



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

Application for Permit Amendment

Part 1 of 5 – Minimum Requirements Checklist

This permit amendment application will be returned if Parts 1 through 5 and all required attachments are not completed and included.
 For questions, please call (503) 986-0900, and ask for Transfer Section.

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

- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Application Map Checklist.
- Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the new online fee calculator at: http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator. If you have questions, call Customer Service at (503) 986-0801.
- Part 4 – Completed Applicant Information and Signature.
- Part 5 – Information about Permits to be Amended: **Number of permits to be amended: 2**
List the Permits here: G-16663 & G-16676
 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 <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>). 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 Oregon Water Resources Department's Land Use Information Form with approval and signature (or signed land use form receipt stub) from each local land use authority in which water is to be diverted, conveyed, and/or used. Not required if water is to be diverted, conveyed, and/or used only on federal lands or if **all** of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone.
- N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation.
- N/A Geologist Report for a change from a surface water point of diversion to a ground water point of appropriation (well), if the proposed well is more than 500 feet from the surface water source and more than 1000 feet upstream or downstream from the point of diversion. (ORS 540.531(2) or (3)).

(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	___ Part ___ is incomplete
___ Additional signature(s) required	
Other/Explanation _____	
Staff: _____	Date: ___/___/___

Part 2 of 5 – Permit Amendment Map Checklist

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

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

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

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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 (2a)</u> Subtract 1 from the number in line 2a = <u>1 (2b)</u> <i>If only one change, this will be 0</i> Multiply line 2b by \$930 and enter » » » » » » » » » » » » » » » »	2	\$930
3	Number of permits included in Permit Amendment <u>2 (3a)</u> Subtract 1 from the number in 3a: <u>1 (3b)</u> <i>If only one permit this will be 0</i> Multiply line 3b by \$520 and enter » » » » » » » » » » » » » » » »	3	\$520
4	Do you propose to add or change a well, or change from a surface water POD to a well? <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>0.48 (5a)</u> Subtract 1.0 from the number in 5a above: <u>-0.52 (5b)</u> If 5b is 0, enter 0 on line 5 » If 5b is greater than 0, round up to the nearest whole number: <u>0 (5c)</u> and multiply 5c by \$350, then enter on line 5 » » » » » » » » » »	5	\$0
6	Add entries on lines 1 through 5 above » » » » » » » » » » Subtotal:	6	\$3020
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	\$3020

*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.*)

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Part 4 of 5 – Applicant Information and Signature

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Applicant Information

APPLICANT/BUSINESS NAME Jesse Van De Stroet		PHONE NO. 605-310-6292	ADDITIONAL CONTACT NO. 605-268-4343
ADDRESS 1524 29th St		FAX NO.	
CITY Inwood	STATE IA	ZIP 51240	E-MAIL Inwoodfeeders@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.			

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

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

Explain in your own words what you propose to accomplish with this permit amendment; and why:
 Proposing to move the corners of the permit rights G-16676 to pivot field adjacent & to the east. The water user has changed the POU configuration to a center pivot field. All wells are piped into a common irrigation system & will be use interchangeably by each property owner separately.

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.

Has the Completion ("C") Date of the permit(s) in this application expired? Yes No

If YES, this application will not be accepted by the Department.

If NO, what are the completion dates of the permit(s)? G-16676 C-Date 10/30/2020; G-16663 – C- Date: 10/1/2022

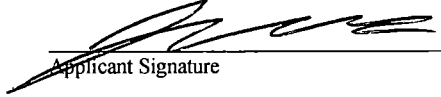
- If the permit completion date expires while the Permit Amendment Application is pending, the Department will not approve the Permit Amendment Application until an Extension of Time Application is approved for the permit.
- You may consider using the Reimbursement Authority process to expedite the processing of this Permit Amendment Application if the completion date of the permit expires within 6 months of the date of filing this application.

