



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.

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-17889**
Please include a separate Part 5 for each permit. (See instructions on page 6)
- Completed Permit Amendment Application Map (Does not have to be prepared by a Certified Water Right Examiner).
- N/A Request for Assignment Form and statutory fee. The request for assignment form has to be completed if the applicant is **not** the permit holder of record and needs to be assigned to the permit; **or** the landowner of the proposed place of use is **not** the permit holder of record and needs to be assigned to the permit (the Request for Assignment Form is available online at http://www.oregon.gov/owrd/pubs/docs/forms/req_assign_8_21_09.pdf). Assignment is not needed if the applicant is the permit holder of record.
- N/A Affidavit(s) of Consent are required from all permit holder(s) of record if the permit is not assigned to the applicant, **or** other permit holders of record that are not listed as applicants.
- N/A Land Use Information Form with approval and signature (or signed land use form receipt stub). Land use form is not required if any of the following apply:
 - Water is to be diverted, conveyed, and/or used only on federal lands.
 - All of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone.
 - The proposed changes are all located on the property reviewed in Land Use form enclosed in Water Right Application Folder # _____.
- N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation.

(For Staff Use Only)

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

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

Other/Explanation _____

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

Part 2 of 5 – Permit Amendment Map Checklist

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

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

- 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.
- If you are proposing a change in point(s) of diversion or well(s), show the proposed location and label it clearly with distance and bearing or coordinates. If GPS coordinates are used, latitude-longitude coordinates may be expressed as either degrees-minutes-seconds with at least one digit after the decimal (example – 42°32'15.5") or degrees-decimal with five or more digits after the decimal (example – 42.53764°).

Part 3 of 5 – Fee Worksheet

| FEE WORKSHEET for PERMIT AMENDMENT | | | |
|------------------------------------|---|---|----------------|
| 1 | Base Fee (includes one type of change to one permit for up to 1 cfs) | 1 | \$1,160 |
| 2 | Types of change proposed: <input type="checkbox"/> Place of Use <input checked="" type="checkbox"/> Point of Diversion/Appropriation Number of above boxes checked = <u>1</u> (2a) Subtract 1 from the number in line 2a = <u>0</u> (2b) <i>If only one change, this will be 0</i> Multiply line 2b by \$800 and enter » » » » » » » » » » » » » » » » | 2 | 0 |
| 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 \$450 and enter » » » » » » » » » » » » » » » » | 3 | 0 |
| 4 | Do you propose to add or change a well, or change from a surface water POD to a well? <input type="checkbox"/> No: enter 0 » <input checked="" type="checkbox"/> Yes: enter \$350 » | 4 | 410 |
| 5 | Do you propose to change the place of use? <input checked="" type="checkbox"/> No: enter 0 on line 5 » <input type="checkbox"/> Yes: enter the cfs for the portions of the permits to be amended (see example below*): _____ (5a) Subtract 1.0 from the number in 5a above: _____ (5b) If 5b is 0, enter 0 on line 5 » If 5b is greater than 0, round up to the nearest whole number: _____ (5c) and multiply 5c by \$300, then enter on line 5 » » » » » » » » » » » » | 5 | 0 |
| 6 | Add entries on lines 1 through 5 above » » » » » » » » » » » » Subtotal: | 6 | 1,570 |
| 7 | Is this permit amendment: <input type="checkbox"/> necessary to complete a project funded by the Oregon Watershed Enhancement Board (OWEB) under ORS 541.932? <input type="checkbox"/> endorsed in writing by ODFW as a change that will result in a net benefit to fish and wildlife habitat? If one or more boxes is checked, multiply line 6 by 0.5 and enter on line 7 » If no box is applicable, enter 0 on line 7 » » » » » » » » » » » » » » » » | 7 | 0 |
| 8 | Subtract line 7 from line 6 » » » » » » » » » » Permit Amendment Fee: | 8 | \$1,570 |

