

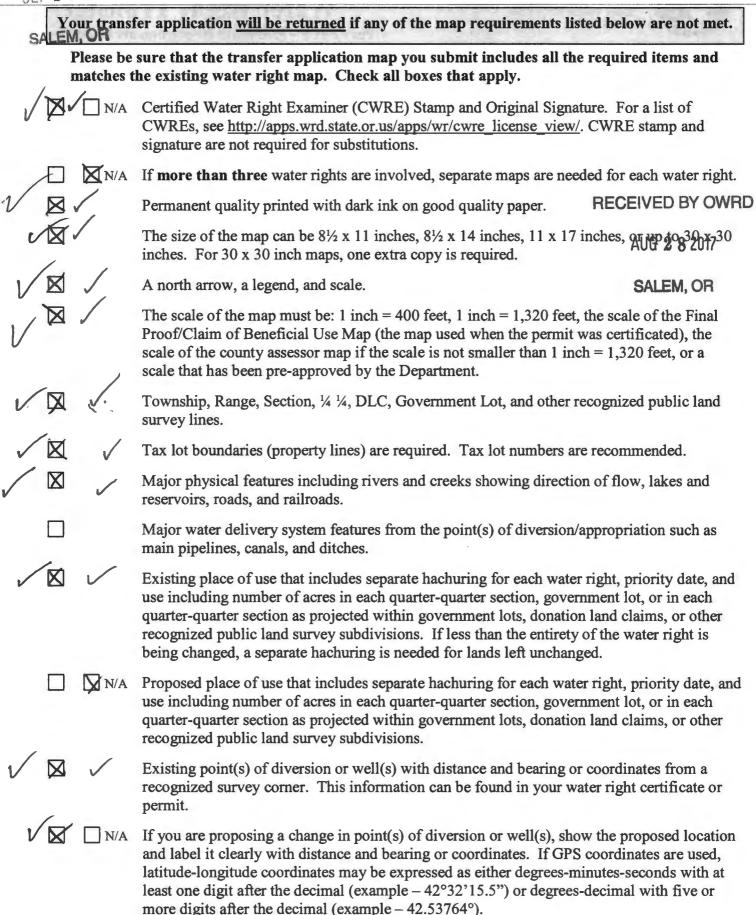
Application for Permanent Water Right Transfer

Part 1 of 5 - Minimum Requirements Checklist

This transfer application will be returned if Parts 1 through 5 and all required attachments are not completed and included.

For questions, please call (503) 986-0900, and ask for Transfer Section.

			ECEIVED BY OWRD
Che	ck all ite	ms included with this application. $(N/A = Not Applicable)$	LOLIVED DI GITTE
X		Part 1 – Completed Minimum Requirements Checklist.	AUG 2 8 2017
	/	Part 2 - Completed Transfer Application Map Checklist.	
	V	Part 3 – Application Fee, payable by check to the Oregon Water Reso completed Fee Worksheet, page 3. Try the new online fee calculator a http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator . If you have Customer Service at (503) 986-0801.	nt:
	/	Part 4 - Completed Applicant Information and Signature.	
×	/	Part 5 – Information about Water Rights to be Transferred: How man be transferred? 1 List them here: 27413 Please include a separate Part 5 for each water right. (See instructions	RECEIVED BY OWRE
		Attachments:	SEP 2 5 2017
X		Completed Transfer Application Map.	
X		Completed Evidence of Use Affidavit and supporting documentation.	SALEM, OR
	X N/A	Affidavit(s) of Consent from Landowner(s) (if the applicant does not right is on.)	own the land the water
	N/A ✓	Supplemental Form D – For water rights served by or issued in the na district. Complete when the transfer applicant is not the irrigation dis	_
×	□ N/A	Land Use Information Form with approval and signature (or signed la stub). Not required if water is to be diverted, conveyed, and/or used of if all of the following apply: a) a change in place of use only, b) no stude of water is for irrigation only, and d) the use is located within an inexclusive farm use zone.	only on federal lands or ructural changes, c) the
⊠v	□ N/A	Water Well Report/Well Log for changes in point(s) of appropriation point(s) of appropriation.	(well(s)) or additional
	N/A	Geologist Report for a change from a surface water point of diversion of appropriation (well), if the proposed well is more than 500' from the and more than 1000' upstream or downstream from the point of divers 380-2130 for requirements and applicability.	ne surface water source
		(For Staff Use Only)	
		WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING I Application fee not enclosed/insufficient Map not included or in Land Use Form not enclosed or incomplete Additional signature(s) required Part is incomplete	ncomplete
		Other/Evalanation	
		Staff:503-986-0 Date:/	



