



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

Application for Permit Amendment

Part 1 of 5 – Minimum Requirements Checklist

This permit amendment application will be returned if Parts 1 through 5 and all required attachments are not completed and included.

For questions, please call (503) 986-0900, and ask for Transfer Section.

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

- ☒ Part 1 – Completed Minimum Requirements Checklist.
- ☒ Part 2 – Completed Application Map Checklist.
- ☒ Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the new online fee calculator at: http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator. If you have questions, call Customer Service at (503) 986-0801.
- ☒ Part 4 – Completed Applicant Information and Signature.
- ☒ Part 5 – Information about Permits to be Amended: **Number of permits to be amended: 1 List them here: G-17045 & G-16573**
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.
- ☒ ☐ N/A Land Use Information Form with approval and signature (or signed land use form receipt stub). Land use form is not required if any of the following apply:
- ☐ Water is to be diverted, conveyed, and/or used only on federal lands.
 - ☐ All of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone.
 - ☐ The proposed changes are all located on the property reviewed in Land Use form enclosed in Water Right Application Folder # ____.
- ☒ ☐ N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation.

(For Staff Use Only)

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

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

Other/Explanation _____

Staff: _____ 503-986-0 _____

Date: ____/____/____

Part 2 of 5 – Permit Amendment Map Checklist

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

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

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

Part 3 of 5 – Fee Worksheet

FEE WORKSHEET for PERMIT AMENDMENT				
1	Base Fee (includes one type of change to one permit for up to 1 cfs)	1	\$1,160	
2	Types of change proposed: ☒ Place of Use ☒ Point of Diversion/Appropriation Number of above boxes checked = <u>2 (2a)</u> Subtract 1 from the number in line 2a = <u>1 (2b)</u> <i>If only one change, this will be 0</i> Multiply line 2b by \$930 and enter » » » » » » » » » » » » » » » »	RECEIVED AUG 31 2018 OWRD	2	\$930
3	Number of permits included in Permit Amendment <u>2 (3a)</u> Subtract 1 from the number in 3a: <u>1 (3b)</u> <i>If only one permit this will be 0</i> Multiply line 3b by \$520 and enter » » » » » » » » » » » » » » » »		3	\$520
4	Do you propose to add or change a well, or change from a surface water POD to a well? ☐ No: enter 0 » ☒ Yes: enter \$410 »		4	\$410
5	Do you propose to change the place of use? ☐ No: enter 0 on line 5 » ☒ Yes: enter the cfs for the portions of the permits to be amended (see example below*): <u>1.1 (5a)</u> Subtract 1.0 from the number in 5a above: <u>-0.1 (5b)</u> If 5b is 0, enter 0 on line 5 » If 5b is greater than 0, round up to the nearest whole number: <u>1 (5c)</u> and multiply 5c by \$350, then enter on line 5 » » » » » » » » » »		5	\$350
6	Add entries on lines 1 through 5 above » » » » » » » » » » Subtotal:		6	\$3370
7	Is this permit amendment: ☐ necessary to complete a project funded by the Oregon Watershed Enhancement Board (OWEB) under ORS 541.932? ☐ 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	\$3370

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

1. For irrigation calculate cfs for each permit involved as follows:
 - a. Divide total authorized cfs by total acres in the permit (*for S-12345, 1.25 cfs ÷ 100 ac*); then multiply by the number of acres to be changed to get the application cfs (*x 45 ac = 0.56 cfs*).
 - b. If the water right permit does not list total cfs, but identifies the allowable use as 1/40 or 1/80 of a cfs per acre; multiply number of acres proposed for change by either 0.025 (1/40) or 0.0125 (1/80). (*For S-87654, 45.0 ac x 0.0125 cfs/ac = 0.56 cfs*)
2. Add cfs for the portions of permits on all the land included in the application; however **do not count cfs for supplemental permits on acreage for which you have already calculated the cfs fee for the primary permit on the same land**. The fee should be assessed only once for each “on the ground” acre included in the application. (*In this example, blank 5a would be only 0.56 cfs, since both permits serve the same 45.0 acres. Blank 5b would be 0 and Line 5 would then also become 0*).

Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Mike Peila			PHONE NO. 541-589-0207	ADDITIONAL CONTACT NO.
ADDRESS PO Box 537				FAX NO.
CITY Hines	STATE OR	ZIP 97738	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 Scott D Montgomery			PHONE NO. 541-548-5833	ADDITIONAL CONTACT NO. 541-420-0401
ADDRESS PO Box 767				FAX NO. 844-273-9878
CITY Terrebonne	STATE OR	ZIP 97760	E-MAIL scott@apeands.com	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.				

Explain in your own words what you propose to accomplish with this permit amendment; and why: Permit holder/owner wants to arrange the place of use to better match into the existing topography for farming and add wells in order to connect all wells together in a common irrigation system for more flexibility supplying water to the fields.

☐ 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.

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

Mike Peila
Applicant Signature

Mike Peila
Print Name (and Title if applicable)

8-23-18
Date

Sallie Peila
Applicant Signature

Sallie Peila
Print Name (and Title if applicable)

8-23-18
Date

Check one of the following:

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

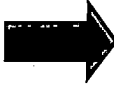
Check the appropriate box, if applicable:

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

IRRIGATION DISTRICT NAME NA	ADDRESS	
CITY	STATE	ZIP

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

ENTITY NAME NA	ADDRESS	
CITY	STATE	ZIP

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

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

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Part 5 of 5 – Water Use Permit Information

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

PERMIT # G-17045

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

POD/POA Name or Number	Is this POD/POA Authorized by the permit or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-___)	Twp	Rng	Sec	¼ ¼	Tax Lot, DL C or Gov't Lot	Measured Distances (from a recognized survey corner)
#1	☒ Authorized ☐ Proposed	HARN 51503/51680	24 S	30 E	9	SE SE	300	726' N & 1188' W from the SE cor, Sec 9
#2	☒ Authorized ☐ Proposed	HARN 52485	24 S	30 E	10	SW SE	300	1465' S & 1365' W from the E ¼ cor, Sec 10
#3	☐ Authorized ☒ Proposed	NOT DRILLED	24 S	30 E	16	NW NE	300	835' S & 2025' W from the NE cor, Sec 16

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

- | | |
|---|--|
| ☒ Place of Use (POU) | ☒ Point of Appropriation/Well (POA) |
| ☐ Point of Diversion (POD) | ☒ Additional Point of Appropriation (APOA) |
| ☐ Additional Point of Diversion (APOD) | ☐ 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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Please use and attach additional pages of Table 2 as needed.
See page 6 for instructions.

Do you have questions about how to fill-out the tables?
Contact the Department at 503-986-0900 and ask for Transfer Staff.

Table 2. Description of Changes to Water Use Permit # G-17045

List the change proposed for the acreage in each ¼ ¼. If more than one change is proposed, specify the acreage associated with each change.
If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.									Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.								
Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acre (if applicable)	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acre (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date
24 S	30 E	10	NW NE	300		4.0	#1 & #2	2008	POU, POA, APOA	24 S	30 E	9	SW SE	300		12.0	#1, #2 & #3	2008
24 S	30 E	10	SW NE	300		8.8	#1 & #2	2008	POU, POA, APOA	24 S	30 E	10	NW NE	300		0.3	#1, #2 & #3	2008
24 S	30 E	10	SE NE	300		5.7	#1 & #2	2008	POU, POA, APOA	24 S	30 E	10	SW NE	300		0.2	#1, #2 & #3	2008
24 S	30 E	10	NE SE	300		10.0	#1 & #2	2008	POU, POA, APOA	24 S	30 E	10	NE NW	300		0.1	#1, #2 & #3	2008
24 S	30 E	10	NW SE	300		8.8	#1 & #2	2008	POU, POA, APOA	24 S	30 E	10	SE NW	300		14.0	#1, #2 & #3	2008
24 S	30 E	10	SW SE	300		2.3	#1 & #2	2008	POU, POA, APOA	24 S	30 E	10	NE SW	300		4.0	#1, #2 & #3	2008
24 S	30 E	10	SE SE	300		10.0	#1 & #2	2008	POU, POA, APOA	24 S	30 E	16	NW NE	300		19.0	#1, #2 & #3	2008
TOTAL ACRES						49.7				TOTAL ACRES						49.7		

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: _____

➔ 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
See well logs										
#3	No	NA	700'	16"	#1' to 80'	0' to 20'	None	50'	basalt	1500 gpm

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Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)

(Note: If the POD/POA name is not specified in the permit, assign it a name or number here.)

