



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

Application for Permanent Water Right Transfer

Part 1 of 5 – Minimum Requirements Checklist

This transfer 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 Transfer 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 Water Rights to be Transferred: **How many water rights are to be transferred? 1 List them here: Certificate 93380 - Attachment #2**
Please include a separate Part 5 for each water right. (See instructions on page 6)

Attachments:

- Completed Transfer Application Map. **Attachment #1**
- Completed Evidence of Use Affidavit and supporting documentation. **Attachment #3**
- N/A Affidavit(s) of Consent from Landowner(s) (if the applicant does not own the land the water right is on.)
- N/A Supplemental Form D – For water rights served by or issued in the name of an irrigation district. Complete when the transfer applicant is not the irrigation district.
- 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. **Attachment #4**
- N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation. **Attachment #5**
- 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’ from the surface water source and more than 1000’ upstream or downstream from the point of diversion. See OAR 690-380-2130 for requirements and applicability.

(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

Additional signature(s) required Part _____ is incomplete

Other/Explanation _____

Staff: _____ 503-986-0 _____

Date: ____ / ____ / ____

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

Please be sure that the transfer application map you submit includes all the required items and matches the existing water right map. Check all boxes that apply.

- N/A Certified Water Right Examiner (CWRE) Stamp and Original Signature. For a list of CWREs, see http://apps.wrd.state.or.us/apps/wr/cwre_license_view/. CWRE stamp and signature are not required for substitutions.
- N/A If **more than three** water rights are involved, separate maps are needed for each water right.
- 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 Final Proof/Claim of Beneficial Use Map (the map used when the permit was certificated), 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 right, 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 water right is being changed, a separate hachuring is needed for lands left unchanged.
- N/A Proposed place of use that includes separate hachuring for each water right, 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 right certificate or 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 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Sunnyside Dairy, LLC (Rosalio Brambila, Manager)			PHONE NO. 509-840-4099	ADDITIONAL CONTACT NO.
ADDRESS 4582 Maple Grove Road				FAX NO.
CITY Sunnyside	STATE WA	ZIP 98944	E-MAIL rosalio@sunnysidedairy.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 Molly Reid, GeoEngineers, Inc.			PHONE NO. 509-209-2846	ADDITIONAL CONTACT NO. (541) 310-7264 CELL
ADDRESS 8019 W Quinault Avenue Suite 201				FAX NO.
CITY Kennewick	STATE WA	ZIP 99336	E-MAIL mreid@geoengineers.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 transfer application, and why:
Adding a well to water right (Certificate 98830) to create redundancy and improve efficiency in the event of the other wells loses production.

Replacing the North well, and adding the middle well to create redundancy in the system and to allow the middle well to supply water to both circles. Old North Well (well 1) will only be used in case of an emergency.

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)

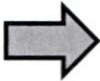
Check One Box

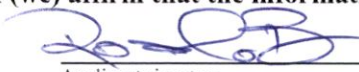
- By signing this application, I understand that, upon receipt of the draft preliminary determination and prior to Department approval of the transfer, I will be required to provide landownership information and evidence that I am authorized to pursue the transfer as identified in OAR 690-380-4010(5); **OR**
- I affirm the applicant is a municipality as defined in ORS 540.510(3)(b) and that the right is in the name of the municipality or a predecessor; **OR**
- I affirm the applicant is an entity with the authority to condemn property and is acquiring by condemnation the property to which the water right proposed for transfer is appurtenant and have supporting documentation.

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- Prior to Department approval of the transfer application, 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 water right 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 Times-Herald**.
- Amendments to the application may only be made in response to the Department's Draft Preliminary Determination (DPD). The applicant will have a period of at least 30 days to amend the application to address any issues identified by the Department in the DPD, or to withdraw the application. Note that amendments may be subject to additional fees, pursuant to ORS 536.050.
- Failure to complete an approved change in place of use and/or change in character of use, will result in loss of the water right (OAR 690-380-6010).

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



	<u>Rosalio Barabala</u>	<u>8-13-19</u>
Applicant signature	Print Name (and Title if applicable)	Date
_____	_____	_____
Applicant signature	Print Name (and Title if applicable)	Date

Is the applicant the sole owner of the land on which the water right, or portion thereof, proposed for transfer is located? Yes No *If NO, include signatures of all deeded landowners (and mailing and/or e-mail addresses if different than the applicant's) or attach affidavits of consent (and mailing and/or e-mail addresses) from all landowners or individuals/entities to which the water right(s) were conveyed.*

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Check the following boxes that apply:

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

At this time, are the lands in this transfer application in the process of being sold? Yes No

If YES, and you know who the new landowner will be, please complete the receiving landowner information table below. If you do not know who the new landowner will be, then a request for assignment will have to be filed for at a later date.

