



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

Application for Permit Amendment

Part 1 of 5 – Minimum Requirements Checklist

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

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

- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Application Map Checklist.
- Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the new online fee calculator at: http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator. If you have questions, call Customer Service at (503) 986-0801.
- Part 4 – Completed Applicant Information and Signature.
- Part 5 – Information about Permits to be Amended: **Number of permits to be amended: 1**
List the Permits here: G-15816
 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)).

OWRD

(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: ___/___/___

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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°).

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Part 3 of 5 – Fee Worksheet

FEE WORKSHEET for PERMIT AMENDMENT			
1	Base Fee (includes one type of change to one permit for up to 1 cfs)	1	\$1,160
2	Types of change proposed: <input checked="" type="checkbox"/> Place of Use <input checked="" type="checkbox"/> Point of Diversion/Appropriation Number of above boxes checked = <u>2</u> (2a) Subtract 1 from the number in line 2a = <u>1</u> (2b) <i>If only one change, this will be 0</i> Multiply line 2b by \$930 and enter » » » » » » » » » » » » » » » » »	2	\$930
3	Number of permits included in Permit Amendment <u>1</u> (3a) Subtract 1 from the number in 3a: <u>0</u> (3b) <i>If only one permit this will be 0</i> Multiply line 3b by \$520 and enter » » » » » » » » » » » » » » » » »	3	0
4	Do you propose to add or change a well, or change from a surface water POD to a well? <input type="checkbox"/> No: enter 0 » <input checked="" type="checkbox"/> Yes: enter \$410 »	4	\$410
5	Do you propose to change the place of use? <input type="checkbox"/> No: enter 0 on line 5 » <input checked="" type="checkbox"/> Yes: enter the cfs for the portions of the permits to be amended (see example below*): <u>0.1</u> (5a) Subtract 1.0 from the number in 5a above: <u>-0.9</u> (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	\$2500
7	Is this permit amendment: <input type="checkbox"/> necessary to complete a project funded by the Oregon Watershed Enhancement Board (OWEB) under ORS 541.932? <input type="checkbox"/> endorsed in writing by ODFW as a change that will result in a net benefit to fish and wildlife habitat? If one or more boxes is checked, multiply line 6 by 0.5 and enter on line 7 » If no box is applicable, enter 0 on line 7 » » » » » » » » » » » » » » » » »	7	0
8	Subtract line 7 from line 6 » » » » » » » » » » Permit Amendment Fee:	8	\$2500

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

1. For irrigation calculate cfs for each permit involved as follows:
 - a. Divide total authorized cfs by total acres in the permit (for S-12345, 1.25 cfs ÷ 100 ac); then multiply by the number of acres to be changed to get the application cfs ($x 45 ac = 0.56 cfs$).
 - b. If the water right permit does not list total cfs, but identifies the allowable use as 1/40 or 1/80 of a cfs per acre; multiply number of acres proposed for change by either 0.025 (1/40) or 0.0125 (1/80). (For S-87654, $45.0 ac \times 0.0125 cfs/ac = 0.56 cfs$)
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).

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Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Justin & Stephanie Bowen/Ed Snipes		PHONE NO. 541-219-1756/541-493-9808	ADDITIONAL CONTACT NO.
ADDRESS 55288 Hwy 78/55328 Hwy 78		FAX NO.	
CITY Burns	STATE OR	ZIP 97720	E-MAIL steensmthaying@gmail.com
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.			

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DWRD

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

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

Explain in your own words what you propose to accomplish with this permit amendment; and why:
 The easterly portion of Pivot 6 (most NE'ly) is separately formed as a wheel line field, not a pivot & a additional well for the wheel lines only.