***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 then also become 0*).

Part 4 of 5 – Applicant Information and Signature

Applicant Information

| | | | |
|--|--------------------|----------------------------------|---|
| APPLICANT/BUSINESS NAME RICHARD KRAFT | | PHONE NO. 503-991-1226 | ADDITIONAL CONTACT NO. |
| ADDRESS 8644 Warner Drive SE | | FAX NO. | |
| CITY Salem | STATE OR | ZIP 97317 | E-MAIL richard @kraftmasonryinc.com |
| BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED. | | | |

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

| | | | |
|--|--------------------|----------------------------------|---|
| AGENT/BUSINESS NAME Steven P. Applegate | | PHONE NO. 503-362-4040 | ADDITIONAL CONTACT NO. |
| ADDRESS 3395 Huckleberry Ct S | | FAX NO. | |
| CITY Salem | STATE OR | ZIP 97302 | E-MAIL steve.applegsp@gmail.com |
| BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED. | | | |

Explain in your own words what you propose to accomplish with this permit amendment; and why:
 The addition of well 2 (T-12475) has not proven to provide sufficient water for the south portion of the property. An additional well (#3) on the north end is expected to provide the water needed.
 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)

Is the applicant the permit holder of record? Yes No

If NO, include either:

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

I understand that prior to Department approval of the permit amendment, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the permit is located, once per week for two consecutive weeks. If more than one qualifying newspaper is available, I suggest publishing the notice in the following newspaper: Statesman Journal.



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

Richard Kraft
Applicant Signature

Richard Kraft
Print Name (and Title if applicable)

12-6-18
Date

Applicant Signature

Print Name (and Title if applicable)

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 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. N/A



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

| | | |
|------------------------------|-------------|-----|
| ENTITY NAME Marion County | ADDRESS | |
| CITY Salem | STATE OR | ZIP |

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-17889

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

| POD/POA Name or Number | Is this POD/POA Authorized by the permit or is it Proposed? | If POA, OWRD Well Log ID# (or Well ID Tag # L-___) | Twp | Rng | Sec | ¼ ¼ | Tax Lot, DLC or Gov't Lot | Measured Distances (from a recognized survey corner) |
|------------------------|---|--|-----|-----|-----|-------|---------------------------|--|
| 1 | <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed | 103761 | 7 S | 2 W | 26 | SE SE | DLC 65 | 670' N & 700' W from SE Cor. Sec.26 |
| 2 | <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed | | 7 S | 2 W | 35 | SW NE | L4 | 2880' S & 1480' W from NE Cor Sec 35 |
| 3 | <input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed | NOT DRILLED | 7 S | 2 W | 26 | SE SE | DLC 65 | 450' N. & 580' W. from the SE corner Section 26 |

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: N/A

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-17889

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 | | | |
| EXAMPLE | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | S | 9 | E | 15 | NE | NW | 100 | | 15.0 | POD #1 POD #2 | POU/POD | 2 | S | 9 | E | 15 | NW | NW | 100 | 1 | 10.0 | POD #5 | |
| " | " | " | " | " | " | " | " | " | EXAMPLE | " | " | 2 | S | 9 | E | 15 | SW | NW | 200 | | 5.0 | POD #6 | |
| | | | | | | | | | | | APOA | 7 | S | 2 | W | 35 | NW | SE | 100 | L5 | | 3 | 2014 |
| TOTAL ACRES | | | | | | | | | | | TOTAL ACRES | | | | | | | | | | N/A | | |

Additional remarks: _____.