POD/POA Name or Number	Is this POD/POA Authorized by the permit or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-)	Twp	Rng	Sec	1/4 1/4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
#3	☒ Authorized ☐ Proposed	HARN 51332	24 S	30 E	36	NE SW	2200	2000' N & 2525' E from SW cor, Sec 36
#1	☐ Authorized ☒ Proposed	HARN 841/842	24 S	30 E	24	SW NE	2101	2450' S & 630' W from E 1/16 cor, between sec's 13-24
#2	☐ Authorized ☒ Proposed	HARN 844	24 S	30 E	25	SE SE	2200	2270' S & 6110' W from E 1/4 cor, sec 25
#4	☐ Authorized ☒ Proposed	NOT DRILLED	24 S	30 E	30	SE SE	2800	0' N & 1320' W from SE cor, Sec 30
#5	☐ Authorized ☒ Proposed	NOT DRILLED	24 S	30 E	25	NE NE	2200	1320' S & 680' W from NE cor, Sec 25
#6	☐ Authorized ☒ Proposed	NOT DRILLED	24 S	30 E	25	NE SW	2200	1955' N & 2685' W from SE cor, Sec 25
#7	☐ Authorized ☒ Proposed	HARN 52696	24 S	30 E	36	NE SW	2200	2050' N & 2640' E from SW cor, Sec 36

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

- | | |
|---|--|
| ☒ Place of Use (POU) | ☒ Point of Appropriation/Well (POA) |
| ☐ Point of Diversion (POD) | ☒ Additional Point of Appropriation (APOA) |
| ☐ Additional Point of Diversion (APOD) | ☐ 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.

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

Do you have questions about how to fill-out the tables?
Contact the Department at 503-986-0900 and ask for Transfer Staff.

Table 2. Description of Changes to Water Use Permit # G-16573

List the change proposed for the acreage in each ¼ ¼. If more than one change is proposed, specify the acreage associated with each change.
If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.									Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.								
Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date
24 S	30 E	36	NE SW	300	2200	5.0	#3	2008	POU, POA, APOA	24 S	30 E	36	SE NE	2200		9.1	#1 - #7	2008
24 S	30 E	36	NW SE	300	2200	34.6	#3	2008	POU, POA, APOA	24 S	30 E	36	NW SW	2200		10.4	#1 - #7	2008
									POU, POA, APOA	24 S	30 E	36	SE SW	2200		18.5	#1 - #7	2008
									POU, POA, APOA	24 S	30 E	36	NE SE	2200		1.6	#1 - #7	2008
TOTAL ACRES						39.6				TOTAL ACRES						39.6		

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: _____

 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
See well logs #1 - #3 & 7										
#4	NO	NA	600'	12"	0' to 200'	0 to 80'		80'	SAND/CLAY	1500 GPM
#5	NO	NA	600'	12"	0' to 200'	0 to 80'		80'	SAND/CLAY	1500 GPM
#6	NO	NA	600'	12"	0' to 200'	0 to 80'		80'	SAND/CLAY	1500 GPM

RECEIVED

AUG 31 2018

OWRD

HARN 51503

AUG 31 2018

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

WELL LABEL # L P R E D A T E
START CARD # P R E D A T E

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

(1) LAND OWNER
First Name MIKE & SALLIE Last Name DELL
Company TRIANGLE ELEVEN CAMP
Address PO BOX 537
City HINES State OR Zip 97738

(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 425 ft.

BORE HOLE				SEAL				Amount	Scks/lbs
Dia	From	To	Material	From	To	Material	Amount		
20	0	18	CEMENT	0	18		17		SACKS
16	18	450							

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other CEMENT GROUT Poured THROUGH TREMIE PIPE
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: ☐ Yes Type Amount

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
☒	16	+	2	150	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	Screen	Casing Liner	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 50 Drawdown 0 Drill stem/Pump depth Duration (hr)

Temperature 58 °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 24S N or S Range 30E E or W W.M.
Sec 9 SW 1/4 of the SE 1/4 Tax Lot 300
Tax Map Number Lot
Lat " or DMS or DD
Long " or DMS or DD

Street Address of Well (or nearest address) 28186 HWY 20 W
MP 125 WEST OF HINES

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>AUG 10, 84</u>			<u>-12 FT</u>

