



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](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: List the Permits here: G-17966 & S-54843**  
 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):**

<input type="checkbox"/> Application fee not enclosed/insufficient	<input type="checkbox"/> Map not included or incomplete
<input type="checkbox"/> Land Use Form not enclosed or incomplete	<input type="checkbox"/> Part _____ is incomplete
<input type="checkbox"/> Additional signature(s) required	
Other/Explanation _____	

Staff: \_\_\_\_\_ 503-986-0\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Part 2 of 5 – Permit Amendment Map Checklist

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**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.**

- 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

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FEE WORKSHEET for PERMIT AMENDMENT			
1	Base Fee (includes one type of change to one permit for up to 1 cfs)	1	\$1,160
2	Types of change proposed: <input checked="" type="checkbox"/> Place of Use <input checked="" type="checkbox"/> Point of Diversion/Appropriation Number of above boxes checked = <u>2 (2a)</u> Subtract 1 from the number in line 2a = <u>1 (2b)</u> <i>If only one change, this will be 0</i> Multiply line 2b by \$930 and enter » » » » » » » » » » » » » » » »	2	\$930
3	Number of permits included in Permit Amendment <u>2 (3a)</u> Subtract 1 from the number in 3a: <u>1 (3b)</u> <i>If only one permit this will be 0</i> Multiply line 3b by \$520 and enter » » » » » » » » » » » » » » » »	3	\$520
4	Do you propose to add or change a well, or change from a surface water POD to a well? <input type="checkbox"/> No: enter 0 » <input checked="" type="checkbox"/> Yes: enter \$410 »	4	\$410
5	Do you propose to change the place of use? <input type="checkbox"/> No: enter 0 on line 5 » <input checked="" type="checkbox"/> Yes: enter the cfs for the portions of the permits to be amended (see example below*): <u>11.34 (5a)</u> Subtract 1.0 from the number in 5a above: <u>10.34 (5b)</u> If 5b is 0, enter 0 on line 5 » If 5b is greater than 0, round up to the nearest whole number: <u>11 (5c)</u> and multiply 5c by \$350, then enter on line 5 » » » » » » » » » » » »	5	\$3,850
6	Add entries on lines 1 through 5 above » » » » » » » » » » Subtotal:	6	\$6,870
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	
8	Subtract line 7 from line 6 » » » » » » » » » » <b>Permit Amendment Fee:</b>	8	<b>\$6,870</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:

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 x 0.0125 cfs/ac = 0.56 cfs*)
2. Add cfs for the portions of permits on all the land included in the application; however **do not count cfs for supplemental permits on acreage for which you have already calculated the cfs fee for the primary permit on the same land**. The fee should be assessed only once for each “on the ground” acre included in the application. (*In this example, blank 5a would be only 0.56 cfs, since both permits serve the same 45.0 acres. Blank 5b would be 0 and Line 5 would then also become 0*).



## Part 4 of 5 – Applicant Information and Signature

### Applicant Information

APPLICANT/BUSINESS NAME <b>Andy Root, Managing Member/Rattlesnake Creek Land &amp; Cattle, LLC</b>		PHONE NO. <b>541-573-3615</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>524 Hwy 20 N</b>		FAX NO.	
CITY <b>Hines</b>	STATE <b>OR</b>	ZIP <b>97738</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>			

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

AGENT/BUSINESS NAME <b>Scott D Montgomery</b>		PHONE NO. <b>541-548-5833</b>	ADDITIONAL CONTACT NO. <b>541-420-0401</b>
ADDRESS <b>PO Box 767</b>		FAX NO. <b>844-273-9878</b>	
CITY <b>Terrebonne</b>	STATE <b>OR</b>	ZIP <b>97760</b>	E-MAIL <b>scott@apeands.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:  
Applicant wants to change place of use, to match a more productive irrigation pattern and change wells in locations that are more compatible with road and power-line locations.

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)? January 31, 2023.

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

**By my signature below, I confirm that I understand:**

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



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



*[Handwritten Signature]*  
Applicant Signature

**Andy Root, Managing Mbr**  
Print Name (and Title if applicable) Date

Sign a  
check for \$6870

**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>Harney County Planning</b>	ADDRESS <b>360 N Alvord</b>	
CITY <b>Burns</b>	STATE <b>OR</b>	ZIP <b>97720</b>

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Part 5 of 5 – Water Use Permit Information

PERMIT # G-17966

**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)
#1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 52834	22 S 33 E	21	NW	NW	900	265' S & 1025' E from NW cor, Sec 21
#2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 52827	22 S 33 E	32	NW	SW	900	2250' N & 90' E from SW cor, Sec 32
#3	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	NOT BUILT	22 S 33 E	29	NE	NE	900	4150' N & 640' W from SE cor, Sec 29
#3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 227/51858	22 S 33 E	32	NE	NE	900	590' S & 1280' W from NE cor, Sec 32
#4	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	NOT BUILT	22 S 33 E	20	NE	SE	900	6940' N & 680' W from SE cor, Sec 29
#5	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	NOT BUILT	22 S 33 E	20	NE	NE	900	9560' N & 620' W from SE cor, Sec 29
#5	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 52187	22 S 33 E	20	SW	NE	900	1330' S & 1570' W from NE cor, Sec 20
#6	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	NOT BUILT	22 S 33 E	30	SW	NE	1700	3900' N & 6700' W from SE cor, Sec 29
#6	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 52708	22 S 33 E	31	NE	SE	900	2345' N & 1160' W from SE cor, Sec 31
#7	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	NOT BUILT	22 S 33 E	30	NW	SE	1700	1420' N & 6720' W from SE cor, Sec 29
#7	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 52767	22 S 33 E	31	NE	SE	900	1665' N & 615' W from SE cor, Sec 31
#8	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	NOT BUILT	22 S 33 E	29	NW	SW	900	1420' N & 4050' W from SE cor, Sec 29
#9	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	NOT BUILT	22 S 33 E	31	SW	NE	900	1920' S & 7850' W from SE cor, Sec 29
#9	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 52754	22 S 33 E	31	NE	SW	900	1790' N & 2165' E from SW cor, Sec 31
#10	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	NOT BUILT	22 S 33 E	32	SW	NW	900	1950' S & 5180' W from SE cor, Sec 29