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)? _____

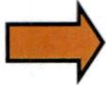
- If the permit completion date expires while the Permit Amendment Application is pending, the Department will not approve the Permit Amendment Application until an Extension of Time Application is approved for the permit.
- You may consider using the Reimbursement Authority process to expedite the processing 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: Burns Herald

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



Justin Bowen
Applicant Signature

Justin Bowen
Print Name (and Title if applicable)

1-9-19
Date

Stephanie Bowen
Applicant Signature

Stephanie Bowen
Print Name (and Title if applicable)

1-9-19
Date

Ed Snipes
Applicant Signature

Ed Snipes
Print Name (and Title if applicable)

1-9-19
Date

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Check one of the following:

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

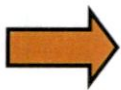
Check the appropriate box, if applicable:

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

IRRIGATION DISTRICT NAME NA	ADDRESS	
CITY	STATE	ZIP

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

ENTITY NAME NA	ADDRESS	
CITY	STATE	ZIP



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

ENTITY NAME Harney County	ADDRESS 450 N Buena Vista	
CITY Burns	STATE OR	ZIP 97720

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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-15816

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	HARN 1913	25 S	33 E	36	SE SE	9700	67' North & 1833' West from the NE cor, Sec 1 T26S, R33E
Well 2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 1867	25 S	33 E	36	SW SE	9700	1156' North & 3566' West from the NE cor, Sec 1 T26S, R33E
Well 3	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 2072	25 S	34 E	31	NW SW	2500	2156' North & 1576' West from the NE cor, Sec 1 T26S, R33E
Well 4	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 51154	25 S	33 E	36	SW NE	9700	2160' South & 2125' West from the NE cor, Sec 36
Well 5	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 50236	25 S	33 E	36	NW NE	9700	776' South & 1863' West from the NE cor, Sec 36
Well 6	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 51075	25 S	33 E	36	NE NE	9700	1031' South & 51' West from the NE cor, Sec 36
Well 7	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 51837	25 S	33 E	36	NE SW	9700	4350' North & 5780' West from the NE cor, Sec 1, T26S, R33E
Well 8	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 51443	25 S	34 E	31	NW SW	2501	50' South & 530' East from the NW cor, Sec 31, T26S, R33E

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

- Place of Use (POU)
- Point of Diversion (POD)
- Additional Point of Diversion (APOD)
- Point of Appropriation/Well (POA)
- Additional Point of Appropriation (APOA)
- Surface water POD to Ground Water POA (SW/GW)

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

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

18281

For a change in place of use:

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

Yes No

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

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

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

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

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

Table 2. Description of Changes to Water Use Permit # G-15816

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										PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.									
List only that part or portion of the water right that will be changed.																			
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	
25 S	33 E	36	NE NE	9700		35.8	1-6	2004	POA/APOA	25 S	33 E	36	NE NE			33.3	1-8	2004	
25 S	33 E	36	NW NE	9700		38.8	1-6	2004	POA /APOA	25 S	33 E	36	NW NE			38.0	1-8	2004	
25 S	33 E	36	SW NE	9700		30.0	1-6	2004	POA /APOA	25 S	33 E	36	SW NE			32.2	1-8	2004	
25 S	33 E	36	SE NE	9700		16.3	1-6	2004	POA /APOA	25 S	33 E	36	SE NE			13.3	1-8	2004	
										25 S	33 E	36	SE NW			1.1	1-8	2004	
25 S	33 E	36	NE SE	9700		20.1	1-6	2004	POA /APOA	25 S	33 E	36	NE SE			20.0	1-8	2004	
25 S	33 E	36	NW SE	9700		24.6	1-6	2004	POA /APOA	25 S	33 E	36	NW SE			24.6	1-8	2004	
25 S	33 E	36	SW SE	9700		32.8	1-6	2004	POA /APOA	25 S	33 E	36	SW SE			30.2	1-8	2004	
25 S	33 E	36	SE SE	9700		35.3	1-6	2004	POU/POA APOA	25 S	33 E	36	SE SE			38.2	1-8	2004	
25 S	34 E	31	NW NW	2501	1	28.4	1-6	2004	POU/POA APOA	25 S	34 E	31	NW NW		1	32.5	1-8	2004	
25 S	34 E	31	SW NW	2501	2	15.6	1-6	2004	POU/POA APOA	25 S	34 E	31	SW NW		2	19.5	1-8	2004	
25 S	34 E	31	NW SW	2501	3	24.2	1-6	2004	POA /APOA	25 S	34 E	31	NW SW		3	25.5	1-8	2004	
25 S	34 E	31	SW SW	2500	4	35.4	1-6	2004	POU/POA	25 S	34 E	31	SW SW		4	34.5	1-8	2004	

