

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

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.

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

- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed 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 Water Rights to be Transferred: **How many water rights are to be transferred? 1 List them here: Certificate 91203**
Please include a separate Part 5 for each water right. (See instructions on page 6)

Attachments:

- Completed Transfer Application Map.
- Completed Evidence of Use Affidavit and supporting documentation.
- N/A Affidavit(s) of Consent from Landowner(s) (if the applicant does not own the land the water right is on.)
- N/A Supplemental Form D – For water rights served by or issued in the name of an irrigation district. Complete when the transfer applicant is not the irrigation 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.
- N/A Geologist Report for a change from a surface water point of diversion to a ground water point of appropriation (well), if the proposed well is more than 500' from the surface water source and more than 1000' upstream or downstream from the point of diversion. See OAR 690-380-2130 for requirements and applicability.

(For Staff Use Only)

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- Application fee not enclosed/insufficient
- Land Use Form not enclosed or incomplete
- Additional signature(s) required
- Map not included or incomplete
- Part _____ is incomplete

Other/Explanation _____

Staff: _____ 503-986-0 _____

Date: ____ / ____ / ____

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Part 2 of 5 – Transfer Application Map Checklist

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

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

- N/A Certified Water Right Examiner (CWRE) Stamp and Original Signature. For a list of CWREs, see http://apps.wrd.state.or.us/apps/wr/cwre_license_view/. CWRE stamp and signature are not required for substitutions.
- 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 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), show the proposed location and label it clearly with distance and bearing or coordinates. If GPS coordinates are used, latitude-longitude coordinates may be expressed as either degrees-minutes-seconds with at least one digit after the decimal (example – 42°32'15.5") or degrees-decimal with five or more digits after the decimal (example – 42.53764°).

Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Earl E Brown & Sons, Inc.			PHONE NO. (541) 938-6645	ADDITIONAL CONTACT NO. (509) 520-2709
ADDRESS PO Box 249			FAX NO. N/A	
CITY Milton-Freewater	STATE OR	ZIP 97862	E-MAIL ron@watermillwinery.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 N/A			PHONE NO. N/A	ADDITIONAL CONTACT NO. N/A
ADDRESS N/A			FAX NO. N/A	
CITY N/A	STATE N/A	ZIP N/A	E-MAIL N/A	
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:
Transfer water rights from lands that we are no longer farming to lands that we are farming.

Existing supplemental water rights besides Cert 91203 will be left in place.

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: Union-Bulletin.

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


 Applicant signature

Ron Brown
 Print Name (and Title if applicable)

4/3/2018
 Date

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 Applicant signature

 Print Name (and Title if applicable)

 Date

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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:

<http://www.oregon.gov/owrd/docs/transfer-propertytransactions.pdf>

RECEIVING LANDOWNER NAME N/A		PHONE NO. N/A	ADDITIONAL CONTACT NO. N/A
ADDRESS N/A		FAX NO. N/A	
CITY N/A	STATE N/A	ZIP N/A	E-MAIL N/A

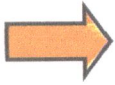
Describe any special ownership circumstances here: **Applicant formerly leased subject lands.**

- 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 Walla Walla River Irrigation District	ADDRESS PO Box 248	
CITY Milton-Freewater	STATE OR	ZIP 97862

- 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 N/A	ADDRESS N/A	
CITY N/A	STATE N/A	ZIP N/A



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 Umatilla County	ADDRESS 216 SE Fourth Street	
CITY Pendleton	STATE OR	ZIP 97801

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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INSTRUCTIONS for editing the Application Form

To add additional lines to tables within the forms or to copy and paste additional Part 5 pages, please **save the application form to your computer**. Unlock the document by using one of the following instructions for your Microsoft Word software version:

Microsoft Word 2003

Unlock the document by one of the following:

- Using the **Tools** menu => click **Unprotect Document**;
OR
- Using the **Forms** toolbar => click on the **Protect/Unprotect** icon.

To relock the document to enable the checkboxes to work, you will need to:

- Using the **Tools** menu => click **Protect Document**;
OR
- Using the **Forms** toolbar => click on the **Protect/Unprotect** icon.

Microsoft Word 2007

- Unlock the document by clicking the **Review** tab, then click **Protect Document**, then click **Stop Protect**
- To relock the document, click **Editing Restrictions**, then click **Allow Only This Type of Editing**, select **Filling In Forms** from the drop-down menu, then check **Yes, Start Enforcing Protection**.

Microsoft Word 2010

- Unlock the document by clicking the **Review** tab; toggle the **Restrict Editing icon** at the upper right, then click **Stop Protect** at the bottom right. Then uncheck the “**Allow only this type of editing in the document: Filling in forms**” in the “Editing restrictions” section on the right-hand list of options.
- To relock the document, check the **Editing Restrictions/Allow Only This Type of Editing/Filling In Forms** box from the drop-down menu, then check **Yes, Start Enforcing Protection**. You do not need to assign a password for the editing restrictions.

