

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

Application for Permit Amendment

Part 1 of 5 – Minimum Requirements Checklist

This permit amendment 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.

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

- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed 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 Permits to be Amended: **Number of permits to be amended: 1 List them here: Permit G-17694**
Please include a separate Part 5 for each permit. (See instructions on page 6)
- Completed Permit Amendment Application Map (Does not have to be prepared by a Certified Water Right Examiner).
- N/A Request for Assignment Form and statutory fee. The request for assignment form has to be completed if the applicant is **not** the permit holder of record and needs to be assigned to the permit; **or** the landowner of the proposed place of use is **not** the permit holder of record and needs to be assigned to the permit (the Request for Assignment Form is available online at http://www.oregon.gov/owrd/pubs/docs/forms/req_assign_8_21_09.pdf). Assignment is not needed if the applicant is the permit holder of record.
- N/A Affidavit(s) of Consent are required from all permit holder(s) of record if the permit is not assigned to the applicant, **or** other permit holders of record that are not listed as applicants.
- N/A Land Use Information Form with approval and signature (or signed land use form receipt stub). Land use form is not required if any of the following apply:
 - Water is to be diverted, conveyed, and/or used only on federal lands.
 - 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.
 - The proposed changes are all located on the property reviewed in Land Use form enclosed in Water Right Application Folder # _____.
- N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation.

(For Staff Use Only)

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

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

Other/Explanation _____

Staff: _____ 503-986-0____ Date: ____/____/____

Part 2 of 5 – Permit Amendment Map Checklist

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

Please be sure that the map you submit includes all the items listed below and meets the requirements of OAR 690-380-3100, however, the map does not have to be prepared by a Certified Water Right Examiner. Check all boxes that apply.

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- N/A If **more than three** permits are involved, separate maps for each permit.
- 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 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 use permit, 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 permit is being changed, a separate hachuring is needed for the portion of the permit left unchanged.
- N/A If you are proposing a change in place of use, show the proposed place of use with hachuring that includes separate hachuring for each permit, 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 use 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 3 of 5 – Fee Worksheet

FEE WORKSHEET for PERMIT AMENDMENT			
1	Base Fee (includes one type of change to one permit for up to 1 cfs)	1	\$1,160
2	Types of change proposed: <input type="checkbox"/> Place of Use <input checked="" type="checkbox"/> Point of Diversion/Appropriation Number of above boxes checked = <u>1 (2a)</u> Subtract 1 from the number in line 2a = <u>0 (2b)</u> <i>If only one change, this will be 0</i> Multiply line 2b by \$930 and enter » » » » » » » » » » » » » » » »	2	\$0
3	Number of permits included in Permit Amendment <u>1 (3a)</u> Subtract 1 from the number in 3a: <u>0 (3b)</u> <i>If only one permit this will be 0</i> Multiply line 3b by \$520 and enter » » » » » » » » » » » » » » » »	3	\$0
4	Do you propose to add or change a well, or change from a surface water POD to a well? <input type="checkbox"/> No: enter 0 » <input checked="" type="checkbox"/> Yes: enter \$410 »	4	\$410
5	Do you propose to change the place of use? <input checked="" type="checkbox"/> No: enter 0 on line 5 » <input type="checkbox"/> Yes: enter the cfs for the portions of the permits to be amended (see example below*): _____ <u>(5a)</u> Subtract 1.0 from the number in 5a above: _____ <u>(5b)</u> If 5b is 0, enter 0 on line 5 » If 5b is greater than 0, round up to the nearest whole number: _____ <u>(5c)</u> and multiply 5c by \$350, then enter on line 5 » » » » » » » » » »	5	\$0
6	Add entries on lines 1 through 5 above » » » » » » » » » » Subtotal:	6	\$1,570
7	Is this permit amendment: <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 »	7	\$0
8	Subtract line 7 from line 6 » » » » » » » » » » Permit Amendment Fee:	8	\$1,570

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*Example for Line 5a calculation to transfer 45.0 acres of Primary Permit S-12345 (total 1.25 cfs for 100 acres) and 45.0 acres of Supplemental Permit S-87654 (1/80 cfs per acre) on the same land:

