



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: 93308, 93309, 93310 & 92312**
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.

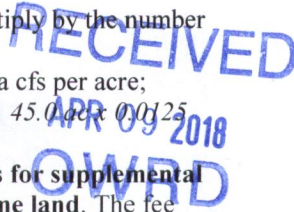
- N/A Certified Water Right Examiner (CWRE) Stamp and Original Signature. For a list of CWREs, see http://apps.wrd.state.or.us/apps/wr/cwre_license_view/. CWRE stamp and signature are not required for substitutions.
- N/A If **more than three** water rights are involved, separate maps are needed for 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°).

FEE WORKSHEET for PERMANENT TRANSFER (Part 3 of 5 – Fee Worksheet

1	Base Fee (includes one type of change to one water right for up to 1 cfs)	1	\$1,160
	Types of change proposed: <input checked="" type="checkbox"/> Place of Use <input type="checkbox"/> Character of Use <input checked="" type="checkbox"/> Point of Diversion/Appropriation Number of above boxes checked = <u>2 (2a)</u> Subtract 1 from the number in line 2a = <u>1 (2b)</u> <i>If only one change, this will be 0</i>		
2	Multiply line 2b by \$930 and enter » » » » » » » » » » » » » » »	2	\$930
	Number of water rights included in transfer 4 (3a) Subtract 1 from the number in 3a above: <u>3 (3b)</u> <i>If only one water right this will be 0</i>		
3	Multiply line 3b by \$520 and enter » » » » » » » » » » » » » » »	3	\$1560
	Do you propose to add or change a well, or change from a surface water POD to a well?		
4	<input type="checkbox"/> No: enter 0 » » » » » » » » » » » » » » » » » » » » » » <input checked="" type="checkbox"/> Yes: enter \$410 » » » » » » » » » » » » » » » » » » » » » »	4	\$410
	Do you propose to change the place of use or character of use?		
5	<input type="checkbox"/> No: enter 0 on line 5 » » » » » » » » » » » » » » » » » » » » » » <input checked="" type="checkbox"/> Yes: enter the cfs for the portions of the rights to be transferred (see example below*): Subtract 1.0 from the number in 5a above: <u>1.92 (5a)</u> Subtract 1.0 from the number in 5a above: <u>0.92 (5b)</u> If 5b is 0 or less, enter 0 on line 5 » » » » » » » » » » » » » » » » » » » » » » If 5b is greater than 0, round up to the nearest whole number: <u>1 (5c)</u> and multiply 5c by \$350, then enter on line 5 » » » » » » » » » » » » » » » » » » » » » »	5	\$350
6	Add entries on lines 1 through 5 above » » » » » » » » » » » » Subtotal:	6	\$3370
	Is this transfer:		
7	<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
8	Subtract line 7 from line 6 » » » » » » » » » » » » » » » » Transfer Fee:	8	\$3370

**Example for Line 5a 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. 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, $1.25 \text{ cfs} \div 100 \text{ ac}$); then multiply by the number of acres to be transferred to get the transfer cfs ($x 45 \text{ ac} = 0.56 \text{ cfs}$).
 - 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, $45.0 \text{ ac} \times 0.0125 \text{ cfs/ac} = 0.56 \text{ cfs}$)
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).



FEE WORKSHEET for SUBSTITUTION			
1	Base Fee (includes change to one well)	1	\$840.00
	Number of wells included in substitution _____ (2a) Subtract 1 from the number in 3a above: _____ (2b) <i>If only one well this will be 0</i>		
2	Multiply line 2b by \$410 and enter » » » » » » » » » » » » » » »	2	
3	Add entries on lines 1 through 2 above » » » » » » Fee for Substitution:	3	

Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Kenneth & Linda Lamb/Curt Blackburn, Blackburn Ranches		PHONE NO. 503-871-5756/541-573-7206	ADDITIONAL CONTACT NO.
ADDRESS 6449 Brush Creek Dr NE/707 Ponderosa village			FAX NO.
CITY Silverton/Burns	STATE OR	ZIP 97381/97720	E-MAIL Curlytoes43@gmail.com
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.			

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

AGENT/BUSINESS NAME Scott D. Montgomery		PHONE NO. 541-548-5833	ADDITIONAL CONTACT NO. 541-420-0401
ADDRESS PO Box 767			FAX NO.
CITY Terrebonne	STATE OR	ZIP 97760	E-MAIL scott@apeands.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: Transfer 100 acres of water rights from C93308 & rearrange 38.6 acres water rights from C92312 in order to establish a 138.6 acre pivot field. Also, rearrange 53.5 acres water rights from C93309 & 93310 into a pivot configuration.

