/min	Drawdown	Drill stem at	Artesian	1 hr.
<u>300</u>				

Temperature of water _____ Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(10) STATIC WATER LEVEL:
42.45 ft. below land surface. Date 12/10/71
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: Ground Elevation 570 +/-

Material	From	To	SWL
<u>As recently as 2/17/93 this well had caved in / filled in so that no water was found.</u>			

Date started _____ Completed 1951/1952

SOURCE OF DATA/INFO
App/ File G-3945
OWRD GW Report No. 23
OWRD Well Visit Sheets

COMPILED BY: Donn Miller
OWRD hydrogeologist

DATE: 8/25/04

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

UMAT
 1579

aka. Well #5 **RECEIVED**

SEP - 1 1988

40/27E/36 aa

PLEASE TYPE or PRINT IN INK

WATER RESOURCES DEPT. (for official use only)

(1) OWNER:

Name DENNIS INGRAM
 Address 505 NE 7TH
 City GRANTS PASS OR State 97526

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL: (4) **PROPOSED USE (check):**

Rotary Air Driven Domestic Industrial Municipal
 Thermal: Withdrawal ReInjection
 Mud Dug Irrigation Other:
 Cable Bored Piezometric Grounding Test

(5) CASING INSTALLED: Steel Plastic
 Threaded Welded

10" Diam. from 72 ft. to -102 ft. Gauge -327
 " Diam. from _____ ft. to _____ ft. Gauge _____

LINER INSTALLED: Steel Plastic
 Threaded Welded

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

(6) PERFORATIONS: Perforated? Yes No

Size of perforations 1/2 in. by 14" in.
56 perforations from 102 ft. to 92 ft.
56 perforations from 92 ft. to 72 ft.
 perforations from _____ ft. to _____ ft.

(7) SCREENS: Well screen installed? Yes No

Manufacturer's Name _____
 Type _____ Model No. _____
 Diam. _____ Slot Size _____ Set from _____ ft. to _____ ft.
 Diam. _____ Slot Size _____ Set from _____ ft. to _____ ft.

(8) WELL TESTS: Drawdown is amount water level is lowered below static level

Is a pump test made? Yes No If yes, by whom?
 Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.
 Air test 100-300 gal./min. with drill stem at 104 ft. 1 hrs.
 Bailor test _____ gal./min. with _____ ft. drawdown after _____ hrs.
 Artesian flow _____ g.p.m.
 Temperature of water 62 Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION: Special standards: Yes No

Well seal—Material used PORTLAND CEMENT
 Well sealed from land surface to 87 ft.
 Diameter of well bore to bottom of seal 16 in.
 Diameter of well bore below seal 10 in.
 Amount of sealing material 39 sacks pounds
 How was cement grout placed? TRENCH

Was pump installed? NO Type _____ HP _____ Depth _____ ft.
 Was a drive shoe used? Yes No Plugs _____ Size: location _____ ft.
 Did any strata contain unusable water? Yes No
 Type of Water? _____ depth of strata _____

Method of sealing strata off _____
 Was well gravel packed? Yes No Size of gravel: _____
 Gravel placed from _____ ft. to _____ ft.

(10) LOCATION OF WELL by legal description:

County UMATILLA NE 1/4 NE 1/4 of Section 36 of
 Township 4N Range 27 E WM.
 (Township is North or South) (Range is East or West)
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 MAILING ADDRESS OF WELL (or nearest address) _____

(11) WATER LEVEL OF COMPLETED WELL:

Depth at which water was first found 49 ft.
 Static level 49 ft. below land surface. Date 7-24-88
 Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG: Diameter of well below casing 10
 Depth drilled 112 ft. Depth of completed well 112 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
SAND	0	5	
GRAVEL	5	30	
CLAY BROWN	30	49	
SOFT SAND STONE	49	94	
GRAVEL	94	104	
RESOLT BLACK	104	112	

Date work started 7-22-88 /completed 7-25-88
 Date well drilling machine moved off of well _____ 19____

