



State of Oregon
 Water Resources Department
 725 Summer Street NE, Suite A
 Salem, Oregon 97301-1266
 (503) 986-0900

Application for Water Right

Temporary or Drought Temporary Transfer

Part 1 of 5 – Minimum Requirements Checklist

This temporary 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.

FOR ALL TEMPORARY TRANSFER APPLICATIONS

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

- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Temporary Transfer Application Map Checklist.
- Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the new online fee calculator at: http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator. If you have questions, call Customer Service at (503) 986-0801.
- Part 4 – Completed Applicant Information and Signature.
- Part 5 – Information about Transferred Water Rights: **How many water rights are to be transferred? 1 List them here: 87373**
 Please include a separate Part 5 for each water right. (See instructions on page 6)
- N/A For standard Temporary Transfer (one to five years) **Begin Year 2018 End Year 2018.**
- N/A Temporary Drought Transfer (Only in counties where the Governor has declared drought)

Attachments:

- Completed Temporary Transfer Application Map.
- Completed Evidence of Use Affidavit and supporting documentation.
- Current recorded deed for the land **from** which the authorized place of use is temporarily being moved.
- N/A Affidavit(s) of Consent from Landowner(s) (if the applicant does not own the land the water right is on.) ***See Page 4 of Application for Landowner Consent Signature***
- N/A Supplemental Form D – For water rights served by or issued in the name of a district. Complete when the temporary transfer applicant is not the district.
- N/A Land Use Information Form with approval and signature (or signed land use form receipt stub). Not required if water is to be diverted, conveyed, and/or used only on federal lands or if **all** of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone.
- N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation (if necessary to convey water to the proposed place of use).

(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"/> Part _____ is incomplete
<input type="checkbox"/> Additional signature(s) required	
Other/Explanation _____	
Staff: _____	Date: ____/____/____

Part 2 of 5 – Temporary Transfer Application Map Checklist

Your temporary transfer application will be returned if any of the map requirements listed below are not met.

Please be sure that the temporary transfer application map you submit includes all the required items and matches the existing water right map. Check all boxes that apply.

- N/A If **more than three** water rights are involved, separate maps are needed for each water right.
- Permanent quality printed with dark ink on good quality paper.
- The size of the map can be 8½ x 11 inches, 8½ x 14 inches, 11 x 17 inches, or up to 30 x 30 inches. For 30 x 30 inch maps, one extra copy is required.
- A north arrow, a legend, and scale.
- The scale of the map must be: 1 inch = 400 feet, 1 inch = 1,320 feet, the scale of the Final Proof/Claim of Beneficial Use Map (the map used when the permit was certificated), the scale of the county assessor map if the scale is not smaller than 1 inch = 1,320 feet, or a scale that has been pre-approved by the Department.
- Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines.
- Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
- Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.
- Major water delivery system features from the point(s) of diversion/appropriation such as main pipelines, canals, and ditches.
- Existing place of use that includes separate hachuring for each water right, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions. If less than the entirety of the water right is being changed, a separate hachuring is needed for lands left unchanged.
- N/A Proposed temporary place of use that includes separate hachuring for each water right, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions.
- Existing point(s) of diversion or well(s) with distance and bearing or coordinates from a recognized survey corner. This information can be found in your water right certificate or permit.
- N/A If you are proposing a change in point(s) of diversion or well(s) to convey water to the new temporary place of use, 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°).

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Part 3 of 5 – Fee Worksheet

FEE WORKSHEET for TEMPORARY (not drought) TRANSFERS			
1	Base Fee (includes temporary change to one water right for up to 1 cfs)	1	\$810.00
2	Number of water rights included in transfer <u>1</u> (2a) Subtract 1 from the number in 3a above: <u>0</u> (2b) <i>If only one water right this will be 0</i> Multiply line 2b by \$260.00 and enter » » » » » » » » » » » » » » » »	2	0
3	Do you propose to change the place of use for a non-irrigation use? <input checked="" type="checkbox"/> No: enter 0 on line 4 » » » » » » » » » » » » » » » » <input type="checkbox"/> Yes: enter the cfs for the portions of the rights to be transferred: _____ (4a) Subtract 1.0 from the number in 4a above: _____ (4b) If 4b is 0, enter 0 on line 4 » » » » » » » » » » » » » » » » If 4b is greater than 0, round up to the nearest whole number: _____ (4c) and multiply 4c by \$200.00, then enter on line 4 (or \$0.50 if submitted in a Department approved digital format) » » » » » » » » » »	4	0
4	Do you propose to change the place of use for an irrigation use? <input type="checkbox"/> No: enter 0 on line 5 » » » » » » » » » » » » » » » » <input checked="" type="checkbox"/> Yes: enter the number of acres for the portions of the rights to be transferred: <u>29.5</u> (5a) Multiply the number of acres in 5a above by \$2.30 and enter on line 5 » »	5	67.85
5	Add entries on lines 1 through 5 above » » » » » » » » » » Subtotal:	6	877.85
6	Is this transfer: <input type="checkbox"/> necessary to complete a project funded by the Oregon Watershed Enhancement Board (OWEB) under ORS 541.932? <input type="checkbox"/> 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 » If no box is applicable, enter 0 on line 7» » » » » » » » » » » » » » » »	7	0
7	Subtract line 7 from line 6 » » » » » » » » » » » » Transfer Fee:	8	877.85

