



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)

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- 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: One**
List them here: G-17486
 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: <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 »	2	\$ 930
3	Number of permits included in Permit Amendment 1 (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 type="checkbox"/> No: enter 0 » <input checked="" type="checkbox"/> Yes: enter \$410 »	4	\$ 410
5	Do you propose to change the place of use? <input 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>2.30</u> (5a) Subtract 1.0 from the number in 5a above: <u>1.30</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>2.00</u> (5c) and multiply 5c by \$350, then enter on line 5 »	5	\$ 700
6	Add entries on lines 1 through 5 above » » » » » » » » » » » » Subtotal:	6	\$ 3,200
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	
8	Subtract line 7 from line 6 » » » » » » » » » » Permit Amendment Fee:	8	\$ 3,200

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

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

Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Travis and Kelly Singhose		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 29327 Weaver Springs Lane			FAX NO.
CITY Burns	STATE OR	ZIP 97720	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


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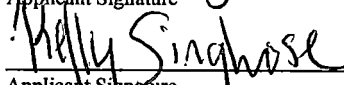
If NO, include either:

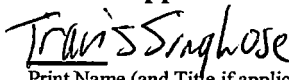
- A completed assignment form (with required statutory assignment fee), assigning all or a portion of the permit to the applicant(s), **OR**
- An affidavit of consent from the permit holder(s) of record that gives permission for the applicant to amend the permit.

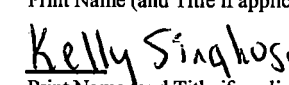
I understand that prior to Department approval of the permit amendment, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the permit is located, once per week for two consecutive weeks. If more than one qualifying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

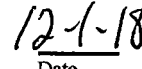
I (we) affirm that the information contained in this application is true and accurate.

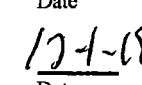

Applicant Signature


Applicant Signature


Print Name (and Title if applicable)


Print Name (and Title if applicable)


Date


Date

Check one of the following:

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.

- 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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PERMIT # G-17486

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)
Robey WELL 1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	L-60075	25 S	31 E	15	NW NW	2900	1300' N 1320' W of Cen Cor S 15
Robey WELL 2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		25 S	31 E	15	SW NE	2900	1350' N 1320' E of Cen Cor S 15
WELL 1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN-1117	25 S	31 E	09	SW NE	1400	4100' N 340' W of SE Cor S 9
WELL 2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	L-94026	25 S	31 E	09	NE SW	1400	20' S of Cen Cor S 9
WELL 3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	L-121032	25 S	31 E	09	SE SE	1500	1370' N 1270' W of SE Cor S 9
WELL 4	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	L-121033	25 S	31 E	10	NW SW	1600	1400' N 620' E of SE Cor S 9
WELL 5	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	L-121034	25 S	31 E	16	NW NE	3000	1300' S 2050' W of SE Cor S 9
WELL 6	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	L-94002	25 S	31 E	10	SE SW	1900	110' N 1380' E of SE Cor S 9
WELL 10	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 51742	25 S	31 E	09	SE SW	1300	50' S 2650' W of SE Cor S 9
WELL 11	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 1115	25 S	31 E	09	SW SE	1300	1240' N 2780' W of SE Cor S 9
WELL 12	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		25 S	31 E	09	SE SE	1500	1170' N 210' W of SE Cor S 9
WELL 13	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		25 S	31 E	10	SW SW	1600	1160' N 60' E of SE Cor S 9
WELL 14	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		25 S	31 E	09	NE SE	1500	1500' N 260' W of SE Cor S 9
WELL 15	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		25 S	31 E	09	SE NE	1400	2710' N 1310' W of SE Cor S 9
WELL 16	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	L-92415	25 S	31 E	10	SW SW	1600	110' N 1320' E of SE Cor S 9
WELL A	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	L-124611	25 S	31 E	16	NE NE	3000	130' S 330' W of SE Cor S 9
WELL B	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		25 S	31 E	16	NW NE	3000	460' S 2070' W of SE Cor S 9
WELL C	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		25 S	31 E	15	NW NW	2900	600' S 50' E of SE Cor S 9
WELL D	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		25 S	31 E	15	SW NW	2900	1320' S 100' E of SE Cor S 9

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-17486

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			
									POU, POA, APOA	25	S	31	E	10	NE	SW	1900		31.4	Wells 1 - 6, 10 - 16, A, B, C, D	2014
									"	25	S	31	E	10	SE	SW	1900		31.4	"	"
									"	25	S	31	E	10	NW	SE	1900		31.4	"	"
									"	25	S	31	E	10	SW	SE	1900		31.4	"	"
									POA, APOA	25	S	31	E	15	NE	NW	2900		31.4	"	"
									"	25	S	31	E	15	NW	NW	2900		31.4	"	"
									"	25	S	31	E	15	SW	NW	2900		31.4	"	"
									"	25	S	31	E	15	SE	NW	2900		31.4	"	"
									POU, POA, APOA	25	S	31	E	16	NE	NE	3000		9.6	"	"
									"	25	S	31	E	16	SW	NE	3100		17.6	"	"
									"	25	S	31	E	16	SE	NE	3100		31.4	"	"
TOTAL ACRES									TOTAL ACRES						309.8						

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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: CERT 92228 BEING REMOVED IN TRANSFER T-12652.