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By my signature below, I confirm that I understand:

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

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


Applicant Signature

Jesse Van De Stroet/Permit Holder
Print Name (and Title if applicable)

4-25-19
Date

Applicant Signature

Print Name (and Title if applicable)

Date

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Check one of the following:

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

Check the appropriate box, if applicable:

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

IRRIGATION DISTRICT NAME NA	ADDRESS	
CITY	STATE	ZIP

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

ENTITY NAME NA	ADDRESS	
CITY	STATE	ZIP



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

ENTITY NAME Harney County	ADDRESS	
CITY Burns	STATE OR	ZIP

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Part 5 of 5 – Water Use Permit Information

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

PERMIT # G-16676

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)
Well	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	NOT BUILT	24 S	32 E .5	28	NW NW	8301	200' S & 1320' E from NW cor, Sec 28
T2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 51944/ 52119	24 S	32 E .5	28	SE NW	8301	1355' S & 1400' E from NW cor, Sec 28
T3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 52456	24 S	32 E .5	21	SE SE	500	50' N & 160' W from SE cor, Sec 21
T5	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 50789	24 S	32 E .5	20	NE SE	500	2385' N & 2630' E from ¼ cor, Sec 20 & 29
T6	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 50285	24 S	32 E .5	21	NE SE	9900	1130' S & 50' W from ¼ cor, Sec 21 & 22
T1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 52490	24 S	32 E .5	29	NE NE	8301	1335' N & 1395' E from C ¼ cor, Sec 29
T4	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 52624	24 S	32 E .5	29	NE SE	8301	410' S & 2490' E from C ¼ cor, Sec 29

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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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-16676

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


AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.									Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.									
Twp	Rng	Sec	1/4 1/4	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp	Rng	Sec	1/4 1/4	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date	
									POU/POA/APOA	24	S	32.5	E 28	NE NE	8000		9.6	T1 - T6	2009
									POU/POA/APOA	24	S	32.5	E 28	NW NE	8000		9.7	T1 - T6	2009
									POU/POA/APOA	24	S	32.5	E 28	SE NE	8000		9.6	T1 - T6	2009
									POU/POA/APOA	24	S	32.5	E 28	SW NE	8000		9.6	T1 - T6	2009
									POU/POA/APOA	24	S	32.5	E 28	NE NW	8301		30.4	T1 - T6	2009
									POU/POA/APOA	24	S	32.5	E 28	NW NW	8301		30.4	T1 - T6	2009
									POU/POA/APOA	24	S	32.5	E 28	SW NW	8301		30.4	T1 - T6	2009
									POU/POA/APOA	24	S	32.5	E 28	SE NW	8301		30.3	T1 - T6	2009
TOTAL ACRES									TOTAL ACRES						160.0				

Additional remarks: _____

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Are there other water rights certificates, water use permits or ground water registrations associated with the "from" or "to" lands? Yes No

If YES, list the other certificate, permit, or ground water registration numbers: _____

 If the permit(s) are for irrigation or supplemental irrigation use, other water rights existing on the same land for irrigation that are subject to transfer must either change concurrently or be cancelled. Any change to a water right certificate or ground water registration must be filed separately in a water right transfer application or ground water registration modification application, respectively.

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

- Well log(s) are attached for each authorized and proposed well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application **RECEIVED** map. (Tip: You may search for well logs on the Department's web page at: http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx)

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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.

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Table 3. Construction of Point(s) of Appropriation

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

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

PERMIT # G-16663

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)
T2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 51944/ 52119	24 S	32.5 E	28	NW NW	8301	1355' S & 1400' E from NW cor, Sec 28