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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**Table 2. Description of Changes to Water Use Permit # G-17966**

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.										
Twp	Rng	Sec	1/4 1/4	Tax Lot	Gvt Lot or DLC	Acre(s) (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	Acre(s) (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date		
									POU/POA/APOA	22	S	33	E	20	NE	NE	900	0.4 IR 18.9 IS*	#1 - #14	6/11/2012
									POU/POA/APOA	22	S	33	E	20	SE	NE	900	0.3 IR 23.1 IS*	#1 - #14	6/11/2012
									POU/POA/APOA	22	S	33	E	20	NE	SE	900	0.2 IR 30.7 IS*	#1 - #14	6/11/2012
									POU/POA/APOA	22	S	33	E	20	SE	SE	900	34.1 IS*	#1 - #14	6/11/2012
									POU/POA/APOA	22	S	33	E	21	NW	NW	900	0.2 IR 17.6 IS*	#1 - #14	6/11/2012
									POU/POA/APOA	22	S	33	E	21	SW	NW	900	0.3 IR 14.8 IS*	#1 - #14	6/11/2012
									POU/POA/APOA	22	S	33	E	21	NW	SW	900	1.9 IR 14.8 IS*	#1 - #14	6/11/2012
									POU/POA/APOA	22	S	33	E	21	SW	SW	900	0.1 IR 1.5 IS*	#1 - #14	6/11/2012
									POU/POA/APOA	22	S	33	E	28	NE	NW	900	1.9 IR	#1 - #14	6/11/2012
									POU/POA/APOA	22	S	33	E	28	NW	NW	900	8.1 IR 27.6 IS*	#1 - #14	6/11/2012
									POU/POA/APOA	22	S	33	E	28	SW	NW	900	4.2 IR 32.7 IS*	#1 - #14	6/11/2012
									POU/POA/APOA	22	S	33	E	28	SE	NW	900	2.1 IR	#1 - #14	6/11/2012
									POU/POA/APOA	22	S	33	E	28	NE	SW	900	23.7 IR	#1 - #14	6/11/2012

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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: S-54843



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
#1	YES	HARN52834								
#2	YES	HARN52827								
#3	YES	HARN51858								
#5	YES	HARN52187								
#6	YES	HARN52708								
#7	YES	HARN52767								
#9	YES	HARN52754								
#10	YES	HARN52765								
#11	YES	HARN52805								
#12	YES	HARN52783								
#14	YES	HARN52789								

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**PERMIT # S-54843**

**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)
<b>POD 1</b> (Rock Creek Reservoir)	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	NA	22 S	33 E	16	SE SW	900	210' N & 1340' E from SW COR, Sec 16

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

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

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

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

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

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

- Yes  No

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

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

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

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

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

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**Table 2. Description of Changes to Water Use Permit # S-54843**

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.									
Twp	Rng	Sec	1/4 1/4	Tax Lot	Gvt Lot or DLC	Acre (if applicable)	POD(s) or POA(s) (name or number from Table 1)	Priority Date	Proposed Changes (see "CODES" from previous page)	Twp	Rng	Sec	1/4 1/4	Tax Lot	Gvt Lot or DLC	Acre (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date	
22 S	33 E	20	NE NE	900		10.4	POD 1	6/11/2012	POU	22 S	33 E	20	NE NE	900		19.3 IS*	POD 1	6/11/2012	
22 S	33 E	20	SW NE	900		40.0	POD 1	6/11/2012	POU	22 S	33 E	20	SE NE	900		23.4 IS*	POD 1	6/11/2012	
22 S	33 E	20	SE NE	900		10.0	POD 1	6/11/2012	POU	22 S	33 E	20	NE SE	900		30.9 IS*	POD 1	6/11/2012	
22 S	33 E	20	NE SE	900		1.6	POD 1	6/11/2012	POU	22 S	33 E	20	SE SE	900		34.1 IS*	POD 1	6/11/2012	
22 S	33 E	28	NE NW	900		40.0	POD 1	6/11/2012	POU	22 S	33 E	21	NW NW	900		17.8 IS*	POD 1	6/11/2012	
22 S	33 E	28	NW NW	900		11.0	POD 1	6/11/2012	POU	22 S	33 E	21	SW NW	900		15.1 IS*	POD 1	6/11/2012	
22 S	33 E	28	SW NW	900		0.6	POD 1	6/11/2012	POU	22 S	33 E	21	NW SW	900		16.7 IS*	POD 1	6/11/2012	
22 S	33 E	28	SE NW	900		40.0	POD 1	6/11/2012	POU	22 S	33 E	21	SW SW	900		1.6 IS*	POD 1	6/11/2012	
22 S	33 E	28	NE SW	900		40.0	POD 1	6/11/2012	POU	22 S	33 E	28	NE NW	900		1.9 IS*	POD 1	6/11/2012	
22 S	33 E	28	SW SW	900		10.0	POD 1	6/11/2012	POU	22 S	33 E	28	NW NW	900		35.7 IS*	POD 1	6/11/2012	
22 S	33 E	28	SE SW	900		40.0	POD 1	6/11/2012	POU	22 S	33 E	28	SW NW	900		36.9 IS*	POD 1	6/11/2012	
22 S	33 E	29	NE NE	900		0.7	POD 1	6/11/2012	POU	22 S	33 E	28	SE NW	900		2.1 IS*	POD 1	6/11/2012	
22 S	33 E	29	NW NE	900		40.0	POD 1	6/11/2012	POU	22 S	33 E	28	NE SW	900		23.7 IS*	POD 1	6/11/2012	