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.

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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: **BURNS HERALD.**

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

 Applicant signature	Kenneth Lamb Print Name (and Title if applicable)	<u>3-23-18</u> Date
 Applicant signature	Linda Lamb Print Name (and Title if applicable)	<u>3-23-18</u> Date
 Applicant signature	Curt Blackburn Print Name (and Title if applicable)	<u>2-7-18</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 *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 NA		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS			FAX NO.
CITY	STATE	ZIP	E-MAIL

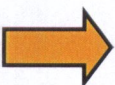
Describe any special ownership circumstances here: _____

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

IRRIGATION DISTRICT NAME NA	ADDRESS	
CITY	STATE	ZIP

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

ENTITY NAME NA	ADDRESS	
CITY	STATE	ZIP

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

ENTITY NAME Harney County	ADDRESS 450 N Buena Vista	
CITY Burns	STATE OR	ZIP 97720

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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 # 93308

Description of Water Delivery System

System capacity: 1.25 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 pumped from wells 2 & 3 & conveyed by buried pipe to a center pivot sprinkler.**

Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)
(Note: If the POD/POA name is not specified on the certificate, assign it a name or number here.)

POD/POA Name or Number	Is this POD/POA Authorized on the Certificate or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-)	Twp		Rng		Sec	¼ ¼		Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
#2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 967 HARN 1725	24	S	32	E	31	NE	NE	8500	811' S & 1151' W from NE cor, Sec 31
#3	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 51322	24	S	32	E	30	SE	SE	600	27' N & 655' W from SE cor, Sec 30
#1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		27	S	33	E	3	NW	NE	1400	94' S & 19' E from N ¼ cor, Sec 3
#2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		27	S	33	E	3	SW	NE	1400	1350' S & 215' E from N 1/4 corner, Sec. 3

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 checked="" type="checkbox"/> Point of Appropriation/Well (POA) |
| <input type="checkbox"/> Point of Diversion (POD) | <input checked="" type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Additional Point of Diversion (APOD) | <input type="checkbox"/> Substitution (SUB) |
| <input type="checkbox"/> Surface Water POD to Ground Water POA (SW/GW) | <input type="checkbox"/> Government Action POD (GOV) |

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

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

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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 # 93308

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				
24	S	32.5	E	30	NE	SW	600	3	17.9	IR	#2 & #3	1984	POU/POA APOA	27	S	33	E	3	NE	NE	1400	1	0.5	IR	#1 & #2	1984
24	S	32.5	E	30	SE	SW		4	16.0	IR	#2 & #3	1984	POU/POA APOA	27	S	33	E	3	NW	NE		2	29.3	IR	#1 & #2	1984
24	S	32.5	E	30	NW	SE			16.5	IR	#2 & #3	1984	POU/POA APOA	27	S	33	E	3	SW	NE			31.3	IR	#1 & #2	1984
24	S	32.5	E	30	SW	SE			14.7	IR	#2 & #3	1984	POU/POA APOA	27	S	33	E	3	SE	NE			0.5	IR	#1 & #2	1984
24	S	32.5	E	30	SE	SE			5.4	IR	#2 & #3	1984	POU/POA APOA	27	S	33	E	3	NE	NW		3	18.4	IR	#1 & #2	1984
24	S	32.5	E	31	NE	NE	8500		0.2	IR	#2 & #3	1984	POU/POA APOA	27	S	33	E	3	SE	NW			20.0	IR	#1 & #2	1984
24	S	32.5	E	31	NW	NE	200		15.2	IR	#2 & #3	1984	POU/POA APOA													
24	S	32.5	E	31	NE	NW		1	14.1	IR	#2 & #3	1984	POU/POA APOA													
TOTAL ACRES:							100.0											100.0								

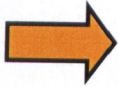
Additional remarks: _____.



For Place of Use or Character of Use Changes

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

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



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

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

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

For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # _____

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

NA 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
#2	See well log	HARN 967/1725								
#3	See well log	HARN 51322/51433								

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Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well: OWRD Well ID Tag No. L-	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well -specific rate (cfs or gpm). If less than full rate of water right
#1	YES	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK
#2	No	NA	300'	14"	UNK	UNK	UNK	±20' -	UNK	UNK

CERTIFICATE # 93309

Description of Water Delivery System

System capacity: **0.67** 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 pumped from wells 2 & 3 & conveyed by buried pipe to a center pivot sprinkler.**

Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)
 (Note: If the POD/POA name is not specified on the certificate, assign it a name or number here.)