T3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 52456	24	S	32.5	E	21	SE	SE	500	50' N & 160' W from SE cor, Sec 21
T5	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 50789	24	S	32.5	E	20	NE	SE	500	2385' N & 2630' E from ¼ cor, Sec 20 & 29
T6	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 50285	24	S	32.5	E	21	NE	SE	9900	1130' S & 50' W from ¼ cor, Sec 21 & 22
T1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 52490	24	S	32.5	E	29	NE	NE	8301	1335' N & 1395' E from C ¼ cor, Sec 29
T4	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 52624	24	S	32.5	E	29	NE	SE	8301	410' S & 2490' E from C ¼ cor, Sec 29
#1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	REPLACED BY TYLER 1	24	S	32.5	E	29	NE	NW	8400	2610' N & 925' W from C ¼ cor, Sec 29
#2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	REPLACED BY T1	24	S	32.5	E	29	NW	NE	8301	2610' N & 960' E from C ¼ cor, Sec 29
#3	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	NOT BUILT	24	S	32.5	E	29	SE	SW	8400	2580' S & 740' W from C 1/4, cor, Sec 29
#4	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	REPLACED BY T4	24	S	32.5	E	29	SE	SE	8301	2580' S & 1785' E from C ¼ cor, Sec 29
Tyler 1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 52454	24	S	32.5	E	20	SE	SW	8400	90' N & 140' W from the S ¼ cor, Sec 20
Tyler 2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 52456	24	S	32.5	E	29	NE	NW	8400	300' S & 100' W from the N ¼ cor, Sec 29

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

- | | |
|---|--|
| <input 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.

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For a change in place of use:

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Does the permit holder of record own or control the land TO which the place of use is being moved?

- Yes No

If NO, the landowner of the land TO which the place of use is being moved must be assigned to the permit as a permit holder of record by submitting a completed Request for Assignment form and the required statutory fee for an assignment.

Is the proposed place of use contiguous to the authorized place of use? Yes No

The permitted place of use can be moved only to lands that are contiguous to the authorized place of use unless the change to non-contiguous lands is in furtherance of mitigation or conservation efforts undertaken for the purposes of benefiting a species listed as sensitive, threatened, or endangered under ORS 496.171 to 496.192 or the federal Endangered Species Act of 1973 (16 U.S.C. 1531 to 1544), as determined by the listing agency. Contiguous land being either adjacent land or land separated from the land to which a permit is authorized by roads, utility corridors, irrigation ditches or publicly owned rights of way.

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

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

Table 2. Description of Changes to Water Use Permit # G-16663

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

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.										Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.										
Twp	Rng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acre (if applicable)	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp	Rng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acre (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date	
24 S	32.5	E	29	NE	NE	8301		31.4	#1 - #4	2009	POA/APOA	24 S	32.5	E	29	NE	NE	8301	31.4	T1 - T6	2009
24 S	32.5	E	29	NW	NE	8301		31.4	#1 - #4	2009	POA/APOA	24 S	32.5	E	29	NW	NE	8301	31.4	T1 - T6	2009
24 S	32.5	E	29	SW	NE	8301		31.4	#1 - #4	2009	POA/APOA	24 S	32.5	E	29	SW	NE	8301	31.4	T1 - T6	2009
24 S	32.5	E	29	SE	NE	8301		31.4	#1 - #4	2009	POA/APOA	24 S	32.5	E	29	SE	NE	8301	31.4	T1 - T6	2009
24 S	32.5	E	29	NE	NW	8400		31.4	#1 - #4	2009	POA/APOA	24 S	32.5	E	29	NE	NW	8400	31.4	#3, TYLER 1 & TYLER 2	2009
24 S	32.5	E	29	NW	NW	8400		31.4	#1 - #4	2009	POA/APOA	24 S	32.5	E	29	NW	NW	8400	31.4	#3, TYLER 1 & TYLER 2	2009
24 S	32.5	E	29	SW	NW	8400		31.4	#1 - #4	2009	POA/APOA	24 S	32.5	E	29	SW	NW	8400	31.4	#3, TYLER 1 & TYLER 2	2009
24 S	32.5	E	29	SE	NW	8400		31.4	#1 - #4	2009	POA/APOA	24 S	32.5	E	29	SE	NW	8400	31.4	#3, TYLER 1 & TYLER 2	2009
24 S	32.5	E	29	NE	SW	8400		31.4	#1 - #4	2009	POA/APOA	24 S	32.5	E	29	NE	SW	8400	31.4	#3, TYLER 1 & TYLER 2	2009
24 S	32.5	E	29	NW	SW	8400		31.4	#1 - #4	2009	POA/APOA	24 S	32.5	E	29	NW	SW	8400	31.4	#3, TYLER 1 & TYLER 2	2009
24 S	32.5	E	29	SW	SW	8400		31.4	#1 - #4	2009	POA/APOA	24 S	32.5	E	29	SW	SW	8400	31.4	#3, TYLER 1 & TYLER 2	2009
24 S	32.5	E	29	SE	SW	8400		31.4	#1 - #4	2009	POA/APOA	24 S	32.5	E	29	SE	SW	8400	31.4	#3, TYLER 1 & TYLER 2	2009