1. For irrigation calculate cfs for each permit involved as follows:
 - a. Divide total authorized cfs by total acres in the permit (*for S-12345, 1.25 cfs ÷ 100 ac*); then multiply by the number of acres to be changed to get the application cfs (*x 45 ac = 0.56 cfs*).
 - b. If the water right permit 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 S-87654, 45.0 ac x 0.0125 cfs/ac = 0.56 cfs*)
2. Add cfs for the portions of permits on all the land included in the application; however **do not count cfs for supplemental permits on acreage for which you have already calculated the cfs fee for the primary permit on the same land.** The fee should be assessed only once for each “on the ground” acre included in the application. (*In this example, blank 5a would be only 0.56 cfs, since both permits serve the same 45.0 acres. Blank 5b would be 0 and Line 5 would then also become 0.*)

Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Shawn and Kimberly Schurter		PHONE NO. (503) 991-1004	ADDITIONAL CONTACT NO.
ADDRESS 10520 Sunnyview Road NE		FAX NO.	
CITY Salem	STATE OR	ZIP 97317	E-MAIL
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.			

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

AGENT/BUSINESS NAME Doann Hamilton		PHONE NO. (503) 632-5016	ADDITIONAL CONTACT NO. (503) 632-5983 (Cell)
ADDRESS 18487 S. Valley Vista Road		FAX NO. (503) 632-5983	
CITY Mulino	STATE OR	ZIP 97042	E-MAIL phgdmh@gmail.com
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.			

Explain in your own words what you propose to accomplish with this permit amendment; and why:
We recently purchased the property and have completed a split from the original permit (T-12497). We now need to add wells on our property that we can access and set up to use for irrigation.

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)

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Is the applicant the permit holder of record? Yes No

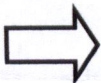
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If NO, include either:

- A completed assignment form (with required statutory assignment fee), assigning all or a portion of the permit to the applicant(s), **OR**
- An affidavit of consent from the permit holder(s) of record that gives permission for the applicant to amend the permit.

I understand that prior to Department approval of the permit amendment, 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 permit 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: Silverton Appeal.

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



 Applicant Signature	<u>Shawn Schurter</u> Print Name and title if applicable	<u>3-15-2018</u> Date
 Applicant Signature	<u>Kimberly Schurter</u> Print Name and title if applicable	<u>3-15-18</u> Date

Check one of the following:

- The applicant is responsible for completion of change(s). Notices and correspondence should continue to be sent to the applicant.
- The permit holder(s) of record will be responsible for completing the proposed change(s) after the final order is issued. Copies of notices and correspondence should be sent to the permit holder(s) of record.

Check the appropriate box, if applicable:

- Check here if any of the permits proposed for amendment are or will be located within or served by an irrigation or other water district.

IRRIGATION DISTRICT NAME NA	ADDRESS	
CITY	STATE	ZIP

- Check here if water for any of the permits 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 local governments (each county, city, municipal corporation, or tribal government) within whose jurisdiction water will be diverted, conveyed or used.

ENTITY NAME Marion County Planning Division	ADDRESS 5155 Silverton Road NE	
CITY Salem	STATE Oregon	ZIP 97305

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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Part 5 of 5 – Water Use Permit Information

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

PERMIT # G-17694

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

POD/POA Name or Number	Is this POD/POA Authorized by the permit 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)
South Well	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	MARI 6343	7	S	1	W	20	SW	SW	DLC 48	550 feet north and 580 feet east from the SW corner, Section 20
Well 1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	MARI 61304/ L87483	7	S	1	W	19	NE	SE	DLC 48	1,850 feet north and 190 feet west from the SE corner, Section 19
Well 2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	MARI 61341/ L87490	7	S	1	W	19	SE	SE	DLC 48	1,240 feet north and 260 feet west from the SE corner, Section 19
Well 3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	MARI 60821/ L87446	7	S	1	W	19	SE	SE	DLC 48	875 feet north and 75 feet west from the SE corner, Section 19

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

- | | |
|---|--|
| <input type="checkbox"/> Place of Use (POU) | <input checked="" 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"/> Surface water POD to Ground Water POA (SW/GW) |

Will all of the proposed changes affect the entire water use permit?

