

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.

Che	ck all it	ems included with this application. (N/A = Not Applicable)
\boxtimes		Part 1 – Completed Minimum Requirements Checklist.
\boxtimes	•	Part 2 – Completed Application Map Checklist.
\boxtimes		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.
\boxtimes		Part 4 – Completed Applicant Information and Signature.
\boxtimes		Part 5 – Information about Permits to be Amended: Number of permits to be amended: 1 List the Permits here: Permit G-17998 Please include a separate Part 5 for each permit. (See instructions on page 6)
\boxtimes		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 assigne to the applicant or other permit holders of record that are not listed as applicants.
\boxtimes	□ 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.
\boxtimes	□ 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 Additional signature(s) required Part is incomplete Other/Explanation Staff: 503-986-0 Date: / _ /
		Other/Explanation

RECEIVED

Revised 2/11/2019 0 CT **0 8** 2019

Permit Amendment Application - Page 1 of 8

TACS

Your permit amendment application <u>will be returned</u> 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 <u>not</u> have to be prepared by a Certified Water Right Examiner. Check all boxes that apply.

	≥ N/A	If more than three permits are involved, separate maps for each permit.
\boxtimes		Permanent quality printed with dark ink on good quality paper.
\boxtimes		The size of the map can be $8\frac{1}{2} \times 11$ inches, $8\frac{1}{2} \times 14$ inches, 11×17 inches, or up to 30×30 inches. For 30×30 inch maps, one extra copy is required.
\boxtimes		A north arrow, a legend, and scale.
\boxtimes		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 preapproved by the Department.
\boxtimes		Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines.
\boxtimes		Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
\boxtimes		Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.
\boxtimes		Major water delivery system features from the point(s) of diversion/appropriation such as main pipelines, canals, and ditches.
\boxtimes		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.
\boxtimes		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.
\boxtimes	□ 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°).
		RECEIVED

Revised 2/11/2019 CT 0 8 2019

3	FEE WORKSHEET for PERMIT AMENDMENT		in a second of the second of t
1	Base Fee (includes one type of change to one permit for up to 1 cfs)	1	\$1,160
	Types of change proposed:		
	Place of Use		
	Point of Diversion/Appropriation		
	Number of above boxes checked = $\frac{1(2a)}{2}$		
	Subtract 1 from the number in line $2a = 0$ (2b) If only one change, this will be 0		
	Multiply line 2b by \$930 and enter » » » » » » » » » » » » » » »	ا م ا	ΦΛ
2	N. 1. C. '. 1.1.1' D. '. A. 1. (1/2)	2	\$0
	Number of permits included in Permit Amendment 1 (3a)		
	Subtract 1 from the number in 3a: 0 (3b) If only one permit this will be 0		40
3	Multiply line 3b by \$520 and enter » » » » » » » » » » » » » »	3	\$0
	Do you propose to add or change a well, or change from a surface water POD		
	to a well?		
١.	No: enter 0 »» » » » » » » » » » » » » » » » »		
4	X Yes: enter \$410 » » » » » » » » » » » » » » » » » » »	4	\$410
	Do you propose to change the place of use?		
	No: enter 0 on line 5 » » » » » » » » » » » » » » » » »		
	Yes: enter the cfs for the portions of the permits to be amended (see		
	example below*): (5a)		
	Subtract 1.0 from the number in 5a above: (5b)		
	If 5b is 0, enter 0 on line 5 » » » » » » » » » » » » » » » »		
_	If 5b is greater than 0, round up to the nearest whole number: (5c)	_	
5	and multiply 5c by \$350, then enter on line 5 » » » » » » » »	5	\$0
6	Add entries on lines 1 through 5 above » » » » » » » » » Subtotal:	6	\$1,570
	Is this permit amendment:	!	
	necessary to complete a project funded by the Oregon Watershed		
	Enhancement Board (OWEB) under ORS 541.932?		
1	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 »		
7	If no box is applicable, enter 0 on line 7» » » » » » » » » » » » » » »	7	\$0
88	Subtract line 7 from line 6 » » » » » » » » Permit Amendment Fee:	8	\$1,570

