

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.

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

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- 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? One List them here: C-63600**
Please include a separate Part 5 for each water right. (See instructions on page 6)

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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: ____/____/____

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

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

- N/A Certified Water Right Examiner (CWRE) Stamp and Original Signature. For a list of CWREs, see http://apps.wrd.state.or.us/apps/wr/cwre_license_view/. CWRE stamp and signature are not required for substitutions.
- N/A If **more than three** water rights are involved, separate maps are needed for each water right.
- Permanent quality printed with dark ink on good quality paper.
- The size of the map can be 8½ x 11 inches, 8½ x 14 inches, 11 x 17 inches, or up to 30 x 30 inches. For 30 x 30 inch maps, one extra copy is required.
- A north arrow, a legend, and scale.
- The scale of the map must be: 1 inch = 400 feet, 1 inch = 1,320 feet, the scale of the Final Proof/Claim of Beneficial Use Map (the map used when the permit was certificated), the scale of the county assessor map if the scale is not smaller than 1 inch = 1,320 feet, or a scale that has been pre-approved by the Department.
- Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines.
- Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
- Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.
- Major water delivery system features from the point(s) of diversion/appropriation such as main pipelines, canals, and ditches.
- Existing place of use that includes separate hachuring for each water right, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions. If less than the entirety of the water right is being changed, a separate hachuring is needed for lands left unchanged.
- N/A Proposed place of use that includes separate hachuring for each water right, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions.
- Existing point(s) of diversion or well(s) with distance and bearing or coordinates from a recognized survey corner. This information can be found in your water right certificate or permit.
- N/A If you are proposing a change in point(s) of diversion or well(s), show the proposed location and label it clearly with distance and bearing or coordinates. If GPS coordinates are used, latitude-longitude coordinates may be expressed as either degrees-minutes-seconds with at least one digit after the decimal (example – 42°32'15.5") or degrees-decimal with five or more digits after the decimal (example – 42.53764°).

Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Singhose Land & Cattle Company, LLC			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS P.O. Box 55				FAX NO.
CITY Riley	STATE OR	ZIP 97758	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 John A. Short / Water Right Services, LLC			PHONE NO. 541-389-2837	ADDITIONAL CONTACT NO.
ADDRESS P.O. Box 1830				FAX NO.
CITY Bend	STATE OR	ZIP 97709	E-MAIL johnshort@usa.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:
Permanent transfer for reconfiguration of irrigated area.

If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1".

Check this box if this project is fully or partially funded by the American Recovery and Reinvestment Act. (Federal stimulus dollars)

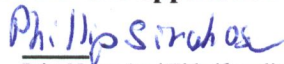
Check One Box

- By signing this application, I understand that, upon receipt of the draft preliminary determination and prior to Department approval of the transfer, I will be required to provide landownership information and evidence that I am authorized to pursue the transfer as identified in OAR 690-380-4010(5); **OR**
- I affirm the applicant is a municipality as defined in ORS 540.510(3)(b) and that the right is in the name of the municipality or a predecessor; **OR**
- I affirm the applicant is an entity with the authority to condemn property and is acquiring by condemnation the property to which the water right proposed for transfer is appurtenant and have supporting documentation.

I understand that prior to Department approval of the transfer application, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the water right is located, once per week for two consecutive weeks. If more than one qualifying newspaper is available, I suggest publishing the notice in the following newspaper: Burns Times-Herald.

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


Applicant Signature


Print Name (and Title if applicable)

7-3-18
Date


Applicant signature

Lorissa Singhose
Print Name (and Title if applicable)

7-3-18
Date

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Is the applicant the sole owner of the land on which the water right, or portion thereof, proposed for transfer is located? Yes No *If NO, include signatures of all deeded landowners (and mailing and/or e-mail addresses if different than the applicant's) or attach affidavits of consent (and mailing and/or e-mail addresses) from all landowners or individuals/entities to which the water right(s) were conveyed.*

Check the following boxes that apply:

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

At this time, are the lands in this transfer application in the process of being sold? Yes No

If YES, and you know who the new landowner will be, please complete the receiving landowner information table below. If you do not know who the new landowner will be, then a request for assignment will have to be filed for at a later date.