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22 S 33 E	29	SW	NE	900	39.1	POD 1	6/11/2012	POU	22 S 33 E	28	NW	SW	900	34.5 IS*	POD 1	6/11/2012
22 S 33 E	29	NE	NW	900	9.0	POD 1	6/11/2012	POU	22 S 33 E	28	SW	SW	900	18.7 IS*	POD 1	6/11/2012
22 S 33 E	29	SW	NW	900	38.0	POD 1	6/11/2012	POU	22 S 33 E	28	SE	SW	900	10.6 IS*	POD 1	6/11/2012
22 S 33 E	29	SE	NW	900	39.4	POD 1	6/11/2012	POU	22 S 33 E	29	NE	NE	900	29.9 IS*	POD 1	6/11/2012
22 S 33 E	29	NE	SW	900	40.0	POD 1	6/11/2012	POU	22 S 33 E	29	SE	NE	900	31.0 IS*	POD 1	6/11/2012
22 S 33 E	29	NW	SW	900	40.0	POD 1	6/11/2012	POU	22 S 33 E	29	SW	NW	900	0.5 IS*	POD 1	6/11/2012
22 S 33 E	29	SW	SW	900	40.0	POD 1	6/11/2012	POU	22 S 33 E	29	SE	NW	900	0.7 IS*	POD 1	6/11/2012
22 S 33 E	29	SE	SW	900	40.0	POD 1	6/11/2012	POU	22 S 33 E	29	NE	SW	900	34.9 IS*	POD 1	6/11/2012
22 S 33 E	29	NW	SE	900	28.0	POD 1	6/11/2012	POU	22 S 33 E	29	NW	SW	900	32.7 IS*	POD 1	6/11/2012
22 S 33 E	29	SW	SE	900	10.8	POD 1	6/11/2012	POU	22 S 33 E	29	SW	SW	900	30.5 IS*	POD 1	6/11/2012
22 S 33 E	30	NE	NE	900	0.4	POD 1	6/11/2012	POU	22 S 33 E	29	SE	SW	900	33.8 IS*	POD 1	6/11/2012
22 S 33 E	30	NW	NE	900	25.7	POD 1	6/11/2012	POU	22 S 33 E	29	NE	SE	900	35.1 IS*	POD 1	6/11/2012
22 S 33 E	30	SW	NE	900	40.0	POD 1	6/11/2012	POU	22 S 33 E	29	NW	SE	900	6.0 IS*	POD 1	6/11/2012
22 S 33 E	30	SE	NE	900	38.2	POD 1	6/11/2012	POU	22 S 33 E	29	SW	SE	900	26.6 IS*	POD 1	6/11/2012
22 S 33 E	30	NE	SE	900	40.0	POD 1	6/11/2012	POU	22 S 33 E	29	SE	SE	900	29.7 IS*	POD 1	6/11/2012
22 S 33 E	30	NW	SE	900	40.0	POD 1	6/11/2012	POU	22 S 33 E	30	SW	NE	1700	3.7 IS*	POD 1	6/11/2012
22 S 33 E	30	SW	SE	900	40.0	POD 1	6/11/2012	POU	22 S 33 E	30	SE	NE	1700	3.6 IS*	POD 1	6/11/2012
22 S 33 E	30	SE	SE	900	40.0	POD 1	6/11/2012	POU	22 S 33 E	30	NE	SW	1800	1.4 IS*	POD 1	6/11/2012
22 S 33 E	31	NE	NE	900	40.0	POD 1	6/11/2012	POU	22 S 33 E	30	SW	SW	1800	0.4 IS*	POD 1	6/11/2012
22 S 33 E	31	NW	NE	900	40.0	POD 1	6/11/2012	POU	22 S 33 E	30	SE	SW	1800	2.0 IS*	POD 1	6/11/2012
22 S 33 E	31	SW	NE	900	40.0	POD 1	6/11/2012	POU	22 S 33 E	30	NE	SE	900	38.4 IS*	POD 1	6/11/2012