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) S	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
Wells 12,13,14, 15,B,C,D	No	N/A	250'	12"	1-250'		150'-250'	25'	Sandy grey clay	300 gpm

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NOTICE TO WATER WELL CONTRACTOR

The original and first copy of this report are to be filed with the

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

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WATER WELL REPORT

STATE OF OREGON

(Please type or print)

(Do not write above this line)

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State Well No.

2553/c-9 ad

State Permit No.

Alman. 1177

WATER RESOURCES DEPT

(1) OWNER: SALEM, OREGON

Name J.W. McALLISTER & JETT C. BLACKBURN
Address 771 PONDEROSA VILLAGE
BURNS, OREGON 97720

(2) TYPE OF WORK (check):
New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL: Rotary Driven
Cable Jetted Dug Bored
(4) PROPOSED USE (check): Domestic Industrial Municipal
Irrigation Test Well Other

(5) CASING INSTALLED: Threaded Welded
10" Diam. from +1 ft. to 156 ft. Gage .312
" Diam. from _____ ft. to _____ ft. Gage _____
" Diam. from _____ ft. to _____ ft. Gage _____

(6) PERFORATIONS: Perforated? Yes No.
Type of perforator used LIVERED
Size of perforations 3 in. by 1/8 in.
3840 perforations from 60 ft. to 156 ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.

(7) SCREENS: Well screen installed? Yes No
Manufacturer's Name _____ Model No. _____
Type _____ Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(8) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom?
Yield: SSO gal./min. with 140 ft. drawdown after 8 hrs.
" " " " " "
" " " " " "
Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.
Artesian flow NONE g.p.m.
Temperature of water 63 Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION: Well seal—Material used CEMENT
Well sealed from land surface to 18 ft.
Diameter of well bore to bottom of seal 30 in.
Diameter of well bore below seal 30 in.
Number of sacks of cement used in well seal 60 sacks
How was cement grout placed? POURED
Was a drive shoe used? Yes No Plugs _____ Size: location _____ ft.
Did any strata contain unusable water? Yes No
Type of water? _____ depth of strata _____
Method of sealing strata off _____
Was well gravel packed? Yes No Size of gravel: 5/88
Gravel placed from 18 ft. to 156 ft.

(10) LOCATION OF WELL: County HARNEY Driller's well number #2
SE 1/4 NE 1/4 Section 9 T. 25S R. 31E W.M.
Bearing and distance from section or subdivision corner _____

(11) WATER LEVEL: Completed well.
Depth at which water was first found 12 ft.
Static level 12 ft. below land surface. Date 7/29/79
Artesian pressure NONE lbs. per square inch. Date _____

(12) WELL LOG: Diameter of well below casing 30"
Depth drilled 165 ft. Depth of completed well 156 ft.
Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
top soil	0	4	
fine sand	4	14	
tan claystone	14	24	
sand&sandstone	24	36	
gray clay	36	40	
gray sandstone	40	54	
green claystone	54	72	
soft sandy claystone	72	100	
green sandstone	100	107	
hard cemented gravel	107	109	
soft sandstone& gravel	109	116	
hard sandy claystone	116	122	
sandstone & gravel	122	124	
sandy claystone	124	129	
soft green sandstone			
&medium gravel	129	137	
green sand & sandstone	137	150	
green clay	150	165	

Work started 7/26 1979 Completed 7/28 1979
Date well drilling machine moved off of well 7/28 1979

Drilling Machine Operator's Certification:
This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] _____ Date 7/30, 1979
(Drilling Machine Operator)
Drilling Machine Operator's License No. 1035

Water Well Contractor's Certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Name WESTERN WATER WELLS INC.
(Person, firm or corporation) (Type or print)
Address P.O. BOX 294 BURNS, OREGON 97720
[Signed] _____
(Water Well Contractor)
Contractor's License No. 659 Date 7/30, 1979

(USE ADDITIONAL SHEETS IF NECESSARY)

SP*45658-119

RECEIVED JAN 23 2019

13110

STATE OF OREGON
WATER SUPPLY WELL REPORT

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

06-19-2009

WELL LABEL # L 94026

START CARD # 1006752

(1) LAND OWNER

Owner Well I.D. _____

First Name Tim Last Name Clemens
Company
Address 235 Hwy 20 N
City Hines State OR Zip 97738

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

(3) DRILL METHOD

[] Rotary Air [] Rotary Mud [X] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

(4) PROPOSED USE [] Domestic [X] Irrigation [] Community

[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)

Depth of Completed Well 135.00 ft.

Table with columns: Dia, From, To, Material, SEAL From, To, Amt, lbs. Row 1: 20, 0, 18, Bentonite Chips, 0, 18, 30, S.

How was seal placed: Method [] A [] B [] C [] D [] E

[X] Other Poured and Packed

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

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

Explosives used: [] Yes Type _____ Amount _____

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Row 1: 16, 1, 19, .250, [X], [], [], [].

Shoe [] Inside [] Outside [] Other Location of shoe(s) _____

Temp casing [] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Factory Perforated

Screens Type _____ Material _____

Table with columns: Perf/S, Casing/Screen, Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size. Row 1: Perf, Casing, 14, 38, 118, 25, 3, 3,840.

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

[X] Pump [] Bailer [] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 850, 40, 60, 8.