If a property sells, the certificated water right(s) located on the land belong to the new owner, unless a sale agreement or other document states otherwise. For more information see: <http://www.oregon.gov/owrd/docs/transfer-propertytransactions.pdf>

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

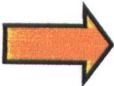
Describe any special ownership circumstances here: N/A

- 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 N/A	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 N/A	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 Planning Department	ADDRESS 360 N. Alvord	
CITY Burns	STATE OR	ZIP 97720

ENTITY NAME N/A	ADDRESS	
CITY	STATE	ZIP

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Part 5 of 5 – Water Right Information

CERTIFICATE # C-63600

Description of Water Delivery System

System capacity: 0.64 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 via pipelines to pivots.

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 5	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 243	23	S	26	E	10	NE	SW	1900	2178.5' N, 2205.1' E of SW Cor S10
L-125280	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	L-125280	23	S	26	E	1	NW	SE	101	50' S, 2620' W of E ¼ Cor S1
L-125281	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	L-125281	23	S	26	E	1	NW	SW	101	130' S, 400' E of W ¼ Cor S1
L-104459	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	L-104459	23	S	26	E	11	SE	SE	102	1,320' N, 1,315' W of SE Cor S11
L-115916	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	L-115916	23	S	26	E	12	NE	NE	2100	1,320' S, 1,315' W of NE Cor S12
L-111748	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	L-111748	23	S	26	E	12	NW	NW	2100	1,320' S, 1,315' E of NE Cor S12
L-115909	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	L-115909	23	S	26	E	12	SE	SW	2100	1,320' N, 1,315' E of SW Cor S12
L-125022	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	L-125022	23	S	26	E	12	SE	SE	2100	1,320' N, 1,315' W of SE Cor S12

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 # C-63600

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		
23	S	26	E	10	SW	SE	2000	8.8	IR	Well 5	1980	POU / APOA	23	S	26	E	1	SE	SW	101	5.2	IR	L- 125280, 125281, 104459, 115916, 111748, 115909, 125022	1980
23	S	26	E	10	SE	SE	2000	9.1	"	"	"	"	23	S	26	E	1	SW	SE	101	5.3	"	"	"
23	S	26	E	10	NE	NE	3000	20.1	"	"	"	"	23	S	26	E	11	NE	SE	102	1.5	"	"	"
23	S	26	E	10	NW	NE	3000	12.8	"	"	"	"	23	S	26	E	11	NW	SE	102	1.5	"	"	"
												"	23	S	26	E	11	SW	SE	102	1.5	"	"	"
												"	23	S	26	E	11	SE	SE	102	1.5	"	"	"
												"	23	S	26	E	12	NE	NE	2100	1.5	"	"	"
												"	23	S	26	E	12	NW	NE	2100	1.4	"	"	"
												"	23	S	26	E	12	NW	NE	2100	5.2	"	"	"
												"	23	S	26	E	12	SW	NE	2100	1.5	"	"	"
TOTAL ACRES:							50.8						SUB-TOTAL ACRES:							26.1				

Additional remarks: _____.

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

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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 / APOA	23	S	26	E	12	SE	NE	2100		1.5	IR	L- 125280, 125281, 104459, 115916, 111748, 115909, 125022	1980
										"	23	S	26	E	12	NE	NW	2100		5.3	"	"	"
										"	23	S	26	E	12	NE	NW	2100		1.4	"	"	"
										"	23	S	26	E	12	NW	NW	2100		1.5	"	"	"
										"	23	S	26	E	12	SW	NW	2100		1.5	"	"	"
										"	23	S	26	E	12	SE	NW	2100		1.5	"	"	"
										"	23	S	26	E	12	NE	SW	2100		1.5	"	"	"
										"	23	S	26	E	12	NW	SW	2100		1.5	"	"	"
										"	23	S	26	E	12	SW	SW	2200		1.5	"	"	"
										"	23	S	26	E	12	SE	SW	2100		1.5	"	"	"
TOTAL ACRES:											SUB-TOTAL ACRES:						18.7						

Additional remarks: _____.

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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 # C-63600

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.

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 / APOA	23	S	26	E	12	NE	SE	2100		1.5	IR	L- 125280, 125281, 104459, 115916, 111748, 115909, 125022	1980
											"	23	S	26	E	12	NW	SE	2100		1.5	"	"	"
											"	23	S	26	E	12	SW	SE	2100		1.5	"	"	"
											"	23	S	26	E	12	SE	SE	2100		1.5	"	"	"
											"										"	"	"	
											"										"	"	"	
											"										"	"	"	
TOTAL ACRES:							50.8					SUB-TOTAL ACRES:							6.0	TOTAL ACRES: 50.8				

If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

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: N/A.



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

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

Ground water supplemental Permit or Certificate # N/A.
 Surface water primary Certificate # N/A.