FEE WORKSHEET for PERMANENT TRANSFER Part 3 of 5	- Fee	Workshee
Base Fee (includes one type of change to one water right for up to 1 cfs)	1	\$1,000
Types of change proposed: RECEIVED BY	OWRE	
Place of Use		
Character of Use SEP 2 5 20	17	
Point of Diversion/Appropriation		
Number of above boxes checked = $\frac{1}{2}$ (2a) SALEM, O	B	
Subtract 1 from the number in line $2a = 0$ (2b) If only one change, this will be 0		
Multiply line 2b by \$800 and enter » » » » » » » » » » » » » » » »	2	0
Number of water rights included in transfer 1 (3a)		
Subtract 1 from the number in 3a above: 0 (3b) If only one water right this will		
be 0		
Multiply line 3b by \$450 and enter » » » » » » » » » » » » » »	3	0
Do you propose to add or change a well, or change from a surface water POD		
to a well?		
No: enter 0 »» » » » » » » » » » » » » » » » » »		
	4	350.00
Do you propose to change the place of use or character of use?	ECEIV	ED BY C
No: enter 0 on line 5 » » » » » » » » » » » » » » » »	LOLIV	LD DI C
Yes: enter the cfs for the portions of the rights to be transferred (see	A11	0 0 201
example below*): (5a)	AU	G 2 8 2017
Subtract 1.0 from the number in 5a above: (5b)		
If 5b is 0 or less, enter 0 on line 5 » » » » » » » » » » » » » » »	SA	LEM, OR
If 5b is greater than 0, round up to the nearest whole number:(5c)		
and multiply 5c by \$300, then enter on line 5 » » » » » » » » »	5	0
	6	1350.00
Add entries on lines 1 through 5 above » » » » » » » » » Subtotal:	-	
Add entries on lines 1 through 5 above » » » » » » » » » Subtotal: Is this transfer:	0	
Add entries on lines 1 through 5 above » » » » » » » » » » » Subtotal: Is this transfer: necessary to complete a project funded by the Oregon Watershed	0	
Add entries on lines 1 through 5 above » » » » » » » » » » » Subtotal: Is this transfer: necessary to complete a project funded by the Oregon Watershed Enhancement Board (OWEB) under ORS 541.932?	0	
Add entries on lines 1 through 5 above » » » » » » » » » » » » Subtotal: Is this transfer: necessary to complete a project funded by the Oregon Watershed Enhancement Board (OWEB) under ORS 541.932? endorsed in writing by ODFW as a change that will result in a net	0	
Add entries on lines 1 through 5 above » » » » » » » » » » » » » Subtotal: Is this transfer: necessary to complete a project funded by the Oregon Watershed Enhancement Board (OWEB) under ORS 541.932? endorsed in writing by ODFW as a change that will result in a net benefit to fish and wildlife habitat?		
Add entries on lines 1 through 5 above » » » » » » » » » » » » » Subtotal: Is this transfer: necessary to complete a project funded by the Oregon Watershed Enhancement Board (OWEB) under ORS 541.932? endorsed in writing by ODFW as a change that will result in a net benefit to fish and wildlife habitat? If one or more boxes is checked, multiply line 6 by 0.5 and enter on line 7 »		2
Add entries on lines 1 through 5 above » » » » » » » » » » » » » Subtotal: Is this transfer: necessary to complete a project funded by the Oregon Watershed Enhancement Board (OWEB) under ORS 541.932? endorsed in writing by ODFW as a change that will result in a net benefit to fish and wildlife habitat?	7 8	0 1350.00

1. For irrigation calculate cfs for each water right involved as follows:

a. Divide total authorized cfs by total acres in the water right (for C12345, 1.25 cfs \div 100 ac); then multiply by the number of acres to be transferred to get the transfer cfs (x 45 ac = 0.56 cfs).

b. If the water right certificate does not list total cfs, but identifies the allowable use as 1/40 or 1/80 of a cfs per acre; multiply number of acres proposed for change by either 0.025 (1/40) or 0.0125 (1/80). (For C87654, 45.0 ac x 0.0125 cfs/ac = 0.56 cfs)

2. Add cfs for the portions of water rights on all the land included in the transfer; however do not count cfs for supplemental rights on acreage for which you have already calculated the cfs fee for the primary right on the same land. The fee should be assessed only once for each "on the ground" acre included in the transfer. (In this example, blank 5a would be only 0.56 cfs, since both rights serve the same 45.0 acres. Blank 5b would be 0 and Line 5 would then also become 0).

No.	FEE WORKSHEET for SUBSTITUTION		
1	Base Fee (includes change to one well)	1	\$725.00
2	Number of wells included in substitution (2a) Subtract 1 from the number in 3a above: (2b) If only one well this will be 0 Multiply line 2b by \$350 and enter » » » » » » » » » » » » » » » »	2	
3	Add entries on lines 1 through 2 above » » » » Fee for Substitution:	3	

Аррисані інічі шаці	applicant Information	n
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APPLICANT/BUSINESS I Dever Farms Inc	NAME David	Chamb	PHONE NO. 541-928-8841	ADDITIONAL CONTACT NO. 541 979-6448		
ADDRESS				FAX NO.		
39338 Groshong Rd	NE			541-928-0246		
СПУ	STATE	ZIP	E-MAIL			
Albany	OR	97321	deverfarms@gma	il.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.						

DEPARTMENT ELECTRONICA	ALLY. CO	PIES OF THE FINA	L ORDER DOCUMENTS	WILL ALSO BE	MAILED.	
Agent Information – The ag	ent is auth	orized to represent	the applicant in all mat	tters relating to	this application	on.
AGENT/BUSINESS NAME 4B Engineering & Consulting, I	LLC		PHONE NO. 503-589-1115	ADDITIONAL CO	NTACT NO.	
ADDRESS 3700 River Road N, Suite 2				FAX NO. 503-589-1118		
СПҮ Keizer	STATE OR	ZIP 97303	E-MAIL brooke@4bengineering	g.com		
BY PROVIDING AN E-MAIL AND DEPARTMENT ELECTRONICA	,					
Explain in your own words A new well has been drilled	-	propose to accor	nplish with this transf	fer application	, and why:	
					CEIVED BY	
If you need additional space, cont	inue on a s	eparate piece of pape	er and attach to the applica	ation as "Attachr	ment 1"2 5 20	17
Check this box if this pr Reinvestment Act. (Fede	oject is fi	ılly or partially fi			nd	
(2 00)					SALEM, O	H
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 AUG 2 8 2017						
condemnation the property to which the water right proposed for transfer is appurtenant and have supporting documentation.						R
I understand that prior to Depa the Department for publication right is located, once per week suggest publishing the notice i	of a notice for two controls the follo	te in a newspaper vonsecutive weeks. wing newspaper: I	with general circulation If more than one qualif Democrat Herald	in the area who fying newspape	bmit payment ere the water	t to
I (we) affirm that the inform	ation con	tained in this app	lication is true and acc	curate.		

Applicant signature

David Chambers - Pres. 8-23-17

Print Name (and Title if applicable)

Date

Date

Date

Print Name (and Title if applicable)

Date

Date

Print Name (and Title if applicable)

Date

Date

Print Name (and Title if applicable)

Date

Date

Is the applicant the sole owner of the land on which the water right, or portion thereof, proposed for transfer is located? X 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.

, 0	oxes that apply	•				
The applicant is responsible for completion of change(s). Notices and correspondence should continue to be sent to the applicant.						
					posed change(s) after the be sent to this landowner.	
					completion of change(s). oner and the applicant.	
At this time, are the la	ands in this tran	sfer appli	cation in the pro	cess of bein	g sold? 🗌 Yes 🔀 No	
	below. If you d	lo not kno	w who the new	_	e the receiving landowner will be, then a request for	
If a property sells, unless a sale agree http://www.oregon	ement or other of	locument	states otherwise	e. For more	ong to the new owner, information see:	
RECEIVING LANDOWNER N	AME		PHONE N	NO.	ADDITIONAL CONTACT NO.	
ADDRESS		I			FAX NO. RECEIVED BY OWRE	
CITY	STATE	ZIP	E-MAIL		ALIC 9 0 2017	
Describe any special of	ownershin circu	mstances	here:		AUG 2 8 2017	
Describe any special c	o whorehip one					
			11010.		SALEM, OR	
Check here if any an irrigation or oth	of the water rig	hts propo	sed for transfer	are or will be tach Suppler	e located within or served by	
Check here if any an irrigation or oth	ner water distric	hts propo	sed for transfer	are or will be tach Suppler	·	
an irrigation or oth	ner water distric	hts propo	sed for transfer Complete and at	are or will be tach Suppler	e located within or served by	
an irrigation or oth IRRIGATION DISTRICT NAM	ner water districter. Er for any of the	hts propo et. (Tip : (sed for transfer Complete and at ADDRESS STATE pplied under a v	tach Suppler	e located within or served by mental ECETVED BY OWRD	
an irrigation or oth IRRIGATION DISTRICT NAM CITY Check here if water	ner water districter. Er for any of the	hts propo et. (Tip : (sed for transfer Complete and at ADDRESS STATE pplied under a v	tach Suppler	e located within or served by mental ECENVED BY OWRD	
an irrigation or oth IRRIGATION DISTRICT NAM CITY Check here if water for stored water	ner water districter. Er for any of the	hts propo et. (Tip : (sed for transfer Complete and at ADDRESS STATE pplied under a value of the contity.	tach Suppler	e located within or served by mental ECENVED BY OWRD	
an irrigation or oth IRRIGATION DISTRICT NAM CITY Check here if water for stored water	er for any of the ith a federal ago	hts propo et. (Tip : (rights su ency or of	sed for transfer Complete and at ADDRESS STATE pplied under a velocity. ADDRESS STATE state nents, you must	vater service	e located within or served by mental FOETVED BY OWRD SEP 2 5 2017 ZIP agreement of other contract	
an irrigation or oth IRRIGATION DISTRICT NAM CITY Check here if water for stored water	er for any of the ith a federal ago	hts propo et. (Tip : (rights su ency or of	sed for transfer Complete and at ADDRESS STATE pplied under a value entity. ADDRESS STATE nents, you must se jurisdiction was address ADDRESS 300 SW 4th Ave	vater service	agreement of other contract ZIP ZIP	
an irrigation or oth IRRIGATION DISTRICT NAM CITY Check here if water for stored water w ENTITY NAME CITY To meet State Land U corporation, or tribal g ENTITY NAME	er for any of the ith a federal ago	hts propo et. (Tip : (rights su ency or of	sed for transfer Complete and at ADDRESS STATE pplied under a velocity. ADDRESS STATE nents, you must se jurisdiction well address	vater service	e located within or served by mental FORTIVED BY OWRD SEP 2 5 2017 ZIP agreement of other contract ZIP ty, city, municipal	
an irrigation or oth IRRIGATION DISTRICT NAM CITY Check here if water	er for any of the ith a federal ago	hts propo et. (Tip : (rights su ency or of	sed for transfer Complete and at ADDRESS STATE pplied under a value entity. ADDRESS STATE nents, you must se jurisdiction wat address 300 SW 4th Ave STATE	vater service	agreement of other contract ZIP ZIP ZIP ZIP ZIP ZIP ZIP ZI	

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.

1,	1			CE	RTI	FICA	TE#	2741:	3	1	RECEIVED BY OWRD
Descri	ption of Water	r Delivery Sy					,,				A110 0 0 0017
	n capacity: 0.5				d (ci	fs) O	R				AUG 2 8 2017
, , , , , ,		gallons p			,						SALEM, OR
Descri	he the current v					,	tem tl	hat wa	s in pla	ace at s	ome time within the last
five ye	ears. Include in	formation on	the 1	pum	ps, c	anals	, pipe	lines a	and spr	inklers	used to divert, convey
_		the authorize	ed pl	ace	of us	se. B	uried	PVC	mainl	ine an	d a 25 HP submersible
pump.											
			_							-	Appropriation (POA)
ote: If the	POD/POA nar	ne is not spec	inec	on	tne c	certin	icate,	assign	it a na		number nere.)
OD/POA	Is this POD/POA	If POA, OWRD Well								Tax Lot,	Measured Distances
Name or	Authorized on	Log ID# (or	T	wp	B	ang	Sec	1/4	1/4	DLC or	(from a recognized
Number	the Certificate or is it Proposed?	Well ID Tag # L)	•							Gov't Lot	survey corner)
								3		LOI	1,817' west and 2,285'
OA #1: Existing Well	Authorized Proposed	LINN 4587	10	S	3	W	7	SE	NW	900	south from the NW corner of T 10S, R 3W,
Wen	-										Section 7
OA #2:	☐ Authorized	L-104075	10	S	3	w	7	SE	NW	900	1,919' west and 2,270' south from the NW
ew Well	□ Proposed	L-104075	10	3	3			SE	11111	300	corner of T 10S, R 3W,
	Authorized										RECEIVED BY OWN
	☐ Proposed										SEP 2 5 2017
	Authorized										,
	Proposed										SALEM, OR
Check	all type(s) of c	change(s) pro	opos	ed b	elov	v (ch	ange	"COD	ES" a	re pro	vided in parentheses):
	Place of Use	(POU)						Supple	ementa	l Use to	o Primary Use (S to P)
	Character of	Use (USE)				1		Point o	of App	ropriati	ion/Well (POA)
	Point of Div	ersion (POD))					Additi	onal P	oint of	Appropriation (APOA)
Additional Point of Diversion (APOD) Substitution (SUB)											
							nment	Action	POD (GOV)		
Will a	ll of the propos	sed changes	affec	et th	e en	tire v	vater	right:	?		
	s Complete on	•	sed ("to"	or "	on" l	ands)	sectio	n of T	able 2 o	on the next page. Use th
□No		of Table 2 to						_		ght to h	e changed.

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? \(\sum \text{Yes} \times \text{No}\) 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) RECEIVED BY OWRECEIVED BY OWRD Ground water supplemental Permit or Certificate # ____; Surface water primary Certificate #_____. AUG 2 8 2017 SEP 2 5 2017 For a change from Supplemental Irrigation Use to Primary Irrigation Use SALEM, OR 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://apps.wrd.state.or.us/apps/gw/well log/Default.aspx

Table 3. Construction of Point(s) of Appropriation

to complete Table 3.

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.

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

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 han full rate of water right
POA #1: Existing Well	Yes	LINN 4587	21'	8"	0'-21'		7'-21'	4'	Gravel	250 GPM
POA #2: New Well	Yes	L-104075	44'	12"	+2.5'- 44'	0'-17'	28'-36'	6'	Gravel	110 GPM

AND/OR

ORIGINAL WATER WELL DRIL	LERS REPORT Do Not State Well No. 10/2W-7F(1)
File Original, and Duplicate with the STATE ENGRNEER. 4587 STATE OF OI	REGON FILLIN
SALEM, OREGON PROPERTY OF THE	State Permit No. 33
(1) OWNER:	(10) WELL TESTS: Was a pump test made? Yes No If yes, by whom?
Address Rt 2 B R 340	Yield: 2 5 gal./min. with 3 ft. draw down after 2 hrs.
Alla Aleman and and	" " " "
aloung sentan	11 12 11
(2) LOCATION OF WELL: /	Artesian flowg.p.m.
County Owner's number, if any-	Shut-in pressure lbs. per square inch.
R. F. D. or Street No. Qt. 2 Bot 340 albany	Bailer test g.p.m. with ft. drawdown
Bearing and distance from section or subdivision corner S / / O E . / S · O C HAINS FROM THEME	Temperature of water 55° Was a chemical analysis made? ☐ Yes PNo
CORNER OF JOHN MCCOUDEC 71 14 T/O	Was electric log made of well? ☐ Yes PNo
R. SW.WM. IN LINNED DEBLON	(11) WELL LOG:
	Diameter of well,inches.
(3) TYPE OF WORK (check):	Total depth 2 / ft. Depth of completed well 2 / ft.
New well Deepening Reconditioning Abandon	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.
abandonment, describe material and procedure in Item 11:	stratum penetrated, with at least one entry for each change of formation.
(4) PROPOSED USE (check): (5) EQUIPMENT:	Ott. to 195 st. Willamelle river.
Domestic Industrial Municipal Rotary Cable Cable	grave-unconsolidated
Irrigation F Test Well Other Dug Well	
CASING INSTALLED: If gravel packed	195" 21" cemented gravel
Threaded Welded	11 11
" 5" Gage or Diameter from to	12
FROM Oft. to 2 / ft. 8 Diam. Wall of Bore ft. ft.	11 H
11 11 11 11 11 11 11 11 11 11 11	
12 11 11 12 11 11 11 11	, n , n ,
11 11 11 21 11 11	n n
11 11 11 11 11 11 11	" " RECEIVED BY OWRD
Type and size of shoe or well ring Size of gravel:	59 31
Describe joint Spring sted - butt weld	SEP 2 5 2017
(7) PERFORATIONS:	11 11
Type of perforator used	" " OALEN OD
SIZE of perforations 6 in., length, by fin.	" " SALEM, OR
FROM 7 ft. to 2 / ft. 3 perf per foot 8 No. of rows	" " " DEOFTVI DV OWIDD
29 11 12 13 13 11 11 12 12	" " RECEIVED BY OWRD
11 11 11 11 11 11 11	" "
12 11 12 12 11 11 11 12	- AUG 2 8 2017
SCREENS:	11 11
Give Manufacturer's Name, Model No. and Size	" " SALEM, OR
	" " SALLWI, OIT
CONSTRUCTION:	19 11
Was a surface sanitary seal provided? Yes No To what depth ft.	27
Were any strata sealed against pollution? ☐ Yes Wo	Ground elevation at well site feet above mean sea level.
If yes, note depth of strata FROM ft. to ft.	Work started fline 27 1956 Completed June 27 1956
11 11 11	Well Drilles Statement:
METHOD OF SEALING	This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
(0) WAMED I EVELS.	NAME WEST WELL DRILLING
(9) WATER LEVELS: Depth at which water was first found # ft.	(Person, firm, or corporation) (Typed or printed)
Standing level before perforating ft.	Address 4/20 MARRET ST, SALEM
Standing level after perforating 4 ft.	Driller's well number
You Assemble hour A A A	ma - 2 ment
7 1 112 12 12	(Well Driller)
[Signed] Dated James, 195	License No. 30 Dated September, 89 56
0	•