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

For a change in place of use: NA

Does the permit holder of record own or control the land TO which the place of use is being moved?
 Yes No

If NO, the landowner of the land TO which the place of use is being moved **must be assigned to the permit as a permit holder of record** by submitting a completed Request for Assignment form and the required statutory fee for an assignment.

Is the proposed place of use contiguous to the authorized place of use? Yes No

The permitted place of use can be moved only to lands that are contiguous to the authorized place of use **unless** the change to non-contiguous lands is in furtherance of mitigation or conservation efforts undertaken

for the purposes of benefiting a species listed as sensitive, threatened, or endangered under ORS 496.171 to 496.192 or the federal Endangered Species Act of 1973 (16 U.S.C. 1531 to 1544), as determined by the listing agency. Contiguous land being either adjacent land or land separated from the land to which a permit is authorized by roads, utility corridors, irrigation ditches or publicly owned rights of way.

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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 Use Permit # G-17694

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 (if applicable)	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 (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date			
									POA	7	S	1	W	19	NE	SE	1900	DLC 48	1.1	Well 1, 2 and 3	4-24-90
									POA	7	S	1	W	19	SE	SE	1900	DLC 48	22.3	Well 1, 2 and 3	4-24-90
									POA	7	S	1	W	20	SW	SW	1900	DLC 48	0.1	Well 1, 2 and 3	4-24-90
									POA	7	S	1	W	30	NE	NE	1900	DLC 48	18.3	Well 1, 2 and 3	4-24-90
									POA	7	S	1	W	30	NW	NE	1900	DLC 48	1.6	Well 1, 2 and 3	4-24-90
TOTAL ACRES									TOTAL ACRES						43.4						

Additional remarks: None.

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

If YES, list the other certificate, permit, or ground water registration numbers: PERMIT G-17696

If the permit(s) are for irrigation or supplemental irrigation use, other water rights existing on the same land for irrigation that are subject to transfer must either change concurrently or be cancelled. Any change to a water right certificate or ground water registration must be filed separately in a water right transfer application or ground water registration modification application, respectively.

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://apps2.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.

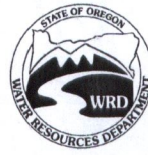
Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well, OWRD Well ID Tag No. L-____	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well - specific rate (cfs or gpm). If less than full rate of water right
Authorized South Well	Yes	SEE WELL LOG MARI 6343								
Proposed Well 1	Yes	SEE WELL LOG MARI 61304								
Proposed Well 2	Yes	SEE WELL LOG MARI 61341								
Proposed Well 3	Yes	SEE WELL LOG MARI 60821								

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Land Use Information Form



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem, Oregon 97301-1266
 (503) 986-0900
 www.wrd.state.or.us

Applicant(s): Shawn and Kimberly Schurter

Mailing Address: 10520 Sunnyview Road NE

City: Salem

State: OR

Zip Code: 97317

Daytime Phone: (503) 991-1004

A. Land and Location

Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), and/or used or developed. Applicants for municipal use, or irrigation uses within irrigation districts may substitute existing and proposed service-area boundaries for the tax-lot information requested below.

Township	Range	Section	¼ ¼	Tax Lot #	Plan Designation (e.g., Rural Residential/RR-5)	Water to be:			Proposed Land Use:
						Diverted	Conveyed	Used	
<u>7S</u>	<u>1W</u>	<u>19</u>	_____	<u>1900</u>	<u>Permit Amend</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>IR</u>
_____	_____	_____	_____	_____	<u>etc</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

List all counties and cities where water is proposed to be diverted, conveyed, and/or used or developed:

Marion County

B. Description of Proposed Use

Type of application to be filed with the Water Resources Department:

- Permit to Use or Store Water
 Water Right Transfer
 Permit Amendment or Ground Water Registration Modification
 Limited Water Use License
 Allocation of Conserved Water
 Exchange of Water

Source of water: Reservoir/Pond Ground Water Surface Water (name) _____

Estimated quantity of water needed: 0.54 cubic feet per second gallons per minute acre-feet

Intended use of water: Irrigation Commercial Industrial Domestic for _____ household(s)
 Municipal Quasi-Municipal Instream Other _____

Briefly describe:

This Land Use Information Form is to accompany a permit amendment application that proposes to change the point of appropriation (well) for an existing water right Permit G-17694 from the original authorized well located on an adjacent property, to three new wells on the subject property.