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For a change from Supplemental Irrigation Use to Primary Irrigation Use

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

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

Well log(s) are attached for each authorized and proposed well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map.

Tip: You may search for well logs on the Department’s web page at:
http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx

AND/OR

Describe the construction of the authorized and proposed well(s) in Table 3 for any wells that do not have a well log. For *proposed wells not yet constructed or built*, provide “a best estimate” for each requested information element in the table. The Department recommends you consult a licensed well driller, geologist, or certified water right examiner to assist with assembling the information necessary to complete Table 3.

Table 3. Construction of Point(s) of Appropriation

Any well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the accompanying application map. Failure to provide the information will delay the processing of your transfer application until it is received. The information is necessary for the department to assess whether the proposed well(s) will access the same source aquifer as the authorized point(s) of appropriation (POA). The Department is prohibited by law from approving POA changes that do not access the same source aquifer.

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

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.

WATER WELL REPORT

STATE OF OREGON

(Please type or print)

(Do not write above this line)

State Well No. 235/26E-10

State Permit No. _____

B.C.S. checked
Harney 243

(1) OWNER:

Name **Steve Hoyt, North Silver Creek Ranch**

Address

Riley, Oregon 97758

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Driven
Jetted
Dug Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

(5) CASING INSTALLED:

180D " Diam. from +1 1/2 ft. to 18 1/2 ft. Gage .250
60D " Diam. from +2 1/2 ft. to 257 1/2 ft. Gage .250

(6) PERFORATIONS:

Perforated? Yes No.

Type of perforator used

Size of perforations in. by in.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

(7) SCREENS:

Well screen installed? Yes No

Manufacturer's Name _____
Type _____ Model No. _____
Diam. Slot size Set from ft. to ft.
Diam. Slot size Set from ft. to ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level

a pump test made? Yes No If yes, by whom?
Yield: gal./min. with ft. drawdown after hrs.
" " " " " "
" " " " " "
Pump test 9 gal./min. with 0 ft. drawdown after 1 hrs.
Artesian flow g.p.m.
Temperature of water 60* Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Well seal—Material used **cement**
Well sealed from land surface to 18 1/2 ft.
Diameter of well bore to bottom of seal 22 in.
Diameter of well bore below seal 18 in.
Number of sacks of cement used in well seal 70 sacks
How was cement grout placed? **pumped down**

Was a drive shoe used? Yes No Plugs _____ Size: location _____ ft.
Did any strata contain unusable water? Yes No
Type of water? _____ depth of strata _____
Method of sealing strata off _____
Was well gravel packed? Yes No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.

(10) LOCATION OF WELL:

County **Harney** Driller's well number _____
NE 1/4 SW 1/4 Section 10 T. 23S R. 26E W.M.

Bearing and distance from section or subdivision corner

(11) WATER LEVEL: Completed well.

Depth at which water was first found 200 ft.
Static level 149 ft. below land surface. Date 9-4-79
Artesian pressure lbs. per square inch. Date

(12) WELL LOG: Diameter of well below casing 18"

Depth drilled 550 ft. Depth of completed well 550 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
Brown Clay Conglomerate	0	200	149
Brown Clay Stone & Gravel, WB	200	340	
Brown Sandstone & Gravel, WB	340	420	
Med. Brown Sandstone	420	448	
Broken Grey Lava Rock	448	480	
Med. Brown Sandstone	480	550	

first 454 ft.- 18"
454 ft. to 550 ft.- 12"

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SEP 10 1979

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WATER RESOURCES DEPT
SALEM, OREGON

Work started 6-6 19 79 Completed 9-4 19 79
Date well drilling machine moved off of well 9-4 19 79

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] *Delbert R. Lin* Date 9-4, 19 79
(Drilling Machine Operator)

Drilling Machine Operator's License No. 415

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 **Orvail Buckner Well Drilling, Inc.**
(Person, firm or corporation) (Type or print)

Address **1686 N.E. Negus Way, Redmond, Ore. 97756**

[Signed] *Orvail Buckner*
(Water Well Contractor)

Contractor's License No. 608 Date 9-4, 19 79

(1) LAND OWNER
 First Name Philip Last Name Singhose
 Company _____
 Address Po Box 55
 City Riley State OR Zip 97758

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
 Casing: Dia + From To Gauge Stl Plstc Wld Thrd
 Material From To Amt sacks/lbs
 Seal: _____

(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 630 ft.