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

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

RECET 0 8 2019

Permit Amendment Application - Page 3 of 8

TACS

		1	•				~	•						
А	n	n	n	ดล	n	T	ın	П	Nì	m	Я	Tī	n	n
	М	Р,	••	~		•	In		•		•	••	v	

APPLICANT/BUSINESS NAI	ME '		PHONE NO.	ADDITIONAL CONTACT NO.								
Robinson Farm LLC c/	o Chris Robinson											
ADDRESS				FAX NO.								
PO Box 100												
CITY	STATE	ZIP	E-MAIL	MAIL								
Amity	OR	97101		,								
BY PROVIDING AN E-	BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE											
DEPARTMENT ELECT	TRONICALLY. CO	PIES OF THE	FINAL ORDER DOCUM	IENTS WILL ALSO BE MAILED.								

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

		_										
AGENT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.								
Doann Hamilton			(503) 632-5016	(503) 632-5983 (Cell)								
ADDRESS			FAX NO.									
18487 S. Valley Vista Road		(503) 632-5983										
CITY STATE ZIP E-MAIL												
Mulino OR 97042 phgdmh@gmail.com												
Explain in your own words We have to use an extrem	•	• •	•	rmit amendment; and why: <mark>Well (YAMH 57192, 57394</mark>								
to avoid pulling sand. This Therefore, we would like				our nursery operations.								
If you need additional space, con	tinue on a s	eparate piece of pa	per and attach to the ap	plication as "Attachment 1".								
Check this box if this pr	oiect is fi	ully or partially f	funded by the Amer	cican Recovery and Reinvest								

 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? \boxtimes Yes \square 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)? October 15, 2023

- 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.

By my signature below, I confirm that I understand:

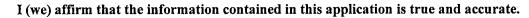
Prior to Department approval of the permit amendment, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the permit is located, once per week for two consecutive weeks. If more than one qualifying newspaper is available,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

Revised 2/11/2019 RECEIVED

OCT 0 8 2019

Permit Amendment Application - Page 4 of 8

TACS





Applicant Signature Print Applicant Signature Print	Name and title if applicable To SROBINSON t Name and title if applicable	9/23/18 9/23/18 Date
Check one of the following:		
The applicant is responsible for comple continue to be sent to the applicant.	etion of change(s). Notices an	d correspondence should
∑ The permit holder(s) of record will be final order is issued. Copies of notices of record.		1 1 0 • 7
Check the appropriate box, if applicable:		
Check here if any of the permits propose by an irrigation or other water district.	ed for amendment are or will b	e located within or served
IRRIGATION DISTRICT NAME NA	ADDRESS	
CITY	STATE	ZIP
Check here if water for any of the permit contract for stored water with a federal a	~ ~	ice agreement or other
ENTITY NAME NA	ADDRESS	,
CITY	STATE	ZIP
To meet State Land Use Consistency Requirer city, municipal corporation, or tribal government conveyed or used. ENTITY NAME	ent) within whose jurisdiction	
Yamhill County Department of Planning and Development	525 NE 4 th Street	
CITY McMinnville	STATE OR	ZIP 97128
ENTITY NAME	ADDRESS	
CITY	STATE	ZIP
	1	l

RECEIVED OCT 0 8 2019

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-17998

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)	Ţ	wp	F	lng	Sec	1/4	1/4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)		
Reed Well 2	□ Authorized □ Proposed	YAMH 57192, 57394	5	s	4	W	7	SE	NE	DLC 43	2,400 feet south and 85 feet west from the NE corner, Section 7.		
Whiteson Well 3		YAMH 453	5	s	4	w	8	SE	NW	DLC 80	890 feet south and 1,520 feet east from the NE corner, DLC 43.		
Proposed Well 4	☐ Authorized ☐ Proposed	. NA	5	s	4	w	7	SE	NE	DLC 43	2,325 feet south and 650 feet west from the NE corner, Section 7.		
Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses): Place of Use (POU) Point of Appropriation/Well (POA)													