Temperature 59 °F Lab analysis [] Yes By _____

Water quality concerns? [] Yes (describe below)

Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County Harney Twp 25.00 S N/S Range 31.00 E E/W WM
Sec 9 NE 1/4 of the SW 1/4 Tax Lot 1400
Tax Map Number _____ Lot _____

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

[X] Street address of well [] Nearest address

Dog Mountain Lane off Hwy 205, 12 miles south of Burns

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Predeepening, Date, SWL(psi), SWL(ft). Row 1: Completed Well, 06-12-2009, _____, 20.

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 25

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 06-12-2009, 25, 135, 850, _____, 20.

(11) WELL LOG

Ground Elevation _____

Table with columns: Material, From, To. Rows: Top Soil (0-1), Sandstone (1-3), Brown Clay (3-25), Blue Clay (25-43), Brown Clay with some Coarse Sand (43-94), Gray Clay with Small Gravel (94-135).

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OWRD

Date Started 06-02-2009 Completed 06-12-2009

(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 1675 Date 06-19-2009

Electronically Filed

Signed GEORGE VALENTINE (E-filed)

Contact Info (optional) George Valentine, 541-493-2065

NOTICE TO WATER WELL CONTRACTOR

The original and first copy of this report are to be filed with the

HARN 1118

RECEIVED

WATER WELL REPORT

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

AUG 3 - 1979

STATE OF OREGON
(Please type or print)

State Well No. 25S/31E-9dd
State Permit No. _____

WATER RESOURCES DEPT (Do not write above this line)

1118
W. B. B. B.

(1) OWNER:

Name J.W. McALLISTER & JETT C. BLACKBURN

Address 771 PONDEROSA VILLAGE
BURNS, OREGON 97720

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Driven
Cable Jetted
Dug Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

CASING INSTALLED:

Threaded Welded
5" Diam. from +1 ft. to 168 ft. Gage .312
" Diam. from _____ ft. to _____ ft. Gage _____
" Diam. from _____ ft. to _____ ft. Gage _____

PERFORATIONS:

Perforated? Yes No.
Type of perforator used Louvered
Size of perforations 3 in. by 1/8 in.
3840 perforations from 72 ft. to 168 ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.

(7) SCREENS:

Well screen installed? Yes No
Manufacturer's Name _____
Type _____ Model No. _____
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom?
Yield: 490 gal./min. with 145 ft. drawdown after 8 hrs.
" " " " " "
" " " " " "
" " " " " "
Baller test _____ gal./min. with _____ ft. drawdown after _____ hrs.
Artesian flow none g.p.m.
Temperature of water 63 Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:

Well seal—Material used cement grout
Well sealed from land surface to 18 ft.
Diameter of well bore to bottom of seal 3.0 in.
Diameter of well bore below seal 3.0 in.
Number of sacks of cement used in well seal 60 sacks
How was cement grout placed? gravity flow

(10) LOCATION OF WELL:

County HARNEY Driller's well number #3
SE 1/4 SE 1/4 Section 9 T. 25S R. 31E W.M.
Bearing and distance from section or subdivision corner _____

(11) WATER LEVEL: Completed well.

Depth at which water was first found 19 ft.
Static level 6 ft. below land surface. Date 7/31/79
Artesian pressure none lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing 3.0
Depth drilled 180 ft. Depth of completed well 168 ft.

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

MATERIAL	From	To	SWL
top soil	0	4	
tan sand	4	8	
tan claystone	8	19	
green claystone	19	32	
tan clay	32	38	
gray clay	38	63	
green sandstone	63	78	
tan claystone	78	80	
sandstone & gravel	80	90	
sandy claystone	90	99	
green sand	99	104	
green claystone	104	110	
sandstone & gravel	110	112	
sandy claystone	112	117	
fractured claystone	117	124	
sandstone & gravel	124	130	
sand & gravel	130	146	
sandy claystone	146	152	
sand & gravel	152	165	
green clay	165	180	

Work started 7/30 1979 Completed 7/31 1979
Date well drilling machine moved off of well 7/31 1979

Drilling Machine Operator's Certification:

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

[Signed] Jaw B. B. Date 7/31 1979
(Drilling Machine Operator)

Drilling Machine Operator's License No. 1035

Water Well Contractor's Certification:

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

Name WESTERN WATER WELLS, INC.
(Person, firm or corporation) (Type or print)

Address P.O. BOX 294 BURNS, OREGON 97720

[Signed] Jaw B. B.
(Water Well Contractor)

Contractor's License No. 659 Date 7/31 1979

OWRD

JAN 23 2019



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

Application for
Well ID Number

OWRD

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JAN 20 2016

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

WATER RESOURCES DEPT
SALEM, OREGON

I. OWNER INFORMATION

Current Owner Name (please print): Travis L. & Kelly R. Singhose
Mailing Address: 29327 Weaver Springs Road
City, State, Zip: Burns, OR 97720-9403
Mail Well ID Tag to: [X] SAME AS ABOVE [] In Care Of (C/O)
Name & Address:
City, State, Zip:

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

Township: 25 S (North / South) Range: 31 E (East / West) Section: 9
Tax Lot: 1500 County: Harney NE 1/4 SE 1/4
GPS Coordinates: 43.413888, -119.005048
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)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation
Date Well Constructed (or property built): 7/31/1979 Total Well Depth: 180' Casing Diameter: 16"
Owner at time the well was constructed (if known): McAllister / Blackburn
Other Information: HARN 1118 - Well # 3

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

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

For Official Use Only by the Oregon Water Resources Department:
Received Date: 1-20-16
Well Log Number: HARN 1118
Well Identification #: L-121032

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

HARN 1120
WATER WELL REPORT

JAN 23 2019

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

STATE OF OREGON
(Please type or print)

OWRD

State Well No. 255/3/E-10

State Permit No. _____

1120
Harn

(1) OWNER:

Name BLACKBURN REALTY
Address BURNS ORE.