BORE HOLE			SEAL			Amt	sacks/lbs
Dia	From	To	Material	From	To		
20	0	54	Cement	0	59	35	950
76	5	220				25	250
						25	

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 _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18		4	59	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	16		5	220	.312	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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

Perf/S	Casing/Screen	Screen/slot	Slot	# of	Perf.			
green	Liner	Dia	From	To	width	length	slots	pipe size

 APR 18 2017
 SALEM, OR

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
3500 _____ 630 hr 1
 Temperature 53° °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 300

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County Harn Twp 23 NS Range 26 CE/W WM
 Sec 1 NW 1/4 of the SE 1/4 Tax Lot 101
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

Millyn Candy Rd Riley OR

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	<u>9-29-16</u>		<u>147</u>

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 250

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
<u>8-1-16</u>	<u>250</u>	<u>255</u>	<u>1009A</u>		<u>147</u>
<u>9-29-16</u>	<u>610</u>	<u>630</u>	<u>3800</u>		<u>147</u>

(11) WELL LOG
 Ground Elevation _____

Material	From	To
<u>Top Soil</u>	<u>0</u>	<u>30</u>
<u>tan clay</u>	<u>30</u>	<u>50</u>
<u>Brown clay</u>	<u>50</u>	<u>100</u>
<u>Brown clay</u>	<u>100</u>	<u>215</u>
<u>Hard rock</u>	<u>215</u>	<u>250</u>
<u>red cinders</u>	<u>250</u>	<u>260</u>
<u>grey Basalt</u>	<u>260</u>	<u>289</u>
<u>Small Strat and gravel</u>	<u>289</u>	<u>610</u>
<u>Break Lake Accn</u>	<u>610</u>	<u>630</u>

 RECEIVED BY OWRD RECEIVED
 JUL 10 2017 JUL 12 2018
 SALEM, OR OWRD

Date Started 7-27-16 Completed 9-29-16

(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 _____
 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 1654 Date 4-10-17
 Signed [Signature]
 Contact Info (optional): _____

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

HARN-52635

WELL I.D. LABEL# L 12 52 81
 START CARD # 212634
 ORIGINAL LOG #

(1) LAND OWNER
 First Name Phillip Owner Well I.D.
 Last Name Singhose
 Company
 Address PO Box 55
 City Riley State OR Zip 97758

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
 Dia + From To Gauge Stl Plstc Wld Thr
 Casing:
 Material From To Amt sacks/lbs
 Seal:

(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 480 ft.

BORE HOLE			SEAL			Amt	sacks/lbs
Dia	From	To	Material	From	To		
20"	0	59	Cement	0	59	35	94
16"	5	85				Calculated 25	
			Bentonite	0	8'	78	50
						Calculated 25	

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 _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18"	+	1	59	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	16"	+	5	85	.312	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<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 _____
 Screens Type _____

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

 APR 18 2017
 SALEM, OR

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
7500 gal		480	hr 2

 Temperature 58 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 200

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County Clatsop Twp 23 N/S Range 26 E/W WM
 Sec 1 1/4 of the SW 1/4 Tax Lot 101
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

Miller Center Rd Riley OR

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	11-18-16		147

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 240

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
11-18-16	240	245	100gal		147
11-18-16	430	480	3500		147

(11) WELL LOG Ground Elevation _____

Material	From	To
Top Soil	0	8
Gravel/Sand	8	20
Gravel	20	40
Brown clay	40	45
gravel	45	50
Brown clay	50	100
Sand	100	150
Black Cynders	150	170
hard Rock	170	190
Black/red cynders	190	240
Gray Basalt	240	285
Brown Sand STON and Bk	285	430
Pump		
Red clay	430	480

Date Started 7-1-2-16 Completed 11-18-16

(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 were to the best of my knowledge and belief.
 License Number _____ Date JUL 10 2017
 Signed _____

(bonded) Water Well Constructor Certification **SALEM, OR**
 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 16541 Date 6-10-2017
 Signed _____
 Contact Info (optional) _____

STATE OF OREGON
WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210)

HARN/51990

HARN 51990
WELL LABEL # L 10 44 59
START CARD # 206058
ORIGINAL LOG #

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

(1) LANDOWNER Owner Well I.D. _____
First Name Golbert Last Name Rule Farms
Company _____
Address PO Box 255
City Christina Valley State OR Zip 97641

New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other _____
Casing Gauge _____ Casing Diameter _____

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

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

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 500 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
26"	0	119	Cement	119	25	30	Scks
16"	119	260	Grout	35	0	48	Scks
10"	260	500					