Check an	type(s) of change(s) proposed below	(4	c cobbb are provided in paremeneses,					
□ F	Place of Use (POU)		Point of Appropriation/Well (POA)					
□ F	Point of Diversion (POD)	\boxtimes	Additional Point of Appropriation (APOA)					
	Additional Point of Diversion (APOD)		Surface water POD to Ground Water POA (SW/GW)					
Will all of	f the proposed changes affect the enti	re wate	er use permit?					
⊠ Ye	es Complete only the proposed ("to" "CODES" listed above to describe		nds) section of Table 2 on the next page. Use the proposed changes.					
	Complete all of Table 2 to describe	e the po	rtion of the permit to be changed.	0 8 2010				
For a change ir				L				
Does the permi □ Yes □ No	it holder of record own or control the	land T	O which the place of use is being moved.					
as a permit h	•		is being moved must be assigned to the perr quest for Assignment form and the required	nit				
Is the proposed	l place of use contiguous to the author	rized p	lace of use? Yes No					

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

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

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

Table 2. Description of Changes to Water Use Permit # G-17998

List the change proposed for the acreage in each ½ ½. 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			Th	e lis	ting			appear			nds) OSED CHAN	IGES	
Twp	Rng	Sec		1/4	Tax Lot	Gvt Lot or DLC		POD(s) or POA(s) (name or number from Table	Priority Date	"CODES" from previous page)	T	wp	R	ng	Sec		1/4	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date
TARREST STATES										APOA	5	s	4	w	6	SE	SE	100	DLC 40	0.2	Wells 2, 3 & 4	June 30, 2016
						·				APOA	5	s	4	w	7	NE	NE	100	DLC 40	0.1	Wells 2, 3 & 4	June 30, 2016
57-1809-1										APOA	5	s	4	w	7	NE	NE	100	DLC 80	18.1	Wells 2, 3 & 4	June 30, 2016
										APOA	5	s	4	w	7	NE	NE	100	Lot 8	2.5	Wells 2, 3 & 4	June 30, 2016
										APOA	5	s	4	w	7	SW	NE	100	DLC 43	2.0	Wells 2, 3 & 4	June 30, 2016
Approxima		-								APOA	5	s	4	w	7	SE	NE	100	DLC 80	2.7	Wells 2, 3 & 4	June 30, 2016
										APOA	5	s	4	w	7	SE	NE	100	Lot 7	0.1	Wells 2, 3 & 4	June 30, 2016
TO STATE OF										APOA .	5	s	4	w	7	SE	NE	100	DLC 43	25.9	Wells 2, 3 & 4	June 30, 2016
										APOA	5	s	4	w	7	NE	SE	100	DLC 43	14.0	Wells 2, 3 & 4	June 30, 2016
										APOA	5	s	4	w	7	NW	SE	100	DLC 43	2.0	Wells 2, 3 & 4	June 30, 2016
The state of the s																						
			Т	OTA	L ACR	ES											TOT	AL ACR	ES	67.6		

Additional remarks: None.

RECEIVED

Revised 2/11/2019

Permit Amendment Application - Page 7 of 8

OCT 0 8 2019.