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24 S	32.5 E	29	NE SE	8301		31.4	#1 - #4	2009	POA/APOA	24 S	32.5 E	29	NE SE	8301		31.4	T1 - T6	2009	
24 S	32.5 E	29	NW SE	8301		31.4	#1 - #4	2009	POA/APOA	24 S	32.5 E	29	NW SE	8301		31.4	T1 - T6	2009	
24 S	32.5 E	29	SW SE	8301		31.4	#1 - #4	2009	POA/APOA	24 S	32.5 E	29	SW SE	8301		31.4	T1 - T6	2009	
24 S	32.5 E	29	SE SE	8301		31.4	#1 - #4	2009	POA/APOA	24 S	32.5 E	29	SE SE	8301		31.4	T1 - T6	2009	
TOTAL ACRES						502.4							TOTAL ACRES						502.4

Additional remarks: For irrigation of the two circles in the East half of Section 29, the landowner/permit holder proposes to use the 3.12 cfs that is assigned to authorized wells 2 & 4 from any combination of proposed wells T1 through T6. For irrigation of the two circles in the West half of Section 29, the landowner/permit holder proposes to use the 3.12 cfs that is assigned to authorized wells 1 & 3 from any combination of authorized well 3 and proposed wells Tyler 1 and Tyler 2.

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Permit # G-16663

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://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx)

AND/OR

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

Table 3. Construction of Point(s) of Appropriation

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

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

**Application for Water Right
Transfer
Consent by Deeded Landowner**



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

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State of Oregon)
County of Harney)ss
)

I Douglas & Tamara Gunderson in my/our capacity as Permit Holder,

mailing address 70029 Hwy 205, Burns, OR 97720

telephone number _____, duly sworn depose and say that I

consent to the proposed change(s) to Water Right Permit G-16663

described on the property in tax lot number(s) 8400, Section 29, Township 24

South, Range 32.5 East, W.M., located at Burns, OR.
(site address)

Doug Gunderson
Signature of Affiant

5/16/19
Date

Tamara Gunderson
Signature of Affiant

5-16-19
Date

Subscribed and Sworn to before me this 16 day of May, 2019.

Sarah A Pierce
Notary Public for Oregon



My commission expires 12-09-2019

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

HARN 52456

11/23/2015

WELL I.D. LABEL# 60072
START CARD # 1026802
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. _____
First Name JESSE Last Name VAN DE STOET
Company _____
Address 1524 290TH STREET
City INWOOD State IA Zip 51240

(2) TYPE OF WORK

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

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thr
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 340.00 ft.

BORE HOLE SEAL

Dia	From	To	Material	From	To	Amt	sacks/lbs
16	0	20	Bentonite Chips	0	20	21	S
14.75	20	210				Calculated	15.77
12	210	340				Calculated	

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

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="checkbox"/>	<input checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/>	1.5	210	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/>	200	340	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS

Perforations Method torch

Screens Type _____ Material _____

Perf/Screen	Casing/Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size
		10	240	340	.25	4	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)
600	4	189	4

Temperature 57 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount 191 ppm
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 24.00 S N/S Range 32.50 E E/W WM
Sec 21 SE 1/4 of the SE 1/4 Tax Lot 8400
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street address of well Nearest address

THREE MILES WEST OF HWY 78 ON TAYLOR LANE

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	7/14/2015		81

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 43.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
7/7/2015	43	340	600		81

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top Soil	0	5
Sandy Clay	5	7
Fine Sand	7	9
Claystone	9	43
Sandy Clay	43	46
Fine Sand	46	47
Sandy Clay	47	109
Claystone Fractured	109	246
Claystone with seams of Sand	246	319
Sandy Claystone Coarse Gravel	319	340