How was seal placed: Method A B C D E
 Other _____
Backfill placed from 75 ft. to 35 ft. Material Grout
Filter pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		16"	+	1	118	.250	X		X	
X		12"	-	97	260	.250	X		X	

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

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

Perf	Scr	Csng	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
		X	12"	97	260				

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian

Yield gal/min 200 gal Drawdown 500 Pump depth 500 Duration (hr) hr 7
Temperature 53 °F Lab analysis Yes No

Water quality concerns? Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County HARNEY Twp 23 N or S Range 26 E or W W.M.
Sec 12 SE 1/4 of the NW 1/4 Tax Lot 2100
Tax Map Number _____ Lot _____
Lat _____ or _____ DMS or DD
Long _____ or _____ DMS or DD

Street Address of Well (or nearest address) Miller Canyon
PO Box 255

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration	<u>4-1-13</u>			<u>152'</u>
Completed Well	<u>4-11-13</u>			<u>152'</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES 230

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>3-13-13</u>	<u>230</u>	<u>270</u>	<u>500 gpm</u>			<u>152'</u>
<u>4-11-13</u>	<u>160</u>	<u>500</u>	<u>1500</u>			<u>152'</u>

(11) WELL LOG Ground Elevation

Material	From	To
TOP SOIL	0	2
Clay gravel Brown	2	7.5
Laminar Rock Brown	7.5	13.5
Clay gravel Brown	13.5	19.5
Brown Sand	19.5	26.0
Laminar Rock	26.0	29.0
Brown Rock	29.0	30.0
Red clay w/ sh	30.0	500

RECEIVED BY OWRB RECEIVED BY OWRD

OCT 10 2013 SALEM, OR AUG 01 2014 SALEM, OR

Date Started 11-5-12 Completed 4-9-13

(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.

RECEIVED
License Number _____ Date _____
Signed _____ JUL 12 2018

(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.

OWRD
License Number 11654 Date 10-6-13
Signed _____
Contact Info. (optional) _____

STATE OF OREGON
WATER SUPPLY WELL REPORT

HARN 51991

HARN 51991 111748

WELL LABEL # L 111748
START CARD # 206062
ORIGINAL LOG #

(ORS 537.765 & OAR 690-205-0210)

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

(1) LANDOWNER Owner Well I.D.
First Name Tim Last Name PUCKETT
Company _____
Address PO Box 255
City CHRISTMAS Valley State OR Zip 97641

(2) TYPE OF WORK New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other _____
Casing Gauge _____ Casing Diameter _____

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

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

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 620 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
20"	0	230	Concrete	0	230	100	5245
14"	230	600					

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 _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		16"	+	1	229	.250	X		X	

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

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

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	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)
500 gpm	1'		8 hr

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

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Clatsop Twp 23 N or S Range 26 E or W W.M.
Sec 12 1/4 of the 25 1/4 Tax Lot 2100
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) Miller Court Rd Rainier OR

(10) STATIC WATER LEVEL

Existing Well/Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	4-11-13			152

Flowing Artesian? Yes Dry Hole? Yes
WATER BEARING ZONES Depth water was first found 245

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
152	245	620	5000'			152

(11) WELL LOG Ground Elevation _____

Material	From	To
TOP Soil	0	2
Clay Gravel Stratum	2	220
Gray Basalt	220	245
Red Sandstone	245	260
Dolomite	260	620

RECEIVED BY OWRD RECEIVED BY OWRD
OCT 10 2013 NOV 18 2013
SALEM, OR SALEM, OR
Date Started 4-11-13 Completed 4-15-13

(unbonded) Water Well Constructor Certification
I certify that the work 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 _____
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 1654 Date 10-6-13
Signed _____
Contact Info. (optional) _____

RECEIVED
JUL 12 2018

HARN 52118

HARN 52118
115909

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

WELL LABEL # L 209716
START CARD # 209716

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

(1) LAND OWNER Owner Well I.D.
First Name Tim Last Name PUCNETT
Company _____
Address PO BOX 255
City CHRISTMAS VALLEY State OR Zip 97641

(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 Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
Depth of Completed Well 520 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
20"	0	178	Cement	0	178	100	Sck
16"	178	290					
12"	290	300					
10"	300	520					

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

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		16"	+	1	178	.280	X			X
	X	12"	-	100	300	.280	X			X

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

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

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
X			X	12"	290	300		3/4"	500	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min 2000 gal Drawdown _____ Drill stem/Pump depth 520 Duration (hr) hr 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 Harney Twp 23 N or S Range 26 E or W W.M.
Sec 12 SE 1/4 of the NW 1/4 Tax Lot 2100
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street Address of Well (or nearest address) Miller Conydr NW Reilly or