Note to applicant: If the Land Use Information Form cannot be completed while you wait, please have a local government representative sign the receipt at the bottom of the next page and include it with the application filed with the Water Resources Department.

See bottom of Page 3. →

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For Local Government Use Only

The following section must be completed by a planning official from each county and city listed unless the project will be located entirely within the city limits. In that case, only the city planning agency must complete this form. This deals only with the local land-use plan. Do not include approval for activities such as building or grading permits.

Please check the appropriate box below and provide the requested information

Land uses to be served by the proposed water uses (including proposed construction) are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): 17.136.020(g)

Land uses to be served by the proposed water uses (including proposed construction) involve discretionary land-use approvals as listed in the table below. (Please attach documentation of applicable land-use approvals which have already been obtained. Record of Action/land-use decision and accompanying findings are sufficient.) **If approvals have been obtained but all appeal periods have not ended, check "Being pursued."**

Type of Land-Use Approval Needed (e.g., plan amendments, rezones, conditional-use permits, etc.)	Cite Most Significant, Applicable Plan Policies & Ordinance Section References	Land-Use Approval:	
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
	RECEIVED	<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
	APR 17 2018	<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
	OWRD	<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued

Local governments are invited to express special land-use concerns or make recommendations to the Water Resources Department regarding this proposed use of water below, or on a separate sheet.

Name: Brandon Rice Title: Senior Planner
 Signature: [Signature] Phone: 508-1038 Date: 4-16-18
 Government Entity: Marion County

Note to local government representative: Please complete this form or sign the receipt below and return it to the applicant. If you sign the receipt, you will have 30 days from the Water Resources Department's notice date to return the completed Land Use Information Form or WRD may presume the land use associated with the proposed use of water is compatible with local comprehensive plans.



Receipt for Request for Land Use Information

Applicant name: _____
 City or County: _____ Staff contact: _____
 Signature: _____ Phone: _____ Date: _____

WATER WELL REPORT
STATE OF OREGON

RECEIVED
MAR 20 1987

6343
MAR 19 1987

State Well No. 73/1W-20cc

State Permit No.

WATER RESOURCES DEPT.
SALEM, OREGON.

APR 17 2018

(1) OWNER:

Name Richard Kuenzi
Address 6199 ~~W~~ Topaz N.E.
City Brooks, Oregon 97305 State

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

R Air Driven
Mud Dug
Cable Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other
Thermal: Withdrawal ReInjection

(5) CASING INSTALLED: Steel Plastic

Threaded Welded

8" Diam. from +1 1/2 ft. to 27 ft. Gauge 250
" Diam. from ft. to ft. Gauge

LINER INSTALLED:

6" Diam. from 0 ft. to 390 ft. Gauge 160PSI

(6) PERFORATIONS: Perforated? Yes No Liner Only

Type of perforator used ~~XXXXXXXX~~ Skilsaw

Size of perforations 1/8 in. by 8 in.

360 perforations from 270 ft. to 390 ft.

perforations from ft. to ft.

perforations from ft. to ft.

(7) SCREENS: Well screen installed? Yes No

Manufacturer's Name

Type Model No.

Diam. Slot Size Set from ft. to ft.

Diam. Slot Size Set from ft. to ft.

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

Was a pump test made? Yes No If yes, by whom?

Yield: gal/min. with ft. drawdown after hrs.

" " " " " "

Air test 100+ gal/min. with drill stem at 415 ft. 6 hrs.

Miller test gal/min. with ft. drawdown after hrs.

Artesian flow g.p.m.

Temperature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION: Special standards: Yes No

Well seal—Material used Portland Cement

Well sealed from land surface to 27 ft.

Diameter of well bore to bottom of seal 12 in.

Diameter of well bore below seal 8 in.

Number of sacks of cement used in well seal 17 sacks

How was cement grout placed? Pumped to bottom of annulus

Was pump installed? Type HP Depth ft.

Was a drive shoe used? Yes No Plugs Size: location ft.

Did any strata contain unusable water? Yes No

Type of Water? depth of strata

Method of sealing strata off

Was well gravel packed? Yes No Size of gravel: ft.

Gravel placed from ft. to ft.

