



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. AUG 17 2018
- Part 2 – Completed Application Map Checklist. OWRD
- 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: One**
List them here: G-15451
 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>). 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. **RECEIVED**
- 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: APR 23 2018
 - 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. OWRD
 - 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°).

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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)	\$1,160
2	Types of change proposed: <input checked="" type="checkbox"/> Place of Use <input checked="" type="checkbox"/> Point of Diversion/Appropriation Number of above boxes checked = <u>2</u> (2a) Subtract 1 from the number in line 2a = <u>1</u> (2b) <i>If only one change, this will be 0</i> Multiply line 2b by \$930 and enter » » » » » » » » » » » » » » » »	RECEIVED AUG 17 2018 OWRD 2 \$ 930
3	Number of permits included in Permit Amendment <u>1</u> (3a) Subtract 1 from the number in 3a: <u>0</u> (3b) <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 checked="" type="checkbox"/> No: enter 0 » <input checked="" type="checkbox"/> Yes: enter \$410 »	4 4/0
5	Do you propose to change the place of use? <input type="checkbox"/> No: enter 0 on line 5 » <input checked="" type="checkbox"/> Yes: enter the cfs for the portions of the permits to be amended (see example below*): <u>3.14</u> 5a Subtract 1.0 from the number in 5a above: <u>2.14</u> (5b) If 5b is 0, enter 0 on line 5 » If 5b is greater than 0, round up to the nearest whole number: <u>3</u> (5c) and multiply 5c by \$350, then enter on line 5 » » » » » » » » » » » » » » » »	5 \$ 1,050
6	Add entries on lines 1 through 5 above » » » » » » » » » » Subtotal:	6 \$3,140
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 » If no box is applicable, enter 0 on line 7 » » » » » » » » » » » » » » » »	7 0
8	Subtract line 7 from line 6 » » » » » » » » » » Permit Amendment Fee:	8 \$3,140 \$3,550

*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:

- For irrigation calculate cfs for each permit involved as follows:
 - 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 ($x 45 ac = 0.56 cfs$).
 - 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*)
- 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 be 0.*)

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Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Golden Rule Farms, Inc.			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS P.O. Box 255				FAX NO.
CITY Christmas Valley	STATE OR	ZIP 97641	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 permit amendment; and why:
Changing water rights to match farming practices.

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

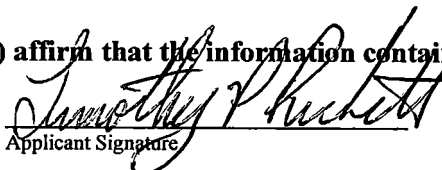
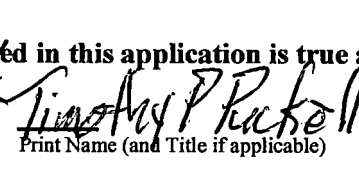
If NO, include either:

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- 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: **Burns Herald Times.**

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



4-12-18
Applicant Signature Print Name (and Title if applicable) Date

_____ _____ _____
Applicant Signature Print Name (and Title if applicable) Date
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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 N/A	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	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 Harney County Planning Department	ADDRESS 360 N. Alvord	
CITY Burns	STATE OR	ZIP 97720

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.

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PERMIT # G-15451

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	1/4	1/4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Well 1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	L-125018	25 S	31 E	31	NW	SE	6600	1,310' N & 1,505' W of SE Cor S31
Well 2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	L-38945	25 S	31 E	31	SW	SE	6600	130' N & 210' E of S 1/4 Cor S31
Well 3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	L-11939	26 S	30 E	1	SW	NE	100	2,160' S & 2,340' W of NE Cor S01
Well 15	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		25 S	30 E	36	SE	SE	4200	30' N & 20' W of SE Cor S36
Well 16 Auth.	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		26 S	30 E	1	SW	NW	200	25' N & 1,300' E of W 1/4 Cor S01
Well 16 Prop.	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	L-38946	26 S	30 E	1	SW	NW	200	250' N & 730' E of W 1/4 Cor S01
Well 17	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		26 S	30 E	1	SW	NW	200	16' N & 100' E of W 1/4 Cor S01

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

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

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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Table 2. Description of Changes to Water Use Permit # G-15451