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Date Started 7/7/2015

Completed 7/14/2015

(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 1801 Date 11/23/2015

Signed JARRETT S HUMPHREY (E-filed)

Contact Info (optional) Jarrett Humphrey #1801

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MAR 20 1998

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

WATER RESOURCES DEPT. SALEM, OREGON

WELL I.D. # L 121274 START CARD # 098478

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

(1) OWNER: Well Number Name Double RG Ranches Address 1523 Hillcrest Dr City Burns State OR Zip 97720

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

(3) DRILL METHOD: [] Rotary Air [] Rotary Mud [x] Cable [] Auger [] Other

(4) PROPOSED USE: [] Domestic [] Community [] Industrial [x] Irrigation [] Thermal [] Injection [] Livestock [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [x] No Depth of Completed Well 370 ft. Explosives used [] Yes [x] No Type Amount

Table with columns for HOLE and SEAL, including Diameter, From, To, Material, and Sacks or pounds.

How was seal placed: Method [] A [] B [] C [] D [] E [x] Other poured dry and tamped Backfill placed from ft. to ft. Material Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER: Table with columns for Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded.

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: Table with columns for From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner.

(8) WELL TESTS: Minimum testing time is 1 hour. [] Pump [x] Bailor [] Air [] Flowing Artesian. Yield gal/min 100 Drawdown 2 Drill stem at Time 1 hr.

Temperature of water 66 Depth Artesian Flow Found Was a water analysis done? NO [] Yes By whom Did any strata contain water not suitable for intended use? [] Too little [] Salty [] Muddy [] Odor [] Colored [] Other Depth of strata:

(9) LOCATION OF WELL by legal description: County Harney Latitude Longitude Township 24S N or S Range 32 1/2 E or W. WM. Section 21 NE 1/4 SE 1/4 Tax Lot 500 Lot Block Subdivision Street Address of Well (or nearest address)

(10) STATIC WATER LEVEL: 22 ft. below land surface. Date 3-14-98 Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Depth at which water was first found 45

Table with columns: From, To, Estimated Flow Rate, SWL. Data rows: 57-65 (50, 22), 215-270 (800, 22)

(12) WELL LOG: Ground Elevation

Table with columns: Material, From, To, SWL. Data rows: sand brn topsoil (0-2), clay brn (2-38), clay grey (38-57), clay grey, sand blk (57-75), clay grey (75-180), clay blue (180-185), clay black (185-215), sandstone grey gravel (215-220), sand white pumice (220-250), clay claysotnes pumice (250-270), clay grey (270-370)

Date started 3-5-98 Completed 3-14-98

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

Signed Date WWC Number

(bonded) Water Well Constructor Certification: I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief. WWC Number 1424 Date 3-18-98

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

Amendment

WELL I.D. # L 41943
START CARD # 131843

OWRD

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

(1) OWNER: Joshua Nelson
Name: Joshua Nelson
Well Number: _____

Address: 375 Taylor Ln.
City: Burnsville State: OR Zip: 97710

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 420 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
7 1/2"	0 20	Bentonite	0 20	45	
16"	20 420				

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

(6) CASING/LINER:

Diameter	From	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	0 420	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

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

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

Yield gal/min	Drawdown	Drill stem at	Time 1 hr.
800	20'	77'	5

Temperature of water 60 Depth Artesian Flow Found _____
Was a water analysis done? No Yes By whom _____
Did any strata contain water not suitable for intended use? No Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: 9.5

(9) LOCATION OF WELL by legal description:
County Clatsop Latitude _____ Longitude _____
Township 24 N or S Range 32 E or W. WM.
Section 26 SE 1/4 NE 1/4
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 375 Taylor Ln.