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26	S	33	E	1	NE	NE	102	1	21.2	1-6	2004	APOA	26	S	33	E	1	NE	NE	1	17.0	1-8	2004		
26	S	33	E	1	NW	NE	102	2	39.1	1-6	2004	POU/POA APOA	26	S	33	E	1	NW	NE	2	39.0	1-8	2004		
26	S	33	E	1	NE	NW	102	3	7.8	1-6	2004	POU/POA APOA	26	S	33	E	1	NE	NW	3	6.5	1-8	2004		
TOTAL ACRES												405.4	TOTAL ACRES												405.4

Additional remarks: _____.

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

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

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

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

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

AND/OR

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

Table 3. Construction of Point(s) of Appropriation

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

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

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

Harm
1913

JAN 31 1992

25S/34E/3

(START CARD) # W-30657

(1) OWNER: Name TONY HACKETT
 Address PO BOX 817
 City CRANE State ORE Zip 97220

Well Number: WATER RESOURCES DEPARTMENT
 (9) LOCATION OF WELL by legal description:
 County HARNEY Latitude _____ Longitude _____
 Township 25 N or S Range 34 E or W, WM.
 Section 31 1/4 1/4
 Tax Lot 2500 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) HC73-3284

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

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

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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 270 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	20'	BENTONITE	0	20'	24 SACKS
12"	20	270'	BENTONITE	20	270'	

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

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing	12"	0	270'	1/4"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoets) 210'

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

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

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

Yield gal/min	Drawdown	Drill stem at	Time
1100	40'	70'	1 hr.
800	50'	70'	3 hr.
1200	50'	70'	10 hr.

 Temperature of water 54 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(10) STATIC WATER LEVEL:
35' ft. below land surface. Date 5/13/91
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SW
30	31	20 GPM	21
84	86	150 GPM	22
200	201	150 GPM	22
260	270	1200 GPM	30

(12) WELL LOG: Ground elevation _____

Material	From	To	SW
HARD PAN	0	30	-
SAND	30	31	21
BLACK CLAY	31	34	21
BLACK SAND, SHELLS	84	86	21
BLACK CLAY	86	110	21
GREEN CLAY	110	120	21
YELLOW SAND Stone	120	200	21
BROWN SAND	200	201	21
BROWN CLAY	201	250	21
BLUE CLAY	250	255	21
ROCK CORRAL ROCK	255	260	21
GRAVEL, RIVER ROCK	260	270	31

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Date started 4/25/91 Completed 5/13/91

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

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above work performed during this time is in compliance with Oregon construction standards. This report is true to the best of my knowledge and belief.
 WWC Number _____
 Signed Tony Hackett Date 5/15/91

13381

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

HARAS 1867

RECEIVED
 APR 10 1991
 JAN 28 1991
 (START CARD) # W-29617
255/33E/36

(1) OWNER:
 Name Tony HACKETT
 Address PO. Box 817
 City CRANE State ORE Zip 97732
 Well Number: 29617

(9) LOCATION OF WELL by legal description:
 County HARAS Longitude _____
 Township 25 S N or S. Range 33 E E or W. WM.
 Section 36 NE 1/4 SE 1/4
 Tax Lot NE Lot SE Block _____ Subdivision _____
 Street Address of Well (or nearest address) H. WAY 78

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

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

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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 175' ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
16"	0 20	BENONITE	0 20	21 SACKS	
12"	0 135	_____	0 135		
12"	20 175	BORE HOLE	20 175		

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

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel				Welded		Threaded	
					Plastic	Plastic	Plastic	Plastic	Plastic	Plastic	Plastic	Plastic
	12"	0	135	1/4"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Final location of shoets: 135'

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

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

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

Yield gal/min	Drawdown	Drill stem at	Time
800	70'	80'	1 hr.