If a property sells, the certificated water right(s) located on the land belong to the new owner, unless a sale agreement or other document states otherwise. For more information see:

<http://www.oregon.gov/owrd/docs/transfer-propertytransactions.pdf>

RECEIVING LANDOWNER NAME Not applicable			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	

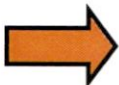
Describe any special ownership circumstances here: _____

- Check here if any of the water rights proposed for transfer are or will be located within or served by an irrigation or other water district. (**Tip: Complete and attach Supplemental Form D.**)

IRRIGATION DISTRICT NAME Not applicable	ADDRESS	
CITY	STATE	ZIP

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

ENTITY NAME Not applicable	ADDRESS	
CITY	STATE	ZIP



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

ENTITY NAME Harney County Planning Department Attn: Brandon McMullen Email: brandon.mcmullen@co.harney.or.us Phone: 541-573-6655	ADDRESS 360 N. Alvord	RECEIVED AUG 15 2019 OWRD
CITY Burns	STATE Oregon	ZIP 9970

ENTITY NAME Not-Applicable	ADDRESS	
CITY	STATE	ZIP

Part 5 of 5 – Water Right Information

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

CERTIFICATE # 93380

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Description of Water Delivery System

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System capacity: 2.9 cubic feet per second (cfs) **OR**
 _____ gallons per minute (gpm)

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Describe the current water delivery system or the system that was in place at some time within the last five years. Include information on the pumps, canals, pipelines, and sprinklers used to divert, convey, and apply the water at the authorized place of use. **Water is pumped from wells 1 and 2 with 50 horsepower pumps into 10” main lines to the center pivots.**

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

POD/POA Name or Number	Is this POD/POA Authorized on the Certificate 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 1 North	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 51565/ 51578	24 S	33 E	3	SW	NW	100	3155 feet North and 165 feet East from SW Corner, Section 3
Well 2 South	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 51577	24 S	33 E	3	SW	SW	100	885 feet North and 90 feet East from SW Corner, Section 3
Well 3 Middle	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 52064	24 S	33 E	3	SW	NW	100	2918 feet North and 92 feet East from SW Corner, Section 3
Well 1-R North Replacement	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 52520	24 S	33 E	3	NW	NW	100	4280 feet North and 24 feet East from SW Corner, Section 3

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

- | | |
|--|--|
| <input type="checkbox"/> Place of Use (POU) | <input type="checkbox"/> Supplemental Use to Primary Use (S to P) |
| <input type="checkbox"/> Character of Use (USE) | <input 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"/> Substitution (SUB) |
| <input type="checkbox"/> Surface Water POD to Ground Water POA (SW/GW) | <input type="checkbox"/> Government Action POD (GOV) |

Will all of the proposed changes affect the entire water right?

- Yes** Complete only the Proposed (“to” or “on” 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 water right to be changed.

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 Right Certificate # 93380

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	Type of USE listed on Certificate	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	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date				
EXAMPLE																										
24	S	33	E	3	NE	NW	100	3	31.3	Irrigation	North well (Well 1)	2008	APOA	24	S	33	E	3	NE	NW	100	3	31.3	Irrigation	Wells 1-R, 1 & 3	2008
24	S	33	E	3	NW	NW	100	4	31.3	Irrigation	North well (Well 1)	2008	APOA	24	S	33	E	3	NW	NW	100	4	31.3	Irrigation	Wells 1-R, 1 & 3	2008
24	S	33	E	3	SW	NW	100		31.3	Irrigation	North well (Well 1)	2008		24	S	33	E	3	SW	NW	100		31.3	Irrigation	Wells 1-R, 1 & 3	2008
24	S	33	E	3	SE	NW	100		31.3	Irrigation	North well (Well 1)	2008		24	S	33	E	3	SE	NW	100		31.3	Irrigation	Wells 1-R, 1 & 3	2008
24	S	33	E	3	NE	SW	100		31.3	Irrigation	South well (Well 2)	2008		24	S	33	E	3	NE	SW	100		31.3	Irrigation	Wells 2 & 3	2008
24	S	33	E	3	NW	SW	100		31.3	Irrigation	South well (Well 2)	2008		24	S	33	E	3	NW	SW	100		31.3	Irrigation	Wells 2 & 3	2008
24	S	33	E	3	SW	SW	100		31.3	Irrigation	South well (Well 2)	2008		24	S	33	E	3	SW	SW	100		31.3	Irrigation	Wells 2 & 3	2008
24	S	33	E	3	SE	SW	100		31.3	Irrigation	South well (Well 2)	2008		24	S	33	E	3	SE	SW	100		31.3	Irrigation	Wells 2 & 3	2008
TOTAL ACRES:							250.4						TOTAL ACRES:							250.4						

Additional remarks: **Two additional points of appropriation are proposed under this transfer application for the purpose of replacing the existing North well (Well 1) with Well 1-R and creating redundancy and improving efficiency within the system by adding Well 3 (middle).**

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For Place of Use or Character of Use Changes

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

If YES, list the certificate, water use permit, or ground water registration numbers: NA.



Pursuant to ORS 540.510, any “layered” water use such as an irrigation right that is supplemental to a primary right proposed for transfer must be included in the transfer or be cancelled. Any change to a ground water registration must be filed separately in a ground water registration modification application.

For Substitution (ground water supplemental irrigation will be substituted for surface water primary irrigation)

Ground water supplemental Permit or Certificate # NA;
Surface water primary Certificate # NA.

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For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # NA

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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 **Attachment #6**

AND/OR

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

Table 3. Construction of Point(s) of Appropriation

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

Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well: OWRD Well ID Tag No. L-	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well -specific rate (cfs or gpm). If less than full rate of water right
Well 3 Middle	Yes	HARN 52064	Please	See	Well	Log	Attach	#5		
Well 1-R	Yes	HARN 52520	Please	See	Well	Log	Attach	#5		

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STATE OF OREGON
 COUNTY OF HARNEY
 CERTIFICATE OF WATER RIGHT

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THIS CERTIFICATE ISSUED TO

SUNNYSIDE DAIRY LLC
 4581 MAPLE GROVE RD
 SUNNYSIDE WA 98944

confirms the right to the use of water perfected under the terms of Permit G-16499. The amount of water used to which this right is entitled is limited to the amount used beneficially, and shall not exceed the amount specified, or its equivalent in the case of rotation, measured at the point of diversion from the source. The specific limits and conditions of the use are listed below.