FEE WORKSHEET for TEMPORARY DROUGHT TRANSFERS			
1	Base Fee (includes drought application and recording fee for up to 1 cfs)	1	\$200.00
2	Enter the cfs for the portions of the rights to be transferred (see example below*): _____ (2a) Subtract 1.0 from the number in 2a above: _____ (2b) If 2b is 0, enter 0 on line 2 » » » » » » » » » » » » » » » » If 2b is greater than 0, round up to the nearest whole number: _____ (2c) and multiply 2c by \$50, then enter on line 2 » » » » » » » » » »	2	
3	Add entries on lines 1 through 2 above » » » » » » » » » » Transfer Fee:	3	

*Example for Line 2a calculation to transfer 45.0 acres of Primary Certificate 12345 (total 1.25 cfs for 100 acres) and 45.0 acres of Supplemental Certificate 87654 (1/80 cfs per acre) on the same land:
 1. Divide total authorized cfs by total acres in the water right (for C12345, 1.25 cfs ÷ 100 ac); then multiply by the number of acres to be transferred to get the transfer cfs (x 45 ac = 0.56 cfs).
 2. 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)
 3. 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 2a would be only 0.56 cfs, since both rights serve the same 45.0 acres. Blank 2b would be 0 and Line 2 would then also become 0).

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Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Echo Irrigation District			PHONE NO. (541)-289-5206	ADDITIONAL CONTACT NO.
ADDRESS P.O. Box 2308				FAX NO.
CITY Pasco	STATE WA	ZIP 99302	E-MAIL	
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.


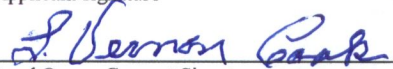
AGENT/BUSINESS NAME Matthew Vickery			PHONE NO. 509-734-1195	ADDITIONAL CONTACT NO.
ADDRESS 6176 West Rio Grande				FAX NO.
CITY Kennewick	STATE WA	ZIP 99336	E-MAIL mvickery@agrinw.com	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. 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: Irrigate a crop with a higher cash value.

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)

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

 Applicant signature	<u>Matthew Vickery, Manager</u> Print Name (and Title if applicable)	<u>3/21/18</u> Date
 Land Owner Consent Signature	<u>Vernon Cook, Owner</u> Print Name (and Title if applicable)	<u>03-13-2018</u> Date

Is the applicant the sole owner of the land on which the water right, or portion thereof, proposed for transfer is located? Yes No **Signer Vernon Cook is the Sole Owner**

If NO, include signatures of all 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) has been conveyed.

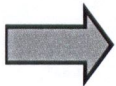
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☒ Check here if any of the water rights proposed for transfer are or will be located within or served by an irrigation or other water district. (Tip: Complete and attach Supplemental Form D.)

DISTRICT NAME Echo Irrigation District	ADDRESS PO Box 2308	
CITY Pasco	STATE WA	ZIP 99302

Check here if water for any of the rights supplied under a water service agreement or other contract for stored water with a federal agency or other entity.

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP



To meet State Land Use Consistency Requirements, you must list all local governments (each county, city, municipal corporation, or tribal government) within whose jurisdiction water will be diverted, conveyed or used.

ENTITY NAME Umatilla County	ADDRESS 216 SE 4th Street	
CITY Pendleton	STATE OR	ZIP 97801

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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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.

Description of Water Delivery System

System capacity: 0.40 cubic feet per second (cfs) **OR**
 _____ 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. **Water comes from a well with a 20 hp submersible pump and is distributed using a 30 acre center pivot irrigation system.**

Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)

(Note: If the POD/POA name is not specified on the certificate, assign it a name or number here.)