(10) LOCATION OF WELL:

County Marion Driller's well number 2670

SW 1/4 SW 1/4 Section 20 T. 7S R. 1W W.M.

Tax Lot # Lot Blk Subdivision

Address at well location: 10570 Sunnyview Rd.

(11) WATER LEVEL: Completed well.

Depth at which water was first found 218 ft.

Static level 179 ft. below land surface. Date 2/20/87

Artesian pressure lbs. per square inch. Date

(12) WELL LOG: Diameter of well below casing 8

Depth drilled 422 ft. Depth of completed well 415 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Topsoil	0	2	
Brown Clay	2	18	
Black Basalt	18	95	
Soft Black Basalt	95	103	
Brown Crumbling Rock and Shale	103	110	
Weathered Brown Basalt	110	115	
Slightly Weathered Brown Basalt	115	199	
Black Basalt	199	218	
Weathered Basalt W.B.	218	226	
Black XXXXXX Basalt	226	265	
Slightly Broken Basalt W.B.	265	274	
Black XXXXXX Basalt	274	298	
Slightly Weathered Basalt	298	308	
Soft Brown Shale	308	312	
Slightly Weathered Basalt W.B.	312	325	
Fractured Black Basalt W.B.	325	422	

from 418 to 422 rests what is left of an IR model 360 D-T-H Hammer. Because of difficulty in removing hammer well was terminated here.

Work started 1/18/87 19 Completed 2/20/87 19

Date well drilling machine moved off of well 2/20/87 19

Drilling Machine Operator's Certification:

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

[Signed] Mark D. Bair (Drilling Machine Operator) Date 2/28/87

Drilling Machine Operator's License No. 811

Water Well Contractor's Certification:

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

Name WILLAMETTE DRILLING CO. (Person, firm or corporation) (Type or print)

Address 7365 O'Neil Rd. N.E. Salem, Oregon 97303

[Signed] Mark D. Bair (Water Well Contractor)

Contractor's License No. 753 Date 2/28/87, 19

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

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

SP*12658-690

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MARI 61304
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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

APR 17 2018
OWRD

DEC 03 2007

WELL LABEL # L 87483
START CARD # 194917

(1) LAND OWNER

Owner Water Resources Dept
First Name _____ Last Name SALEM, OREGON
Company LENA PAGE LIVING TRUST
Address 12351 CENTERWOOD RD
City JEFFERSON State OR Zip 97352

(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 282 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
10	0	163	Bentonite	0	1	1	S
6.25	163	282	Cement	1	161	52	S

How was seal placed: Method A B C D E

Other Bentonite dry

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	Std	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6		1	161	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	4.5		0	282	#200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method drill
Screens Type _____ Material _____

Perf/S	Casing/Screen	Liner	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/pipe size
Perf	Liner	4.5	242	277	.625	.625	75		

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
50		280	1

Temperature 53 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MARION Twp 7 S N/S Range 1 W E/W WM
Sec 19 NE 1/4 of the SE 1/4 Tax Lot 1900
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

10520 SUNNYVIEW RD, SALEM

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	10-30-2007		132

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
10-29-2007	103	150	10		90
10-30-2007	210	282	50		132

(11) WELL LOG

Material	From	To
Top soil	0	2
Brown clay	2	3
Gray basalt	3	10
Semi-broken gray basalt	10	15
Gray basalt	15	42
Medium gray basalt	42	77
Gray clay	77	82
Brown and tan clay	82	97
Void no return of cuttings	97	103
Weathered basalt	103	150
Gray basalt	150	165
Medium gray basalt	165	210
Medium gray basalt with weathered seams	210	266
Weathered basalt some porous	266	282

Date Started 10-26-2007 Completed 10-30-2007

(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. Materials used and information reported above are true to the best of my knowledge and belief.