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Driven
 Jetted
 Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

(5) CASING INSTALLED:

Threaded Welded
14" Diam. from 0 ft. to 140 ft. Gage 250
" Diam. from _____ ft. to _____ ft. Gage _____
" Diam. from _____ ft. to _____ ft. Gage _____

(6) PERFORATIONS:

Perforated? Yes No.
Type of perforator used TORCH.
Size of perforations 1/4 in. by 1/4 in.
perforations from 0 ft. to 140 ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.

(7) SCREENS:

Well screen installed? Yes No
Manufacturer's Name _____
Type _____ Model No. _____
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level
1 pump test made? Yes No If yes, by whom?
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.
" " " " " "
" " " " " "
test _____ gal./min. with _____ ft. drawdown after _____ hrs.
_____ an flow _____ g.p.m.
Temperature of water _____ Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:

Well seal—Material used _____
Well sealed from land surface to _____ ft.
Diameter of well bore to bottom of seal _____ in.
Diameter of well bore below seal _____ in.
Number of sacks of cement used in well seal _____ sacks
How was cement grout placed? _____
Was a drive shoe used? Yes No Plugs _____ Size: location _____ ft.
Did any strata contain unusable water? Yes No
Type of water? _____ depth of strata _____
Method of sealing strata off _____
Was well gravel packed? Yes No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.

(10) LOCATION OF WELL:

County HARN Driller's well number _____
1/4 Section 10 T. 25.5 R. 31E W.M.

Bearing and distance from section or subdivision corner _____

(11) WATER LEVEL: Completed well.

Depth at which water was first found _____ ft.

Static level _____ ft. below land surface. Date _____

Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing _____
Depth drilled _____ ft. Depth of completed well _____ ft.

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

MATERIAL	From	To	SWL
<u>CLAY</u>	<u>0</u>	<u>140</u>	
<u>Clay kept squeezing in so I set a 14" liner to 140' I have no idea the condition or construction of the rest of the well.</u>			

RECEIVED

SEP 11 1979

WATER RESOURCES DEPT
SALEM, OREGON

Work started Aug 15 1978 Completed Aug 20 1978

Date well drilling machine moved off of well Aug 22 1979

Drilling Machine Operator's Certification:

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

[Signed] Al McInich Date 9/7 1979
(Drilling Machine Operator)

Drilling Machine Operator's License No. 1236

Water Well Contractor's Certification:

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

Name Al McInich Driller
(Person, firm or corporation) (Type or print)

Address PO Box 1254 Faberview Ore

[Signed] Al McInich
(Water Well Contractor)

Contractor's License No. 716 Date 9/7 1979

1-3111A



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

Application for
Well ID Number

OWRD

RECEIVED

JAN 20 2016

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

I. OWNER INFORMATION

Current Owner Name (please print): Travis L. & Kelly R. Singhose
Mailing Address: 29327 Weaver Springs Road
City, State, Zip: Burns, OR 97720-9403
Mail Well ID Tag to: [X] SAME AS ABOVE [] In Care Of (C/O)
Name & Address:
City, State, Zip:

WATER RESOURCES DEPT
SALEM, OREGON

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

Township: 25 S (North / South) Range: 31 E (East / West) Section: 10
Tax Lot: 1600 County Harney NW 1/4 NE 1/4
GPS Coordinates: 43.414009, -118.997834
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)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation
Date Well Constructed (or property built): Total Well Depth: 140' Casing Diameter:
Owner at time the well was constructed (if known): Blackburn
Other Information: HARN 1120 - Well # 4 in both Cert 82391 & Permit G-16498

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

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

For Official Use Only by the Oregon Water Resources Department:
Received Date: 1-20-16 Well Log Number: HARN 1120 Well Identification #: L-121033

NOTICE TO WATER WELL CONTRACTOR

The original and first copy of this report are to be filed with the

STATE ENGINEER, SALEM, OREGON 97114 within 30 days from the date of well completion.

HARN 1128 WATER WELL REPORT

STATE OF OREGON (Please type or print)

(Do not write above this line)

Harn 1128
Harn

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SEP 20 1976

253/31E-16

WATER RESOURCES DEPT.

RECEIVED

(1) OWNER:

Name Tom Clemens
Address 90 W. Adams Burns, Oregon 97720

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Driven
Jetted Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

(5) CASING INSTALLED:

Threaded Welded
10" Diam. from 1 ft. to 142 ft. Gage 250
" Diam. from _____ ft. to _____ ft. Gage _____
" Diam. from _____ ft. to _____ ft. Gage _____

(6) PERFORATIONS:

Perforated? Yes No.
Type of perforator used Factory Saw
Size of perforations 1/8 in. by 3 in.
240 perforations from 60 ft. to 72 ft.
1320 perforations from 82 ft. to 137 ft.
perforations from _____ ft. to _____ ft.

(7) SCREENS:

Well screen installed? Yes No
Manufacturer's Name _____
Type _____ Model No. _____
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level
Is a pump test made? Yes No. If yes, by whom? Driller
Yield: 869 gal./min. with 53 ft. drawdown after 8 hrs.
" " " " "
" " " " "
Driller test _____ gal./min. with _____ ft. drawdown after _____ hrs.
Artesian flow _____ g.p.m.