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22 S 33 E	31	SE	NE	900	40.0	POD 1	6/11/2012	POU	22 S 33 E	30	NW	SE	900	38.0 IS*	POD 1	6/11/2012
22 S 33 E	31	NE	NW	900	40.0	POD 1	6/11/2012	POU	22 S 33 E	30	SW	SE	900	35.3 IS*	POD 1	6/11/2012
22 S 33 E	31	NW	NW	900	40.0	POD 1	6/11/2012	POU	22 S 33 E	30	SE	SE	900	36.9 IS*	POD 1	6/11/2012
22 S 33 E	31	SW	NW	900	40.0	POD 1	6/11/2012	POU	22 S 33 E	31	NE	NE	900	36.9 IS*	POD 1	6/11/2012
22 S 33 E	31	SE	NW	900	40.0	POD 1	6/11/2012	POU	22 S 33 E	31	NW	NE	900	39.9 IS*	POD 1	6/11/2012
22 S 33 E	31	NE	SW	900	38.0	POD 1	6/11/2012	POU	22 S 33 E	31	SW	NE	900	38.5 IS*	POD 1	6/11/2012
22 S 33 E	31	NW	SW	900	38.0	POD 1	6/11/2012	POU	22 S 33 E	31	SE	NE	900	30.5 IS*	POD 1	6/11/2012
22 S 33 E	31	SW	SW	900	40.0	POD 1	6/11/2012	POU	22 S 33 E	31	NE	NW	900	36.1 IS*	POD 1	6/11/2012
22 S 33 E	31	SE	SW	900	40.0	POD 1	6/11/2012	POU	22 S 33 E	31	NW	NW	900	22.4 IS*	POD 1	6/11/2012
22 S 33 E	31	NE	SE	900	38.0	POD 1	6/11/2012	POU	22 S 33 E	31	SW	NW	900	20.0 IS*	POD 1	6/11/2012
22 S 33 E	31	NW	SE	900	38.0	POD 1	6/11/2012	POU	22 S 33 E	31	SE	NW	900	30.1 IS*	POD 1	6/11/2012
22 S 33 E	31	SW	SE	900	40.0	POD 1	6/11/2012	POU	22 S 33 E	31	NE	SW	900	28.5 IS*	POD 1	6/11/2012
22 S 33 E	31	SE	SE	900	40.0	POD 1	6/11/2012	POU	22 S 33 E	31	NW	SW	900	20.2 IS*	POD 1	6/11/2012
22 S 33 E	32	NE	NW	900	40.0	POD 1	6/11/2012	POU	22 S 33 E	31	SW	SW	900	27.9 IS*	POD 1	6/11/2012
22 S 33 E	32	NW	NW	900	40.0	POD 1	6/11/2012	POU	22 S 33 E	31	SE	SW	900	31.6 IS*	POD 1	6/11/2012
22 S 33 E	32	SW	NW	900	40.0	POD 1	6/11/2012	POU	22 S 33 E	31	NE	SE	900	28.8 IS*	POD 1	6/11/2012
22 S 33 E	32	SE	NW	900	40.0	POD 1	6/11/2012	POU	22 S 33 E	31	NW	SE	900	33.1 IS*	POD 1	6/11/2012
22 S 33 E	32	NE	SW	900	38.0	POD 1	6/11/2012	POU	22 S 33 E	31	SW	SE	900	31.2 IS*	POD 1	6/11/2012
22 S 33 E	32	NW	SW	900	38.0	POD 1	6/11/2012	POU	22 S 33 E	31	SE	SE	900	31.1 IS*	POD 1	6/11/2012
22 S 33 E	32	SW	SW	900	40.0	POD 1	6/11/2012	POU	22 S 33 E	32	NE	NE	900	32.0 IS*	POD 1	6/11/2012
22 S 33 E	32	SE	SW	900	40.0	POD 1	6/11/2012	POU	22 S 33 E	32	NW	NE	900	29.2 IS*	POD 1	6/11/2012

22 S 33 E 32	NE	SE	900	4.0	POD 1	6/11/2012	POU	22 S 33 E 32	SW	NE	900	31.2 IS*	POD 1	6/11/2012
22 S 33 E 32	NW	SE	900	4.0	POD 1	6/11/2012	POU	22 S 33 E 32	SE	NE	900	32.3 IS*	POD 1	6/11/2012
22 S 33 E 32	SW	SE	900	40.0	POD 1	6/11/2012	POU	22 S 33 E 32	NE	NW	900	39.0 IS*	POD 1	6/11/2012
22 S 33 E 32	SE	SE	900	40.0	POD 1	6/11/2012	POU	22 S 33 E 32	NW	NW	900	33.6 IS*	POD 1	6/11/2012
							POU	22 S 33 E 32	SW	NW	900	28.2 IS*	POD 1	6/11/2012
							POU	22 S 33 E 32	SE	NW	900	37.0 IS*	POD 1	6/11/2012
							POU	22 S 33 E 32	NE	SW	900	33.1 IS*	POD 1	6/11/2012
							POU	22 S 33 E 32	NW	SW	900	28.4 IS*	POD 1	6/11/2012
							POU	22 S 33 E 32	SW	SW	900	32.1 IS*	POD 1	6/11/2012
							POU	22 S 33 E 32	SE	SW	900	32.6 IS*	POD 1	6/11/2012
							POU	22 S 33 E 32	NE	SE	900	26.4 IS*	POD 1	6/11/2012
							POU	22 S 33 E 32	NW	SE	900	25.6 IS*	POD 1	6/11/2012
							POU	22 S 33 E 32	SW	SE	900	33.4 IS*	POD 1	6/11/2012
							POU	22 S 33 E 32	SE	SE	900	36.5 IS*	POD 1	6/11/2012
							POU	22 S 33 E 33	SW	SW	900	1.1 IS*	POD 1	6/11/2012
TOTAL ACRES												1908.9 IS		
TOTAL ACRES												1772.6 IS*		

Additional remarks: **The applicant proposes to extinguish and will voluntarily relinquish 136.3 acres 'IS' that fall outside of the center pivot sprinkler fields on the "to" lands.**

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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: G-17966



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

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

HARN 52834 # 1

HARN 52834

WELL LABEL # ~~XXXXXXXXXX~~  
 START CARD # ~~2091651~~  
 ORIGINAL LOG #

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

(1) LANDOWNER Owner Well I.D. 4  
 First Name BO Last Name Thorenfeldt  
 Company \_\_\_\_\_  
 Address 885 Hillsborough Blvd  
 City Hillsborough State CA Zip 94010

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

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

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

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

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

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
1 1/2	0	200	Bentont	0	100		
1 1/4	200	450					

How was seal placed: Method  A  B  C  D  E  
 Other Poured - Packin  
 Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_

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

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
1 1/4				1	220	250	X			X

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

(7) PERFORATIONS/SCREENS

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

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
 Yield gal/min 500+ Drawdown 0 Drill stem/Pump depth 450 Duration (hr) \_\_\_\_\_  
 Temperature \_\_\_\_\_ °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below) TDS 169 ppm  
 From \_\_\_\_\_ To \_\_\_\_\_ Description \_\_\_\_\_ Amount \_\_\_\_\_ Units \_\_\_\_\_

(9) LOCATION OF WELL (legal description)  
 County Harn Twp 22 N or S Range 33 E or W W.M.  
 Sec 32 21 1/4 of the \_\_\_\_\_ 1/4 Tax Lot 900  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street Address of Well (or nearest address) 40637 Hwy 20E, Burns

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	<u>3-10-16</u>			

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

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>3-10-16</u>						<u>30</u>

(11) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To
<u>SOIL</u>	<u>0</u>	<u>10</u>
<u>GRAY CLAY</u>	<u>10</u>	<u>220</u>
<u>GRN BRN F-A CLAY w/crcl</u>	<u>220</u>	<u>450</u>