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>5-84</u>	<u>230</u>	<u>450</u>	<u>100+</u>			<u>12</u>

(11) WELL LOG

Material	From	To
TOPSOIL	0	3
SILT	3	14
BROWN CLAY	14	21
BROWN SANDSTONE	21	90
WHITE CLAYSTONE	90	137
BROWN SANDSTONE	137	145
BLACK BASALT	145	190
GREEN CLAYSTONE	190	230
BROWN CLAY/RED CINDER	230	450

Date Started MARCH 15, 84 Completed AUG 10, 84

(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 **NOV 04 2008**

(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 883 Date 10-25-08

Signed

Contact Info. (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT ONE COPY FOR CONSTRUCTOR ONE COPY FOR CUSTOMER
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK 10/16/2006

RECEIVED BY OWRD

MAR 07 2013

SALEM, OR

HARN 51503

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

HARN 51680

WELL LABEL # L 101619
START CARD # 202964
ORIGINAL LOG # HARN 51503

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

(1) LANDOWNER Owner Well I.D.
First Name MIKE T SALLIE Last Name PEILA
Company
Address PO Box 537
City HINES State OR Zip 97738

(2) TYPE OF WORK ☐ New ☐ Conversion ☒ Deepening
☒ Alteration (complete Sections 2a & 10) ☐ Abandonment (complete Section 5a)
(2a) PRE-ALTERATION: Well Depth 450 ft.
Seal Material PORTLAND CEMENT NONE
Casing Type: ☒ Steel ☐ Plastic ☐ Other
Casing Gauge .375 Casing Diameter 16"

(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 460 ft. Special Standard: ☐ Yes (attach copy)

BORE HOLE			SEAL			Amount	Scks/lbs
Dia	From	To	Material	From	To		
22"	0	31	PORTLAND CEMENT	0	31	71	SCKS
16"	31	430					
10"	430	460					

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

Casing	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
SEE ORIGINAL	WELL LOG									
DRILLED	22"									
31"										
PUMPED	ANNULAR SPACE									
TO GROUND LEVEL	WITH NEUT CEMENT									

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

Perf	Scrn	Casing	Linr	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 1100 Drawdown 450' Drill stem/Pump depth 1 Duration (hr) 1

Temperature 58 °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 24 N of S Range 300 E or W W.M.
Sec 09 SW 1/4 of the SE 1/4 Tax Lot 300
Tax Map Number _____ Lot _____

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

Street Address of Well (or nearest address) 28186 Hwy 20W.
BURNS/HINES, OR MP. 125

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration	12-01-09		-	10
Completed Well	12-06-09		-	10

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
SEE ORIGINAL WELL LOG	0	450
BROKEN RED & GRAY ROCK	450	460

RECEIVED BY OWRD

RECEIVED

MAR 07 2013

DEC 11 2009

SALEM, OR

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 11-04-09 Completed 12-04-09

(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.

License Number 1739 Date 12-03-09

Signed *Cherry*

(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 1355 Date 12-08-09

Signed *Ruth L Jay* RECEIVED

Contact Info. (optional)

AUG 31 2018

ORIGINAL - WATER RESOURCES DEPARTMENT ONE COPY FOR CONSTRUCTOR ONE COPY FOR CUSTOMER OWRD
SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK 01/02/2009

HARN 51680

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

HARN 52485

WELL I.D. LABEL# L 715922
START CARD # 211205
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. #7
First Name Mike Last Name Peita SALEM, OR
Company
Address PO Box 537
City Linx State OR Zip 97738

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion
☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Dia + From To Gauge Stil Plstc Wld Thrd
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

Depth of Completed Well 160 ft. Special Standard ☐ (Attach copy)

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	lbs
20"	0	81	Lemen	81	20	29	52'
14"	81	220				Calculated 17	
8"	220	360	Ben-T	20	0	96	SW
						Calculated 17	

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E

☒ Other Bent 3/8

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 Stil Plstc Wld Thrd
☒ ☐ 16" 1 81 256 ☒ ☐ ☒
Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s)
Temp casing ☐ Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type Material

Per/S	Casing/Screen	Dia	From	To	Sem/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)

1500		hr. 2	

Temperature 50°F Lab analysis ☐ Yes By
Water quality concerns? ☐ Yes (describe below) TDS amount