POD/POA Name or Number	Is this POD/POA Authorized on the Certificate or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-)	Twp		Rng		Sec	¼ ¼		Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
#2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 967 HARN 1725	24	S	32	E	31	NE	NE	8500	811' S & 1151' W from NE cor, Sec 31
#3	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 51322/ 51433	24	S	32	E	30	SE	SE	600	27' N & 655' W from SE cor, Sec 30

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 # 93309

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	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	24	S	32.5	E	31	NE	NE	8500		13.0	IR	#2 & #3	1985
										POU	24	S	32.5	E	31	SE	NE			25.9	IR	#2 & #3	1985
										POU	24	S	32.5	E	32	NW	NW			5.8	IR	#2 & #3	1985
										POU	24	S	32.5	E	32	SW	NW	600		8.8	IR	#2 & #3	1985
TOTAL ACRES:																				53.5			

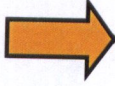
Additional remarks: _____.

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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: 93310.



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

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

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

For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # _____

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

NA 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
#2	See well log	HARN 967/1725								
#3	See well log	HARN 51322/51433								

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CERTIFICATE # 93310

Description of Water Delivery System

System capacity: **0.12** 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.

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)
Unnamed slough	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	NA	24 S	32 E .5	31	NE NE	8500	1800'N & 1240'W from the E1/4 Cor, Sec 31
	<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.

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 # 93310

List the change proposed for the acreage in each ¼ ¼. 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	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	24	S	32.5	E 31	NE	NE	8500		2.5		POD	1985
										POU	24	S	32.5	E 31	SE	NE			3.4		POD	1985
										POU	24	S	32.5	E 32	NW	NW			1.5		POD	1985
										POU	24	S	32.5	E 32	SW	NW			1.8		POD	1985
TOTAL ACRES:																	9.2					

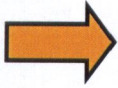
Additional remarks: _____.

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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: 93309.



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

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

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

For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # _____

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

NA 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
Unnamed Slough										

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CERTIFICATE # 92312

Description of Water Delivery System

System capacity: **0.48** 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 pumped from Well 1 and conveyed by buried pipe to sprinklers and POU**

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	UNK	27 S	33 E	3	NW	NE	1400	94' S & 19' E from N ¼ cor, Sec 3
Well 2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		27 S	33 E	3	SW	NE	1400	1350' S & 215' E from N 1/4 corner, Sec. 3

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 checked="" type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Additional Point of Diversion (APOD) | <input type="checkbox"/> Substitution (SUB) |
| <input type="checkbox"/> Surface Water POD to Ground Water POA (SW/GW) | <input type="checkbox"/> Government Action POD (GOV) |

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

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

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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 # 92312

List the change proposed for the acreage in each ¼ ¼. 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	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				
27	S	33	E 3	NW	NE	1400	2	38.6	IR	#1	1984	POU/APOA	27	S	33	E 3	NE	NE	1400	1	3.4	IR	#1 & #2	1988
												POU/APOA	27	S	33	E 3	NW	NE		2	7.4	IR	#1 & #2	1988
												POU/APOA	27	S	33	E 3	SW	NE			4.3	IR	#1 & #2	1988
												POU/APOA	27	S	33	E 3	SE	NE			3.6	IR	#1 & #2	1988
												POU/APOA	27	S	33	E 3	NE	NW		3	9.0	IR	#1 & #2	1988
												POU/APOA	27	S	33	E 3	SE	NW			9.0	IR	#1 & #2	1988
												POU/APOA	27	S	33	E 3	NE	SW			0.4	IR	#1 & #2	1988
												POU/APOA	27	S	33	E 3	NW	SE			1.5	IR	#1 & #2	1988
TOTAL ACRES:						38.6						TOTAL ACRES:						38.6						

Additional remarks: _____.