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

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
375'	420'	800	20

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	3	
Clay	3	37	
Clay	37	65	
Clay	65	170	
Clay	170	325	20'
Sand & Gravel	325	420	

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APR 17 2002

WATER RESOURCES DEPT. SALEM, OREGON

Date started 2-16-02 Completed 3-31-02

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

WWC Number _____
Signed _____ Date _____

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

WWC Number 1752
Signed Demetrius C. Smith Date 4-14-02

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

OWRD

WELL I.D. # L 41943 START CARD # 131843

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

(1) OWNER: Name Vern Carl, Address 37518 Taylor Ln, City Burns, State OR, Zip 97720

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

(3) DRILL METHOD: [] Rotary Air [] Rotary Mud [X] Cable [] Auger [] Other

(4) PROPOSED USE: [] Domestic [] Community [] Industrial [X] Irrigation [] Thermal [] Injection [] Livestock [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 420 ft. Explosives used [] Yes [X] No Type Amount

Table with columns: HOLE Diameter, From, To, Material, SEAL From, To, Sacks or pounds. Includes handwritten entries for 7 1/2 inch hole and bentonite seal.

How was seal placed: Method [] A [] B [] C [] D [] E [] Other Poured. Backfill placed from 0 ft. to 20 ft. Material. Gravel placed from 0 ft. to 20 ft. Size of gravel.

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Includes handwritten entries for 16 inch casing.

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Material, Casing, Liner.

(8) WELL TESTS: Minimum testing time is 1 hour. [X] Pump [] Bailor [] Air [] Flowing Artesian. Yield gal/min 800, Drawdown 20', Drill stem at 77', Time 5.

Temperature of water 60, Depth Artesian Flow Found. Was a water analysis done? NO. Did any strata contain water not suitable for intended use? NO. Depth of strata: 9.5.

(9) LOCATION OF WELL by legal description: County Clatsop, Township 74 N or S, Range 32 1/2 E, Section 26 SE 1/4 NE 1/4, Tax Lot 300, Street Address of Well 37518 Taylor Ln.

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

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

Table with columns: From, To, Estimated Flow Rate, SWL. Includes handwritten entry for 325' to 420' with flow rate 800 and SWL 20.

(12) WELL LOG: Ground Elevation.

Table with columns: Material, From, To, SWL. Includes handwritten entries for Top Soil, Brown Clay, Gray Clay, Silt, Gray clay, Sand & Gravel.

RECEIVED APR 17 2002 WATER RESOURCES DEPT SALEM, OREGON

Date started 2-16-07 Completed 3-31-07 (unbonded) Water Well Constructor Certification: I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards.

Signed Kenneth C. Smith WWC Number 1752 Date 4-14-07 (bonded) Water Well Constructor Certification: I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above.

MAY 22 2019

HARN 51944

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

WELL LABEL # L 110811 START CARD # 1019713 ORIGINAL LOG # OWRD

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

(1) LANDOWNER Owner Well I.D. First Name Last Name Company DCR HAYCO LLC Address PO BOX 3042 City PRINCETON State OR Zip 97721

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

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

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

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

(5) BORE HOLE CONSTRUCTION Depth of Completed Well 920 ft. Special Standard: [] Yes (attach copy)

Table with columns: Dia, From, To, Material, From, To, Amount, Scks/lbs. Includes BORE HOLE and SEAL headers.

How was seal placed: Method [] A [] B [] C [] D [] E [] Other Backfill placed from ft. to ft. Material Filter pack from ft. to ft. Material Size

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

(6) CASING/LINER Table with columns: Casing, Liner, Dia, Gauge, Steel, Plastic, Welded, Thrd

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

(7) PERFORATIONS/SCREENS Perforations Method Screens Type Material

Table with columns: Perf, Scm, Casing, Liner, Screen Dia, From, To, Screen/slot width, Slot length, # of slots, Tele/pipe size

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

Temperature 97 °F Lab analysis [] Yes By Water quality concerns? [] Yes (describe below) TDS ppm From To Description Amount Units

(9) LOCATION OF WELL (legal description) County HARNEY Twp 24 N or S Range 52 W W.M. Sec 28 SW 1/4 of the NW 1/4 Tax Lot 830 Tax Map Number Lot Street Address of Well (or nearest address) 37584 TAYLOR LN BARNES

(10) STATIC WATER LEVEL Table with columns: Existing Well/Pre-Alteration, Date, SWL (psi), SWL (ft). Completed Well 5-24-13 - 21

Flowing Artesian? [] Yes Dry Hole? [] Yes WATER BEARING ZONES Depth water was first found 45

Table with columns: SWL Date, From, To, Est Flow, SWL (psi), SWL (ft). Includes rows for 5-09-13, 5-22-13, 5-24-13.