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Clatsop Twp 24 N/S Range 30 E/W WM
Sec 10 SW 1/4 of the SW 1/4 Tax Lot 1300
Tax Map Number Lot
Lat " or DMS or DD
Long " or DMS or DD
Street address of well Nearest address

HWY 20 Mail Post 7 Burnside

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well 8-15-15 82
Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 65

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
8-15-15	65	65	100		52'
	220	160	150		52'

(11) WELL LOG

Ground Elevation

Material	From	To
TOP SOIL	0	1
Brick Clay	1	45
Sand with Brumch	45	12
Brown Clay	12	125
Gray Clay	125	135
Dark Rock Brum	135	145
Gray Lava Rock	145	195
Red Lava Rock	195	235
Yellow Lava Rock	235	305
Red Lava Rock	305	342
Yellow Lava Rock	342	395
Red Lava Rock	395	417
Yellow Lava Rock	417	492
Blue Lava Rock	492	523
Red Lava Rock	523	595
Red Lava Rock	595	603
Black Lava Rock	603	660

Date Started 8-7-15 Completed 8-15-15

(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 JAN 18 2017 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 16941 Date 2-27-2016

Signed

Contact Info (optional)

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

02-16-2007

WELL LABEL # L 86798

START CARD # 1000526

(1) LAND OWNER Owner Well I.D. #3
First Name MIKE Last Name PELLA
Company
Address PO BOX 537
City HINES State OR Zip 97738

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

(3) DRILL METHOD
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reversing 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 115.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
18	0	20	Bentonite	0	20	45	S
14	20	115					

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

☒ Other poured dry and tam

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

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plate	Wld	Thrd
☒	☒	14	☒	1	101	.250	☒	☒	☒	☒
☐	☐	12	☐	100	115	.250	☐	☐	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type Wire wrap Material stainless steel

Perf/	Casing/	Screen	Dia	From	To	Scrn/slot	Slot	# of	Tele/
Screen	Liner					width	length	slots	pipe size
		12		100	115	.25		1	12

(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		110	

Temperature 58 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Harney Twp 24.00 S N/S Range 30.00 E E/W WM
Sec 36 NW 1/4 of the SE 1/4 Tax Lot 2200
Tax Map Number _____ Lot _____
Lat _____ ° 0' _____ " or _____ DMS or DD
Long _____ ° 0' _____ " or _____ DMS or DD
☐ Street address of well ☐ Nearest address

30338 ENGSTROM LANE HWY 205

(10) STATIC WATER LEVEL

Date SWL (psi) + SWL (ft)
Existing Well / Predeepening _____
Completed Well 02-14-2007 _____ 30
Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 30

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
02-14-2007	115.00	115.00	1,000		

(11) WELL LOG

Ground Elevation _____

Material	From	To
topsoil sandy loam	0	2
play bm	2	27
sand fine bm	27	92
gravel large/cobbles	92	115

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JUN 10 2008

WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED

AUG 31 2018

OVRD

Date Started 02-01-2007

Completed 02-14-2007

(unbonded) Water Well Constructor Certification

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

License Number _____ Date _____

Electronically Filed

Signed _____

(bonded) Water Well Constructor Certification

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

License Number 1424

Date 02-16-2007

Electronically Filed

Signed TIMOTHY K RILEY (E-filed)

Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

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

Form Version: 0.88

ORIGINAL
File Original, and
Duplicate with the
STATE ENGINEER,
SALEM, OREGON

WATER WELL DRILLERS REPORT
STATE OF OREGON 61797

Do Not
Fill In

State Well No.

State Permit No.

24/30-24 G1

(1) OWNER:

Name W.B. Clayton

Address Burns, Oregon

(2) LOCATION OF WELL:

County Hern Owner's number, if any 1

R. F. D. or Street No.

Bearing and distance from section or subdivision corner

(3) TYPE OF WORK (check):

Well ☐ Deepening ☐ Reconditioning ☒ Abandon ☐
Abandonment, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☒ Test Well ☐ Other ☐

(5) EQUIPMENT:

Rotary ☐
Cable ☒
Dug Well ☐

(6) CASING INSTALLED:

Threaded ☐ Welded ☐

FROM	ft. to	ft.	Diam.	Gage or Wall
"	"	"	"	"
"	"	"	"	"
"	"	"	"	"
"	"	"	"	"
"	"	"	"	"