Temperature of water _____ Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:

Well seal—Material used Cement
Well sealed from land surface to 18 ft.
Diameter of well bore to bottom of seal 24 in.
Diameter of well bore below seal 24 in.
Number of sacks of cement used in well seal 21 sacks
Number of sacks of bentonite used in well seal _____ sacks
Brand name of bentonite _____
Number of pounds of bentonite per 100 gallons of water _____ lbs./100 gals.
Was a drive shoe used? Yes No Plugs _____ Size: location _____ ft.
Did any strata contain unusable water? Yes No
Type of water? good depth of strata _____
Method of sealing strata off _____
Was well gravel packed? Yes No Size of gravel: 3/8
Gravel placed from 18 ft. to 142 ft.

(10) LOCATION OF WELL:

County Harney Driller's well number _____
NW $\frac{1}{4}$ NE $\frac{1}{4}$ Section 46 T. 25 S. R. 31 E OWNED

Bearing and distance from section or subdivision corner
584 ft. east and 20 ft. north
of southwest corner

JAN 23 2019

(11) WATER LEVEL: Completed well.

Depth at which water was first found _____ ft.
Static level 11 ft. ft. below land surface. Date _____
Artesian pressure none lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing _____
Depth drilled 142 ft. Depth of completed well 142 ft.

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

MATERIAL	From	To	SWL
top soil, brown	0	12	
clay, green	12	28	10
sand stone, brown	28	44	
shale, gray	44	46	
clay, blue	46	52	
sandstone, gray	52	68	
clay, brown	68	89	
sandstone, brown blue	89	92	
small gravel	92	108	
fractured shale, gray	108	129	
coarse gravel	129	134	
sandstone, blue	134	142	10
	142		

Work started Aug 1 1976 Completed Aug 10 1976
Date well drilling machine moved off of well Aug 15 1976

Drilling Machine Operator's Certification:

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

[Signed] Robert Kern Date Sept 10, 1976
(Drilling Machine Operator)

Drilling Machine Operator's License No. 994

Water Well Contractor's Certification:

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

Name Western Drilling
(Person, firm or corporation) (Type or print)

Address PO Box 751

[Signed] John W. McArthur
(Water Well Contractor)

Contractor's License No. 426 Date Sept 10, 1976



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

Application for
Well ID Number

RECEIVED

JAN 20 2016

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

WATER RESOURCES DEPT
SALEM, OREGON

I. OWNER INFORMATION

Current Owner Name (please print): Travis L. & Kelly R. Singhose
Mailing Address: 29327 Weaver Springs Road
City, State, Zip: Burns, OR 97720-9403
Mail Well ID Tag to: [X] SAME AS ABOVE [] In Care Of (C/O)
Name & Address:
City, State, Zip:

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

Township: 25 S (North / South) Range: 31 E (East / West) Section: 16
Tax Lot: 3000 County Harney NW 1/4 NE 1/4
GPS Coordinates: 43.406627, -119.007775
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)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation
Date Well Constructed (or property built): 8/10/1976 Total Well Depth: 142' Casing Diameter: 16"
Owner at time the well was constructed (if known): Clemens
Other Information: HARN 1128 - Well # 5

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

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

For Official Use Only by the Oregon Water Resources Department:
Received Date: 1-20-16 Well Log Number: HARN 1128 Well Identification #: L-121034

HARN 51573

HARN 51573

Page 1 of 1

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

05-28-2009

WELL LABEL # L 94002

START CARD # 1006751

(1) LAND OWNER Owner Well I.D. _____

First Name Tim Last Name Clemens
Company _____
Address 235 Hwy 20 N
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
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 250.00 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Am't	lbs
20	0	20	Bentonite	0	20	56	S
16	20	190					
12	190	250					

How was seal placed: Method A B C D E

Other poured and packed

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

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

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14		1	19	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		2	178	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method factory cut

Screens Type _____ Material _____

Perf/Screen	Casing	Liner	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/pipe size
			12	78	178	25	3	2,200	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
400	138	160	8

Temperature 57 °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 25.00 S N/S Range 31.00 E E/W WM
Sec 10 SE 1/4 of the SW 1/4 Tax Lot 1900
Tax Map Number 4-2 Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

Dog Mountain Lae off Hwy 205, 12 miles south of Burns

(10) STATIC WATER LEVEL

Date	SWL(psi)	+ SWL(ft)
Existing Well / Predeepening		
Completed Well 05-19-2009		22

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 24

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
05-14-2009	24	219	400		22

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top Soil	0	2
Brown Clay	2	24
Gray Clay	24	76
Gray Clay/Fine Sand	76	184
Green Clay	184	219
Hard Brown Clay	219	250

RECEIVED

JAN 23 2009

RECEIVED

JUN 19 2009

OWRD

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 05-13-2009 Completed 05-19-2009

(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 1675 Date 05-28-2009

Electronically Filed

Signed GEORGE VALENTINE (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: 0.89

13110

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

WATER RESOURCES DEPARTMENT
SALEM, OREGON 97309
within 30 days from the date
of well completion.