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For Place of Use or Character of Use Changes

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

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



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

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

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

For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # _____

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

- NA 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
#1	YES	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK
#2	No	NA	300'	14"	UNK	UNK	UNK	±20' -	UNK	UNK

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

Horn, 967

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24S/32 1/2 E/31 CC

AUG 23 1988

(1) OWNER: Well Number: #2
 Name Coldstream Ranch
 Address 4268 Laurel Ridge
 City Allison Park State P.A. Zip 15101-2132

(9) LOCATION OF WELL by legal description:
 County Wayne Longitude _____
 Township 34S N or S, Range 32 1/2 E E or W, WM.
 Section 31 SW 1/4 SW 1/4
 Tax Lot 8500 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Hwy 78 + Sealey Rd

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 300 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
<u>24"</u>	<u>0</u> <u>300'</u>	<u>Cement</u>	<u>0</u> <u>20'</u>	<u>4 yds</u>	<u>9 1/2 yds</u>

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 20 ft. to 300 ft. Size of gravel 1/4 Round

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	<u>14"</u>	<u>1.8</u>	<u>30'</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>14"</u>	<u>30</u>	<u>300</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>30</u>	<u>300'</u>	<u>1/4 x 3/16</u>	<u>14</u>	<u>1 1/2"</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 692 Drawdown 50' Drill stem at _____ Time 24 hr.

Temperature of water 52 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(10) STATIC WATER LEVEL:
30 ft. below land surface. Date 7 14 88
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 30'

From	To	Estimated Flow Rate	SWL
<u>30</u>	<u>35</u>	<u>300</u>	<u>30</u>
<u>155</u>	<u>165</u>	<u>50</u>	<u>30</u>
<u>225</u>	<u>250</u>	<u>300</u>	<u>30</u>

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
<u>Top soil (Sandy)</u>	<u>0</u>	<u>5</u>	
<u>Clay Brown</u>	<u>5</u>	<u>25</u>	
<u>Clay Gray</u>	<u>25</u>	<u>50</u>	<u>30</u>
<u>Clay Stone</u>	<u>50</u>	<u>55</u>	
<u>Clay Gray</u>	<u>55</u>	<u>105</u>	
<u>Clay Gray</u>	<u>105</u>	<u>155</u>	<u>30</u>
<u>Clay soft Gray</u>	<u>155</u>	<u>165</u>	
<u>Clay Dry Gray</u>	<u>165</u>	<u>195</u>	
<u>Clay Gray + sand</u>	<u>195</u>	<u>225</u>	<u>30</u>
<u>Clay + sand</u>	<u>225</u>	<u>250</u>	
<u>Clay Green</u>	<u>250</u>	<u>270</u>	
<u>Clay Gray</u>	<u>270</u>	<u>300</u>	

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Date started JUNE 8 Completed JULY 19 1988

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed _____ WWC Number _____ 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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed Joe Valentine WWC Number 1435 Date JULY 17 1988

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

1725
 HARN

JUL - 3 1990
HARN 1725
 WATER RESOURCES DEPT.
 SALEM OREGON

245/32 1/2 E/31C1

(START CARD) # 14808

(1) OWNER: Well Number: 2

Name Coldstream Ranch
 Address 4268 Lauri Ridge Drive
 City Allison Park State PA. Zip 15101-2132

(2) TYPE OF WORK:

New Well Deepen Recondition Abandon

(3) DRILL METHOD

Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well _____ ft.
 Yes No

Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	

How was seal placed: Method A B C D E

Other _____

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

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

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel			
				Plastic	Welded	Threaded	
Casing:				<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"/>
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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

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

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

Pump Bailer Air Flowing Artesian

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

Temperature of water _____ Depth Artesian Flow Found _____

Was a water analysis done? Yes By whom _____

Did any strata contain water not suitable for intended use? Too little

Salty Muddy Odor Colored Other _____

Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County Harney Latitude _____ Longitude _____
 Township 245 N or S, Range 32 1/2 E or W, WM.
 Section 31 SE 1/4 SE 1/4
 Tax Lot _____ Lot S.W. Block S.W. Subdivision _____
 Street Address of Well (or nearest address) Hwy 78 + Sealay Rd

(10) STATIC WATER LEVEL:

_____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Material	Ground elevation		SWL
	From	To	
Well would not take gravel so a 8" diameter gravel shute was placed at 3' from old shute as diagram ATT.			
Well Log @ Water Resources in Salem			

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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 well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1435
 Signed Joe Valentini Date _____

FOR WATER RESOURCES DEPARTMENT USE ONLY
 Date Postmarked 4/6/90
 Date Hand-delivered _____
 Watermaster Initials CL
 W- 14808
 WRD Receipt _____
 Date Fee Received _____

White Copy

START CARD
NOTICE OF BEGINNING OF WELL CONSTRUCTION
 (as required by ORS 537.762)

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 JUN - 7 1990
 WATER RESOURCES DEPT.
 OREGON

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original mailed or delivered to the Water Resources Department, 3850 Portland Road NE, Salem, OR 97310, no later than the day construction, alteration, conversion or abandonment work begins. A \$75 fee shall accompany all notices for new well construction or conversion of an existing hole not previously used as a water well (make checks payable to the Water Resources Department). Notices meeting this requirement but received without the required fee will not be accepted as properly and timely filed. The Water Resources Commission has authority to impose civil penalties for failure to submit the required \$75 fee with the start card and for failure to submit cards prior to beginning any construction, alteration, conversion or abandonment work.