If gravel packed

Diameter of Bore	from ft.	to ft.
"	"	"
"	"	"
"	"	"
"	"	"
"	"	"

Type and size of shoe or well ring

Size of gravel:

Describe joint

(7) PERFORATIONS:

Type of perforator used

SIZE of perforations	in., length, by	in.
FROM ft. to ft.	perf per foot	No. of rows
" " "	" " "	" " "
" " "	" " "	" " "
" " "	" " "	" " "
" " "	" " "	" " "

SCREENS:

Give Manufacturer's Name, Model No. and Size

(8) CONSTRUCTION:

Was a surface sanitary seal provided? ☐ Yes ☐ No To what depth ft.

Were any strata sealed against pollution? ☐ Yes ☐ No
If yes, note depth of strata

FROM	ft. to	ft.
"	"	"

METHOD OF SEALING

(9) WATER LEVELS:

Depth at which water was first found ft.

Standing level before perforating ft.

Standing level after perforating ft.

Log Accepted by:

[Signed] _____ Dated _____, 19____
Owner

(10) WELL TESTS:

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

Yield: gal./min. with ft. draw down after hrs.

" " " "

" " " "

Artesian flow g.p.m.

Shut-in pressure lbs. per square inch.

Boiler test g.p.m. with ft. drawdown

Temperature of water Was a chemical analysis made? ☐ Yes ☐ No

Was electric log made of well? ☐ Yes ☐ No

(11) WELL LOG:

Diameter of well, inches.

Total depth ft. Depth of completed well ft.

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

ft. to ft. repair on well No. ~~1~~ 1
" " Installed ~~20~~ 210ft. of
" " 16in. O.D., 1/4 in. wall
" " casing,

" " Bottom 145ft. perforated
" " with six rows of 1/4 in. by
" " 4in. torch perforations
" " per ft.

" " Installed 20ft. 5in. of
" " liner in bottom of 16in.
" " casing.

" " Pulled 80 ft. of 18in.
" " O.D. casing.

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AUG 31 2018

OWRD

Ground elevation at well site 4150 feet above mean sea level.

Work started 8/24 1959 Completed 10/12 1959

Well Driller's Statement:

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

NAME John A. VanMeter

(Person, firm, or corporation)

(Typed or printed)

Address Box 204 Malin, Oregon

Driller's well number 170

[Signed] John A. VanMeter
(Well Driller)

License No. 170 Dated Dec 15, 1959

ORIGINAL
File Original, and
Duplicate with the
STATE ENGINEER,
SALEM, OREGON

OBSERVATION WELL
WATER WELL DRILLERS REPORT
STATE OF OREGON
G1797

Do Not
Fill In

State Well No.

State Permit No.

24/30-26R1

(1) OWNER:

Name W. B. Clayton

Address Burns, Oregon

(2) LOCATION OF WELL:

County HG Owner's number, if any— 2

R. F. D. or Street No.

Bearing and distance from section or subdivision corner

(3) TYPE OF WORK (check):

New well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐

andonment, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐

Irrigation ☒ Test Well ☐ Other ☐

(5) EQUIPMENT:

Rotary ☐

Cable ☒

Dug Well ☐

CASING INSTALLED:

Threaded ☐ Welded ☒

FROM 0 ft. to 150 ft. 16 Diam. 3/16 Wall

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If gravel packed

Diameter of Bore from ft. to ft.

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(7) PERFORATIONS:

Type of perforator used torch

SIZE of perforations 1/4-4 in., length, by in.

FROM 90 ft. to 95 ft. perf per foot No. of rows

" 110 " 115 " " " " " " "

" 130 " 135 " " " " " " "

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SCREENS:

Give Manufacturer's Name, Model No. and Size

(8) CONSTRUCTION:

Was a surface sanitary seal provided? ☐ Yes ☒ No To what depth ft.

Were any strata sealed against pollution? ☐ Yes ☒ No

If yes, note depth of strata

FROM ft. to ft.

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METHOD OF SEALING

(9) WATER LEVELS:

Depth at which water was first found 24 ft.

Standing level before perforating 23' 8" ft.

Standing level after perforating 23' 8" ft.