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 OWRD OWRD

Date Started 3-1-10-16 Completed 3-10-16

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

(bonded) Water Well Constructor Certification  
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.  
 License Number Consul At Date 3-20-16  
 Signed Paul W...  
 Contact Info. (optional) \_\_\_\_\_



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STATE OF OREGON  
WATER SUPPLY WELL REPORT

HARN 52827

WELL LABEL # L 114920  
START CARD # 211012  
ORIGINAL LOG #

(ORS 537.765 & OAR 690-205-0210)

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

(1) LANDOWNER  
Owner Well I.D. 4  
First Name BO Last Name Thorenfeldt  
Company \_\_\_\_\_  
Address 885 Hillsborough Blvd  
City Hillsborough State CA Zip 94010

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

(2a) PRE-ALTERATION: Well Depth \_\_\_\_\_ ft.  
Seal Material Bentonite  
Casing Type:  Steel  Plastic  Other \_\_\_\_\_  
Casing Gauge 250 Casing Diameter 18"

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

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

(5) BORE HOLE CONSTRUCTION  
Depth of Completed Well 280 ft. Special Standard:  Yes (attach copy)

BORE HOLE			SEAL			Amount	Scks/lbs
Dia	From	To	Material	From	To		
<u>22</u>	<u>0</u>	<u>120</u>	<u>Bentonite</u>			<u>16000</u>	<u>185</u>
<u>18</u>	<u>120</u>	<u>280</u>					

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

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Outer pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_

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

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
<u>X</u>		<u>18</u>	<u>+</u>	<u>2</u>	<u>120</u>	<u>250</u>	<u>X</u>		<u>X</u>	
	<u>X</u>	<u>14</u>	<u>+</u>	<u>2</u>	<u>160</u>	<u>250</u>	<u>X</u>		<u>X</u>	

Shoe  Inside  Outside  Other Location of shoe(s) 120  
Temporary casing  Yes Diameter \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS  
Perforations Method PIEZOMETER  
Screens Type SLOT Material \_\_\_\_\_

Perf	Scrn	Casing	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
<u>X</u>		<u>X</u>			<u>100</u>	<u>120</u>	<u>1/4</u>	<u>4"</u>	<u>600</u>	
<u>X</u>			<u>X</u>		<u>100</u>	<u>160</u>	<u>1/8</u>	<u>4"</u>	<u>800</u>	

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min 450 Drawdown Complete Drill stem/Pump depth \_\_\_\_\_ Duration (hr) \_\_\_\_\_  
Temperature 62 °F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below) TDS \_\_\_\_\_ ppm  
From \_\_\_\_\_ To \_\_\_\_\_ Description \_\_\_\_\_ Amount \_\_\_\_\_ Units \_\_\_\_\_

(9) LOCATION OF WELL (legal description)  
County Harn Twp 22 N or S Range 33 E or W W.M.  
Sec 32 1/4 of the \_\_\_\_\_ 1/4 Tax Lot 900  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Street Address of Well (or nearest address) 40637 Hwy 20E, Burns

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration	<u>6-1-15</u>			<u>20</u>
Completed Well	<u>6-1-15</u>			<u>20</u>

Flowing Artesian?  Yes Dry Hole?  Yes

WATER BEARING ZONES Depth water was first found \_\_\_\_\_

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
	<u>40</u>	<u>60</u>	<u>100</u>			<u>32</u>
	<u>100</u>	<u>160</u>	<u>500</u>			<u>20</u>

(11) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To
<u>Soil</u>	<u>0</u>	<u>5</u>
<u>Brown CLAY</u>	<u>5</u>	<u>35</u>
<u>GRAVEL LARGE</u>	<u>35</u>	<u>60</u>
<u>Green CLAY</u>	<u>60</u>	<u>105</u>
<u>SAND COARSE</u>		
<u>White</u>	<u>105</u>	<u>160</u>
<u>Grey CLAY</u>	<u>160</u>	<u>280</u>

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Date Started 4-1-15 Completed 4-30-15

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

License Number \_\_\_\_\_ Date \_\_\_\_\_  
Signed \_\_\_\_\_

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

License Number Consultant Date 4-30-15  
Signed Paul Winer  
Contact Info. (optional)

13447 -



NOTICE TO WATER WELL CONTRACTOR  
The original and first copy of this report  
are to be filed with the  
WATER RESOURCES DEPARTMENT,  
SALEM, OREGON 97310  
within 30 days from the date  
of well completion.

**HARN 227**  
**RECEIVED** *227 Harn*  
**STATE OF OREGON**  
DEC 30 1977  
**RECEIVED**  
WATER RESOURCES DEPT.  
SALEM, OREGON

State Well No. 227/33E-322a  
State Permit No. \_\_\_\_\_  
APPL. G-10206

**(1) OWNER:**

Name LOST SPRING RANCH  
Address S.R. 2-15141 Hwy. 20  
Burns, Oregon 97720

**(2) TYPE OF WORK (check):**

New Well  Deepening  Reconditioning  Abandon   
If abandonment, describe material and procedure in Item 12.

**(3) TYPE OF WELL:**

Rotary  Driven   
Cable  Jetted   
Dug  Bored

**(4) PROPOSED USE (check):**

Domestic  Industrial  Municipal   
Irrigation  Test Well  Other

**CASING INSTALLED:**

Threaded  Welded   
12" Diam. from 2+ ft. to 1.16 ft. Gage .250  
" Diam. from ft. to ft. Gage  
" Diam. from ft. to ft. Gage

**PERFORATIONS:**

Perforated?  Yes  No.  
Type of perforator used torch + factory  
Size of perforations 1/4 + 3/16 in. by 6+3 in.  
1332 perforations from 49 ft. to 1.16 ft.  
perforations from ft. to ft.  
perforations from ft. to ft.