Temperature of water 54 degree Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(10) STATIC WATER LEVEL:
30' ft. below land surface. Date 03/17/91
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SW
24'	25'	10 Gallons	20
80'	81'	50 " "	20
170	175'	800 " "	30

(12) WELL LOG: Ground elevation _____

Material	From	To	SW
HARD PAN	0	20	-
BLUE CLAY	20	24	-
BROWN SAND WATER	24	25	20
GREY CLAY	25	80	20
Black sand WATER snails	80	81'	20
BLUE CLAY	81'	105'	20
SAND STONE	105'	135'	20
CORAL ROCK	135'	170	-
GRAVEL WATER	170	175	30

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Date started 03/14/91 Completed 03/17/91

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

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number 29617
 Signed Tony Hackett Date 03/17/91

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

MAY - 5 1995

WATER RESOURCES DEPT. (START CARD) # 66010
OREGON

255/34E/31

HARN
2072

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

(1) OWNER: Well Number 4
Name Tony D. Hackett
Address 2951 W. HIGAN ST.
City MERIDIAN State Id. Zip 83642

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 300 ft.
Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
16"	0	60	Bentonite	0	60'	37 SACKS	
10"	60	300					

How was seal placed: Method A B C D E
 Other *8" Hyponic Bentonite Poured From Top
Backfill placed from 0 ft. to 60 ft. Material Bentonite
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 10"	+1	123	120	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s)
(7) PERFORATIONS/SCREENS:
 Perforations Method NONE
 Screens Type _____ Material _____

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

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 600 Drawdown 200' Drill stem at 200' Time 1 hr.

Temperature of water 68 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: 45

(9) LOCATION OF WELL by legal description:
County HARNEY Latitude _____ Longitude _____
Township 25 N of S Range 34 E or W. WM.
Section 31 1/4 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Hwy 78 Mile Marker 33 1/4 mi. W. on private Road

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

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
45'	46'	40 GPM	45'
260'	265'	600 GPM	34'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	3	-
Boulders + Sand BROWN	3	30	-
BROWN CLAY	30	45	-
BLACK SAND w/	45	46	45'
BROWN CLAY	46	90	-
SOAP STONE Blue	90	95	-
Blue CLAY	95	260	-
BLACK SAND	210	270	34'
Blue CLAY	270	300	-

Date started 3/17/95 Completed 3/20/95
(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
Signed _____ WWC Number _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed Tony Hackett WWC Number _____ Date 3/22/95

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

WELL I.D. # L 57439
 START CARD # 149476

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

(1) **LAND OWNER** Well Number _____
 Name Robert Conzill
 Address 71709 Turnout RD.
 City Burns State Oregon Zip 97720

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

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

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

(5) **BORE HOLE CONSTRUCTION:**
 Special Construction approval Yes No Depth of Completed Well 153 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
14"	0	20	Bentonite	0	20	35
10"	20	118				

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

(6) **CASING/LINER:**

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10"	71	118	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) **PERFORATIONS/SCREENS:**

Perforations Method _____
 Screens Type _____ Material _____

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

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
100	20'	100'	1 hr.

Pump Bailer Air Artesian

Temperature of water 54° Depth Artesian Flow Found _____
 Was a water analysis done? No Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: 5'

(9) **LOCATION OF WELL by legal description:**
 County Clatsop Latitude _____ Longitude _____
 Township 25 N or S Range 33 E or W. WM.
 Section 36 S 1/4 NE
 Tax Lot 9700 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 55328 Hwy 78 Burns OR 97720

(10) **STATIC WATER LEVEL:**
65 ft. below land surface. Date 3-19-05
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 65'

From	To	Estimated Flow Rate	SWL
65	70	20 GPM	65'
120	153	60 GPM	65'

(12) **WELL LOG:**
 Ground Elevation _____

Material	From	To	SWL
Sandy & rock	0	3'	
Rock & Braking rock	3'	65'	65'
Sandy clay	65'	85'	
Sand Stone	85'	120	65'
White Sand & gravel	120'	153	65'

Date started 2-18-05 Completed 3-19-05

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

(bonded) **Water Well Constructor Certification:**
 I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number 1752
 Signed Kenneth E. Smith Date 4-2-05

13581

HMK 502 HARN 50236 WELL I.D. # L 21127

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

(START CARD) # 102405

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

(1) OWNER: Well Number _____
Name Robert N. CARGILL
Address HC 71-65 Turnout Rd
City BURNS State OR Zip 97720

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 140 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	20	Pre Mix C	0'	20'	10
12	20	141				

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

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12"	+1	140		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
60'	140'	3"	12	12"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
425	45-80'		1 hr.