Log Accepted by:

[Signed] _____ Dated _____, 19____

Owner

(10) WELL TESTS:

Was a pump test made? ☒ Yes ☐ No If yes, by whom? Interstate Pump Co.

Yield 2500 gal./min. with 16' ft. draw down after 4 hrs.

" " " " " "

" " " " " "

Artesian flow _____ g.p.m.

Shut-in pressure _____ lbs. per square inch.

Boiler test _____ g.p.m. with _____ ft. drawdown

Temperature of water 54 Was a chemical analysis made? ☐ Yes ☒ No

Was electric log made of well? ☐ Yes ☒ No

(11) WELL LOG:

Diameter of well, 16" inches.

Total depth 501 ft. Depth of completed well 501 ft.

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

0 ft. to 4 ft. hardpan
4 " 31 " loose brown sand
31 " 37 " boulders and sand
37 " 50 " layers of hard & soft sand
50 " 58 " lava boulders & sand
58 " 70 " yellow clay & sand
70 " 124 " layers of green & yellow clay
124 " 126 " green shale
126 " 181 " green clay
181 " 184 " pumice sand & lava gravel
184 " 197 " layers of green shale & clay
197 " 224 " gray mud
224 " 243 " green shale & clay
243 " 252 " layers of hard & soft sand
" " & gravel
252 " 332 " gray shale
332 " 335 " broken zone shale
335 " 501 " black shale, broken

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Ground elevation at well site 4150 feet above mean sea level.

Work started 10/13 19 59 Completed 12/8 19 59

Well Driller's Statement:

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

NAME John A. VanMeter (Person, firm, or corporation) (Typed or printed)

Address Box 204 Malin, Oregon

Driller's well number

[Signed] John A. VanMeter (Well Driller)

License No. 172 Dated Dec 15, 1957

State Well No. 24/30-24R(1)
County Harney
Application No. G1797

OWNER: W.B. Clayton OWNER'S NO. 2
Description of measuring point: Top of casing at L.S.D.
(2) 12-12-61 SAME PT. BUT 1' ABOVE L.S.D.

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OWRD

[illegible]

REMARKS: _____

STATE OF OREGON
WATER SUPPLY WELL REPORT

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

HARN 52696

WELL I.D. LABEL# 125295

START CARD # 209738

SC# should be 209739

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. _____
First Name Mim Last Name Petta
Company _____
Address PO Box 537
City Lincoln State OR Zip 97138

(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 Thrd
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 659 ft.

BORE HOLE

SEAL

Dia	From	To	Material	From	To	Amt	sacks/lbs
24"	0	80	Bent	0	80	320	
26"	80	199					
14"	199	630					
8"	630	659					
						Calculated	100
						Calculated	

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

☒ Other 3/8 Bent pack 3mm

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
☒	☐	11"	+	1	199	250	☒	☐	☒	☐
☐	☐						☐	☐	☐	☐
☐	☐						☐	☐	☐	☐
☐	☐						☐	☐	☐	☐
☐	☐						☐	☐	☐	☐

Shoe ☒ Inside ☐ Outside ☐ Other Location of shoe(s) 199

Temp casing ☐ Yes Dia 16.2 From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____

Material _____

Perf/S	Casing/Screen	green	Liner	Dia	From	To	Sern/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)
2000	20'	630	4hr

Temperature 60 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 287

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Lincoln wp 24 N/S Range 30 E/W WM
Sec 26 NW 1/4 of the NE 1/4 Tax Lot 2200
Tax Map Number _____ Lot _____

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

☐ Street address of well ☐ Nearest address

30338 Engstrom Lane 114209

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	8-26-17			112'
Flowing Artesian? ☐ Dry Hole? ☐				

WATER BEARING ZONES

Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
7-10-17	60	65	1000			55'
8-26-17	320	630	2000			112'

(11) WELL LOG

Ground Elevation _____

Material	From	To
TOP SOIL	0	2
Brown clay	2	60
Sand gravel w/ B	60	65
Brown clay	65	85
Black sand with clay	85	198
Green clay	175	198
Brown clay	198	320
Brown love rock	320	560
Black love broken	560	630
Blue clay	630	659

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REVISIONS REQUESTED

SALEM, OR

Date Started 6-3-17 Completed 8-26-17

(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 AUG 31 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.

License Number 165 Date 10-10-17

Signed [Signature]

Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT