



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

# Application for Permit Amendment

## Part 1 of 5 – Minimum Requirements Checklist

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

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

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- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Application Map Checklist.
- Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the new online fee calculator at: [http://apps.wrd.state.or.us/apps/misc/wrd\\_fee\\_calculator](http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator). If you have questions, call Customer Service at (503) 986-0801.
- Part 4 – Completed Applicant Information and Signature.
- Part 5 – Information about Permits to be Amended: **Number of permits to be amended: 1**  
**List the Permits here: Permit G-18197**  
 Please include a separate Part 5 for each permit. (See instructions on page 6)
- Completed Permit Amendment Application Map (Does not have to be prepared by a Certified Water Right Examiner).
- N/A Request for Assignment Form and statutory fee. The request for assignment form has to be completed if the applicant is **not** the permit holder of record and needs to be assigned to the permit; **or** the landowner of the proposed place of use is **not** the permit holder of record and needs to be assigned to the permit (the Request for Assignment Form is available online at <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>). Assignment is not needed if the applicant is the permit holder of record.
- N/A Affidavit(s) of Consent are required from all permit holder(s) of record if the permit is not assigned to the applicant **or** other permit holders of record that are not listed as applicants.
- N/A Oregon Water Resources Department’s Land Use Information Form with approval and signature (or signed land use form receipt stub) from each local land use authority in which water is to be diverted, conveyed, and/or used. Not required if water is to be diverted, conveyed, and/or used only on federal lands or if **all** of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone.
- N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation.
- N/A Geologist Report for a change from a surface water point of diversion to a ground water point of appropriation (well), if the proposed well is more than 500 feet from the surface water source and more than 1000 feet upstream or downstream from the point of diversion. (ORS 540.531(2) or (3)).

**(For Staff Use Only)**

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

___ Application fee not enclosed/insufficient	___ Map not included or incomplete
___ Land Use Form not enclosed or incomplete	___ Part ___ is incomplete
___ Additional signature(s) required	
Other/Explanation _____	
Staff: _____ 503-986-0__	Date: ___/___/___

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## Part 2 of 5 – Permit Amendment Map Checklist

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

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

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



Part 3 of 5 – Fee Worksheet

FEE WORKSHEET for PERMIT AMENDMENT			
1	Base Fee (includes one type of change to one permit for up to 1 cfs)	1	\$1,160
2	Types of change proposed: <input type="checkbox"/> Place of Use <input checked="" type="checkbox"/> Point of Diversion/Appropriation Number of above boxes checked = <u>1 (2a)</u> Subtract 1 from the number in line 2a = <u>0 (2b)</u> <i>If only one change, this will be 0</i> Multiply line 2b by \$930 and enter » » » » » » » » » » » » » » » »	2	\$0
3	Number of permits included in Permit Amendment <u>1 (3a)</u> Subtract 1 from the number in 3a: <u>0 (3b)</u> <i>If only one permit this will be 0</i> Multiply line 3b by \$520 and enter » » » » » » » » » » » » » » » »	3	\$0
4	Do you propose to add or change a well, or change from a surface water POD to a well? <input type="checkbox"/> No: enter 0 » <input checked="" type="checkbox"/> Yes: enter \$410 »	4	\$410
5	Do you propose to change the place of use? <input checked="" type="checkbox"/> No: enter 0 on line 5 » <input type="checkbox"/> Yes: enter the cfs for the portions of the permits to be amended (see example below*): _____ (5a) Subtract 1.0 from the number in 5a above: _____ (5b) If 5b is 0, enter 0 on line 5 » If 5b is greater than 0, round up to the nearest whole number: _____ (5c) and multiply 5c by \$350, then enter on line 5 » » » » » » » » » »	5	\$0
6	Add entries on lines 1 through 5 above » » » » » » » » » » Subtotal:	6	\$1,570
7	Is this permit amendment: <input type="checkbox"/> necessary to complete a project funded by the Oregon Watershed Enhancement Board (OWEB) under ORS 541.932? <input type="checkbox"/> endorsed in writing by ODFW as a change that will result in a net benefit to fish and wildlife habitat? If one or more boxes is checked, multiply line 6 by 0.5 and enter on line 7 » If no box is applicable, enter 0 on line 7 »	7	\$0
8	Subtract line 7 from line 6 » » » » » » » » » » <b>Permit Amendment Fee:</b>	8	<b>\$1,570</b>

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

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



## Part 4 of 5 – Applicant Information and Signature

### Applicant Information

APPLICANT/BUSINESS NAME <b>Shawn and Kimberly Schurter</b>			PHONE NO. <b>(503) 991-1004</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>10520 Sunnyview Road NE</b>				FAX NO.
CITY <b>Salem</b>	STATE <b>OR</b>	ZIP <b>97317</b>	E-MAIL	
<b>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.</b>				

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

AGENT/BUSINESS NAME <b>Doann Hamilton</b>			PHONE NO. <b>(503) 632-5016</b>	ADDITIONAL CONTACT NO. <b>(503) 632-5983 (Cell)</b>
ADDRESS <b>18487 S. Valley Vista Road</b>				FAX NO. <b>(503) 632-5983</b>
CITY <b>Mulino</b>	STATE <b>OR</b>	ZIP <b>97042</b>	E-MAIL <b>phgdmh@gmail.com</b>	
<b>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.</b>				

Explain in your own words what you propose to accomplish with this permit amendment; and why:  
**We installed a new well 4 (MARI 61306) which is more central to the area being irrigated. We would like to use this well combined with any of the authorized wells needed to reach our full allowed rate.**

If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1".

Check this box if this project is fully or partially funded by the American Recovery and Reinvestment Act. (Federal stimulus dollars)

**Is the applicant the permit holder of record?**  Yes  No

If NO, include either:

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

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

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

If NO, what are the completion dates of the permit(s)? October 1, 2021

- 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: Silverton Appeal.

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

Shawn Schurter  
Applicant Signature

Shawn Schurter  
Print Name and title if applicable

2-10-2020  
Date

Kimberly Schurter  
Applicant Signature

Kimberly Schurter  
Print Name and title if applicable

2-10-20  
Date

**Check one of the following:**

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

**Check the appropriate box, if applicable:**

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

IRRIGATION DISTRICT NAME <b>NA</b>	ADDRESS	
CITY	STATE	ZIP

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

ENTITY NAME <b>NA</b>	ADDRESS	
CITY	STATE	ZIP

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

ENTITY NAME <b>Marion County Planning Division</b>	ADDRESS <b>5155 Silverton Road NE</b>	
CITY <b>Salem</b>	STATE <b>Oregon</b>	ZIP <b>97305</b>

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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## Part 5 of 5 – Water Use Permit Information

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

### PERMIT # G-18197

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

POD/POA Name or Number	Is this POD/POA Authorized by the permit or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-___)	Twp		Rng		Sec	¼ ¼		Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Well 1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	MARI 61304/ L87483	7	S	1	W	19	NE	SE	DLC 48	1,850 feet north and 190 feet west from the SE corner, Section 19
Well 2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	MARI 61341/ L87490	7	S	1	W	19	SE	SE	DLC 48	1,240 feet north and 260 feet west from the SE corner, Section 19
Well 3	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	MARI 60821/ L87446	7	S	1	W	19	SE	SE	DLC 48	875 feet north and 75 feet west from the SE corner, Section 19
Well 4	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	MARI 61306/ L87486	7	S	1	W	19	SE	SE	DLC 48	20 feet north and 345 feet west from the SE corner, Section 19

**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"/> Point of Appropriation/Well (POA)                   |
| <input type="checkbox"/> Point of Diversion (POD)             | <input checked="" type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Additional Point of Diversion (APOD) | <input type="checkbox"/> Surface water POD to Ground Water POA (SW/GW)       |

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**Will all of the proposed changes affect the entire water use permit?**

- Yes Complete only the proposed (“to” lands) section of Table 2 on the next page. Use the “CODES” listed above to describe the proposed changes.
- No Complete all of Table 2 to describe the portion of the permit to be changed.

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**For a change in place of use: - NA**

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

- Yes  No

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

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

The permitted place of use can be moved only to lands that are contiguous to the authorized place of use unless the change to non-contiguous lands is in furtherance of mitigation or conservation efforts undertaken

for the purposes of benefiting a species listed as sensitive, threatened, or endangered under ORS 496.171 to 496.192 or the federal Endangered Species Act of 1973 (16 U.S.C. 1531 to 1544), as determined by the listing agency. Contiguous land being either adjacent land or land separated from the land to which a permit is authorized by roads, utility corridors, irrigation ditches or publicly owned rights of way.

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

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

**Table 2. Description of Changes to Water Use Permit # 18197**

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

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.										PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.									
Twp	Rng	Sec	1/4 1/4	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) (name or number from Table 1)	Priority Date	Proposed Changes (see "CODES" from previous page)	Twp	Rng	Sec	1/4 1/4	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date	
									APOA	7	S 1	W 19	NE SE	1900	DLC 48	1.1	Wells 1, 2, 3 and 4	4-24-90	
									APOA	7	S 1	W 19	SE SE	1900	DLC 48	22.3	Wells 1, 2, 3 and 4	4-24-90	
									APOA	7	S 1	W 20	SW SW	1900	DLC 48	0.1	Wells 1, 2, 3 and 4	4-24-90	
									APOA	7	S 1	W 30	NE NE	1900	DLC 48	18.3	Wells 1, 2, 3 and 4	4-24-90	
									APOA	7	S 1	W 30	NW NE	1900	DLC 48	1.6	Wells 1, 2, 3 and 4	4-24-90	
										TOTAL ACRES									
										43.4									

Additional remarks: None.

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

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

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

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

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

**AND/OR**

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

**Table 3. Construction of Point(s) of Appropriation**

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

Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well, OWRD Well ID Tag No. L-_____	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well - specific rate (cfs or gpm). If less than full rate of water right
Authorized Well 1	Yes	MARI 61304	SEE WELL LOG MARI 61304							Not less than full rate of water right
Authorized Well 2	Yes	MARI 61341	SEE WELL LOG MARI 61341							
Authorized Well 3	Yes	MARI 60821	SEE WELL LOG MARI 60821							
Proposed Well 4	Yes	MARI 61306	SEE WELL LOG MARI 61306							

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MARI 61304

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

DEC 03 2007

WELL LABEL # L 87483

START CARD # 194917

(1) LAND OWNER

Owner Well Label: WATER RESOURCES DEPT SALEM, OREGON
First Name: Last Name:
Company: LENA PAGE LIVING TRUST
Address: 12351 CENTERWOOD RD
City: JEFFERSON State: OR Zip: 97352

(2) TYPE OF WORK

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

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

(5) BORE HOLE CONSTRUCTION

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Rows include Bentonite and Cement.

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E
[X] Other Bentonite dry
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: [ ] Yes Type Amount

(6) CASING/LINER table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd.

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

(7) PERFORATIONS/SCREENS table with columns: Perf/S, Casing/Screen, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size.

(8) WELL TESTS: Minimum testing time is 1 hour
Pump [ ] Bailer [ ] Air [X] Flowing Artesian [ ]
Yield gal/min: 50 Drawdown: Drill stem/Pump depth: 280 Duration (hr): 1

Temperature 53 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below)
Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County: MARION Twp: 7 S N/S Range: 1 W E/W WM
Sec: 19 NE 1/4 of the SE 1/4 Tax Lot: 1900
Tax Map Number: Lot:
Lat: Long:
[ ] Street address of well [ ] Nearest address
10520 SUNNYVIEW RD, SALEM

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Predeepening, Date, SWL(psi), SWL(ft). Row: Completed Well 10-30-2007 132.

WATER BEARING ZONES table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft).

(11) WELL LOG

Table with columns: Material, From, To. Rows include Top soil, Brown clay, Gray basalt, etc.

Date Started 10-26-2007 Completed 10-30-2007

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards.

License Number 1629 Date 11-01-2007
Password: (if filing electronically)
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.

License Number 1273 Date 11-01-2007
Password: (if filing electronically)
Signed: Floyd Jipp
Contact Info (optional)

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# MARI 61341

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

WELL LABEL # L 87490

START CARD # 171673

**(1) LAND OWNER** Owner Well I.D. #7

First Name LENA Last Name PAGE  
 Company LENA PAGE LIVING TRUST  
 Address 12351 CENTERWOOD RD  
 City JEFFERSON State OR Zip 97352

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

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

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

**(5) BORE HOLE CONSTRUCTION** Special Standard  Attach copy  
 Depth of Completed Well 281 ft.

BORE HOLE			SEAL		sacks/ lbs	
Dia	From	To	Material	From	To	amt
10	0	159	Bentonite	0	19	9 S
6.5	159	263	Cement	19	159	39 S
6.13	263	281				

How was seal placed: Method  A  B  C  D  E

Other Bentonite dry

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_

Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

**(6) CASING/LINER**

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6		1	159	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4.5		0	281	#200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_

Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**

Perforations Method Drill

Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf/Screen	Casing/Liner	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/pipe size
Perf	Liner	4.5	221	276	.625	.625	119	

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
40		280	2

Temperature 53 °F Lab analysis  Yes  No

Water quality concerns?  Yes (describe below)  No

From	To	Description	Amount	Units

**(9) LOCATION OF WELL (legal description)**

County MARION Twp 7 S N/S Range 1 W E/W WM  
 Sec 19 SE 1/4 of the SE 1/4 Tax Lot 1900  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

10520 SUNNYVIEW RD, SALEM

**(10) STATIC WATER LEVEL**

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	12-06-2007		144

Flowing Artesian?  Dry Hole?

**WATER BEARING ZONES**

Depth water was first found 40

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
11-29-2007	40	46	5		2
11-29-2007	115	124	10		90
12-05-2007	149	279	40		144

**(11) WELL LOG**

Ground Elevation \_\_\_\_\_

Material	From	To
Top Soil	0	3
Boulders	3	5
Gray basalt	5	40
Weathered basalt	40	46
Gray basalt	46	71
Very soft black basalt	71	76
Dark gray basalt	76	90
Brown clay	90	101
Gray basalt	101	115
Red cinders	115	124
Weathered brown basalt	124	154
Dark gray basalt	154	249
Very weathered basalt semi-caving	249	279
Dark brown to black soft basalt	279	281

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Date Started 11-29-2007 Completed 12-06-2007

**(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 1629 Date 12-11-2007

Password: (if filing electronically) \_\_\_\_\_

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 1273 Date 12-11-2007

Password: (if filing electronically) \_\_\_\_\_

Signed Floyd Spivey

Contact info (optional) \_\_\_\_\_

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WATER RESOURCES DEPT  
SALEM, OREGON



# MARI 60821

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

WELL LABEL # L 87446  
 START CARD # 194898

**(1) LAND OWNER** Owner Well I.D. \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company LENA PAGE LIVING TRUST  
 Address 12351 CENTERWOOD RD  
 City JEFFERSON State OR Zip 97352

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

**(3) DRILL METHOD**

Rotary Air  Rotary Mud  Cable  Auger  Cable Mud  
 Reverse Rotary  Other \_\_\_\_\_

**(4) PROPOSED USE**  Domestic  Irrigation  Community

Industrial/ Commercial  Livestock  Dewatering  
 Thermal  Injection  Other \_\_\_\_\_

**(5) BORE HOLE CONSTRUCTION** Special Standard  (Attach copy)

Depth of Completed Well 282 ft.

BORE HOLE			SEAL				Amt	lbs
Dia	From	To	Material	From	To	sacks/		
10	0	163	Bentonite	0	10	6	S	
6	163	282	Cement	10	163	35	S	

How was seal placed: Method  A  B  C  D  E

Other Bentonite dry

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_

Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

**(6) CASING/LINER**

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6		2	163	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4.5		1	282	#200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_

Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**

Perforations Method Saw

Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf/	Casing/	Screen	Scrn/slot	Slot	# of	Tele/	
Screen	Liner	Dia	width	length	slots	pipe size	
Perf	Liner	4.5	222	277	.125	6	52

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
50		280	2

Temperature 53 °F Lab analysis  Yes By \_\_\_\_\_

Water quality concerns?  Yes (describe below)

From	To	Description	Amount	Units

**(9) LOCATION OF WELL (legal description)**

County MARION Twp 7 S N/S Range 1 W E/W WM  
 Sec 19 SE 1/4 of the SE 1/4 Tax Lot 1900  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ ° 0' \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ ° 0' \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

10520 SUNNYVIEW RD NE, SALEM

**(10) STATIC WATER LEVEL**

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	<u>08-17-2007</u>		<u>163</u>

Flowing Artesian?  Dry Hole?

**WATER BEARING ZONES**

Depth water was first found 10

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
08-14-2007	10	10	5		7
08-16-2007	122	156	8		96
08-17-2007	230	282	50		163

**(11) WELL LOG**

Ground Elevation \_\_\_\_\_

Material	From	To
Top soil	0	1
Hard brown clay	1	5
Soft brown silty clay and boulders	5	10
Medium dark gray basalt	10	45
Hard light gray basalt	45	76
Weathered brown basalt with wood and tan claystone	76	122
Weathered gray basalt	122	156
Dark gray basalt	156	230
Fractured gray basalt	230	236
Weathered gray and brown basalt with porous seams	236	276
Semi-fractured dark gray basalt	276	282

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AUG 29 2007

FEB 20 2020

WATER RESOURCES DEPT  
SALEM OREGON

OWRD

Date Started 08-14-2007 Completed 08-17-2007

**(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 1629 Date 08-22-2007

Password: (if filing electronically) \_\_\_\_\_

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 1273 Date 08-22-2007

Password: (if filing electronically) \*\*\*\*

Signed Flora Sippe

Contact Info (optional) \_\_\_\_\_



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

DEC 03 2007

WELL LABEL # L 87486
START CARD # 191976

WATER RESOURCES DEPT
SALEM, OREGON

(1) LAND OWNER Owner Well I.D. #5
First Name Last Name
Company LENA PAGE LIVING TRUST
Address 12351 CENTERWOOD RD
City JEFFERSON State OR Zip 97352

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard [ ] Attach copy
Depth of Completed Well 303 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Rows show bore hole details for diameters 10, 8, and 6.13.

How was seal placed: Method [ ] A [ ] B [X] C [X] D [ ] E
[X] Other Bentonite dry
Backfill placed from 26 ft to 179 ft. Material Cement 18 sacks
Filter pack from ft. to ft. Material Size
Explosives used: [ ] Yes Type Amount

(6) CASING/LINER
Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes diagrams of casing and liner options.

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

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

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

(8) WELL TESTS: Minimum testing time is 1 hour
[ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
80 302 1

Temperature 53 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below)
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County MARION Twp 7 S N/S Range 1 W E/W WM
Sec 30 NE 1/4 of the NE 1/4 Tax Lot 1900
Tax Map Number Lot
Lat ° 0 ' " or DMS or DD
Long ° 0 ' " or DMS or DD
[ ] Street address of well [ ] Nearest address

10520 SUNNYVIEW RD, SALEM OR

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Prodeepening
Completed Well 11-15-2007 211
Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES
Table with columns: SWL Date, From, To, Est Flow, SWL (psi), + SWL (ft). Rows show data for dates 11-07-2007, 11-14-2007, and 11-15-2007.

(11) WELL LOG
Ground Elevation
Table with columns: Material, From, To. Lists soil types like Top soil, Broken rock and boulders, Brown and red clay, etc.

Date Started 11-07-2007 Completed 11-15-2007

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

License Number 1629 Date 11-15-2007
Password: (if filing electronically)
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.

License Number 1273 Date 11-15-2007
Password: (if filing electronically) \*\*\*\*
Signed Floyd Sippel
Contact Info (optional)

13373 -





**OREGON WATER RESOURCES DEPARTMENT  
TRANSFER REIMBURSEMENT AUTHORITY  
ESTIMATE APPLICATION**



*ORS 536.055 authorizes the Oregon Water Resources Department to expedite or enhance regulatory processes voluntarily requested under the agreement.*

***Please contact Transfer Personnel before submitting this request; as the application fee is a non-refundable \$125.00 fee per request. Checks submitted for this application should be separate from Transfer fees.***

***The purpose of this application is to obtain estimates of the cost and time required to process a Transfer Application Request. There is a non-refundable application fee of \$125.00 per request.***

<u>TYPE</u>	<u>FILE NUMBER</u>
Transfer Application	Transfer Number

	<b>Applicant Information</b>	<b>Applicant's Representative/Contact</b>
Name:	Shawn and Kimberly Schurter	Doann Hamilton Pacific Hydro-Geology, Inc
Address:	10520 Sunnyview Road NE Salem, OR 97317	18487 S. Valley Vista Road Mulino, OR 97042
Phone:	(503) 991-1004	(503) 349-6946
Fax:		(503) 632-5983
E-Mail Address:		phgdmh@gmail.com

I understand the following:

- That upon receipt of my non-refundable application fee of **\$ 125.00**, OWRD will, within fourteen (14) days, notify me in writing of the estimate of costs and time frame for the expedited service.
- That this fee covers the reimbursement authority staff to evaluate and provide the estimate for processing of the request.
- That OWRD will, within fourteen (14) business days, notify me in writing of the estimates of costs and time frame for the expedited service.
- That upon receiving the estimate I may agree or decline to enter into a formal contract to pay the estimated cost in advance to initiate the expedited service.
- An incomplete or inaccurate application may delay the process and increase the cost to process my request.
- Expedited processing does not guarantee a favorable review of my request.
- Send completed Application and payment to:

**Oregon Water Resources Department  
Transfer Reimbursement Authority Program  
725 Summer St. NE, Suite A  
Salem, OR 97301-1271**

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I certify that I am the (check one):

- Applicant     Applicant's Representative     Other (Please specify) \_\_\_\_\_

Name: Shawn Schurter, Kimberly Schurter

Signature: Shawn Schurter, Kimberly Schurter

**OWRD USE ONLY: Reimbursement Authority Number: R11-251-21**