WATER WELL REPORT
WERN 51742
STATE OF OREGON
(Please type or print)
(Do not write above this line)

State Well No. ES/316-16A

State Permit No. _____

(1) OWNER:

Name R.P. Sophy
Address P.O. Box 225
Buras OR

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Regrout Driven
Casing Jetted
Dig Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

(5) CASING INSTALLED:

Threaded Welded
1.5" Diam. from 0 ft. to 70 ft. Gage 25
2. Diam. from _____ ft. to _____ ft. Gage _____
3. Diam. from _____ ft. to _____ ft. Gage _____

(6) PERFORATIONS:

Perforated? Yes No
Type of perforator used _____
Size of perforations in. by in.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.

(7) SCREENS:

Well screen installed? Yes No
Manufacturer's Name _____
Type _____ Model No. _____
Dim. _____ Slot size _____ Set from _____ ft. to _____ ft.
Dim. _____ Slot size _____ Set from _____ ft. to _____ ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No. If yes, by whom?
Yield: 900 gal./min. with 22 ft. drawdown after 4 hrs.
Regrout test _____ gal./min. with _____ ft. drawdown after _____ hrs.
Abandon flow _____ g.p.m.
Temperature of water 52° Depth minimum flow encountered _____ ft.

(9) CONSTRUCTION:

Well seal—Material used cement
Well sealed from land surface to 20 ft.
Diameter of well bore to bottom of seal 18 in.
Diameter of well bore below seal 12 in.
Number of sacks of cement used in well seal 25 sacks
How was cement grout placed? _____
Was a drive shoe used? Yes No. Pings _____ Size: location _____ ft.
Did any struts contain ammonia water? Yes No
Type of water? _____ Depth of struts _____
Method of sealing struts off _____
Was well gravel packed? Yes No. Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.

(10) LOCATION OF WELL:

County HARNEY Owner's well number Owner
NW 1/4 NE 1/4 Section 16 T25.5 R 31 E W.M.
Bearing and distance from section or subdivision corner
15' South E 2630FT West
FROM NE COR. SEC 16 T25.5 R 31 E

(11) WATER LEVEL: Completed well.

Depth at which water was first found 24 ft.
Static level 22 ft. below land surface. Date 4/9/80
Artesian pressure _____ Ex. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing 12"
Depth drilled 115 ft. Depth of completed well 115 ft.
Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
TOP SOIL	0	10	
HARD PAN	10	24	22
SAND	24	41	
Green Clay Stone	41	115	
Gravel			

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NOV 24 2008
JAN 29 2019
WATER RESOURCES DEPT
SALEM, OREGON
OWNED

Work started 3/81 Completed 7/80
Date well drilling machine moved off of well 4/80

Drilling Machine Operator's Certification:
This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] R.P. Sophy Date 4-9-80
(Printing name of operator)
Drilling Machine Operator's License No. _____

Water Well Contractor's Certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Name _____ (Person, firm or corporation) (Type or print)
Address _____
[Signed] _____ (Water Well Contractor)
Contractor's License No. _____ Date _____

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DEC 13 1984

State Well No. 25-31E-9-16

WATER WELL REPORT

STATE OF OREGON

WATER RESOURCES DEPT

SALEM, OREGON PLEASE TYPE OR PRINT IN INK

State Permit No.

1115
Harn

(1) OWNER:

Name OMNI ENTERPRISES
Address 771 PONDEROSA VILLAGE
City BURNS, State ORE.

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Air Driven Domestic Industrial Municipal
Mud Dug Irrigation Test Well Other
Bored Thermal: Withdrawal ReInjection

(4) PROPOSED USE (check):

(5) CASING INSTALLED: Steel Plastic
Threaded Welded

30" Diam. from +0.5 ft. to 19.5 ft. Gauge 375
16" Diam. from +0.8 ft. to 99.2 ft. Gauge 250

LINER INSTALLED:

" Diam. from ft. to ft. Gauge

(6) PERFORATIONS:

Perforated? Yes No

Type of perforator used MILL CUT

Size of perforations 3/16 in. by 5 in.

960 perforations from 20 ft. to 100 ft.

perforations from ft. to ft.

perforations from ft. to ft.

(7) SCREENS:

Well screen installed? Yes No

Manufacturer's Name

Type Model No.

Diam. Slot Size Set from ft. to ft.

Diam. Slot Size Set from ft. to ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level

a pump test made? Yes No If yes, by whom? OWNER
1150 gal/min. with 32 ft. drawdown after 13 hrs.

Air test gal/min. with drill stem at ft. hrs.

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

ian flow g.p.m.

erature of water 53 Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Special standards: Yes No

Well seal—Material used CEMENT

Well sealed from land surface to 18 ft.

Diameter of well bore to bottom of seal 36 in.

Diameter of well bore below seal 30 in.

Number of sacks of cement used in well seal 10 sacks

How was cement grout placed? TRAVIS PIPE

Was pump installed? YES Type DWT HP 30 Depth 55 ft.

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

Did any strata contain unusable water? Yes No

Type of Water? depth of strata

Method of sealing strata off

Was well gravel packed? Yes No Size of gravel: 1/2"

Gravel placed from 0 ft. to 100 ft.

(10) LOCATION OF WELL:

County HARNEY Driller's well number
NW 1/4 SE 1/4 Section 9 T. 25S R. 31E W.M.
Tax Lot # Lot Blk Subdivision
Address at well location:

(11) WATER LEVEL: Completed well.

Depth at which water was first found 14 ft.
Static level 10 ft. below land surface. Date 11-18-84
Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing 0
Depth drilled 100 ft. Depth of completed well 100 ft.