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 |
|---|------------------------------------|---|------------------|-----------------|-------------------------|---------------------------|--|--|---|--|
| 3 | No | | 400 | 16/12 | Unk. | >240 | N/A | 60-100 | Basalt | 1.0 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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

Well 1
MARI 65942
10/28/2015

| | |
|------------------|--------------|
| WELL I.D. LABEL# | L 103761 |
| START CARD # | 212733 |
| ORIGINAL LOG # | MARION 64909 |

(1) **LAND OWNER** Owner Well I.D. _____
 First Name RICHARD Last Name KRAFT
 Company KRAFT MASONARY
 Address 8644 WARNER DRIVE
 City SALEM State OR Zip 97317

(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: 12 0 194 .250
 Material From To Amt sacks/lbs
 Seal: Bentonite Chips 0 10 13 Sacks

(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 365.00 ft.
BORE HOLE

| Dia | From | To | Material | From | To | Amt | sacks/lbs |
|-----|------|-----|----------|------|----|------------|-----------|
| 16 | 0 | 240 | | | | | |
| 12 | 240 | 350 | | | | Calculated | |
| 8 | 350 | 365 | | | | Calculated | |

How was seal placed: Method A B C D E
 Other **BRADEN HEAD METHOD**
 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 _____ Actual Amount _____

(6) **CASING/LINER**

| Casing | Liner | Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|----------------------------------|-----------------------|-----|--------------------------|------|-----|-------|----------------------------------|-----------------------|----------------------------------|--------------------------|
| <input checked="" type="radio"/> | <input type="radio"/> | 12 | <input type="checkbox"/> | 0 | 194 | .250 | <input checked="" type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="checkbox"/> |
| <input checked="" type="radio"/> | <input type="radio"/> | 10 | <input type="checkbox"/> | 0 | 210 | .250 | <input checked="" type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="checkbox"/> |
| <input checked="" type="radio"/> | <input type="radio"/> | 8 | <input type="checkbox"/> | 210 | 290 | .250 | <input checked="" type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="checkbox"/> |

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

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

| Perf/Screen | Casing/Screen | Dia | From | To | Scrn/slot width | Slot length | # of slots | Tele/pipe size |
|-------------|---------------|-----|------|----|-----------------|-------------|------------|----------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

| Yield gal/min | Drawdown | Drill stem/Pump depth | Duration (hr) |
|---------------|----------|-----------------------|---------------|
| 200 | 138 | 200 | |
| | | | |
| | | | |

Temperature 52 °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 MARION Twp 7.00 S N/S Range 2.00 W E/W WM
 Sec 26 SE 1/4 of the SE 1/4 Tax Lot 200
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
1/4 MILE WEST OF HOWELL PRAIRIE RD ON STATE ST. SOUTH SIDE

(10) **STATIC WATER LEVEL**

| Existing Well / Pre-Alteration | Date | SWL (psi) | + SWL (ft) |
|--------------------------------|-----------|-----------|------------|
| Completed Well | 8/10/2015 | | 126 |
| | 9/9/2015 | | 62 |

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 146.00

| SWL Date | From | To | Est Flow | SWL (psi) | + SWL (ft) |
|----------|------|-----|----------|-----------|------------|
| 9/9/2015 | 340 | 365 | 300 | | 62 |
| | | | | | |
| | | | | | |

(11) **WELL LOG** Ground Elevation _____

| Material | From | To |
|-------------------------------------|------|-----|
| Soil med brown | 0 | 2 |
| Clay soft brown | 2 | 7 |
| Clay mix soft yellow- brown | 7 | 19 |
| Siltstone gritty brown, some decomp | 19 | 56 |
| Sandstone med brown | 56 | 81 |
| Basalt med hard grey | 81 | 145 |
| Basalt altered multi color | 146 | 160 |
| Basalt hard grey | 160 | 228 |
| Basalt multi colored med-hard | 228 | 230 |
| Basalt hard grey | 230 | 233 |
| Basalt fractured hard blk | 233 | 238 |
| Basalt semi fractured blk | 238 | 260 |
| Basalt altered multi colored | 260 | 265 |
| Basalt hard grey | 265 | 336 |

Date Started 8/10/2015 Completed 9/10/2015
(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number _____ Date _____
 Signed _____

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 License Number 723 Date 10/28/2015
 Signed CHARLES STADELI (E-filed)
 Contact Info (optional) Chuck Stadel 503-551-1930

13074

MARI 68150

WESTERBERG DRILLING INC.