(11) WELL LOG Ground Elevation 2013 Table with columns: Material, From, To. Includes layers like GRAY PUMICE STONE, GRAY CLAY, BRN SANDY GRAVELLY CLAY, etc.

Date Started 5-07-13 Completed 5-23-13

(unbonded) Water Well Constructor Certification I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards.

License Number 1940 Date 5/24/2013 Signed [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.

License Number 1355 Date 5-24-13 Signed [Signature] Contact Info. (optional)

13188

STATE OF OREGON
WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210)

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

HARNEY 64944 F 2

WELL LABEL # L 110811

START CARD # 1019713

ORIGINAL LOG #

(1) LANDOWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company DLR HAYCO LLC
 Address PO BOX 3042
 City PRINCETON State OR Zip 97721

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

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

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

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

(5) BORE HOLE CONSTRUCTION
 Depth of Completed Well 920 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
20"	0	33	BENTONITE	0	32	1650	165
16"	33	327					
10"	327	920					

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

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

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
L		16"	+ 15"	33	327	.250				
		12"	+ 2"	327	327	.250				

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

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

Perf	Csng	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 1500 Drawdown 300' Drill stem/Pump depth 300' Duration (hr) 1.5
 Temperature 97 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County HARNEY Twp 24 N of 5 Range 32 1/2 E of W.M.
 Sec 28 SW 1/4 of the NW 1/4 Tax Lot 830
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street Address of Well (or nearest address) 37584 TAYLOR LN. BURNS

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	<u>5-24-13</u>			<u>- 21'</u>

Flowing Artesian? Yes Dry Hole? Yes
 WATER BEARING ZONES Depth water was first found 45

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>5-09-13</u>	<u>45</u>	<u>325</u>	<u>50 gpm</u>			<u>- 20</u>
<u>5-22-13</u>	<u>325</u>	<u>800</u>	<u>200</u>			<u>- 22</u>
<u>5-24-13</u>	<u>800</u>	<u>920</u>	<u>150</u>			<u>- 21</u>

(11) WELL LOG Ground Elevation MAY 20 2013

Material	From	To
BROWN SAND	0	24
BROWN CLAY - SANDY	SALEM, OR 24	28
GRAY CLAY - SANDY	28	45
FINE BLACK SAND	45	45
SANDY CLAY	45	112
GRAY CLAY - SAND	112	150
BROWN SANDY CLAY	150	158
BLACK CLAY - SAND SCREENS	158	190
GRAVEL - SAND	190	207
SAND - SILT	207	268
SILT - CLAY LAYERS	268	325
GRAY CLAY - CLAYSTONE	325	355
GRAY CLAYSTONE - CLAY LAYERS	355	370
CLAYSTONE	370	385
ROCK - CLAY LAYERS	385	425

CONTINUED ON PAGE 2

Date Started _____ Completed _____

(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 1940 Date 5/24/2013
 Signed Burns

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

License Number 1355 Date 5-24-13
 Signed Arthur L. Jay
 Contact Info. (optional) _____

13188 MAY 22 2019
 OWRD

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

HARN 52490

WELL I.D. LABEL# I 60071
START CARD # 1027220
ORIGINAL LOG #

4/11/2016

(1) **LAND OWNER** Owner Well I.D. _____
First Name JESSE Last Name VAN DE STOET
Company INWOOD FEEDERS
Address _____
City BURNS State OR Zip 97736

(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 930.00 ft.
BORE HOLE
Dia From To Material From To Amt sacks/lbs
16 0 20 Bentonite Chips 0 20 24 S
14.75 20 210 Calculated 15.77
12 210 400
8 400 930 Calculated

How was seal placed: Method A B C D E
 Other **POURED**
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
 12 1.5 210 .250
 10 200 400 .250
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From _____ To _____