TACS

OWRD

13267

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: PERMIT G-15225, GR-2000, T-12561, T-11605, CERTIFICATE 81063 AND 40629

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 \boxtimes 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

 \boxtimes 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 aguifer 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				
Reed Well	Yes	YAMH 57192, 57394		SEE WELL LOGS YAMH 57192 AND 57394										
Whiteson Well 3	Yes	YAMH 453				SEE WELI	LOG YAM	TH 453						
Proposed Well 4	NO	NA	150 feet	8 inch	0 to 150 feet	0 to 30 feet	TBD	NA	Alluvium					
									Total:	758 gpm				

AFCEINED SUBS

STATE OF OREGON

,55/46/8	bd
24793	

WATER WELL REPORT (as required by ORS 537.765)

N 14	199
	N 14

CICGCUCL

WATER (as require					PAC	JE WA	TER RESOURCE	START CARD) #	24	/93 		
(1) OWNE				Well N	lumber:	1193	YOY TOCATION	MOF WELL by l	egal de	escrip	tion:	
	HN BE						County YAM	HILL	, , ,	Longitu	da	
			CABE C				Township 5	S N or S. Range	4 1	N Songitu	EorW	. WM
	MINNV		Sta	te O	R Zip	97128	Section	HILL S Latitude	NM	_ ¼		
(2) TYPE	OF WO						Tax Lot	Lot Bloc	k	Sub	division_	
□ Xew Well	☐ Deep	oen [Recondition	on 🗆	Abandon			Vell (or nearest address) 9000 SW RT				
(3) DRILL	METH	IOD	x				APPROX	9000 SW RI	VERBI	END	MHT:	reson
Rotary Air	☐ Rot	ary Mud	☐ Cabl	e			(10) STATIC V	YATER LEVEL	:		01	/07/0
Other			 				ft.	below land surface.			O 17	
(4) PROPO				X				lb. per squ	are inch.	Date		
Domestic -				. 🗆 Irr	rigation		(11) WATER E	EARING ZONE	ES:			
☐ Thermal	☐ Inject		Other		<u></u>		Depth at which water wa	68				
(5) BORE						137			T = .			7
pecial Construct	ion approvi Yes No	, []	X D	pth of Com	pleted Well .	ft.	From	<u> T</u> o	Estin	ated Flo	w Rate	SWL
Explosives used		X Type _		Amoun	t <u></u>		 68	130	:	200		25
HOLE			SEAL			mount			 			
Diameter Fron		Mater			o sacks	or pounds			-			
$\begin{array}{c cccc} 17 & 0 \\ 12 & 1 \end{array}$		_CEMI	ZIAT.	0 18	8 26	SAX	(12) WELL LO	G· 12	<u> </u>			
	9 13//						(12) WEEDEO	Ground elevat	ion			
,	† · · ·							Material		From	То	SWL