PO BOX 1228

MOLALLA, OR 97038

*Well 2
- water @ depth not
sufficient for
irrigation.*

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

WELL I.D. LABEL# 131102
START CARD # 214999
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D. #2
First Name Richard Last Name Kraft
Company _____
Address 8644 Warner Dr SE
City Salem State OR Zip 97317

(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 485 ft.

| BORE HOLE | | | SEAL | | | sacks/lbs | |
|-----------|------|-----|-----------|------|-----|------------|-----|
| Dia | From | To | Material | From | To | Amt | lbs |
| 12 | 0 | 20 | Bentonite | 0 | 20 | 19 | S |
| 10 | 20 | 176 | | | | Calculated | 19 |
| 8 | 176 | 505 | Cement | 20 | 175 | 48 | S |
| | | | | | | Calculated | 43 |

How was seal placed: Method A B C D E
 Other Bentonite Poured & Probed
Backfill placed from 485 ft. to 505 ft. Material Rock Cuttings
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

Shoe Inside Outside Other Location of shoe(s) 179.5
Temp casing Yes Dia 12 From + 1 To 7

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____
Perf/S Casing/Screen
reen Liner Dia From To Sem/slot Slot # of Tele/
width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
120 _____ 485 1

Temperature 55 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 61 ppm
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
County MARION Twp 7 S N/S Range 2 W E/W WM
Sec 35 NW 1/4 of the SE 1/4 Tax Lot 100
Tax Map Number _____ Lot _____
Lat _____ or _____ DMS or DD
Long _____ or _____ DMS or DD
 Street address of well Nearest address

MARI 68150
3/4 mile south of State Street. West of Howell Prairie 1/2 mile

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 07-27-2018 _____ 143
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 76

| SWL Date | From | To | Est Flow | SWL(psi) | + SWL(ft) |
|------------|------|-----|----------|----------|-----------|
| | 76 | 95 | 2-3 | | DNM |
| 07-02-2018 | 136 | 138 | 35 | | 74.08 |
| 07-27-2018 | 202 | 250 | 120 | | 143 |
| 07-27-2018 | 476 | 480 | 30 | | 143 |

(11) WELL LOG Ground Elevation _____

| Material | From | To |
|---------------------------------------|------|-----|
| Soil & Rock | 0 | 2 |
| Clay Brown & Rock | 2 | 3 |
| Clay Brown | 3 | 10 |
| Weathered Rock Soft | 10 | 18 |
| Basalt Grey Fractured | 18 | 40 |
| Basalt Grey Medium with Fractures | 40 | 65 |
| Basalt Grey hard | 65 | 72 |
| Basalt Grey with Red Cinders | 72 | 76 |
| Basalt Grey Porous Medium & Fractured | 76 | 95 |
| Basalt Grey Hard | 95 | 136 |
| Basalt Hard Grey with Fractures | 136 | 138 |
| Basalt Grey Hard | 138 | 202 |
| Basalt Grey Fractured | 202 | 210 |
| Basalt Grey Hard | 210 | 220 |
| Basalt Grey Broken | 220 | 226 |
| Basalt Grey Fractured | 226 | 240 |
| Basalt Light Grey Hard | 240 | 290 |
| Basalt Dark Grey Hard | 290 | 455 |
| Basalt Light Grey Hard | 455 | 676 |

Date Started 06-29-2018 Completed 07-27-2018

(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 1358 Date 07-27-2018

Signed Ben B. [Signature]

(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 688 Date 09-04-2018
Signed Steven M. Stadel
Contact Info (optional) _____

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SEP 21

MARI 68150
WESTERBERG DRILLING INC.
 PO BOX 1228
 MOLALLA, OR 97038

MARI 68150

WATER SUPPLY WELL REPORT -
 continuation page

| | |
|--------------------|--------|
| WELL I.D. LABEL# I | 131102 |
| START CARD # | 214999 |
| ORIGINAL LOG # | |

(2a) PRE-ALTERATION

| Dia | + | From | To | Gauge | Std | Piste | Wid | Thrd |
|-----|---|------|----|-------|-----|-------|-----|------|
| | | | | | | | | |

| Material | From | To | Amt | sacks/lbs |
|----------|------|----|-----|-----------|
| | | | | |