**(7) SCREENS:**

Well screen installed?  Yes  No  
Manufacturer's Name \_\_\_\_\_  
Type \_\_\_\_\_ Model No. \_\_\_\_\_  
Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ Set from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ Set from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**(8) WELL TESTS:**

Drawdown is amount water level is lowered below static level  
Was a pump test made?  Yes  No If yes, by whom?  
Yield: 850 gal./min. with 190 ft. drawdown after 2 1/2 hrs.  
" " " " "  
" " " " "  
Bailer test gal./min. with ft. drawdown after hrs.  
Artesian flow g.p.m.  
Temperature of water 52° Depth artesian flow encountered \_\_\_\_\_ ft.

**(9) CONSTRUCTION:**

Well seal—Material used cement grout  
Well sealed from land surface to 18 ft.  
Diameter of well bore to bottom of seal 16 in.  
Diameter of well bore below seal 12 in.  
Number of sacks of cement used in well seal 15 sacks  
How was cement grout placed?  
5 gal. water 100 lbs. cement

Was a drive shoe used?  Yes  No Plugs \_\_\_\_\_ Size: location \_\_\_\_\_ ft.  
Did any strata contain unusable water?  Yes  No  
Type of water? \_\_\_\_\_ depth of strata \_\_\_\_\_  
Method of sealing strata off \_\_\_\_\_  
Was well gravel packed?  Yes  No Size of gravel: \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**(10) LOCATION:**

County SALEM, OREGON  
Harney Owner's well number 76-77-8  
NE 1/4 NE 1/4 Section 32 T. 22S R. 33E W.M.  
Bearing and distance from section or subdivision corner \_\_\_\_\_

**(11) WATER LEVEL: Completed well.**

Depth at which water was first found 30 ft.  
Static level 10 ft. below land surface. Date 8/31/77  
Artesian pressure \_\_\_\_\_ lbs. per square inch. Date \_\_\_\_\_

**(12) WELL LOG:**

Diameter of well below casing \_\_\_\_\_ 12 \_\_\_\_\_  
Depth drilled 280 ft. Depth of completed well 280 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Top soil	0	4	
Clay Brown	4	20	
Gravel + Clay	30	35	
Gravel Cemented + Sand	35	43	
Sand + Gravel w/ Clay	43	63	
Gravel heavy Sanded	63	71	
Clay heavy Sanded	71	92	
Gravel	92	96	
Clay Brown Sandy	96	98	
Gravel	98	104	
Sand Black Coarse	104	110	
Clay Green Sandy	110	175	
Clay Green	175	195	
Clay Green Sandy	195	205	
Clay Green	205	225	
Black Sand 1/8 Gravel	225	240	
Clay Green Gray	240	260	
Gravel + Sand	260	270	
Claystone Gray Green Hard	270	280	

Work started Aug. 30 19 77 Completed Dec. 14 19 77  
Date well drilling machine moved off of well Dec. 14 19 77

**Drilling Machine Operator's Certification:**

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.  
[Signed] Bob Scheler Date 12/18, 19 77  
(Drilling Machine Operator)  
Drilling Machine Operator's License No. 918

**Water Well Contractor's Certification:**

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.  
Name Bob Scheler Drilling  
(Person, firm or corporation) (Type or print)  
Address 405 N. Burkhardt Albany, Oregon 97321  
[Signed] Bob Scheler  
(Water Well Contractor)  
Contractor's License No. 610 Date 12/18, 19 77



HARN 227

(109028)

Repl: 134027



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

Application for Well ID Number

RECEIVED BY OWRD

Do not complete if the well already has a Well Identification Number.

JUN 03 2014

I. OWNER INFORMATION

SALEM, OR

Current Owner Name (please print): Bo Thorenfeldt

Mailing Address: 888 Hillsborough Blvd

RECEIVED

City, State, Zip: Hillsborough, CA 94010

Mail Well ID Tag to: [ ] SAME AS ABOVE [x] In Care Of (C/O)

MAY 26 2020

Name & Address: Eric Bauer

City, State, Zip: 40637 Hwy 20 E, Burns, OR 97726

OWRD

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 22S (North / South) Range: 33E (East / West) Section: 32

Tax Lot: 900 County Harney NE 1/4 NE 1/4

GPS Coordinates:

Street Address of Well, City: Hwy 20 (off of), Burns

If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation

Date Well Constructed (or property built): 7/16/12, 12/18/77 Total Well Depth: 600 Casing Diameter: 10"

Owner at time the well was constructed (if known): Lost Springs Ranch

Other Information: HARN 51858, L109028, HARN 227

Tagged at Deepening ORIGINAL

SUBMITTED BY (please print): Denise Montgomery

PHONE: 541-548-5833

EMAIL &/or FAX: neecee@apeands.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

TAG LOST!

For Official Use Only by the Oregon Water Resources Department:

Received Date:

6-3-14

Well Log Number:

HARN 227 + 51858

ORIG / DEEPEN

Well Identification #:

L-109028

Tagged by driller

Last Update: 4/30/14

Well I.D. Number/2

13447 -

Added tag # to orig. log only

WCC





Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

Application for
Well ID Number

RECEIVED

APR 25 2019

OWRD

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Andy Root

Mailing Address: 524 Hwy 20 N

City, State, Zip: Hines, OR 97738

Mail Well ID to: [ ] SAME AS ABOVE [X] In Care Of (C/O)

Name & Address: All Points Engr & Surveying, Inc, PO Box 767

City, State, Zip: Terrebonne, OR 97760

RECEIVED

MAY 26 2020

OWRD

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 22S (North / South) Range: 33E (East / West) Section: 32 NE 1/4 of the NE 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 900 County Harney

GPS Coordinates: 43.6216692 - 118.6731822

Street Address of Well, City: 40637 Hwy 20 E Burns, OR

If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation

Date Well Constructed (or property built): 7/16/12, 12/18/77 Total Well Depth: 600 Casing Diameter: 10"

Owner at time the well was constructed (if known): Lost Springs Ranch Well Report # (if known): HARN 227 & 51858

Other Information: This is for a replacement TAG. TAG L-109028 LOST.