(7) **PERFORATIONS/SCREENS**
Perforations Method torch
Screens Type _____ Material _____
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size
Perf Liner 10 200 400 .125 4 12 _____

(8) **WELL TESTS:** Minimum testing time is 1 hour
 Pump Barler Air Flowing Artesian
Yield gal/min Drawdown Drill stem Pump depth Duration (hr)
400 _____ 300 _____ 1 _____
Temperature 61 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 165 ppm
From To Description Amount Units

(9) **LOCATION OF WELL (legal description)**
County HARNEY Twp 24.00 S N/S Range 32.50 E E/W WM
Sec 29 NE 1/4 of the NW 1/4 Tax Lot 00500
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
1.5 MILES EAST OF HWY 78 ON TAYLOR LANE

(10) **STATIC WATER LEVEL**
Date SWL (psi) + SWL (ft)
Existing Well / Pre-Alteration _____
Completed Well 7/24/2015 _____ 21
Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found 42.00
SWL Date From To Est Flow SWL (psi) + SWL (ft)
7/19/2015 42 930 400 _____ 21

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

Material	From	To
Sandy Topsoil	0	6
Sandy Clay	6	12
Claystone	12	42
Sandy Clay	42	51
Gray Clay	51	244
Sandy Broken Claystone	244	252
Fractured Claystone	252	347
Fractured Sandstone	347	365
Fractured Claystone/Layers of Pumice	365	490
Claystone with Fractures	490	623
Claystone layers of Sandstone	623	930

RECEIVED
MAY 22 2019
OWRD

Date Started 7/17/2015 Completed 7/25/2015

(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 1801 Date 4/11/2016
Signed JARRETT S HUMPHREY (E-filed)
Contact Info (optional) Jarrett Humphrey #1801

(1) LAND OWNER
 Owner Well I.D. _____
 First Name Jesse Last Name Vande Straet
 Company _____
 Address 1524 290th St
 City Ilwaco State OR Zip 51240

(9) LOCATION OF WELL (legal description)
 County Harn Twp 24 N/S Range 32.5 E/W WM
 Sec 29 NE 1/4 of the NE 1/4 Tax Lot 08301
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

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

(2a) PRE-ALTERATION
 RECEIVED BY OWRD
 Casing: _____ To Gauge Stl Plstc Wld Thrd
 Material _____ From _____ To Amt sacks/lbs
 Seal: _____ FEB 13 2017

(3) DRILL METHOD SALEM, OR
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary SALEM, OR

(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 208 ft.
 BORE HOLE SEAL sacks/
 Dia From To Material From To Amt lbs

20"	0	160	Bentonite	22	0	64	sks
15"	160	208					
						Calculated	2501

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

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

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16"	#	2	170	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	12"	#	1 1/2	154	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10"	#	1 1/2	154	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10"	#	2 1/4	218	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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

Perf/S	Casing/Screen	Dia	From	To	Scr/slot	Slot	# of	Tel/
green	Liner				width	length	slots	pipe size
Screen/Liner	10"	154	214	20				10"

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bore Air Flowing Artesian
 Yield gal/min _____ Drawdown _____ Well stem/Pump depth _____ Duration (hr) 1 HR
 Temperature 58 Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 188 ppm
 From _____ To _____ Description _____ Amount _____ Units _____

Taylor Ln Burns, OR

(10) STATIC WATER LEVEL
 Date SWL(psi) + SWL(ft)
 Existing Well / Pre-Alteration _____
 Completed Well 6/18/15 _____ 55
 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 190

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
<u>6/15/15</u>	<u>190</u>	<u>200</u>	<u>2800</u>		<u>55</u>

(11) WELL LOG
 Ground Elevation _____

Material	From	To
Sandy Topsoil	0	5
Brown Sandy Clay	5	14
Gray Clay	14	51
Gray Sandy Clay	51	153
Gray Clay	153	189
Large Gravel	189	204
Gray Clay	204	218

K Packer @ 145' RECEIVED
 MAY 22 2019
 OWRD

Date Started 6/10/15 Completed 6/18/15

(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 1562 Date 1/14/17
 Signed Sean C. Ollman
 Contact Info (optional) _____