APPLICATION FILE NUMBER: G-17072

SOURCE OF WATER: NORTH WELL (WELL 1) AND SOUTH WELL (WELL 2) IN HOT SPRINGS SLOUGH BASIN

PURPOSE OR USE: IRRIGATION OF 250.4 ACRES

MAXIMUM RATE: 2.9 CUBIC FEET PER SECOND (CFS), FURTHER LIMITED TO NO MORE THAN 1.9 CFS FROM EACH WELL, IN ANY COMBINATION, NOT TO EXCEED A TOTAL OF 2.9 CFS

PERIOD OF USE: MARCH 1 THROUGH OCTOBER 31

DATE OF PRIORITY: JUNE 17, 2008

The wells are located as follows:

Twp	Rng	Mer	Sec	Q-Q	Measured Distances
24 S	33 E	WM	3	SW NW	NORTH WELL (WELL 1) - 3155 FEET NORTH AND 165 FEET EAST FROM SW CORNER, SECTION 3
24 S	33 E	WM	3	SW SW	SOUTH WELL (WELL 2) - 885 FEET NORTH AND 90 FEET EAST FROM SW CORNER, SECTION 3

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, or its equivalent for each acre irrigated, and shall be further limited to a diversion of not to exceed 3.0 acre-feet per acre for each acre irrigated during the irrigation season of each year.

A description of the place of use is as follows:

Twp	Rng	Mer	Sec	Q-Q	GLot	Acres	Well
24 S	33 E	WM	3	NE NW	3	31.3	North Well (Well 1)
24 S	33 E	WM	3	NW NW	4	31.3	North Well (Well 1)

NOTICE OF RIGHT TO PETITION FOR RECONSIDERATION OR JUDICIAL REVIEW

This is an order in other than a contested case. This order is subject to judicial review under ORS 183.484 and ORS 536.075. Any petition for judicial review must be filed within the 60-day time period specified by ORS 183.484(2). Pursuant to ORS 183.484, ORS 536.075 and OAR 137-004-0080, you may petition for judicial review and petition the Director for reconsideration of this order. A petition for reconsideration may be granted or denied by the Director, and if no action is taken within 60 days following the date the petition was filed, the petition shall be deemed denied. In addition, under ORS 537.260 any person with an application, permit or water right certificate subsequent in priority may jointly or severally contest the issuance of the certificate within three months after issuance of the certificate.

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Twp	Rng	Mer	Sec	Q-Q	GLot	Acres	Well
24 S	33 E	WM	3	SW NW		31.3	North Well (Well 1)
24 S	33 E	WM	3	SE NW		31.3	North Well (Well 1)
24 S	33 E	WM	3	NE SW		31.3	South Well (Well 2)
24 S	33 E	WM	3	NW SW		31.3	South Well (Well 2)
24 S	33 E	WM	3	SW SW		31.3	South Well (Well 2)
24 S	33 E	WM	3	SE SW		31.3	South Well (Well 2)

Measurement, recording and reporting conditions:

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

The Department requires the water user to obtain, from a qualified individual (see below), and report annual static water levels for each well on this right. 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 water user shall report annual March static water-level measurements whether or not the well(s) are used. The reference levels against which future measurements will be compared are 33.9 feet below ground surface for North Well (Well 1) and 35.6 feet below ground surface for South Well (Well 2). 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:

- 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 water user shall discontinue use of, 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 until the Department determines, based on the water user'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 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 right. 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.

The water user 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.

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

If substantial interference with a senior water right occurs due to withdrawal of water from any well listed on this right, 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 interference.

The well(s) shall be maintained in accordance with the General Standards for the Construction and Maintenance of Water Wells in Oregon. The works shall be equipped with a usable access port, and may also include an air line and pressure gauge adequate to determine the water level elevation in the well at all times.

The use may be restricted if the quality of downstream waters decreases to the point that those waters no longer meet existing 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 the agreement.

The Director may require water level or pump test results every ten years.

This right 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.

The use of water shall be limited when it interferes with any prior surface or ground water rights.

The right to the use of the water for the above purpose is restricted to beneficial use on the place of use described.

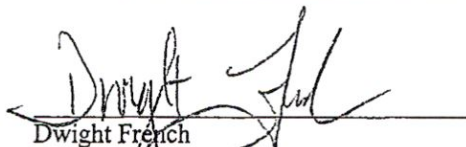
NOV 3 2017

Issued _____

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Dwight French
Water Right Services Division Administrator, for
Thomas M. Byler, Director
Oregon Water Resources Department

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Attachment #3

Evidence of Use Affidavit and Power Records
APOA Transfer Application for Sunnyside Dairy, LLC
Certificate 93380

13241

Application for Water Right Transfer

Evidence of Use Affidavit



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

Please print legibly or type. Be as specific as possible. Attach additional pages if you need more spacing. Supporting documentation must be attached.