Temperature of water 55° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by leg: l description:
County Harvey Latitude _____ Longitude _____
Township 25 N or S Range 32 or W. WM.
Section 36 NW 1/4 NE 1/4
Tax Lot 9700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) HC 73 3272 Hwy 78

(10) STATIC WATER LEVEL:
45 ft. below land surface. Date 6-10-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 60'

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	1'	
Broken rock + rock	1	55'	
Red cinders	55'	62'	
White sand + gravel	62'	141'	

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WATER RESOURCES DEPT.
SALEM, OREGON

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DEC 19 1997
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 6-5-97 Completed 6-10-97

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

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed Robert N. Cargill WWC Number _____ Date 7-15-97

For Official Use Only:

Received Date:

11-28-97

County Well Log ID #

HARN 50236

Well Identification Tag #

21127

WELL IDENTIFICATION APPLICATION FORM

BUYER/CURRENT WELL OWNER:

LANDOWNER PERMIT

Name:

Robert N. Cargill

Mailing Address:

HC 71-65 Turnout Rd.

City:

Burns

State:

OR

Zip:

97720

Phone:

()

WELL LOCATION:

County:

Harney

Owner's Well Number:

Township:

25

N or S,

Range:

33

E or W, Section:

36

NW 1/4

NW 1/4

Tax Lot Number:

Type of Well:

water supply

monitoring

Street Address of Well (if different from above):

HC 73 - 3272 Hwy 78

WELL INFORMATION: (do not complete remainder of application if well log is available)

Start Card Number:

Approx. Construction Date:

Well Constructor:

Name of Owner at Time of Construction:

Well Depth (in feet):

Static Water Level (in feet):

Diameter of Exposed Well Casing (in inches):

Does this well have a formal water right associated with it? Yes:

No:

If Yes: Application #:

Permit #:

Certificate #:

Please Return Completed Form to:

Lisa Juul
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

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

WELL I.D. # 57434
 START CARD # 149470

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

(1) OWNER: Well Number _____
 Name Robert Corgill
 Address 71709 Turnout RD
 City Burns State OR Zip 97720

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

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

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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 145 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
18"	0	20	Bentonite	0	20"	26
12"	20	145				

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

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12"	0	105	24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

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

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

Yield gal/min	Drawdown	Drill stem at	Time
6.50	20'	100'	52 hrs

Temperature of water 57° Depth Artesian Flow Found _____
 Was a water analysis done? No Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: 20'

(9) LOCATION OF WELL by legal description:
 County Wheeler Latitude _____ Longitude _____
 Township 25 N or S Range 33 E or W. WM.
 Section 36 1/4 NE 1/4 NE 1/4
 Tax Lot 9700 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 3 miles South of Crane on hwy 78

(10) STATIC WATER LEVEL:
44 ft. below land surface. I ate 4-10-04
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 44'

From	To	Estimated Flow Rate	SWL
44'	45'	20 GPM	44'
100'	120'	65 GPM	44'

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Top Soil	0	3	
Sandy Clay	3	44'	44'
Sand	44'	46'	44'
Cray Clay	46'	100'	
Sand & gravel	100'	120'	44'
Sandy Clay	120'	145'	

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AUG 12 2004

WATER RESOURCES DEPT
 SALEM, OREGON

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OWRD

Date started 4-10-04 Completed 7-13-04
 (unbonded) Water Well Constructor Certification:

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

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number 1752
 Signed Kenneth E Smith Date 8-7-04

STATE OF OREGON WATER SUPPLY WELL REPORT

04-30-2012

WELL LABEL # L 94041

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

START CARD # 1016250

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

First Name JUSTIN Last Name BOWEN
Company
Address 55288 HIGHWAY 78
City BURNS State OR Zip 97720

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

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

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

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

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Row 1: 16, 0, 20, Bentonite Chips, 0, 20, 16, S. Row 2: 14, 20, 180.