POD/POA Name or Number	Is this POD/POA Authorized on the Certificate or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-___)	Twp		Rng		Sec	¼ ¼		Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Well #4	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	UMAT 2515	4	N	28	E	24	S E	N E	107	660' N & 670' W from E1/4 cor., Sec. 24
Seibel Well	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	UMAT 54154	3	N	29	E	9	S E	S W	3600	380' N & 3120' W from SE cor., Sec. 9
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed										
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed										

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Place of Use (POU) | <input checked="" type="checkbox"/> Appropriation/Well (POA) |
| <input type="checkbox"/> Point of Diversion (POD) | <input type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Additional Point of Diversion (APOD) | |

Check all type(s) of temporary change(s) due to drought 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"/> Character of Use (USE) | <input type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Point of Diversion (POD) | <input type="checkbox"/> Additional Point of Diversion (APOD) |

Will all of the proposed changes affect the entire water right?

- Yes Complete only the Proposed ("to" lands) section of Table 2 on the next page. Use the "CODES" listed above to describe the proposed changes.
- No Complete all of Table 2 to describe the portion of the water right to be changed.

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Please use and attach additional pages of Table 2 as needed.
See page 6 for instructions.

Do you have questions about how to fill-out the tables?
Contact the Department at 503-986-0900 and ask for Transfer Staff.

Table 2. Description of Temporary Changes to Water Right Certificate # 87373

List only the part of the right that will be changed. For the acreage in each 1/4 1/4, list the change proposed. If more than one change, specify the acreage associated with each change. If more than one POD/POA, specify the acreage associated with each POD/POA.

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.											Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.										
Twp	Rng	Sec	1/4 1/4	Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date	Twp		Rng	Sec	1/4 1/4	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/POA(s) to be used (from Table 1)	Priority Date		
										POU & POA	3	N	29	E	13	NE SW	4000		29.5	Irrigation	Seibel Well	2/25/1977
TOTAL ACRES							TOTAL ACRES										29.5					

Additional remarks: There are three existing water rights that overlap this temporary transfer on the proposed "TO" lands: Permit S-54773, Certificate 87111, and Permit S-55114. These water rights have not been utilized at the same time as Certificate 87373 on the "TO" lands. Permit S-54773 has been off for the majority of the season (shoulder month water right), Certificate 87111 does not supply enough water (deficient in rate), and Permit S-55114 is a mitigation water right that was not activated or intended to be used on these acres this season.

Matthew Vickery
EID Manager
9/27/18

Please use and attach additional pages of Table 2 as needed.
See page 6 for instructions.

Do you have questions about how to fill-out the tables?
Contact the Department at 503-986-0900 and ask for Transfer Staff.

Table 2. Description of Temporary Changes to Water Right Certificate # 87373

List only the part of the right that will be changed. For the acreage in each ¼ ¼, list the change proposed. If more than one change, specify the acreage associated with each change. If more than one POD/POA, specify the acreage associated with each POD/POA.

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.										Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.														
Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date					
										POU & POA	3	N	29	E	13	NE	SW	4000		29.5	Irrigation	Seibel Well	2/25/1977		
TOTAL ACRES										TOTAL ACRES						29.5									

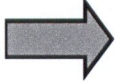
Additional remarks: _____.

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For Place 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: **S-54773. This permit is used for early and late season irrigation, as well as raising soil moisture. Additional water rights are needed on this place of use during the regular irrigation season.**



Pursuant to ORS 540.525, any “layered” water use such as an irrigation right that is supplemental to a primary right proposed for temporary transfer can be included in the transfer or remain unused on the authorized place of use. If the primary water right does not revert soon enough to allow use of the supplemental right within five years, the supplemental right shall become subject to cancellation for nonuse under ORS 540-610.

For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation if necessary to convey the water to the new temporary place of use:

- 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)

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.

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

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Cook Well #4

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

UMAT 2515 RECEIVED
WATER WELL REPORT

4/1/28E-24a
UMAT 2515

WATER RESOURCES DEPARTMENT,
SALEM, OREGON 97310
within 30 days from the date
of well completion.