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 OWRD

State of Oregon)
) ss
 County of HARNEY)

I, ROSALIO BRAMBILA, in my capacity as MANAGER,

mailing address 4581 MAPLE GROVE ROAD, SUNNYSIDE, WA 98944

telephone number (509)840-4099, being first duly sworn depose and say:

1. My knowledge of the exercise or status of the water right is based on (check one):

- Personal observation Professional expertise

2. I attest that:

Water was used during the previous five years on the **entire** place of use for Certificate # 93380; **OR**

My knowledge is specific to the use of water at the following locations within the last five years:

Certificate #	Township	Range	Mer	Sec	¼ ¼	Gov't Lot or DLC	Acres (if applicable)

OR

- Confirming Certificate # 93380 has been issued within the past five years; **OR**
- Part or all of the water right was leased instream at some time within the last five years. The instream lease number is: (Note: If the entire right proposed for transfer was not leased, additional evidence of use is needed for the portion not leased instream.); **OR**
- The water right is not subject to forfeiture and documentation that a presumption of forfeiture for non-use would be rebutted under ORS 540.610(2) is attached.
- Water has been used at the actual current point of diversion or appropriation for more than 10 years for Certificate # (For Historic POD/POA Transfers)

(continues on reverse side)

3. The water right was used for: (e.g., crops, pasture, etc.): IRRIGATION, GRASS, HAY
4. I understand that if I do not attach one or more of the documents shown in the table below to support the above statements, my application will be considered incomplete.



 Signature of Affiant

8-6-2019
 Date

Signed and sworn to (or affirmed) before me this 6th day of August, 2019.



Washington
 Notary Public for Oregon

My Commission Expires: 2/15/23



Supporting Documents	Examples
<input checked="" type="checkbox"/> Copy of a water right certificate that has been issued within the last five years. (not a remaining right certificate)	Copy of confirming water right certificate that shows issue date
<input checked="" type="checkbox"/> Copies of receipts from sales of irrigated crops or for expenditures related to use of water	<ul style="list-style-type: none"> • Power usage records for pumps associated with irrigation use • Fertilizer or seed bills related to irrigated crops • Farmers Co-op sales receipt
<input type="checkbox"/> Records such as FSA crop reports, irrigation district records, NRCS farm management plan, or records of other water suppliers	<ul style="list-style-type: none"> • District assessment records for water delivered • Crop reports submitted under a federal loan agreement • Beneficial use reports from district • IRS Farm Usage Deduction Report • Agricultural Stabilization Plan • CREP Report
<input type="checkbox"/> Aerial photos containing sufficient detail to establish location and date of photograph	<p>Multiple photos can be submitted to resolve different areas of a water right. If the photograph does not print with a "date stamp" or without the source being identified, the date of the photograph and source should be added.</p> <p>Sources for aerial photos: OSU – www.oregonexplorer.info/imagery OWRD – www.wrd.state.or.us Google Earth – earth.google.com TerraServer – www.terra-server.com</p>
<input type="checkbox"/> Approved Lease establishing beneficial use within the last 5 years	Copy of instream lease or lease number

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FS

North Well 1

HARNEY ELEC COOPERATIVE, INC.

Customer: 397648 Name: SUNNYSIDE DAIRY LLC Phone Home: 509-837-4779 Ext Addl Phone Ext
Address: 4581 MAPLE GROVE RD SUNNYSIDE WA 98944-9793

Account: 682101 Cycle Code: 2 Invoice Group: 1778
Provider: COOP - HARNEY ELECTRIC COOP Service: ELEC - ELECTRIC SERVICE

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Table with 4 columns: Description, Amount, Budget Due, Annual Due. Rows include Total AR, Total Current, Total 30 Days, Total 60 Days, Total 90 Days.

Payment Information:
Payment Date: 06/27/2019 Payment Amt: -4,000.83

Location: 6821 Srv Map Loc: B097A Emergency Addr:
Srv Desc: 100+6 HP IRR District Office: B - HINES OFFICE
Srv Address: NORTH-JMK FARMS Board Dist: 1 - JOE CRONIN
Prim Rate Sched:IR1 Srv Area: 14 - CRANE - BUCHANAN

Service Agreement:
Srv Stat: 1 - Active State: OR Tax Switch N
Rev Cls: 4 - OR Irrigation County: 1 - HARNEY N
Medical Nec: City: N
Outage Priority: School: N
YTD Revenue: 1,413.34 YTD Usage: 12,848 Franchise: N
Con Dt: 04/16/2019 Disc Date: Final Dt: Other: N

Table with 4 columns: Charge Type Cd, Rate, Months, Factor, Balance. Row: 1051.000 IRRIG MIN UPCHARGE

Meter Information:
Pos Mtr Nbr Rate Schedule Con Dt Disc Dt Mtr Mult Pres Dt Pres Rdg Dmd Rdg
1 78546031 IR1 - IRRIGATION - OR 04/16/2019 Last Valid Rdg Dt: 07/01/2019 Last Valid Rdg: 12846 Pres Use Days: 0

Billing History Usage Summary:

13241

North Well 1

HARNEY ELEC COOPERATIVE, INC.

Rev YrMo	Usage	Act Dmd	Bld Dmd	KVAR Usage	KVA Use
May 2018	32	.000	.000	.000	.000
Jun 2018	18,095	77.107	77.107	.000	.000
Jul 2018	30,426	71.017	71.017	.000	.000
Aug 2018	13,188	70.226	70.226	.000	.000
Sep 2018	25,062	66.504	66.504	.000	.000
Oct 2018	261	.560	.560	.000	.000
Nov 2018	33	.515	.515	.000	.000
Dec 2018	0	.000	.000	.000	.000
May 2019	2	.000	.000	.000	.000
Jun 2019	12,629	75.180	75.180	9695.000	.000
Jul 2019	217	75.180	75.180	512.000	.000
Totals:	99,945	436.289	436.289	10207.000	.000
Averages:	9,086	39.663	39.663	927.909	.000

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Billing History Revenue Summary:

Rev YrMo	Bill Dt	Revenue	Demand	Device	PCA	Other	Tax	Adjust	Total
May 2018	05/07/2018	2.57	.00	.00	.00	-.51	.00	.00	2.06
Jun 2018	06/06/2018	1,266.65	.00	.00	.00	-253.33	.00	.00	1,013.32
Jul 2018	07/06/2018	2,129.82	.00	.00	.00	-425.96	.00	.00	1,703.86
Aug 2018	08/07/2018	923.16	.00	.00	.00	-184.63	.00	.00	738.53
Sep 2018	09/07/2018	1,754.34	.00	.00	.00	-350.87	.00	.00	1,403.47
Oct 2018	10/05/2018	18.27	.00	.00	.00	-3.65	.00	.00	14.62
Nov 2018	11/07/2018	2.64	.00	.00	.00	-.53	.00	.00	2.11
May 2019	05/08/2019	.15	.00	.00	.00	-.03	.00	.00	.12
Jun 2019	06/06/2019	884.03	.00	.00	.00	-175.14	.00	.00	708.89
Jul 2019	07/05/2019	529.16	.00	.00	.00	-105.83	.00	.00	423.33
Totals:		\$7,510.79	\$0.00	\$0.00	\$0.00	-\$1,500.48	\$0.00	\$0.00	\$6,010.31
Averages:		\$751.08	\$0.00	\$0.00	\$0.00	-\$150.05	\$0.00	\$0.00	\$601.03

North Well

HARNEY ELEC COOPERATIVE, INC.

PARAMETERS ENTERED

Method: Single Account
Customer:
Account: 682101
Service Location: 6821
Provider: All
Begin Revenue Year/Month: Jan 2018
End Revenue Year/Month: Aug 2019
History Sort Code: Rev Yr/Mo Ascending
Print Provider Detail: Summary
Print Location: Detail
Print Billing History: Summary
Register Modes: All

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South Wellz

HARNEY ELEC COOPERATIVE, INC.

Customer: 397648 Name: SUNNYSIDE DAIRY LLC Phone: 509-837-4779 Ext: Addl Phone: Ext:
Address: 4581 MAPLE GROVE RD SUNNYSIDE WA 98944-9793 Home: 509-837-4779 Home:
Mobl: Mobl:
Busn: Busn:
Fax: Fax:

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Account: 793400 Cycle Code: 2 Invoice Group: 1778
Provider: COOP - HARNEY ELECTRIC COOP Service: ELEC - ELECTRIC SERVICE

AR Information:

Total AR: .00 Budget Due: .00 Annual Due: .00
Total Current: .00 Curr Budget: .00 Curr Annual: .00
Total 30 Days: .00 Past Budget: .00 Past Annual: .00
Total 60 Days: .00
Total 90 Days: .00

Payment Information:

Payment Date: 07/29/2019 Payment Amt: -1,238.72

Location: 7934 Srv Map Loc: B105A
Srv Desc: 150 HP IRR
Srv Address: JMK QUINCY RD
Prim Rate Sched: IR1

Emergency Addr:
District Office: B - HINES OFFICE
Board Dist: 1 - JOE CRONIN
Srv Area: 14 - CRANE - BUCHANAN

Service Agreement:

Srv Stat: 1 - Active State: OR Tax Switch: N
Rev Cls: 4 - OR Irrigation County: 1 - HARNEY N
Medical Nec: City: N
Outage Priority: School: N
YTD Revenue: 3,323.60 YTD Usage: 47,480 Franchise: N
Con Dt: 04/16/2019 Disc Date: Final Dt: Other: N

Meter Information:

Pos Mtr Nbr Rate Schedule Con Dt Disc Dt Mtr Mult Pres Dt Pres Rdg Dmd Rdg
1 80044850 IR1 - IRRIGATION - OR 04/16/2019 40.0000 07/25/2019 2374 2.99
Last Valid Rdg Dt: 07/01/2019 Last Valid Rdg: 1187 Curr Use Days: 0

Billing History Usage Summary:

Southwellz

HARNEY ELEC COOPERATIVE, INC.

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Rev YrMo	Usage	Act Dmd	Bld Dmd	KVAR Usage	KVA Use
May 2018	9,520	102.840	102.840	6560.000	.000
Jun 2018	55,640	104.280	104.280	38720.000	.000
Jul 2018	27,560	106.920	106.920	19200.000	.000
Aug 2018	14,240	120.120	120.120	9600.000	.000
Sep 2018	80,640	114.120	114.120	54880.000	.000
Oct 2018	59,080	112.960	112.960	40360.000	.000
Nov 2018	5,760	104.320	104.320	3920.000	.000
Dec 2018	0	.000	.000	.000	.000
May 2019	0	.000	.000	.000	.000
Jun 2019	25,360	119.600	119.600	16840.000	.000
Jul 2019	22,120	119.600	119.600	15160.000	.000
Totals:	299,920	1004.760	1004.760	205240.000	.000
Averages:	27,265	91.342	91.342	18658.182	.000

Billing History Revenue Summary:

Rev YrMo	Bill Dt	Revenue	Demand	Device	PCA	Other	Tax	Adjust	Total
May 2018	05/07/2018	761.60	.00	.00	.00	-152.32	.00	.00	609.28
Jun 2018	06/06/2018	3,894.80	.00	.00	.00	-778.96	.00	.00	3,115.84
Jul 2018	07/06/2018	1,929.20	.00	.00	.00	-385.84	.00	.00	1,543.36
Aug 2018	08/07/2018	996.80	.00	.00	.00	-199.36	.00	.00	797.44
Sep 2018	09/07/2018	5,644.80	.00	.00	.00	-1,128.96	.00	.00	4,515.84
Oct 2018	10/05/2018	4,135.60	.00	.00	.00	-827.12	.00	.00	3,308.48
Nov 2018	11/07/2018	460.80	.00	.00	.00	-92.16	.00	.00	368.64
Jun 2019	06/06/2019	1,775.20	.00	.00	.00	-353.38	.00	.00	1,421.82
Jul 2019	07/05/2019	1,548.40	.00	.00	.00	-309.68	.00	.00	1,238.72
Totals:		\$21,147.20	\$0.00	\$0.00	\$0.00	\$-4,227.78	\$0.00	\$0.00	\$16,919.42
Averages:		\$2,349.69	\$0.00	\$0.00	\$0.00	\$-469.75	\$0.00	\$0.00	\$1,879.94

Southwell 2

HARNEY ELEC COOPERATIVE, INC.