Other Alternatives:

- Photocopy pages or tables in Part 5, ~~mark through~~ any non-applicable information, insert/attach photocopied pages to document in the appropriate location, and manually amend page numbers as necessary (e.g. Page ~~5~~ 6 of ~~9~~ 10).
- You may refer to additional attachments that you may include, such as separately produced tables or spreadsheets to convey large numbers of rows of place of use listings, owner/property parcels, etc. You may contact the Department at 503-986-0900 and ask for Transfer Staff if you have questions.

Once the application has been unlocked, you may:

- add additional rows to tables using the Table tools, and
- select and copy the pages of Part 5 and paste as many additional sets of Part 5 pages as needed at the end of the application.

After editing, re-lock the document to enable checkboxes to work.

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Part 5 of 5 – Water Right Information

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.

CERTIFICATE # 91203

Description of Water Delivery System

System capacity: **1.49** 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 is withdrawn from basalt groundwater aquifer with two wells, delivered to the authorized place of use with a combination of pipelines, open ditches and storage bulges, and applied with sprinkler and drip irrigation systems.**

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 1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	UMAT 54341	6	N	35	E	34	NW	SE	500	1245 ft S and 355 ft E from Center of Sec 34
Well 2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	UMAT 54464	6	N	35	E	35	SW	NW	1201	405 ft N and 1310 ft E from W/4 of Sec 35
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed										
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed										

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 type="checkbox"/> Character of Use (USE) | <input type="checkbox"/> Point of 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) | <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.

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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 Changes to Water Right Certificate # 91203

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.

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	Acre	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	Acre	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date				
EXAMPLE																											
2	S	9	E	15	NE	NW	100		15.0	Irrigation	POD #1 POD #2	1901	POU/POD	2	S	9	E	1	NW	NW	500	1	10.0	POD #5	1901		
														2	S	9	E	2	SW	NW	500		5.0	POD #6	1901		
6	N	35	E	28	NE	SE	2603		9.00	IS/TC	POD 1+2	2004	POU	6	N	35	E	27	SW	SW	900		8.80	POD 1+2	2004		
6	N	35	E	28	SE	SE	2300		16.53	IS/TC	POD 1+2	2004	POU	6	N	35	E	27	SW	SW	1000		9.70	POD 1+2	2004		
6	N	35	E	28	SE	SE	2301		2.57	IS/TC	POD 1+2	2004	POU	6	N	35	E	34	NE	SW	700		9.55	POD 1+2	2004		
6	N	35	E	28	SE	SE	2400		9.80	IS/TC	POD 1+2	2004	POU	6	N	35	E	34	SE	SE	1400		9.85	POD 1+2	2004		
TOTAL ACRES:							37.90							TOTAL ACRES:							37.90						

Additional remarks: _____.

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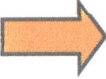
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For Place of Use or Character of Use Changes

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: See attached list.

 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 # N/A.

Surface water primary Certificate # N/A.

For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # N/A

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

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
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

WELL I.D. # L 51295
 START CARD # 138417

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

(1) **LAND OWNER** Well Number _____
 Name Earl Brown & Sons
 Address PO Box 249
 City Milton-Freewater State OR Zip 97862

(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 1003 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	539	607	Not Changed			
8	607	1003				

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>Not Changed</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:	8	450	685	.250	<input checked="" 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 Rotary Perforator
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
520	543	.2x1	920			<input type="checkbox"/>	<input checked="" type="checkbox"/>
560	580	.2x1	900			<input type="checkbox"/>	<input checked="" type="checkbox"/>
605	643	.2x1	1710			<input type="checkbox"/>	<input checked="" type="checkbox"/>
643	680	.2x1	925			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) **WELL TESTS: Minimum testing time is 1 hour**
 RC-air lift Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
125	3		1 hr.

Temperature of water 65°F 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 6N N or S Range 35E E or W. WM.
 Section 34 NW 1/4 of SE 1/4
 Tax Lot 500 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Yellow Jacket Rd

(10) **STATIC WATER LEVEL:**
 _____ 147 ft. below land surface. Date 8-14-01
 Artesian pressure _____ lb per square inch Date _____

(11) **WATER BEARING ZONES:**
 additional significant
 Depth at which water was first found 580

From	To	Estimated Flow Rate	SWL
580	1003	See (8)	See (10)

(12) **WELL LOG:**
 Ground Elevation _____

Material	From	To	SWL
See Attached Log			
Original Well is Reportedly			
UMAT 6283 SC63014			

Date started 6-13-01 Completed 8-14-01

(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 Steve Villard WWC Number 1530 Date 8-31-01

(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 Arlyn Schneider WWC Number 649 Date 8-31-01

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WATER RESOURCES DEPT.
SALEM, OREGON**BROWN AND SONS**

by Schneider Drilling Co.