Owner's name and mailing address Coldstream Ranch
4248 Laurel Ridge Drive
Allison Park PA 15101-2132

Check type of work: New construction Repair Recondition
 Deepening Conversion Abandonment

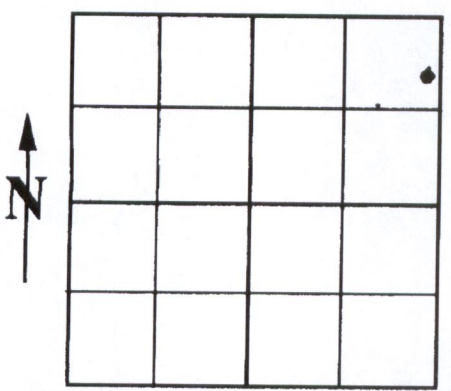
Proposed Commencement Date June 5 1990

Existing or Proposed Well Depth 300' Diameter 14"

Check Use: Domestic Community Industrial Irrigation Monitoring
 Thermal Injection Other _____

Proposed Well Location: County Harney

Township 24-S (N or S) Range 3 1/2 E (E or W) Section 31



- NE 1/4 of NE 1/4 of above section
- Street address of well location Highway 78 + Sealey Rd
- Tax lot number of well location 8500 23399
- Attach map with location identified.
(See reverse of this form for approved maps)
- Show well location within 1/4, 1/4 of section grid at left.

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 OWRD

We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks and septic drain fields.

Coldstream Ranch
Robert M. Corgill
 Title Manager Date 6-24-90
 Home phone _____ Work phone _____

Joe Valentine
 Bonded Water Well Constructor
 License No. 1435
 Company Valentine

NOTE: This is not a water right application. The owner is responsible for obtaining a water right through the Water Resources Department, if required.

THIS COPY TO WATER RESOURCES DEPARTMENT IN SALEM
 If no fee applies, discard this copy

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STATE OF OREGON

WATER SUPPLY WELL REPORT

APR 09 2018

01-24-2007

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 86796

START CARD # 1000433

OWRD

#3

(1) LAND OWNER Owner Well I.D.

First Name JETT Last Name BLACKBURN
Company
Address 707 PONDEROSA VILLAGE
City BURNS State OR Zip 97720

(2) TYPE OF WORK
New Well Deepening Conversion
Alteration (repair/recondition) Abandonment

(3) DRILL METHOD
Rotary Air Rotary Mud Cable Auger Cable Mud
Reverse Rotary Other

(4) PROPOSED USE
Domestic Irrigation Community
Industrial/ Commercial Livestock Dewatering
Thermal Injection Other

(5) BORE HOLE CONSTRUCTION Special Standard Attach copy
Depth of Completed Well 227.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, Sacks/lbs. Row 1: 26, 0, 18, Bentonite, 0, 18, 40, S

How was seal placed: Method A B C D E

Other poured dry and tam

Backfill placed from 0 ft. to 227 ft. Material

Filter pack from 0 ft. to 227 ft. Material pea gravel Size 3/8

Explosives used: Yes Type Amount

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd

Shoe Inside Outside Other Location of shoe(s)

Temp casing Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type roscoe moss Material stainless steel

Table with columns: Perf/ Screen, Casing/ Liner, Screen Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/ pipe size

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

Pump Bailer Air Flowing Artesian

Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Table with 4 columns: Yield, Drawdown, Drill stem/Pump depth, Duration

Temperature 55 °F Lab analysis Yes By

Water quality concerns? Yes (describe below)

Table with columns: From, To, Description, Amount, Units

(9) LOCATION OF WELL (legal description)

County Harney Twp 24.00 S N/S Range 32.50 E E/W WM
Sec 30 SE 1/4 of the SE 1/4 Tax Lot 600
Tax Map Number Lot
Lat ' " or DMS or DD
Long ' " or DMS or DD
Street address of well Nearest address

64040 HWY 78

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft)
Existing Well / Predeepening
Completed Well 01-22-2007 17
Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 17

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft)

(11) WELL LOG

Ground Elevation

Table with columns: Material, From, To
sandy loom topsoil 0 1
clay brn 1 35
clay grey 35 55
silt grey 55 110
sand gray 110 125
silt green 125 150
clay grey sticky 150 180
gravel clay 180 189
clay grey 189 208
gravel sand 208 218
clay green 218 227

Date Started 01-04-2007 Completed 01-22-2007

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards.