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

MATERIAL	From	To	SWL
Top soil & brown sand	0	3	
Clay, brown	3	14	
Rock, sand stone	14	16	15
Clay, grey	16	30	15
Gravel with clay	30	40	15
Clay, grey	40	45	15
Claystone	45	55	15
Gravel, coarse	55	65	10
Rock & claystone	65	68	10
Gravel, large	68	77	10
Clay, brown	77	83	10
Gravel, small	83	90	10
Coarse sand	90	100	10

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JAN 23 2019

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Work started 11-18 1984 Completed 11-30 19 84
Date well drilling machine moved off of well 11-30 19 84

(unbonded) Water Well Constructor Certification (if applicable):

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

[Signed] Date, 19 84

Bonded Water Well Constructor Certification:

Bond 9615691 Issued by: Facility Deposit
(number) Surety Company Name

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

Name Ralph Killinger
(Person, firm or corporation) (Type or print)

Address Princeton, Ore.

[Signed] Ralph Killinger
Water Well Constructor
Date Dec. 3, 19 84

NOTICE TO WATER WELL CONSTRUCTOR

The original and first copy of this report are to be filed with the

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

SP*45292-690

13110

HARN 52188

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

HARN 52188

WELL LABEL # L 92415
START CARD # 184812

DRAFT

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

1) LAND OWNER
Owner Well I.D. _____
First Name TRAVIS Last Name Sims Hose
Company _____
Address 29327 Weaver Springs Rd
City Burns State OR Zip 97220

(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 250 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
16	0	20	Bentonite	0	20	22	865
12	20	250					

How was seal placed: Method A B C D E
 Other Powered Dry
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csng/Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X	12	+	1	250	250	X		X	

Shoe Inside Outside Other Location of shoe(s) 250
Temporary casing Yes Diameter _____ From _____ To _____

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

Perf	Scrn	Csng/Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
X	X		12	150	250	3/16			

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
300	50	200	4

Temperature 57 °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 25 N or S Range 31 E or W W.M.
Sec 10 NW 1/4 of the 54 1/4 Tax Lot 1600
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well/Predeepening				
Completed Well	<u>5/1/15</u>	<u>25</u>		

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>5/15</u>						
<u>5-1-15</u>	<u>100</u>	<u>250</u>	<u>300</u>			

(11) WELL LOG Ground Elevation _____

Material	From	To
Soil	0	3
Brown Clay	3	31
Sandy Grey Clay	31	60
Sandy Green Clay	60	90
Brown Sand	90	120
Sandy Grey Clay	120	250

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MAY 20 2015 JAN 28 2019
SALEM, OR OWRD

Date Started 3-2-15 Completed 5-1-15

(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 _____ 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 1552 Date 5-14-15
Signed Paul Wilton
Contact Info. (optional) _____

13110

STATE OF OREGON

COUNTY OF HARNEY

PERMIT TO APPROPRIATE THE PUBLIC WATERS

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JAN 23 2019

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THIS PERMIT IS HEREBY ISSUED TO

BROKEN R RANCH LLC
3520 JOHN ADAMS AVE
BATTLE MOUNTAIN, NV 89820

The specific limits and conditions of the use are listed below.

APPLICATION FILE NUMBER: G-17753

SOURCE OF WATER: WELL 2 IN SAGE HEN CREEK BASIN

PURPOSE OR USE: IRRIGATION OF 309.8 ACRES

MAXIMUM RATE: 3.87 CUBIC FEET PER SECOND

PERIOD OF USE: MARCH 1 THROUGH OCTOBER 31

DATE OF PRIORITY: JANUARY 13, 2014

WELL LOCATION: NW ¼ NE ¼, SECTION 15, T25S, R31E, W.M.; 1350 FEET NORTH AND 1320 FEET EAST FROM C1/4 CORNER, SECTION 15

The amount of water used for irrigation under this right, together with the amount secured under any other right existing for the same lands, is limited to a diversion of ONE-EIGHTIETH of one cubic foot per second and 3.0 acre-feet for each acre irrigated during the irrigation season of each year.

THE PLACE OF USE IS LOCATED AS FOLLOWS:

NE ¼ NE ¼ 35.1 ACRES
NW ¼ NE ¼ 37.2 ACRES
SW ¼ NE ¼ 40.0 ACRES
SE ¼ NE ¼ 37.5 ACRES
NE ¼ NW ¼ 40.0 ACRES
NW ¼ NW ¼ 40.0 ACRES
SW ¼ NW ¼ 40.0 ACRES
SE ¼ NW ¼ 40.0 ACRES

SECTION 15

TOWNSHIP 25 SOUTH, RANGE 31 EAST, W.M.

Application G-17753

Water Resources Department

PERMIT G-17486

JAN 23 2019

OWRD

Measurement devices, and recording/reporting of annual water use conditions:

- A. Before water use may begin under this permit, the permittee shall install a totalizing flow meter at each point of appropriation. The permittee shall maintain the device in good working order.
- B. The permittee shall allow the watermaster access to the device; provided however, where any device is located within a private structure, the watermaster shall request access upon reasonable notice.
- C. The permittee shall keep a complete record of the volume of water diverted each month, and shall submit a report which includes water-use measurements to the Department annually or more frequently as may be required by the Director. Further, the Director may require the permittee to report general water-use information, including the place and nature of use of water under the permit.
- D. The Director may provide an opportunity for the permittee to submit alternative measuring and reporting procedures for review and approval.