08/01/2019 01:59:16 pm

CUSTOMER PROFILE/BILLING HIST

Page: 3

PARAMETERS ENTERED

Method: Single Account
Customer:
Account: 793400
Service Location: 7934
Provider: All
Begin Revenue Year/Month: Jan 2018
End Revenue Year/Month: Aug 2019
History Sort Code: Rev Yr/Mo Ascending
Print Provider Detail: Summary
Print Location: Detail
Print Billing History: Summary
Register Modes: All

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Attachment #4
Land Use Information Form
APOA Transfer Application for Sunnyside Dairy, LLC
Certificate 93380

13241

Land Use Information Form



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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Applicant(s): Sunnyside Dairy, LLC, Rosalio Brambila, Manager

Mailing Address: 4581 Maple Grove Road

City: Sunnyside State: WA Zip Code: 98944 Daytime Phone: 509-840-4099

A. Land and Location

Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), and/or used or developed. Applicants for municipal use, or irrigation uses within irrigation districts may substitute existing and proposed service-area boundaries for the tax-lot information requested below.

Township	Range	Section	¼ ¼	Tax Lot #	Plan Designation (e.g., Rural Residential/RR-5)	Water to be:			Proposed Land Use:
<u>24 S</u>	<u>33 E</u>	<u>3</u>	<u>All NW quarter</u>	<u>100</u>	_____	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>Irrigation</u>
<u>24 S</u>	<u>33 E</u>	<u>3</u>	<u>All SW quarter</u>	<u>100</u>	_____	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>Irrigation</u>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	_____

List all counties and cities where water is proposed to be diverted, conveyed, and/or used or developed:

Harney County

B. Description of Proposed Use

Type of application to be filed with the Water Resources Department:

- Permit to Use or Store Water
 Water Right Transfer
 Permit Amendment or Ground Water Registration Modification
 Limited Water Use License
 Allocation of Conserved Water
 Exchange of Water

Source of water: Reservoir/Pond
 Ground Water
 Surface Water (name) _____

Estimated quantity of water needed: 2.9 CFS
 cubic feet per second
 gallons per minute
 acre-feet

Intended use of water: Irrigation
 Commercial
 Industrial
 Domestic for _____ household(s)
 Municipal
 Quasi-Municipal
 Instream
 Other _____

Briefly describe:

Adding two news well (one will replace the North well) to water right (Certificate 98830) to create redundancy and improve efficiency in the event one of the other wells loses production.

Note to applicant: If the Land Use Information Form cannot be completed while you wait, please have a local government representative sign the receipt at the bottom of the next page and include it with the application filed with the Water Resources Department.

See bottom of Page 3. →

13241

For Local Government Use Only

The following section must be completed by a planning official from each county and city listed unless the project will be located entirely within the city limits. In that case, only the city planning agency must complete this form. This deals only with the local land-use plan. Do not include approval for activities such as building or grading permits.

Please check the appropriate box below and provide the requested information

- Land uses to be served by the proposed water uses (including proposed construction) are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): EFLU-2/HCZO 3.020
- Land uses to be served by the proposed water uses (including proposed construction) involve discretionary land-use approvals as listed in the table below. (Please attach documentation of applicable land-use approvals which have already been obtained. Record of Action/land-use decision and accompanying findings are sufficient.) **If approvals have been obtained but all appeal periods have not ended, check "Being pursued."**

Type of Land-Use Approval Needed (e.g., plan amendments, rezones, conditional-use permits, etc.)	Cite Most Significant, Applicable Plan Policies & Ordinance Section References	Land-Use Approval:	
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued

Local governments are invited to express special land-use concerns or make recommendations to the Water Resources Department regarding this proposed use of water below, or on a separate sheet.

Name: Brendan McMullen Title: Planning Director
 Signature: [Signature] Phone: 541-573-6655 Date: 7/22/2019
 Government Entity: Harney County

Note to local government representative: Please complete this form or sign the receipt below and return it to the applicant. If you sign the receipt, you will have 30 days from the Water Resources Department's notice date to return the completed Land Use Information Form or WRD may presume the land use associated with the proposed use of water is compatible with local comprehensive plans.