SUBMITTED BY (please print): Denise Montgomery

PHONE: 541-548-5833

EMAIL &/or FAX: neecee@apeands.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

\* replacement tag \*

For Official Use Only by the Oregon Water Resources Department:

Received Date:

4-25-19

Well Report Number:

HARN 227 + HARN 51858
ORIG DEEPEN

Well Identification #:

L-134027

AMENDED 7-18-12

HARN 51858

WELL I.D. LABEL# L

109028 LOST! Repl: L 134027

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

START CARD #

1017105

7/16/2012

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. \_\_\_\_\_

First Name BO Last Name THORENFELDT

Company LOST SPRINGS RANCH

Address 885 HILSBORO BLVD

City HILSBORO State CA Zip 94010

(2) TYPE OF WORK

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

(2a) PRE-ALTERATION

Casing:	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Seal:									

(3) DRILL METHOD

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

(4) PROPOSED USE

Domestic  Irrigation  Community  
 Industrial/ Commercial  Livestock  Dewatering  
 Thermal  Injection  Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION

Special Standard  (Attach copy)

Depth of Completed Well 600.00 ft.

BORE HOLE			SEAL			sacks/ lbs	
Dia	From	To	Material	From	To	Amt	lbs
12	0	275					
10	275	600					

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

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

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

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount \_\_\_\_\_ Actual Amount \_\_\_\_\_

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input 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"/>
<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"/>

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

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

(7) PERFORATIONS/SCREENS

Perforations Method \_\_\_\_\_

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

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

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

Pump  Bailer  Air  Flowing Artesian

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

500		600	

Temperature 58 °F Lab analysis  Yes By \_\_\_\_\_

Water quality concerns?  Yes (describe below) TDS amount

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 22.00 S N/S Range 33.00 E E/W WM  
Sec 32 NE 1/4 of the NE 1/4 Tax Lot 76778  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

HWY 20 EAST  
BURNS, OR. 97720

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+ SWL(ft)
Existing Well / Pre-Alteration	7/12/2012		16
Completed Well	7/16/2012		16

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES

Depth water was first found 35.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
7/16/2012	35	280	500		16

(11) WELL LOG

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

Material	From	To
existing hole	0	275
claystone green	275	600

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MAY 26 2020  
OWRD

Date Started 7/12/2012 Complete 7/16/2012

(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 \_\_\_\_\_

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 7/16/2012

Signed TIMOTHY K RILEY (E-filed)

Contact Info (optional) rileywells@centurytel.net

13447 -





Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

Application for
Well ID Number

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APR 25 2019

OWRD

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Andy Root

RECEIVED

Mailing Address: 524 Hwy 20 N

City, State, Zip: Hines, OR 97738

MAY 26 2020

Mail Well ID to: [ ] SAME AS ABOVE [X] In Care Of (C/O)

OWRD

Name & Address: All Points Engr & Surveying, Inc, PO Box 767

City, State, Zip: Terrebonne, OR 97760

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 22S (North / South) Range: 33E (East / West) Section: 32 NE 1/4 of the NE 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 900 County Harney

GPS Coordinates: 43.6216692 - 118.6731822

Street Address of Well, City: 40637 Hwy 20 E Burns, OR

If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation

Date Well Constructed (or property built): 7/16/12, 12/18/77 Total Well Depth: 600 Casing Diameter: 10"

Owner at time the well was constructed (if known): Lost Springs Ranch Well Report # (if known): HARN 227 & 51858

Other Information: This is for a replacement TAG. TAG L-109028 LOST.

SUBMITTED BY (please print): Denise Montgomery

PHONE: 541-548-5833

EMAIL &/or FAX: neecee@apeands.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

\* replacement tag \*

For Official Use Only by the Oregon Water Resources Department:

Received Date:

4-25-19

Well Report Number:

HARN 227 + HARN 51858
ORIG DEEPEN

Well Identification #:

L-134027



**Revisions Requested**

**HARN 52187**

**HARN 52187**

**STATE OF OREGON  
WATER SUPPLY WELL REPORT**

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

Tag lost!  
WELL LABEL # L 92413 Repl: L 134030

START CARD # 184811

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

**(1) LAND OWNER** Owner Well I.D.  
First Name BO Last Name THORNTON FELDT  
Company \_\_\_\_\_  
Address 8555 Hills Road NW of  
City Hillsboro State CA Zip 94010

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

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

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

**(5) BORE HOLE CONSTRUCTION** Special Standard:  Yes (attach copy)  
Depth of Completed Well 400 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Secs/lbs
1 1/2	0	100	Bentonite	0	100	11000	185

How was seal placed: Method  A  B  C  D  E

Other Powered Dry  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_  
Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

**(6) CASING/LINER**

Csng	Liner	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		14		1	170	250	X			X

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

**(7) PERFORATIONS/SCREENS**

Perforations Method PIAZMA cutter  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf	Scrn	Csng	Liner	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
X	X				100	170	1/8	6"	1000	

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

Pump  Bailer  Air  Flowing Artesian  
Yield gal/min 500+ Drawdown unknown Drill stem/Pump depth 400 Duration (hr) 1

Temperature 58 °F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below)

From	To	Description	Amount	Units

**(9) LOCATION OF WELL (legal description)**  
County HARNEY Twp 225 N or S Range 33 E or W W.M.  
Sec 20 1/4 of the \_\_\_\_\_ 1/4 Tax Lot \_\_\_\_\_  
Tax Map Number 0900 Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Street Address of Well (or nearest address) 40637 Hwy 20E Burns OR 97720

**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				100
Completed Well				100

Flowing Artesian?  Yes Dry Hole?  Yes

WATER BEARING ZONES Depth water was first found \_\_\_\_\_

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
5-3-15	100	350				

**(11) WELL LOG**

Material	From	To
Soil	0	5
Brown CLAY	5	50
Grey CLAY	50	100
Green CLAY w/CLAM	100	275
GRAVEL/sand	275	370
Grey CLAY	370	400