STATE OF OREGON
(Please type or print)
(Do not write above this line)

AUG 13 1980

WATER RESOURCES DEPT
SALEM, OREGON

MAR 20 1980

(1) OWNER: SALEM, OREGON
Name Circle "C" Farms, Inc.
Address Rt. 1, Box 1961, Hermiston, Oregon

(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):
y Driven Domestic Industrial Municipal
 Jetted Irrigation Test Well Other
 Bored

CASING INSTALLED:
10" Diam. from +1 ft. to 234 ft. Gage .250
" Diam. from ft. to ft. Gage
" Diam. from ft. to ft. Gage

(6) PERFORATIONS: Perforated? Yes No.
Type of perforator used
Size of perforations in. by
perforations from ft. to ft.
perforations from ft. to 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
a pump test made? Yes No If yes, by whom?
Flow: gal./min. with ft. drawdown after hrs.
Estimated 300 GPM " "
" Air Test " "
ler test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m.
Temperature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION:
Well seal—Material used Neat Cement
Well sealed from land surface to 234 ft.
Diameter of well bore to bottom of seal 14 in.
Diameter of well bore below seal 8 in.
Number of sacks of cement used in well seal 110 sacks
How was cement grout placed? Grout Pipe outside of casing
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:
County Umatilla Driller's well number 01
SE 1/4 NE 1/4 Section 24 T. 4N R. 28E W.M.
Bearing and distance from section or subdivision corner

(11) WATER LEVEL: Completed well.
Depth at which water was first found 194 ft.
Static level 290 ft. below land surface. Date 3-8-80
Artesian pressure lbs. per square inch. Date

(12) WELL LOG: Diameter of well below casing 8"
Depth drilled 765 ft. Depth of completed well 765 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
Fine sand	0	12	
Coarse sand	12	18	
Cemented gravel	18	61	
Coarse sand & gravel	61	194	WB 1st
Coarse white sand	194	224	WB
Broken Brown basalt	224	230	WB
Black basalt (med)	230	291	
Brown basalt (med-soft)	291	305	WB
Black basalt (med)	305	370	
Porous Blk basalt w/claystone	370	385	
Black basalt (med-hard)	385	519	
Gray basalt (hard)	519	540	
Porous black basalt	540	545	WB
Brown basalt	545	585	
Black basalt	585	635	
Gray basalt	635	644	
Porous red basalt	644	659	WB
Porous balck basalt	659	752	
Porous brown basalt	752	765	WB

Work started 2/29 19 80 Completed 3-8 19 80
Date well drilling machine moved off of well 3-8 19 80

Drilling Machine Operator's Certification:
This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] *Donald Osborne* Date 3/14, 19 80
(Drilling Machine Operator)
Drilling Machine Operator's License No. 1210

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 Columbia Basin Well Drilling
(Person, firm or corporation) (Type or print)
Address Rt. 1, Box 1961, Hermiston, Or. 97838
[Signed] *Steve Cook*
(Water Well Contractor)
Contractor's License No. 772 Date 3/14, 19 80

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

(1) OWNER:

Name: Well Number: Address: City: State: Zip:

PAGE 2 of 2

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WELL ID # L START CARD #

(9) LOCATION OF WELL by legal description:

County: Latitude: Longitude: Township: Range: Section: Tax Lot: Lot: Block: Subdivision: Street Address of Well (or nearest address)

(2) TYPE OF WORK: (repair/ New Well Deepening Alteration 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 Explosives Used Yes No Type Amount HOLE SEAL Diameter From To Material From To sacks or pounds

Table with 6 columns: Diameter, Hole From, Hole To, Material, Seal From, Seal To. Includes text: How was seal placed: Method A B C D E

Backfill placed from to Material from to Material Gravel placed from to Size of gravel

(6) CASING/LINER: CASING: Diameter From To Gauge Steel Plastic Welded Threaded

Table with 8 columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

LINER: Diameter From To Gauge Steel Plastic Welded Threaded Final location of Shoe(s):

(7) PERFORATIONS/SCREENS: Perforations Method: Screen Type: Material:

Table with 9 columns: From, To, Slot Size, No., Diameter, Tele/pipe size, Casing, Liner

(8) WELL TESTS: Minimum testing time is 1 hour Pump Bailer Air Flowing Artesian Yield gpm Drawdown Drill Stem at Time

Table with 4 columns: Yield gpm, Drawdown, Drill Stem at, Time

Temperature of water Depth Artesian Flow Found Was a water analysis done? By whom: Did any strata contain water not suitable for intended use? (explain) Depth of Strata:

(10) STATIC WATER LEVEL: Ft. below land surface Date Artesian pressure lb. per sq. in. Date

(11) WATER BEARING ZONES: Depth at which water was first found From To Est. Flow Rate SWL