Water Quality Concerns

| From | To | Description | Amount | Units |
|------|----|-------------|--------|-------|
| | | | | |

(5) BORE HOLE CONSTRUCTION

| BORE HOLE | | | SEAL | | sacks/lbs |
|-----------|------|----|----------|------|------------|
| Dia | From | To | Material | From | To Amt |
| | | | | | Calculated |
| | | | | | Calculated |
| | | | | | Calculated |
| | | | | | Calculated |

FILTER PACK

| From | To | Material | Size |
|------|----|----------|------|
| | | | |

(6) CASING/LINER

| Casing Liner | Dia | + | From | To | Gauge | Std | Piste | Wid | Thrd |
|--------------|-----|---|------|----|-------|-----|-------|-----|------|
| | | | | | | | | | |

(7) PERFORATIONS/SCREENS

| Perf/S green | Casing/ Liner | Screen Dia | From | To | Sem/slot width | Slot length | # of slots | Tele/ pipe size |
|--------------|---------------|------------|------|----|----------------|-------------|------------|-----------------|
| | | | | | | | | |

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

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

(10) STATIC WATER LEVEL

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

(11) WELL LOG

| Material | From | To |
|---------------------------|------|-----|
| Basalt Grey/Porous Medium | 476 | 480 |
| Basalt Grey | 480 | 483 |
| Clay Grey | 483 | 488 |
| Clay Pink | 488 | 495 |
| Clay Blue & Pink | 495 | 498 |
| Clay Green & Brown | 498 | 501 |
| Siltstone Dark Green | 501 | 505 |
| | | |
| | | |
| | | |
| | | |
| | | |

Comments/Remarks

6" cable tool shoe @ 180' with 6" x 10" shale trap @ 176' with rock cuttings packer 175' - 176'.

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SEP 20 2018

13074

Steven P. Applegate Consulting

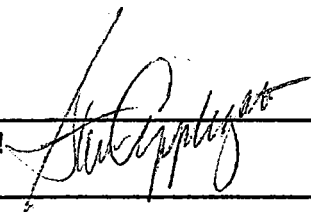
3395 Huckleberry Court South
 Salem, OR 97302
 Phone (503)362-4040

Invoice

| | |
|-----------|-----------|
| DATE | INVOICE # |
| 12/5/2018 | 1050 |

| |
|---|
| BILL TO |
| Richard Kraft 8644 Warner Dr SE Salem, OR 97317 |

| | | |
|--------------|----------------|--------------|
| Contract No. | TERMS | PROJECT |
| | Due on receipt | Permit Amend |

| SERVICED | DESCRIPTION | QUANTITY | RATE | AMOUNT |
|---|------------------------------|----------|--------------|----------|
| 12/5/2018 | Flat rate charge for project | | 1,000.00 | 1,000.00 |
| 11/14/2018 | Credit for prior payments | | -50.00% | -500.00 |
| It's a pleasure working with you!  | | | Total | \$500.00 |

Permit Amendment #2

Steve Applegate <steve.applegsp@gmail.com>

Wed 12/5/2018 2:31 PM

To: Richard Kraft <richard@kraftmasonryinc.com>;

 3 attachments (2 MB)

appmapperamend20001.pdf; Inv.10500001.pdf; peramndmtappl2.doc;

Hello, Richard- Enclosed are the application, the map and my final invoice #1050. Look all over, call if you have questions. Return to me by mail:

1. Original signature page of the application signed and dated;
(page 4)
2. Check to OWRD for filing fees in the amount of \$1,570 (see page 3)
3. Check to me for \$500 for payment of my invoice.

When all is received, I will get the application and supporting documents filed at OWRD.

Steve Applegate

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