List the change proposed for the acreage in each 1/4 1/4. If more than one change is proposed, specify the acreage associated with each change. If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.										Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.												
Twp.	Rng.	Sec.	1/4	1/4	Tax Lot	Gvt. Lot or DLC	Acre(s) (if applicable)	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp.	Rng.	Sec.	1/4	1/4	Tax Lot	Gvt. Lot or DLC	Acre(s) (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date			
											25	S	31	E	31	SW	SW	6500	GL 4	2.4	Wells 1,2,3,15,17 & Well 16 Prop.	2000	
25	S	30	E	36	NE	SE	4200	31.4	Wells 15, 17 & Well 16 Auth.	2000	POU/POA APOA	25	S	31	E	31	NE	SE	6600		31.0	Wells 1,2,3,15,17 & Well 16 Prop.	"
25	S	30	E	36	NW	SE	4200	31.4	"	"	"	25	S	31	E	31	NW	SE	6600		31.0	"	"
25	S	30	E	36	SW	SE	4200	31.4	"	"	"	25	S	31	E	31	SW	SE	6600		31.0	"	"
25	S	30	E	36	SE	SE	4200	31.4	"	"	"	25	S	31	E	31	SE	SE	6600		31.0	"	"
25	S	30	E	36	NE	SW	4200	31.4	"	"	"	26	S	30	E	1	NE	SW	100	GL 1	31.1	"	"
25	S	30	E	36	NW	SW	4200	31.4	"	"	"	26	S	30	E	1	NW	SW	100	GL 2	31.3	"	"
25	S	30	E	36	SW	SW	4200	31.4	"	"	"	26	S	30	E	1	SW	SW	100		31.3	"	"
25	S	30	E	36	SE	SW	4200	31.4	"	"	"	26	S	30	E	1	SE	SW	100		31.1	"	"
TOTAL ACRES							251.2	TOTAL ACRES										251.2					

Additional remarks: _____

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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: CERTS 93194 & 93234 BEING TRANSFERRED OFF UNDER T-12822.



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
Well 15	No		230'	12"	0-230'	0-20'		26'	Sand Stone	3.1 cfs
Well 16 auth	No		320'	12"	0-230'	0-20'		80'	Cinder Stone	3.1 cfs
Well 17	No		320'	12"	0-230'	0-20'		80'	Cinder Stone	3.1 cfs

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HARN 1837

OCT 09 1998

Corrected location by W.H. Beal

25/31/31 ad

19315

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 637.766)

(1) OWNER: **WATER RESOURCES DEPT**
Name V.J. & Connie Lofar SALEM, OREGON

Address _____
City Paras State Orn Zip 97120

(2) TYPE OF WORK:

New Well Deepen Recondition Abandon

(3) DRILL METHOD

Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 170 ft.
Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds of sackn
Diameter	From	To	Material	From	To	
16"	0	13'	cement			
12"	13'	170'				

How was seal placed: Method A B C D E

Other _____

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

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

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	12"	0	170'	0.25"				

Final location of shoe(s) 170

(7) PERFORATIONS/SCREENS:

Perforations Method factory cut
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size"	Casing	Liner
170'	170'	1/32"	3	1 1/2"		<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

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

Temperature of water _____ Depth Artesian Flow Found _____

Was a water analysis done? Yes By whom _____

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

Salty Muddy Odor Colored Other _____

Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County Harney Latitude _____ Longitude _____
Township S Nor S, Range 31 E E or W, WM.
Section 31 SE NE SW SE Q D A
Tax Lot _____ Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 3 on hwy 205 to Hwy

Springs rd, W 3 miles, S 1/4 mile.

(10) STATIC WATER LEVEL:

20 ft. below land surface. Date 6-12-89
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 110

From	To	Estimated Flow Rate	SWL
110	170	850 gpm	20

(12) WELL LOG:

Ground elevation 1150

Material	From	To	SWL
Soil	0	10	0
Sand	10	30	0
Clay, brn.	30	35	0
Sand, brn.	35	95	0
Clay, blue	95	110	0
Claystone, blue w/ gravel layers, water bearing	110	168	20
Clay, grey-black	168	170	20

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Date started 5-31-89 Completed 6-12-89

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ WWC Number _____
Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. all work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief. Harold Woodruff

Signed _____ WWC Number _____
Date _____



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

Application for OWRD Well ID Number

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NOV 17 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): Golden Rule Farms, Inc.
Mailing Address: PO Box 255
City, State, Zip: Christmas Valley, OR 97641
Mail Well ID Tag to: [] SAME AS ABOVE [X] In Care Of (C/O)
Name & Address: John Short
City, State, Zip: PO Box 1830, Bend, OR 97709

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

Township: 25S (North / South) Range: 31E (East / West) Section: 31 NW 1/4 of the SE 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 6600 County Harney
GPS Coordinates: 43.356489, -119.044633
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): IR
Date Well Constructed (or property built): 6/12/1989 Total Well Depth: 170' Casing Diameter: 12"
Owner at time the well was constructed (if known): Lefor Well Log # (if known): HARN 1837
Other Information: Well in center of Phase 4 pivot closest to house.

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SUBMITTED BY (please print): John A. Short / Water Right Services, LLC
PHONE: 541-389-2837 EMAIL &/or FAX: johnshort@usa.com APR 23 2018

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.

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For Official Use Only by the Oregon Water Resources Department:
Received Date: 11-17-16 Well Log Number: HARN 1837 Well Identification #: L-125018

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.766)

HARN 1837

MAY 9 1990

HARN 1837 255 / 31E / 31 ad
 10315 Corrected by WM

(1) OWNER: Well Number: _____
 Name V.J. & Connie Lefor
 Address _____
 City Burns State Ore. Zip 97720

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

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

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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 170 ft.
 Yes No
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	18'	cement	0	18'	8 sacks
12"	18	170				

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	12"	+1	170	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 170

(7) PERFORATIONS/SCREENS:

Perforations Method Factory cut
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
110	170	1/8x3	1440		12"	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
50	0		1 hr.

Temperature of water 54 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Harney Latitude _____ Longitude _____
 Township 26 S N or S, Range 31 E E or W, WM.
 Section 6 SE $\frac{1}{4}$ SW $\frac{1}{4}$ C D A
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) S on hwy 205 to Weaver Springs rd, W 3 miles, S $\frac{1}{2}$ mile.

(10) STATIC WATER LEVEL:
20 ft. below land surface. Date 6-12-89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 110

From	To	Estimated Flow Rate	SWL
110	170	850 gpm	20

(12) WELL LOG: Ground elevation 4150

Material	From	To	SWL
Soil	0	10	0
Sand	10	30	0
Clay, brn.	30	35	0
Sand, brn.	35	95	0
Clay, blue	95	110	0
Claystone, blue w/ gravel layers, water bearing	110	168	20
Clay, grey-black	168	170	20

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 AUG 17 2018
 OWRD
 APR 23 2018
 OWRD

Date started 5-30-89 Completed 6-12-89

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 WWC Number _____
 Signed _____ Date _____

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. all work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number 1257
 Signed Harold P. Woodruff Date 6-12-89

HARN 51504

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

WELL I.D. # L 38940
START CARD # WA8630

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

(1) LAND OWNER
Name Carpenter Ranch LLC Well Number _____
Address 1930 Lewis Street
City Salem State OR Zip 97301

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 220 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
30"	0	20	Bentonite	0	20	96 Sacks
24"	0	160				
12"	0	160				

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 0 ft. to 160 ft. Size of gravel 3/4

(6) CASING/LINER

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	24"	0	60	260	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	12"	0	160	260	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS

Perforations Method Torch
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
100'	150'	4x4	533	1	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
688	65'		

Temperature of water 54.0 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any _____ suitable for intended use? Yes No
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL (legal description)
County Harvey
Tax Lot 5600 Lot _____
Township 25S N or S Range 31 E or W WM
Section 31 1/4 1/4

Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL
25 ft. below land surface. Date 10/10/08
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
45'	160'		25'

(12) WELL LOG Ground Elevation 4100

Material	From	To	SWL
Loose sand	0'	3'	
Hard gray yellow clay	3'	32'	25'
Sandstone	32'	45'	25'
Blue clay + sand	45'	80'	25'
Sandstone hard	80'	95'	25'
Green clay + silt	95'	120'	25'
Sandstone hard	120'	145'	25'
Green shale	145'	160'	25'
Lava rock	160'	210'	25'
Sandstone	210'	230'	25'

The well Field up 220" with sand

Date Started 9/16/08 Completed 10/10/08

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

WWC Number _____ Date APR 23 2018

Signed _____ OWRD

(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.

WWC Number 1336 Date 10/23/08

Signed FAJ Ruky

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AUG 17 2018
OWRD

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NOV 12 2008
JAN 20 2009

RECEIVED

MAR 27 1997

WELL I.D.# L11939

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STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT.

SALEM, OREGON

Harn 50143

(START CARD)# 83824

AUG 17 2018

Instructions for completing this report are on the back of this form.

(1) OWNER: Well Number _____

Name VJ Lefor

Address HC 71 Box 463

City Burns State OR Zip 97720

(2) TYPE OF WORK

New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 290 ft.

Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
28	0	50	Bentonite	0	18	30 sacks
24	50	95				
14	95	290				

How was seal placed: Method A B C D E

Other Drilled dry & tamped

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

Gravel placed from 100 ft. to 0 ft. Size of gravel 3/8 pea

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 24	+1	20	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 14	+1.5	115	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

Perforations Method saw cut

Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
15	115	1/8x3	5600	14		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min 50 Drawdown 0 Drill stem at _____ Time 1 hr.

Temperature of water 58° Depth Artesian Flow Found _____

Was a water analysis done? Yes By whom _____

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

Salty Muddy Odor Colored Other _____

Depth of strata: _____

(9) LOCATION OF WELL by legal description: OWRD

County Harney Latitude _____ Longitude _____

Township 26S N or S Range 30E E or W. WM.

Section 1 SW 1/4 NE 1/4

Tax Lot 100 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) Weaver Springs Rd

(10) STATIC WATER LEVEL:

22 ft. below land surface. Date 3-21-97

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 30

From	To	Estimated Flow Rate	SWL
30	290	300	22

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APR 23 2018

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Sandy topsoil	0	2	
Sand	2	14	
Clay brn	14	21	
Clay blue	21	30	
Cinders blk & brn	30	52	22
Clay blue	52	77	22
Sand blk/fine caving	77	100	22
Clay, grey	100	140	22
Clay, blk	140	155	22
Clay green	155	172	22
Clay brn hard	172	180	22
Sand/clay blk	180	190	22
Clay grey	190	240	22
Clay green hard	240	245	22
Cinder, grey	245	260	22
Clay cobbles caving	260	275	22
Clay green	275	290	22

Date started 3-6-97 Completed 3-21-97

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

WWC Number _____

Signed _____ Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1424

Signed Zachary K. Riley Date 3-28-97

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

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HARN 51555
AUG 17 2018

Harn
51555

WELL I.D.# L 38946
START CARD # W198686

OWRD

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

(1) LAND OWNER Well Number _____
Name Carpen Ter Ranch LLC
Address 1930 Lewis Street
City Salem State Or Zip 97301

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 300 ft. = 320
Explosives used: Yes No Type _____ Amount _____

BORE HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds	
30"	0	20	BENTONITE	0	20	120 SACKS	
12"	20	320					

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

Casing/Liner	Diameter	From	To	Gauge	SEAL			
					Steel	Plastic	Welded	Threaded
Casing: 12"	0	230	260		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 230'

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type _____ Material _____

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

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

Yield gal/min	Drawdown	Drill stem at	Time
1400	20'		3 Hrs.

Temperature of water 54.0 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did the water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: 4 2009 APR 23 2009

(9) LOCATION OF WELL (legal description)
County HARNEY
Tax Lot None Lot _____
Township 25 N or S Range 31 E or W WM
Section 31 SW 1/4 NW 1/4
Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL
57.5 ft. below land surface. Date 3/20/09
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found 90' 85'

From	To	Estimated Flow Rate	SWL
85'	130'	100 Gal.	80'

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
TAPSOIL	0	2	
Hard pan	2	15	
SANDSTONE	15	40	
Cinders & Clay	40	48	
Black cinders	48	85	
Blue Clay & cinders	85	90	
SANDSTONE	90	100	80'
Cinders & Clay	100	125	80'
Blue Clay	125	130	80'
Black Clay	130	230	80'
CINDERSTONE	230	320	57'

Date Started 10/14/08 Completed 3/20/09

(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.

WWC Number _____ Date APR 23 2018
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.

WWC Number 1336 Date 4/14/09
Signed [Signature]