(12) WELL LOG: Material From To SWL Basalt Mesd Black 766 781 Basalt Fract Green Inseams 781 816 Basalt Med Black Hard 816 844 Basalt Hard Gray 844 888 Basalt Fract Black 888 935 Basalt Very Fract Gray 935 942 Basalt Fract Gray 942 961 Basalt Black 961 985 Basalt Black Med 985 1003 Basalt Gray Hard 1003 1025 Basalt Black Fract 1025 1041 369 Basalt Gray Med Hard 1041 1092 Basalt Red Soft 1092 1114 369 Basalt Fract Hard 1114 1120 369 Basalt Fract Gray Soft 1120 1150 369

Date Started: Completed:

(unbonded) Water Well Constructor Certification: I certify that the work I performed on the construction, 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. WWC Number Signed Date

(bonded) Water Well Constructor Certification: I accept responsibility for the construction, 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. WWC Number Signed Date

UMAT 54154
RECEIVED

Seibel well

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

WELL ID # L 46763
START CARD # 111251

MAR 29 2001

OWNER:

Well Number: Sieble Well

LOCATION OF WELL by legal description:

Name: H4 Farms
Address: 115 W Hermiston Ave
City: Hermiston State: OR Zip: 97838

County: Umatilla Latitude: Longitude:
Township: 3N Range: 29E
Section: 9 SE 1/4 SW 1/4
Tax Lot: 3200 Lot: Block: Subdivision:
Street Address of Well (or nearest address):
Cemetery Rd Echo, OR

(2) TYPE OF WORK: (repair/
 New Well Deepening Alteration/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 1150
Explosives Used Yes No Type --- Amount ---

HOLE			SEAL			sacks or pounds
Diameter	From	To	Material	From	To	
24"	0	20	Cement	0	20	40 Bags
19"	200	319	Cement	200	319	200 Bags
19"	50	200	Back Fill	50	200	270 Bags
19"	0	50	Bent Chip	0	50	90 Bags

How was seal placed: Method A B C D E
 Other
Backfill placed from 50 to 200 Material Bent Chips
from --- to --- Material ---
Gravel placed from --- to --- Size of gravel ---

(6) CASING/LINER:

CASING:				Steel	Plastic	Welded	Threaded
Diameter	From	To	Gauge				
20	0	20	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	+1	319	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>

LINER:

Final location of Shoe(s):

(7) PERFORATIONS/SCREENS:

Perforations Method: _____
 Screen Type: _____ Material: _____

From	To	Slot Size	No.	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"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gpm	Drawdown	Drill Stem at	Time
			1 hr.
1800		1500	10

Temperature of water 56 Depth Artesian Flow Found ---
Was a water analysis done? --- By whom: ---
Did any strata contain water not suitable for intended use? (explain) ---
Depth of Strata: _____

(10) STATIC WATER LEVEL:
369 Ft. below land surface Date 3-22-01
Artesian pressure _____ lb. per sq. in. Date _____

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

From	To	Est. Flow Rate	SWL
289	302	500+	234
681	689	200	369
1025	1041	500	369
1092	1150	1000+	369

(12) WELL LOG: Ground Elevation: _____

Material	From	To	SWL
Top Soil & Sand	0	10	
Basalt Broken	10	14	
Basalt Brownish Black Med Soft	14		
w/some Broken Basal		58	
Basalt Gray Med Hard	58	118	
Basalt Black Vic Soft	118	138	
Basalt Gray Hard	138	152	
Basalt Black Med to Soft	152	182	
Basalt Gray Hard	182	203	
Basalt Black w/Clay Blue	203	242	
Basalt Gray Hard	242	289	
Basalt Vic Black	289	302	
Basalt Blackish Gray Med Hard	302	318	
Basalt Gray Med Hard	318	340	
Basalt Black Med Hard	340	380	
Basalt Gray Hard	380	475	
Basalt Gray Med Hard	475	570	
Basalt Black Med Hard	570	605	
Basalt Gray Hard	605	630	
Basalt Med Soft	630	635	
Basalt Hard Black	635	669	
Basalt Hard Gray	669	681	
Basalt Fract Gray	681	689	H2O
Basalt Hard Black	689	696	
Basalt Fract Black	696	728	
Basalt Med Hard Gray	728	740	
Basalt Fract Black	740	766	

Date Started: 1/31/01 Completed: 3/22/01

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.

Signed [Signature] WWC Number 806
Date 3/27/01

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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.

Signed [Signature] WWC Number 723
Date 3/27/01