Receipt for Request for Land Use Information



Applicant name: _____
 City or County: _____ Staff contact: _____
 Signature: _____ Phone: _____ Date: _____

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Attachment #5

Well Logs

APOA Transfer Application for Sunnyside Dairy, LLC

Certificate 93380

13241

Well 1 North
 original log

WELL LABEL # L 400253

AUG 15 2019

START CARD # 199666

OWRD

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

(1) LAND OWNER Owner Well I.D. _____
 First Name DUSTY Last Name ROBEY
 Company _____
 Address 38095 COTTONTAIL LN
 City BURNS State OR Zip 97720

(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 400' ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
20"	0	38	BENTONITE	0	38	97	Scks
12 3/4"	38	223					
10"	223	400					

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 _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		14"	+	14"	51'	.250	✓			✓
	✓	12"	+	20"	223'	.250	✓		✓	

Shoe Inside Outside Other Location of shoe(s) 223

Temporary casing Yes Diameter _____ From _____ To _____

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

Perf	Scrn	Csng	Lnr	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 500+ Drawdown 200' Drill stem/Pump depth 2 hrs. Duration (hr) _____

Temperature 66 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) _____

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County HARNEY Twp 24 N of S Range 33 E or W W.M.
 Sec 03 SW 1/4 of the NW 1/4 Tax Lot 100
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street Address of Well (or nearest address) QUINCY RD.

(10) STATIC WATER LEVEL

Existing Well/Predeepening	Date	SWL (psi)	+	SWL (ft)
Completed Well	<u>4-29-09</u>		-	<u>29</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 85'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>4-29</u>	<u>85</u>	<u>400</u>	<u>1000+</u>		+	<u>29</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
SANDY TOPSOIL	0	2
SOFT BROWN CLAYSTONE	2	34
SANDY GRAY CLAY - CLAYSTONE LAYERS	34	130
SANDY CLAY WITH GRAVEL	130	142
SANDY CLAY	142	167
SOFT CLAYSTONE	167	218
COARSE TO FINE GRAVEL	218	224
CLAYSTONE/SANDSTONE LAYERS	224	334
BROKEN CLAYSTONE WITH THIN LAYERS OF LAVA ROCK & SANDSTONE	334	360
BROKEN CLAYSTONE	360	400

OCCASIONAL WOOD DEBRIS FROM 300-400'

Date Started 4-17-09 Completed 4-28-09

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

License Number _____ 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 1355 Date 4-29-09

Signed Arthur L. Jm

Contact Info. (optional) 13241

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MAY 06 2009

Well 1 North
 deepening log

WELL LABEL # L 100253

START CARD # 200518

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

(1) LAND OWNER Owner Well I.D. _____
 First Name DUSTY Last Name ROBEY
 Company _____
 Address 38095 COTTONTAIL LN.
 City BURNS State OR Zip 97720

(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 600' ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
20"	0	38	BENTONITE	0	38	97	SCKS
12 1/4"	38	263					
10"	263	600					

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 _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
-	-	14"	+	14"	51'	.250	✓		✓	
-	-	12"	+	20"	263'	.250	✓		✓	

Shoe Inside Outside Other Location of shoe(s) 263'

Temporary casing Yes Diameter _____ From _____ To _____

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

Perf	Scrn	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 650 Drawdown 540' Drill stem/pump depth 1 Duration (hr) _____

Temperature 66 °F Lab analysis Yes By **RECEIVED**
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

 JUN 02 2009
 WATER RESOURCES DEPT

(9) LOCATION OF WELL (legal description)
 County HARNEY Twp 24 N of S Range 33 E or W W.M.
 Sec 03 SW 1/4 of the NW 1/4 Tax Lot 100
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street Address of Well (or nearest address) QUINCY RD

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Predeepening	<u>5-27-09</u>		-	<u>29</u>
Completed Well	<u>5-28-09</u>		-	<u>29</u>

Flowing Artesian? Yes Dry Hole? Yes
 WATER BEARING ZONES Depth water was first found 85'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>5-28-09</u>	<u>85</u>	<u>600</u>	<u>900+</u>		-	<u>29'</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
SEE ORIGINAL WELL REPORT	0	400
BROKEN CLAYSTONE WITH THIN LAYERS OF BLACK LAVA	400	416
BROWN CLAYSTONE	416	420
BROKEN CLAYSTONE WITH THIN ROCK LAYERS	420	553
BLACK FORDS LAVA	553	555
BROKEN CLAYSTONE WITH ROCK LAYERS	555	570
BROKEN CLAY - CLAYSTONE	570	600

Date Started 5-27-09 Completed 5-28-09

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

License Number _____ Date AUG 15 2019
 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 1355 Date 5-29-09
 Signed Arthur L Jay
 Contact Info. (optional) _____

13241

Well 2 South
 original log

WELL LABEL # L 100256

AUG 15 2019

START CARD # 200513

OWRD

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

(1) LAND OWNER Owner Well I.D.
 First Name DUSTY Last Name ROBEY
 Company _____
 Address 38095 COTON TAIL LN.
 City BURNS State OR Zip 97720

(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 600 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
19"	0	30	BENTONITE	0	30	57	SCKS
14"	30	34'8"					
12"	34'8"	283'1/2					
10"	283'1/2	600					

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 _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		14"	+	16"	34'8"	.250	✓		✓	
	✓	12"	+	20"	283'1/2	.250	✓		✓	

Shoe Inside Outside Other Location of shoe(s) 283'1/2'

Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type _____ Material _____

Perf	Scrn	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	Drawdown	Drill stem/Pump depth	Duration (hr)
1000		560'	1
650		220'	1/2

Temperature 71 °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 27 N of S Range 33 E or W W.M.
 Sec 03 SW 1/4 of the SW 1/4 Tax Lot 100
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) QUINCY RD

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	5-26-09		-	30'6"

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 60'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
5-26-09	60'	600	15004			30'6"

(11) WELL LOG

Material	From	To
SANDY TOPSOIL	0	2
SANDY CLAY	2	14
GRAY CLAY	14	57
GRAY CLAY - SAND LAYERS	57	104
BLACK CLAY	104	126
GRAY CLAY - SAND LAYERS	126	154
SILT/SAND/CLAY LAYERS	156	268
GRAY CLAY/CLAYSTONE	268	482
SANDSTONE LAYERS		482
LAYERS OF CLAYSTONE	482	
SANDSTONE - PUMICE STONE		600
STREAKS OF BROWN CLAY		

Date Started 5-04-09 Completed 5-26-09

(unbonded) Water Well Constructor Certification

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

License Number _____ 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 1355 Date 5-29-09

Signed Arthur J. Jay

Contact Info. (optional) 13241

RECEIVED

JUN 02 2009

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.