How was seal place	ed: Method	ПА	□в□	Xc □ D	ΠE		TOP SOIL	·		0	4	
Other							BROWN SIL			4	12	
Backfill placed fro	m	. ft. to	ft. N	laterial			BLUE CLAY			12	58	
Gravel placed from	. 18	_ ft. to	ft. S	ize of gravel	3/8	P	BLUE CLAY	W/SAND		58	62	
(6) CASIN	G/LINI	ER:					BLUE CLAY			62	68	
	r From		Gauge Ste	el Plastic		Threaded		AVEL W/BLUE	CLA:	768	130	25
Casing: 8	- +2	13/	<mark>' -2</mark> 5 ⊑	_	□X	□-	RED/BROWN	CLAY CLAY OCT		130	137	
- -	- 	+ +	[· 🗆		-		11. 1-		<u> </u>	<u> </u>
•								HE	0.0	<i>i</i> g	 	<u> </u>
Liner:								T.70	100		 	├──
					ā	🗀		. 00	1801	7		
inal location of sl	noe(s)								WR	<u></u>		
7) PERFO	RATIO	NS/SC	CREENS	 :						·		
☐ X Perforat	ions	Method	TOR	CH								
Screens				Mater	ial							
	Slot			Tele/pipe								
From To 130	size	Number 400	Diameter	size	Casing	Liner	l I	R DRILLING (20.			
) 	 0 -	- 400	 	 	X 		DAYTON, OF	R. 97114			ļi	
C-		1										
												ļi
						ā	Date started 12/3	2/90 Com	oleted	01/0	7/91	
	<u> </u>	<u> </u>		<u></u>	_ 🗆					<u> </u>		
(8) WELL 7	TESTS:	: Minim	um tęştir	g time i			(unbonded) Water V	well Constructor Cel work I performed or			n elter	ation or
☐ Pump	□в	ailer	$\Box^{\mathbf{X}}_{\mathbf{Air}}$		Flowing Artesi		abandonment of this	well is in compliance	with O	regon v	vell cons	struction
Yield gal/min	Draw	down	Drill s	em at		me	standards. Materials u knowledge and belief.	sed and information re	eported a	bove ar	e true to	my best
200.0			137		11		}	· -	w	WC Nu	mber	
200	 		137		20		Signed				· -	
			-				(bonded) Water Wel	Constructor Certif	ication			
Temperature of wa	5. ter5.	1	Depth A	Artesian Flo	w Found		I accept responsi	cility for the construc	tion, alte	ration.	or abanc	lonment
Was a water analys		☐ Yes	By whom				work performed on thi work performed duri	s well during the cons	truction	dates re	ported al	hove, all
Did any strata cont							construction standards	This report is true t	to the be	st of my	, knowje	elge and
☐ Salty ☐ Mud	dy 🔲 Od	or 🗌 Col	ored 🔲 Ot	her			belief. Signed Askert		w	WC Nur	nber	T /
Depth of strata:					-		Signed / M Maria	Ahelfred	کے Da	_{te} 01	/07/	AT.

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT

SECOND COPY - CONSTRUCTOR

THIRD COPY - CUSTOMER

9809C 3/88

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

WELL I.D. LABEL# L YAMH 57192 WELL I.D. LABEL# I

8/6/2015 START CARD #

ORIGINAL LOG #

	Page 1 of 1
119327	
1027208	

	0/2015 ORIGINAL LOG #
(1) LAND OWNER Owner Well I.D. 2930	
First Name Last Name	(9) LOCATION OF WELL (legal description)
Company ROBINSON FARM LLC	
Addison POR 100	County YAMHILL Twp 5.00 S N/S Range 4.00 W E/W WM
City AMITY State OR Zip 97101 (2) TYPE OF WORK New Well Deepening Conversion	Sec 7 SE 1/4 of the NE 1/4 Tax Lot 100
(2) TVPF OF WORK New Well Deepening Conversion	Tax Map Number Lot DMS or DD
Alteration (complete 2a & 10) Abandonment(complete 5	Lat or DMS or DD
(2a) PRE-ALTERATION	- Long or DMS of DD
Dia + From To Gauge Stl Plstc Wld Thrd	Street address of well Nearest address
Casing:	NONE, NEXT TO 9950 SW RIVERBEND RD, MCMINNVILLE
Material From To Amt sacks/lbs	
Seal:	
(3) DRILL METHOD	(10) STATIC WATER LEVEL
Rotary Air Rotary Mud Cable Auger Cable Mud	Date $SWL(psi)$ + $SWL(ft)$
Reverse Rotary Other	Existing Well / Pre-Alteration
	Completed Well 7/17/2015 28
(4) PROPOSED USE Domestic XIrrigation Community	Flowing Artesian? Dry Hole?
Industrial/ Commercial Livestock Dewatering	WATER BEARING ZONES Depth water was first found 28.00
Thermal Injection Other	SWL Date From To Est Flow SWL(psi) + SWL(ft)
	-1
(5) BORE HOLE CONSTRUCTION Special Standard (Attach co	Py) 7/17/2015 28 105 140 28
Depth of Completed Well 98.00 ft.	
BORE HOLE SEAL sac	
Dia From To Material From To Amt 1b	3
12 0 42 Bentonite Chips 0 42 31 S	
10 42 98 Calculated 28	
8 98 105 Calculated	(11) WELL LOG Ground Flavation
	Ground Elevation
How was seal placed: Method A B C D E	Material From To
Other POUR/PROBE/HYDRATE	top soil 0 6
Backfill placed from 98 ft. to 105 ft. Material CAVING GRAVEL	
Filter pack from ft. to ft. Material Size	clay blue gray w/occ fine sand 23 63
Explosives used: Yes Type Amount	sand, w/occ fine/med gravel in clay 72 84
(5a) ABANDONMENT USING UNHYDRATED BENTONITE	gravel, poorly sorted w/sand in clay 84 104
	claystone, dark gray 104 105
	Claystone, dark gray
(6) CASING/LINER	
Casing Liner Dia + From To Gauge Stl Plstc Wld Th	d
<u> </u>	-11/5(1)
R-91-12-1-12-1-12-1-1-12-1-1-12-12-1-12-12-	RECEIVED
	OCT 0 8 2010
	- CT 0 8 LUIP
Shoe Inside Outside Other Location of shoe(s)	
Temp casing X Yes Dia 12 From 0 To 6	OWRD
(7) PERFORATIONS/SCREENS	
Perforations Method drive down	
Screens Type Material	Date Started 7/16/2015 Completed 7/17/2015
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/	Completed winds
Screen Liner Dia From To width length slots pipe six	
Perf Casing 8 85 96 .2 1 300	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.
	the best of my knowledge and belief. License Number Date
(8) WELL TESTS: Minimum testing time is 1 hour	License Number Date
• /	→ ∤
Pump Bailer • Air Flowing Artesian	License Number Date Signed
Pump Bailer • Air Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	License Number Date
Pump Bailer • Air Flowing Artesian	License Number Date
Pump Bailer • Air Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	License Number Date
Pump Bailer	License Number Date
Pump Bailer • Air Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 140 98 4 Temperature 54 °F Lab analysis Yes By	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.
Pump Bailer	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
Pump Bailer • Air Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 140 98 4 Temperature 54 °F Lab analysis Yes By	License Number Date
Pump Bailer • Air Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 140 98 4 Temperature 54 °F Lab analysis Yes By	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 1438 Date 7/20/2015