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>5-15-14</u>			<u>152</u>

Flowing Artesian? Yes Dry Hole? Yes
WATER BEARING ZONES Depth water was first found 280

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>5-15-14</u>	<u>280</u>	<u>300</u>	<u>500 gal</u>			<u>152</u>
	<u>490</u>	<u>520</u>	<u>2000 gal</u>			<u>152</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
Clay Brown silt	0	170
Lava Rock	170	280
Red silt w/B	280	300
Brown Lava Rock	300	490
Red silt w/B	490	520

RECEIVED BY OWRD RECEIVED BY OWRD
OCT 20 2014 DEC 17 2014
SALEM, OR SALEM, OR
Date Started 4-30-14 Completed 5-15-14

(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 _____
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 1654 Date 9-10-14
Signed [Signature] RECEIVED
Contact Info. (optional) _____ JUL 12 2018

STATE OF OREGON
WATER SUPPLY WELL REPORT

HARN 51992

HARN 51992

WELL LABEL # L
START CARD # 20604
ORIGINAL LOG #

(ORS 537.765 & OAR 690-205-0210)
Instructions for completing this report are on the last page of this form.

(1) LANDOWNER Owner Well I.D. _____
First Name Tim Last Name PUGHETT
Company _____
Address PO Box 255
City Christmas Valley State OR Zip 97641

(2) TYPE OF WORK New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other
Casing Gauge .250 Casing Diameter 12"

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

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

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 470 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/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 _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csg	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X	12"	-	90	280	.250	Y			X	
X	10"	-	460	470	.250	X			X	

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

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

Perf	Scrn	Csg	Lnr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1800	16'		4hr

Temperature 55 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County HARNEY Twp 23 N or S Range 26 E or W W.M.
Sec 12 SE 1/4 of the SE 1/4 Tax Lot 2100
Tax Map Number _____ Lot _____

Lat _____ or _____ DMS or DD
Long _____ or _____ DMS or DD

Street Address of Well (or nearest address) Miller Canyon
Highway

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	<u>625</u>			<u>190</u>

Flowing Artesian? Yes Dry Hole? Yes

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 _____
JAN 18 2017
well was covered in TC SALEM, OR
280' PUT liner - RECEIVED BY OWRI
1 800 gal m.v. OCT 10 2013
SALEM, OR
Date Started 6-13-13 Completed 6-25-13

(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. This report and information reported above are true to the best of my knowledge and belief.
RECEIVED BY OWRI

License Number _____ Date NOV 18 2013
Signed _____ SALEM, OR

(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 1654 Date 9-30-13

Signed _____
Contact Info. (optional) _____

RECEIVED
JUL 12 2018
OWRD

HARN 51992



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

Application for Well ID Number

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DEC 01 2016

WATER RESOURCES DEPT
SALEM, OREGON

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): _____
Mailing Address: SINGHOSE LAND AND CATTLE COMPANY, LLC
City, State, Zip: PO BOX 55 RILEY, OR 97758-0055
Mail Well ID Tag to: SAME AS ABOVE In Care Of (C/O)
Name & Address: JOHN SHORT / WATER RIGHT SERVICES, LLC PO BOX 1830
City, State, Zip: BEND, OR 97709

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 23S (North / South) Range: 26E (East / West) Section: 12 SE 1/4 of the SE 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 2100 County HARNEY
GPS Coordinates: 43 35' 12.57" N 119 32' 29.85" W
Street Address of Well, City: _____
If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Log, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): IRRIGATION
Date Well Constructed (or property built): 7-19-12 Total Well Depth: 470' Casing Diameter: 16"
Owner at time the well was constructed (if known): ABRAHAM PUCKETT Well Log # (if known): HARN 51867
Other Information: * NEED REPLACEMENT * TAG NUMBER L-105484 LOST!!

SUBMITTED BY (please print): CHRIS SMITH
PHONE: 541-815-7417 EMAIL &/or FAX: SMITTYCT@GMAIL.COM

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

<i>For Official Use Only by the Oregon Water Resources Department:</i>		
Received Date: <u>12-1-16</u>	Well Log Number: <u>HARN 51867 original</u> <u>HARN 51992 conversion</u>	Well Identification #: <u>L-125022</u>

Last Update: 8/1/16

Well I.D. Number/2

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WCC

JUL 12 2018

OWRD