(unbonded) Water Well Constructor Certification (if applicable):

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

[Signed] Jerry Burch Date 7-25, 1988

(bonded) Water Well Constructor Certification:

Bond _____ (number) Issued by: _____ (Surety Company Name)
 On behalf of _____ (type or print name of Water Well Constructor)

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief:

(Signed) Jerry Burch (Water Well Constructor)
 (Dated) 7-25-88

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

WATER RESOURCES DEPARTMENT,
 SALEM, OREGON 97310
 within 30 days from the date of well completion. SP*46868-690

aka Well # 4
 UMAT 1581
 290

RECEIVED

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.

APR 9 1967 WATER WELL REPORT

STATE ENGINEER OREGON
 SALEM, OREGON (Please type or print)

State Well No. 4N/27-36H
 State Permit No. G-3702

G-3945

(1) OWNER:

Name Dwight Julitt
 Address R I Box 133
 Hermiston Ore 97838

(2) LOCATION OF WELL:

County Umatilla Driller's well number
 1/4 Section 36 T. 4N R. 27E W.M.
 Bearing and distance from section or subdivision corner

TYPE OF WORK (check):

Well Deepening Reconditioning Abandon
 abandonment, describe material and procedure in Item 12.

(4) PROPOSED USE (check):

Domestic Industrial Municipal Irrigation Test Well Other
 (5) TYPE OF WELL:
 Rotary Driven Cable Jetted Dug Bored

(6) CASING INSTALLED:

10" Diam. from 0 ft. to 86.9 ft. Gage 250
 " Diam. from _____ ft. to _____ ft. Gage _____
 " Diam. from _____ ft. to _____ ft. Gage _____

(7) PERFORATIONS:

Perforated? Yes No
 Type of perforator used _____
 Size of perforations in. by _____ in.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.

SCREENS:

Well screen installed? Yes No
 Manufacturer's Name _____ Model No. _____
 Slot size _____ Set from _____ ft. to _____ ft.
 Diam. Slot size _____ Set from _____ ft. to _____ ft.

(9) CONSTRUCTION:

Well seal—Material used in seal cement
 Depth of seal 20 ft. Was a packer used? no
 Diameter of well bore to bottom of seal 14 in.
 Were any loose strata cemented off? Yes No Depth _____
 Was a drive shoe used? Yes No
 Was well gravel packed? Yes No Size of gravel: _____
 Gravel placed from _____ ft. to _____ ft.
 Did any strata contain unusable water? Yes No
 Type of water? _____ depth of strata _____
 Method of sealing strata off _____

(10) WATER LEVELS:

Static level 35 ft. below land surface Date 3-24-67
 Artesian pressure _____ lbs. per square inch Date _____

(11) WELL TESTS:

Drawdown is amount water level is lowered below static level
 Was a pump test made? Yes No If yes, by whom?
 Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.
 " " " " " "
 " " " " " "
 Baller test 60 gal./min. with 5 ft. drawdown after 2 hrs.
 Artesian flow _____ g.p.m. Date _____
 Temperature of water _____ Was a chemical analysis made? Yes No

(12) WELL LOG:

Diameter of well below casing 10
 Depth drilled 185 ft. Depth of completed well 185 ft.
 Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
Sand brown	0	23
gravel small	23	28
clay yellow	28	85
sand	85	86
rock grey soft	86	106
rock grey	106	120
rock red	120	125
clay green	125	130
clay yellow	130	165
rock grey	165	185

Work started 3-16 1967 Completed 3-24 1967
 Date well drilling machine moved off of well 3-25 1967

(13) PUMP:

Manufacturer's Name _____ Type: _____ H.P. _____
 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 Allison D. O. (Person, firm or corporation) (Type or print)
 Address R I Box 309-C Hermiston Ore
 Drilling Machine Operator's License No. 300
 [Signed] R. O. Allison (Water Well Contractor)
 Contractor's License No. 419 Date 3-31 1967