STATE OF OREGON WATER SUPPLY WELL REPORT

YAMH 57394

Page 1 of 2 WELL I.D. LABEL# L 119327 START CARD#

(as required by ORS 537.765 & OAR 690-205-0210)	2/25/	/2016 ORIGINAL LOG # YAMHILL 57192
(1) LAND OWNER Owner Well I.D. 2977		
First Name Last Name		(9) LOCATION OF WELL (legal description)
Company ROBINSON FARM LLC	_	County YAMHILL Twp 5.00 S N/S Range 4.00 W E/W WM
Address POB 100 City AMITY State OR Zip 97101	_	Sec 7 SE 1/4 of the NE 1/4 Tax Lot 100
(2) TYPE OF WORK New Well Deepening Conversion	<u>-</u>	Tax Map Number Lot Lat " or DMS or DD
X Alteration (complete 2a & 10) Abandonment(complete 2a & 10)		Lat o ' or DMS or DD
(2a) PRE-ALTERATION	ete saj	Long or DMS or DD Street address of well • Nearest address
Dia + From To Gauge Stl Plstc Wld Thrd		
Casing:		NONE, NEXT TO 9950 SW RIVERBEND RD, MCMINNVILLE
Material From To Amt sacks/lbs Seal:		
(3) DRILL METHOD	—	(10) STATIC WATER LEVEL
Rotary Air Rotary Mud Cable Auger Cable Mud		Date SWL(psi) + SWL(ft)
Reverse Rotary Other		Existing Well / Pre-Alteration 2/10/2016 24
		Completed Well 2/10/2016 24
(4) PROPOSED USE Domestic X Irrigation Community		Flowing Artesian? Dry Hole?
Industrial/Commericial Livestock Dewatering		WATER BEARING ZONES Depth water was first found
Thermal Injection Other		SWL Date From To Est Flow SWL(psi) + SWL(ft)
(5) BORE HOLE CONSTRUCTION Special Standard (Attack)	ch copy)	
Depth of Completed Well 98.00 ft.		
BORE HOLE SEAL	sacks/	
Dia From To Material From To Amt 8 0 98	lbs	
Calculated	┼	4
		41) WELL LOG
Calculated]	(11) WELL LOG Ground Elevation
How was seal placed: Method A B C D E		Material From To
Other		
Backfill placed from ft. to ft. Material		
Filter pack from 60 ft. to 98 ft. Material 3/8" Size pea g	ravel_	
Explosives used: Yes Type Amount	<u> </u>	
(5a) ABANDONMENT USING UNHYDRATED BENTONITE		
Proposed Amount Actual Amount		RECEIVED OCT 0 8 2019
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld		RECEIVE
	Thrd	07.08.2019
O 6 3 98 5CH 44 O O X	HI	001000
	H	
	ΠΙ	OWRD
Shoe Inside Outside Other Location of shoe(s)		
Temp casing Yes Dia From To	i	
(7) PERFORATIONS/SCREENS		
Perforations Method circular saw		
Screens Type Material Perf/ Casing/ Screen Scrn/slot Slot # of 7	Tele/	Date Started 2/10/2016 Completed 2/10/2016
= +	pe size	(unbonded) Water Well Constructor Certification
Perf Liner 6 82 97 6 0.1 196		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
	I	construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
		License Number Date
(8) WELL TESTS: Minimum testing time is 1 hour		Date
•		Signed
Pump Bailer Air Flowing Artesi Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	iaii	(bonded) Water Well Constructor Certification
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 60 97 4.5	¬ 1	I accept responsibility for the construction, deepening, alteration, or abandonment
	<u> </u>	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
Temperature 54 °F Lab analysis Yes By		construction standards. This report is true to the best of my knowledge and belief.
	opm	License Number 1438 Date 2/11/2016
From To Description Amount Un	1115	Signed DAVID PAYSINGER (E-filed)
		Contact Info (optional) bluewaterdrilling.com 503 868 7878
		(

YAMH 57394

2/25/2016

WELL I.D. LABEL# L 119327

START CARD # 1029606

ORIGINAL LOG # YAMHILL 57192

(2a) DDE ALTEDATION	
(2a) PRE-ALTERATION	Water Quality Concerns
Dia + From To Gauge Stl Plstc Wld Thrd	From To Description Amount Units
Material From To Amt sacks/lbs	
(5) PODE HOLE CONCEDUCATION	(10) STATIC WATER LEVEL
(5) BORE HOLE CONSTRUCTION	SWL Date From To Est Flow SWL(psi) + SWL(fl
BORE HOLE SEAL sacks/	
Dia From To Material From To Amt lbs	
	
Coloniated	
Calculated	
Calculated	 - - - -
Carculated	
Calculated	
Calculated	
FILTER PACK From To Material Size	(11) WELL LOG
From To Material Size	
	Material From To
O CLONICA NIDA	
6) CASING/LINER	
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	
Casing Ellier Dia + 110iii 10 Gauge Sti Fiste Wid Thid	
	
	RECEIVED
	OCT 0 8 2019
	OCT (8 2013
	OWRO
7) PERFORATIONS/SCREENS	
	[
Perf/ Casing/Screen Scrn/slot Slot # of Tele/	
Screen Liner Dia From To width length slots pipe size	
 	
 	
 	
	Comments/Remarks
(0) WELL TESTS. Minimum 4004ing 4im - !- 1 h	Install liner and redevelop with air
(8) WELL TESTS: Minimum testing time is 1 hour	
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	
	11
	[]