Well 3 - Middle Well HARN 52064

New well log

WELL LABEL # L 114383

START CARD # 1023145

ORIGINAL LOG #

(1) LANDOWNER Owner Well I.D. _____
First Name _____ Last Name _____
Company SUNNYSIDE DAIRY LLC
Address 4581 MAPLE GROVE RD.
City SUNNYSIDE State WA. Zip 98944

(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 600 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
24"	0	36	CEMENT	0	36	42	SCKS
20"	36	510					
12"	510	600					

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from 0 ft. to 600 ft. Material GRAVEL Size 3/8"

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

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		20"	+	1 1/2'	36 1/4'	.250	✓			✓
	✓	16"	+	2'	508'	.250	✓			✓

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

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

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
✓			✓		308	508	48	3"	5700	PIR

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 700 Drawdown _____ Drill stem/Pump depth 180 Duration (hr) _____
Temperature 65 °F Lab analysis Yes No
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 33 (E) or W W.M.
Sec 03 SW 1/4 of the NW 1/4 Tax Lot 100
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) QUINCY RD.
BURNS

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	<u>6-09-14</u>		-	<u>26'</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 10

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>6-09-14</u>	<u>10</u>	<u>600</u>	<u>700+</u>		-	<u>26'</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
SANDY BROWN TOPSOIL	0	2
BROWN CLAY	2	8
TAN CLAY - SAND	8	15
BLACK CLAY	15	47
SAND, GRAVEL - GRAY CLAY	47	80
SOFT FRACT. GRN. + GRAY CLAYSTONE	80	430
GRAY CLAYSTONE - SAND, GRAVEL	430	465
GRN. CLAYSTONE - PUMICE STONE LAYERS	465	600

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JUL 23 2014
AUG 15 2019
OWRD
SALEM, OR
Date Started 5-19-14 Completed 6-11-14

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

License Number 1739 Date 7-09-14
Signed Chad J. Jy

(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 7-08-14
Signed Arthur L. Jy
Contact Info. (optional)

RECEIVED BY OWRD

JUL 11 2014 13241

Well 1-R

HARN 52520

START CARD # 1030876

7/18/2016

ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company SUNNYSIDE DAIRY LLC
 Address 4581 MAPLE GROVE RD.
 City SUNNYSIDE State WA Zip 98944

(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 Thrld
 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 600.00 ft.
 BORE HOLE SEAL

Dia	From	To	Material	From	To	Amt	sacks/lbs
26	0	78	Cement w/5% Bentonit	0	78	70	S
20	78	512				Calculated	68.5
12	512	600				Calculated	

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 0 ft. to 512 ft. Material PEA GRAV Size pea gravel
 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	Thrld
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20	<input checked="" type="checkbox"/> 1	79	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	14	<input checked="" type="checkbox"/> 2	512	.250	<input 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 Factory
 Screens Type _____ Material _____

Perf/Screen	Casing/Screen	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/pipe size
		12	172	512	.093	3	6500	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
500		240	3

 Temperature 63 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County HARNEY Twp 24.00 S N/S Range 33.00 E E/W WM
 Sec 3 NW 1/4 of the NW 1/4 Tax Lot 100
 Tax Map Number _____ Lot _____
 Lat _____ or _____ DMS or DD
 Long _____ or _____ DMS or DD
 Street address of well Nearest address
100 QUINCEY RD. CRAIN OR.

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration Completed Well	Date	SWL(psi)	+ SWL(ft)
	7/17/2016		108

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 45.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
7/17/2016	45	70	10		45
7/17/2016	200	520	500		108

(11) WELL LOG Ground Elevation _____

Material	From	To
brown sand	0	4
tan clay	4	7
brown sand	7	15
gray clay	15	32
black soft sandstone	32	45
gray clay with sand layers	45	70
soft gray clay	70	250
fractured green clay	250	345
gray pumice	345	352
green clay	352	365
gray clay with rock seams	365	410
gray pumice	410	432
green clay with rock seams	432	520
hard green clay	520	600

 RECEIVED
 13241 AUG 15 2019
 OWRD
 Date Started 6/17/2016 Completed 7/17/2016

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number 1739 Date 7/18/2016
 Signed CHARLES M FRY (E-filed)

(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 7/18/2016
 Signed ARTHUR L FRY (E-filed)
 Contact Info (optional) _____



8019 West Quinault Avenue, Suite 201
Kennewick, Washington 99336
509.209-2846

August 13, 2019

Transfer Section
Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, OR 97301

RE: APOA Transfer Application for Sunnyside Dairy, LLC
Certificate 93380

To Whom It May Concern:

Enclosed please find a completed transfer application with supporting documents submitted on behalf of our client, Sunnyside Dairy, LLC. A check in the amount of \$1570 for application fees is also enclosed.

Should you have any questions regarding this application packet, please do not hesitate to contact me.

Sincerely,

Molly Reid
Senior Planner

Cc: Sunnyside Dairy, LLC
File

RECEIVED

AUG 15 2019

OWRD

13241