License Number 1629 Date 11-01-2007

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 1273 Date 11-01-2007

Password: (if filing electronically) ****

Signed _____

Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version: 0.89

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

APR 17 2013

OWRD

WELL LABEL # L 87490
 START CARD # 171673

(1) LAND OWNER Owner Well I.D. #7
 First Name LENA Last Name PAGE
 Company LENA PAGE LIVING TRUST
 Address 12351 CENTERWOOD RD
 City JEFFERSON State OR Zip 97352

(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 281 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
10	0	159	Bentonite	0	19	9	S
6.5	159	263	Cement	19	159	39	S
6.13	263	281					

How was seal placed: Method A B C D E
 Other Bentonite dry
 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	Std	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6		1	159	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4.5		0	281	#200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS

Perforations Method Drill
 Screens Type _____ Material _____

Perf/Screen	Casing/Liner	Screen Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/pipe size
Perf	Liner	4.5	221	276	.625	.625	119	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
40		280	2

Temperature 53 °F Lab analysis Yes No
 Water quality concerns? Yes (describe below) _____
 From _____ To _____ Description _____ Amount _____ Units _____

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 WATER RESOURCES DEPT

(9) LOCATION OF WELL (legal description)
 County MARION Twp 7 S N/S Range 1 W E/W WM
 Sec 19 SE 1/4 of the SE 1/4 Tax Lot 1900
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

10520 SUNNYVIEW RD, SALEM

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+	SWL(ft)
Completed Well	12-06-2007			144

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 40

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
11-29-2007	40	46	5			2
11-29-2007	115	124	10			90
12-05-2007	149	279	40			144

(11) WELL LOG Ground Elevation _____

Material	From	To
Top Soil	0	3
Boulders	3	5
Gray basalt	5	40
Weathered basalt	40	46
Gray basalt	46	71
Very soft black basalt	71	76
Dark gray basalt	76	90
Brown clay	90	101
Gray basalt	101	115
Red cinders	115	124
Weathered brown basalt	124	154
Dark gray basalt	154	249
Very weathered basalt semi-caving	249	279
Dark brown to black soft basalt	279	281

Date Started 11-29-2007 Completed 12-06-2007

(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. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number 1629 Date 12-11-2007
 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 1273 Date 12-11-2007
 Password: (if filing electronically) _____
 Signed Floyd Spivey
 Contact Info (optional) _____

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MARI 60821

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

APR 17 2018

OWRD

WELL LABEL # L 87446
START CARD # 194898

(1) LAND OWNER Owner Well I.D. _____
First Name _____ Last Name _____
Company LENA PAGE LIVING TRUST
Address 12351 CENTERWOOD RD
City JEFFERSON State OR Zip 97352

(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 282 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
10	0	163	Bentonite	0	10	6	S
6	163	282	Cement	10	163	35	S

How was seal placed: Method A B C D E
 Other Bentonite dry
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"/>	6		2	163	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4.5		1	282	#200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS

Perforations Method Saw
Screens Type _____ Material _____

Perf/	Casing/	Screen	Dia	From	To	Scrn/slot	Slot	# of	Teel/
Perf	Liner	Liner	Dia	From	To	width	length	slots	pipe size
			4.5	222	277	.125	6	52	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
50		280	2

Temperature 53 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County MARION Twp 7 S N/S Range 1 W E/W WM
Sec 19 SE 1/4 of the SE 1/4 Tax Lot 1900
Tax Map Number _____ Lot _____
Lat _____ ° 0 ' _____ " or _____ DMS or DD
Long _____ ° 0 ' _____ " or _____ DMS or DD
 Street address of well Nearest address

10520 SUNNYVIEW RD NE, SALEM

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL (psi)	+ SWL (ft)
Completed Well	08-17-2007		163

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 10

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
08-14-2007	10	10	5		7
08-16-2007	122	156	8		96
08-17-2007	230	282	50		163

(11) WELL LOG Ground Elevation _____

Material	From	To
Top soil	0	1
Hard brown clay	1	5
Soft brown silty clay and boulders	5	10
Medium dark gray basalt	10	45
Hard light gray basalt	45	76
Weathered brown basalt with wood and tan claystone	76	122
Weathered gray basalt	122	156
Dark gray basalt	156	230
Fractured gray basalt	230	236
Weathered gray and brown basalt with porous seams	236	276
Semi-fractured dark gray basalt	276	282

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AUG 29 2007
WATER RESOURCES DEPT
SALEM OREGON
Date Started 08-14-2007 Completed 08-17-2007

(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. Materials used and information reported above are true to the best of my knowledge and belief.

License Number 1629 Date 08-22-2007
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 1273 Date 08-22-2007
Password: (if filing electronically) ****
Signed Floyd Sippe
Contact Info (optional) _____