STATE OF OREGON	I INN	60151	WELL I.D. LABEL# L	104075	Page 1 of 2
WATER SUPPLY WELL REPORT		00151	START CARD#	1016027	
(as required by ORS 537.765 & OAR 690-205-0210)	4/25/	2012	ORIGINAL LOG #		
(1) LAND OWNER First Name DAVID Company Owner Well I.D. Last Name CHAMBERS		' '	ON OF WELL (legal d	•	
Address 39338 GROSHONG ROAD N.E. City ALBANY State OR Zip 97321	_	Sec 7 S	Twp 10.00 S N/	1/4 Tax Lot 90	00
(2) TYPE OF WORK New Well Deepening Conver		Lat Map Numbe	" or	Lot	DMS or DD
Alteration (complete 2a & 10) Abandonment(com	plete 5a)	Long	" ог		D140 DD
Casing: To Gauge Stl Plstc Wld Thrd Material From To Amt sacks/lbs			eet address of well (Nea AND SOUTH OF 32305 DEV		ALBANY OR
Seal:		(10) STATIC	WATER LEVEL		
Rotary Air Rotary Mud X Cable Auger Cable Mud Reverse Rotary Other		, ,	Date Date	SWL(psi) +	SWL(ft)
(4) PROPOSED USE Domestic Irrigation Community			Flowing Artesian?	Dry Hole?	
Industrial/ Commericial Livestock Dewatering Thermal Injection Other		SWL Date		ter was first found Flow SWL(psi)	
(5) BORE HOLE CONSTRUCTION Special Standard X (Art	tach copy)	4/18/2012	19 37	500	6
Depth of Completed Well 44.00 ft.	sacks/				
Dia From To Material From To Am 20 0 6 Cement 0 17 18					
16 6 19		L			
12 19 44		(11) WELL I	Ground Elevation	n	
How was seal placed: Method ABXCDD	E		Material	From	То
Other		Top Soil Top soil and gra	vel	1.5	1.5
Filter pack from ft. to ft. Material Size		Brown clay and		4	19
		Gravel small to		19	33
Explosives used: Yes Type Amount		Brown silty clay		33	34
(5a) ABANDONMENT USING UNHYDRATED BENTONIT	E	Tight red and br Blue gray clay	own gravel	34	37
Proposed Amount Actual Amount (6) CASING/LINER		Dide giay ciay			
Casing Liner Dia + From To Gauge Stl Plstc W 12 X 2.5 44 .250 Image: Control of the cont	ld Thrd	REC	EIVED BY OWRD	RECEIVE	D BY OWF
		(
Shoe Inside Outside Other Location of shoe(s) 44			SEP 2 5 2017	AUG	2 8 2017
Shoe Inside Outside Other Location of shoe(s) 44 Temp casing Yes Dia 16 From 0 To 19					
(7) PERFORATIONS/SCREENS Perforations Method Mills Knife			SALEM, OR	SAL	EM, OR
Screens Type Material		Date Started	3/7/2012 Com	plete 4/18/2012	
Perf/ Casing/Screen Scrn/slot Slot # of Screen Liner Dia From To width length slots	Tele/ pipe size		ater Well Constructor Certifi		
Perf Casing 12 28 36 .375 2.25 204		I certify that th	e work I performed on the co	onstruction, deepen	ing, alteration, or
			of this well is in compliance		
			nowledge and belief.		
		License Numbe	T 1629 D	ate 4/19/2012	
(8) WELL TESTS: Minimum testing time is 1 hour		Signed JAM	ES GUNN (E-filed)		
Pump Bailer Air Flowing Art			r Well Constructor Certificat	ion	
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr	<u> </u>	'	sibility for the construction, d		n, or abandonment
		work performed	on this well during the constru	ction dates reporte	d above. All work
		performed duri	ng this time is in compliand ndards. This report is true to th	e with Oregon w	vater supply well
Temperature 54 °F Lab analysis Yes By		1			, and other.
Water guality concerns? Yes (describe below) TDS amount From To Description Amount	Units	License Numbe	r 1273 Da	4/25/2012	
			YD G SIPPEL (E-filed)		
		Contact Info (or	otional)		
		1			

WATER SUPPLY	WELL REPORT
continuation page	

WELL I.D. LABEL# L 104075

ICIUO PIPI		104073	
	START CARD#	1016027	_
/25/2012	ORIGINAL LOG#		

A PRE ALTERATION		
2a) PRE-ALTERATION	Water Quality Concerns	
Dia + From To Gauge Stl Plstc Wid Thrd	From To Description Amount Units	
Material Estate and after		
Material From To Amt sacks/lbs		
TO THE CONTRACT OF THE CONTRAC	(10) STATIC WATER LEVEL	
5) BORE HOLE CONSTRUCTION	SWL Date From To Est Flow SWL(psi) + SWL(ft)	
BORE HOLE SEAL sacks/		
Dia From To Material From To Amt lbs		
FILTER PACK		
From To Material Size	(11) WELL LOG	
	Material From To	
) CASING/LINER		
Casing Liner Dia + From To Gauge Stl Pistc Wld Thrd		
Cashing Enter Dia 4 110th 10 Gauge 5th 11ste with 11ste		
	RECEIVED BY OWRD	
DEDECODATIONS/SCREENS	RECEIVED BY OWRD	
7) PERFORATIONS/SCREENS		
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/	AUG 2 8 20 7	
Screen Liner Dia From To width length slots pipe size	SEP 2 5 2017	
	411	
	SALEM, OR	
	SALEM, OR	
	Comments/Remarks	
	□ \	
(9) WELL TESTS. Minimum testing time is 1 hour	20 in. casing was used as temperary casing also however this form would not	
(8) WELL TESTS: Minimum testing time is 1 hour except more than 1 temperary casing		
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)		