Static Water Level Conditions

The Department requires the water user to obtain, from a qualified individual (see below), and report annual static water levels for each well on the permit. The static water level shall be measured in the month of March. Reports shall be submitted to the Department within 30 days of measurement.

The permittee shall report an initial March static water-level measurement once well construction is complete and annual measurements thereafter. Annual measurements are required whether or not the well is used. The first annual measurement will establish a reference level against which future measurements will be compared. However, the Director may establish the reference level based on an analysis of other water-level data. The Director may require the user to obtain and report additional water levels each year if more data are needed to evaluate the aquifer system.

All measurements shall be made by a certified water rights examiner, registered professional geologist, registered professional engineer, licensed well constructor or pump installer licensed by the Construction Contractors Board. Measurements shall be submitted on forms provided by, or specified by, the Department. Measurements shall be made with equipment that is accurate to at least the standards specified in OAR 690-217-0045. The Department requires the individual performing the measurement to:

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- A. Associate each measurement with an owner's well name or number and a Department well log ID; and
- B. Report water levels to at least the nearest tenth of a foot as depth-to-water below ground surface; and
- C. Specify the method of measurement; and
- D. Certify the accuracy of all measurements and calculations reported to the Department.

The Department may require the discontinuance of groundwater use, or reduce the rate or volume of withdrawal, from the well(s) if any of the following events occur:

- A. Annual water-level measurements reveal an average water-level decline of three or more feet per year for five consecutive years; or
- B. Annual water-level measurements reveal a water-level decline of 15 or more feet in fewer than five consecutive years; or
- C. Annual water-level measurements reveal a water-level decline of 25 or more feet; or
- D. Hydraulic interference leads to a decline of 25 or more feet in any neighboring well with senior priority.

The period of restricted use shall continue until the water level rises above the decline level which triggered the action or the Department determines, based on the permittee's and/or the Department's data and analysis, that no action is necessary because the aquifer in question can sustain the observed declines without adversely impacting the resource or causing substantial interference with senior water rights. The water user shall not allow excessive decline, as defined in Commission rules, to occur within the aquifer as a result of use under this permit. If more than one well is involved, the water user may submit an alternative measurement and reporting plan for review and approval by the Department.

Prior to using water from any well listed on this permit, the permittee shall ensure that the well has been assigned an OWRD Well Identification Number (Well ID tag), which shall be permanently attached to the well. The Well ID shall be used as a reference in any correspondence regarding the well, including any reports of water use, water level, or pump test data.

STANDARD CONDITIONS

Failure to comply with any of the provisions of this permit may result in action including, but not limited to, restrictions on the use, civil penalties, or cancellation of the permit.

If the number, location, source, or construction of any well deviates from that proposed in the permit application or required by permit conditions, this permit may be subject to cancellation, unless the Department authorizes the change in writing.

Application G-17753

Water Resources Department

PERMIT G-17486

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If substantial interference with surface water or a senior water right occurs due to withdrawal of water from any well listed on this permit, then use of water from the well(s) shall be discontinued or reduced and/or the schedule of withdrawal shall be regulated until or unless the Department approves or implements an alternative administrative action to mitigate the interference. The Department encourages junior and senior appropriators to jointly develop plans to mitigate interferences.

The well(s) shall be constructed and maintained in accordance with the General Standards for the Construction and Maintenance of Water Supply Wells in Oregon. The works shall be equipped with a usable access port adequate to determine water-level elevation in the well at all times.

If the riparian area is disturbed in the process of developing a point of appropriation, the permittee shall be responsible for restoration and enhancement of such riparian area in accordance with ODFW's Fish and Wildlife Habitat Mitigation Policy OAR 635-415. For purposes of mitigation, the ODFW Fish and Wildlife Habitat Mitigation Goals and Standards, OAR 635-415, shall be followed.

The use may be restricted if the quality of downstream waters decreases to the point that those waters no longer meet state or federal water quality standards due to reduced flows.

Where two or more water users agree among themselves as to the manner of rotation in the use of water and such agreement is placed in writing and filed by such water users with the watermaster, and such rotation system does not infringe upon such prior rights of any water user not a party to such rotation plan, the watermaster shall distribute the water according to such agreement.

Prior to receiving a certificate of water right, the permit holder shall submit to the Water Resources Department the results of a pump test meeting the Department's standards for each point of appropriation (well), unless an exemption has been obtained in writing under OAR 690-217. The Director may require water-level or pump-test data every ten years thereafter.

This permit is for the beneficial use of water without waste. The water user is advised that new regulations may require the use of best practical technologies or conservation practices to achieve this end.

By law, the land use associated with this water use must be in compliance with statewide land-use goals and any local acknowledged land-use plan.

Construction of the well shall be made within five years of the date of permit issuance. The deadline to begin construction may not be extended. This permit is subject to cancellation proceedings if the begin construction deadline is missed.

Application G-17753

Water Resources Department

PERMIT G-17486

Complete application of the water shall be made within five years of the date of permit issuance. If beneficial use of permitted water has not been made before this date, the permittee may submit an application for extension of time, which may be approved based upon the merit of the application.

Within one year after making beneficial use of water, the permittee shall submit a claim of beneficial use, which includes a map and report, prepared by a Certified Water Rights Examiner.

Issued *August 28 2015*



E. Timothy Wallin, Water Rights Program Manager
for Thomas M. Byler, Director

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Application G-17753
Basin 12

Water Resources Department
Volume 2 SILVIES R MISC

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