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

(6) CASING/LINER Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Row 1: 12, 2, 158, .250, [X], [], [], [].

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

(7) PERFORATIONS/SCREENS Perforations Method Hand Torched Screens Type Material

Table with columns: Perf, Casing, Screen, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tel/pipe size. Row 1: 12, 118, 158, .36, 4, 560.

(8) WELL TESTS: Minimum testing time is 1 hour [X] Pump [] Bailer [] Air [] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
1,200 61 125 30

Table with columns: From, To, Description, Amount, Units. Row 1: 59, Lab analysis Yes.

(9) LOCATION OF WELL (legal description)

County Harney Twp 25.00 S N/S Range 36.00 E E/W WM
Sec 36 SW 1/4 of the NE 1/4 Tax Lot 9600
Tax Map Number Lot
Lat " or DMS or DD
Long " or DMS or DD
[] Street address of well [] Nearest address

GO SOUTH APPROXIMATELY 5 MILES ON HWY. 78 PAST CRANE. TAKE RIGHT AND G

(10) STATIC WATER LEVEL Date SWL (psi) + SWL (ft)
Existing Well / Predeepening
Completed Well 04-23-2012 24
Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 52
Table with columns: SWL Date, From, To, Est Flow, SWL (psi), + SWL (ft). Row 1: 04-16-2012, 52, 74, 24. Row 2: 04-20-2012, 132, 180, 24.

(11) WELL LOG Ground Elevation

Table with columns: Material, From, To. Rows: Top Soil (0-2), Brown Clay (2-14), Gray Clay (14-74), Blue Clay (74-132), Pumice and Cinders (132-174), Small Gravel (174-180).

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Date Started 04-12-2012 Completed 04-23-2012

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

License Number Date
Electronically Filed
Signed

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

License Number 1675 Date 04-30-2012
Electronically Filed
Signed GEORGE VALENTINE (E-filed)
Contact Info (optional)

13381

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

04-23-2008

WELL LABEL # L 94481

START CARD # 1003238

(1) LAND OWNER Owner Well I.D.
First Name ED Last Name SNIPES
Company
Address 55328 HWY 78
City BURNS State OR Zip 97720

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)
Depth of Completed Well 168.00 ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, sacks/lbs. Row 1: 28, 0, 18, Bentonite, 0, 18, 25, S.

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

[X] Other poured dry and tam

Backfill placed from 0 ft. to 168 ft. Material gravel

Filter pack from 0 ft. to 168 ft. Material gravel Size 3/8pea

Explosives used: [] Yes Type Amount

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Row 1: 24, 1, 20, .250, [X].

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. Row 1: Screen, Liner, 12, 104, 164, .1, 1.

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

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

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 100, 4, 1.

Temperature 57 °F Lab analysis [] Yes By

Water quality concerns? [] Yes (describe below)

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

(9) LOCATION OF WELL (legal description)

County Harney Twp 25.00 S N/S Range 34.00 E E/W WM
Sec 31 NW 1/4 of the NW 1/4 Tax Lot 2501
Tax Map Number Lot
Lat ' ' " or DMS or DD
Long ' ' " or DMS or DD
[] Street address of well [X] Nearest address

55328 HWY 78

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), + SWL(ft). Row 1: 04-21-2008, 36.

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Row 1: 04-21-2008, 36, 168, 1,000, 36.

(11) WELL LOG

Table with columns: Material, From, To. Rows: topsoil sandy loom (0-2), clay brn (2-25), clay green/blue (25-73), sand blk caving (73-80), sand clay brn (80-108), gravel/clay (108-110), sand brn (110-165), conglomerate (165-168).

RECEIVED

FEB 14 2020

OWRD

Date Started 04-07-2008 Completed 04-21-2008

(unbonded) Water Well Constructor Certification

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

License Number Date

Electronically Filed

Signed

(bonded) Water Well Constructor Certification

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

License Number 1424 Date 04-23-2008

Electronically Filed

Signed TIMOTHY K RILEY (E-filed)

Contact Info (optional)