License Number Date

Electronically Filed

Signed

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above.

License Number 1424 Date 01-24-2007

Electronically Filed

Signed TIMOTHY K RILEY (E-filed)

Contact Info (optional)

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APR 09 2018
OWRD

STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 86796
 START CARD # 1003057

HARN
 51433

(1) LAND OWNER Owner Well I.D. (#3)
 First Name JETT Last Name BLACKBURN
 Company _____
 Address 707 PONDEROSA VILLAGE
 City BURNS State OR Zip 97720

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 260 ft.

BORE HOLE			SEAL		sacks/ lbs
Dia	From	To	Material	From	
12	220	260	<u>existing</u>		

How was seal placed: Method A B C D E
 Other existing
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		220	260	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia _____ From _____ To _____

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

Perf/S creen	Casing/ Liner	Screen Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min _____ Drawdown _____ Drill stem/Pump depth _____ Duration (hr) 1 hr

Temperature 55 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)
 From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
 County HARNEY Twp 24 S N/S Range 32.5 E E/W WM
 Sec 30 SE 1/4 of the SE 1/4 Tax Lot 600
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
64040 HWY 78

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+ SWL(ft)
Existing Well / Predeepening	03-06-2008		30
Completed Well	03-07-2008		30

Flowing Artesian? Dry Hole? existing

WATER BEARING ZONES Depth water was first found existing

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)

(11) WELL LOG Ground Elevation _____

Material	From	To
existing		
clay green	227	250
clay grey	250	260
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<u>APR 09 2008</u>		
WATER RESOURCES DEPT		
SALEM OREGON		
RECEIVED		
<u>APR 03 2008</u>		
<u>MAR 10 2008</u>		
WATER RESOURCES DEPT		
SALEM OREGON		

Date Started 03-06-2008 Completed 03-07-2008
(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number _____ Date _____
 Password : (if filing electronically) _____
 Signed _____

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work 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.
 License Number 1424 Date 03-07-2008
 Password : (if filing electronically) *****
 Signed [Signature]
 Contact Info (optional) _____

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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

APR 09 2018

OWRD

WELL LABEL # L 86796
START CARD # 1003057

(1) LAND OWNER
Owner Well I.D. #3
First Name JETT Last Name BLACKBURN
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Address 707 PONDEROSA VILLAGE
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 Reverse Rotary Other

(4) PROPOSED USE
 Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION Special Standard Attach copy
Depth of Completed Well 260 ft.
BORE HOLE SEAL
Dia From To Material From To Amt lbs

How was seal placed: Method A B C D E
 Other
Backfill placed from ___ ft. to ___ ft. Material
Filter pack from ___ ft. to ___ ft. Material Size
Explosives used: Yes Type Amount

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thr

Shoe Inside Outside Other Location of shoe(s)
Temp casing Yes Dia From To

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type Material

Table with columns: Perf/S green, Casing/ Liner Dia, Screen/ slot width, Slot length, # of slots, Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Table with columns: From, To, Description, Amount, Units

(9) LOCATION OF WELL (legal description)
County HARNEY Twp 24 S N/S Range 32.5 E E/W WM
Sec 30 SE 1/4 of the SE 1/4 Tax Lot 600
Tax Map Number Lot
Lat 0 0 or DMS or DD
Long 0 0 or DMS or DD
 Street address of well Nearest address
64040 HWY 78

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Predeepening 03-06-2008 30
Completed Well 03-07-2008 30
Flowing Artesian? Dry Hole?

WATER BEARING ZONES
Depth water was first found
SWL Date From To Est Flow SWL(psi) + SWL(ft)

(11) WELL LOG
Ground Elevation
Material From To
existing
clay green 227 250
clay grey 250 260
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WATER RESOURCES DEPT
SALEM, OREGON

Date Started 03-06-2008 Completed 03-07-2008

(unbonded) Water Well Constructor Certification
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License Number Date
Password: (if filing electronically)
Signed

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work 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.
License Number 1424 Date 03-07-2008
Password: (if filing electronically) *****
Signed
Contact Info (optional)