SC #138417 - Label #L 51295

<u>FM</u>	<u>TO</u>	<u>DESCRIPTION</u>
539	546	Basalt, gray, hard
546	548	Basalt, dark gray, fractured, hard
548	560	Basalt, dark gray, hard
560	580	Basalt, dark gray, fractured, hard
580	586	Claystone, green, broken, firm, vesicular
586	591	Basalt, gray, broken, vesicular with some claystone, green
591	602	Basalt, gray and black, broken
602	605	Claystone, green, broken
605	607	Basalt, black, hard
607	621	Basalt, dark gray, black and red
621	623	Basalt, dark gray, black and brown, broken
623	635	Basalt, brown and black, soft, porous
635	639	Basalt, gray, black, red and brown with some claystone, blue
639	640	Basalt, gray and black, broken
640	642	Basalt, gray and black, medium hard
642	645	Basalt, gray and black, medium hard, vesicular
645	650	Basalt, gray, black, brown and blue, broken, vesicular
650	670	Basalt, gray and black, medium hard, fractured, vesicular
670	678	Basalt, gray, hard, fractured with black and green in seams, vesicular
678	682	Basalt, gray, brown and black, medium, fractured with black and green in seam
682	684	Basalt, gray and brown, medium, fractured with blue in seams, vesicular
684	690	Basalt, gray, medium, fractured with black and blue in seams
690	693	Basalt, gray, medium, fractured with black and blue in seams, vesicular
693	696	Basalt, gray, broken, vesicular
696	700	Basalt, gray, hard, fractured with black and crystal white in seams
700	745	Basalt, gray, medium, fractured with blue and green in seams, vesicular
745	748	Basalt, gray and black, broken, vesicular
748	749	Basalt, brown and black, medium, fractured, vesicular
749	756	Basalt, gray, brown and black, medium, vesicular
756	764	Basalt, gray, black and green, broken, vesicular
764	766	Basalt, gray, medium hard, fractured with black in seams, vesicular

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WATER RESOURCES DEPT.
SALEM, OREGON

766	770	Basalt, gray and black, broken, vesicular
770	788	Basalt, gray, medium hard, black and blue fractures, vesicular
788	790	Basalt, gray and black, broken, vesicular
790	836	Basalt, gray, medium hard, fractured, black in seams
836	840	Basalt, gray and black, broken, vesicular
840	844	Basalt, gray, black, brown and green, broken, vesicular
844	861	Basalt, gray and black, broken
861	880	Basalt, gray, medium, fractured with black, blue and green seams, vesicular
880	921	Basalt, gray and black, broken, vesicular
921	941	Basalt, gray, black, blue, green and brown, broken, vesicular
941	961	Basalt, gray, hard, fractured with black in seams
961	982	Basalt, gray, hard, fractured
982	991	Basalt, gray, black, green and blue, soft, broken, vesicular
991	1003	Basalt, gray, black and blue, hard, lightly fractured

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765)

WELL I.D. # L 41 929
START CARD # 116952

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

(1) LAND OWNER Earl Brown & Sons Well Number _____
Name _____
Address PO 249
City Milton Freewater State OR Zip 97862

(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: 1005
Special Construction approval Yes No Depth of Completed Well _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
20	0	42	Cement	0	42	71 Sks
18	42	355	Cement	280	355	75 Sks
16	355	540	Cement	510	540	27 Sks
12	540	834				

How was seal placed: Method A B C D E
Top

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: 16	0	353	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 12	327	540	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 16 @ 353 12" @ 327 & 540

(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"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
20004		1005	1 hr.

Pump Bailer Air Artesian

Temperature of water 62° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Yes No
 Salty Muddy Odor Colored Other _____
Depth of strata: _____
WATER RESOURCES DEPT.
SALEM, OREGON

(9) LOCATION OF WELL by legal description:
County Umatilla Latitude _____ Longitude _____
Township 6 N or S Range 35 E or W. WM.
Section 35 SW 1/4 NW 1/4
Tax Lot 1400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Winesap Rd Milton Freewater

(10) STATIC WATER LEVEL:
193 ft. below land surface. Date 2-14-02
Artesian pressure _____ lb. per square inch Date _____

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

From	To	Estimated Flow Rate	SWL
40	190	20	40
520	535	100	193
757	798	1000	193
901	988	1000	193

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Silt and Gravels	0	37	
Cemented gravels	37	190	40
silt & gravels	190	239	
Blue Clay	239	283	
Fractured Basalt	283	293	
Black Basalt	293	460	
Fractured / Blue clay	460	535	193
Black Basalt	535	603	
Red Cinders	603	615	
Black Basalt	615	684	
Brown visicular	684	701	
Black Basalt	701	757	
visicular Basalt	757	798	
Black Basalt	798	884	
visicular Basalt	884	901	
visicular & Fractured	901	988	
Black Basalt	988	1005	

Date started 11-2-01 Completed 2-14-02

(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 176E 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.
Signed [Signature] WWC Number 759 Date 2-15-02