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MAY 20 2015  
SALEM, OR  
RECEIVED  
MAY 26 2020  
OWRD

Date Started \_\_\_\_\_ Completed \_\_\_\_\_

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

License Number \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_

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

License Number 1557 Date 5-13-15

Signed [Signature]  
Contact Info. (optional) \_\_\_\_\_

13447 -





Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

Application for Well ID Number

RECEIVED APR 25 2019 RECEIVED MAY 26 2020 OWRD OWRD

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Andy Root
Mailing Address: 524 Hwy 20 N
City, State, Zip: Hines, OR 97738
Mail Well ID to: [ ] SAME AS ABOVE [X] In Care Of (C/O)
Name & Address: All Points Engr & Surveying, Inc, PO Box 767
City, State, Zip: Terrebonne, OR 97760

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 22S (North / South) Range: 33E (East / West) Section: 20 SW 1/4 of the NE 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 900 County Harney
GPS Coordinates: 43.6485948 - 118.6746046
Street Address of Well, City: 40637 Hwy 20 E Burns, OR
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation
Date Well Constructed (or property built): 5/13/15 Total Well Depth: 400 Casing Diameter: 14"
Owner at time the well was constructed (if known): Bo Thorenfeldt Well Report # (if known): HARN 52187
Other Information: This is for a replacement TAG. TAG L 92413 LOST.

SUBMITTED BY (please print): Denise Montgomery
PHONE: 541-548-5833 EMAIL &/or FAX: neecce@apeands.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

\* Replacement tag \*

For Official Use Only by the Oregon Water Resources Department:
Received Date: 4-25-19 Well Report Number: HARN 52187 Well Identification #: L-134030

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

HARN 52708

WELL I.D. LABEL# L 128165  
START CARD # 1037645  
ORIGINAL LOG #

3/7/2018

(1) LAND OWNER

Owner Well I.D. \_\_\_\_\_  
First Name ANDY Last Name ROOT  
Company ACW  
Address 524 N HWY 20  
City HINES State OR Zip 97738

(2) TYPE OF WORK

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

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrd  
Material From To Amt sacks/lbs  
Seal: \_\_\_\_\_

(3) DRILL METHOD

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

(4) PROPOSED USE

Domestic  Irrigation  Community  
 Industrial/ Commercial  Livestock  Dewatering  
 Thermal  Injection  Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION

Special Standard  (Attach copy)  
Depth of Completed Well 400.00 ft.

BORE HOLE SEAL

Dia	From	To	Material	From	To	Amt	sacks/lbs
20	0	152	Cement	0	122	105	S
14	152	260			Calculated	103	
12	260	400			Calculated		

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

Backfill placed from 122 ft. to 152 ft. Material BENTONITE

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

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount \_\_\_\_\_ Actual Amount \_\_\_\_\_

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	<input checked="" type="checkbox"/>	2	152	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

(7) PERFORATIONS/SCREENS

Perforations Method \_\_\_\_\_

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

Perf/ Screen	Casing/ Liner	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  Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
800		400	2

Temperature 65 °F Lab analysis  Yes By \_\_\_\_\_

Water quality concerns?  Yes (describe below) TDS amount 345 ppm  
From \_\_\_\_\_ To \_\_\_\_\_ Description \_\_\_\_\_ Amount \_\_\_\_\_ Units \_\_\_\_\_

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 22.00 S N/S Range 33.00 E E/W WM  
Sec 31 NE 1/4 of the SE 1/4 Tax Lot 900  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

40637 HWY 20 E BURNS OR 97720

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	2/28/2018		22

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES

Depth water was first found 22.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
2/28/2018	22	400	800		22

(11) WELL LOG

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

Material	From	To
top soil	0	2
brown clay	2	22
sandy grey	22	40
grey clay with gravel	40	46
brown sand and gravel	46	70
brown clay	70	90
black sand and gravel	90	93
grey clay with sand and pumice seams	93	400

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Date Started 2/5/2018 Completed 2/28/2018

(unbonded) Water Well Constructor Certification

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

License Number 1739 Date 3/7/2018

Signed CHARLES FRY (E-filed)

(bonded) Water Well Constructor Certification

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

License Number 1355 Date 3/7/2018

Signed ARTHUR FRY (E-filed)

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







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

HARN 52754  
11/30/2018

WELL I.D. LABEL# L 130100  
START CARD # 1041219  
ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. \_\_\_\_\_  
First Name ANDY Last Name ROOT  
Company ACW  
Address 524 N HWY 20  
City HINES State OR Zip 97738

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

(2a) PRE-ALTERATION  
Casing: Dia + From To Gauge Stl Plstc Wld Thrd  
Seal: Material From To Amt sacks/lbs

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

Dia	From	To	Material	From	To	Amt	lbs
20	0	173	Cement w/1% Bentonite	0	173	175	S
12	173	510			Calculated	175	
					Calculated		

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE  
Proposed Amount \_\_\_\_\_ Actual Amount \_\_\_\_\_

(6) CASING/LINER  
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd  
Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
Temp casing  Yes Dia \_\_\_\_\_ From + \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS  
Perforations Method \_\_\_\_\_  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_  
Perf/ Casing/Screen Screen Liner Dia From To Scrm/slot width Slot length # of slots Tele/pipe size

Perf/Screen	Casing/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  Air  Flowing Artesian  
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
500		510	2

Temperature 60 °F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below) TDS amount 250 ppm  
From To Description Amount Units

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)  
County HARNEY Twp 22.00 S N/S Range 33.00 E E/W WM  
Sec 31 NE 1/4 of the SW 1/4 Tax Lot 900  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address  
40637 HWY 20 E BURNS OR 97720

(10) STATIC WATER LEVEL  
Date \_\_\_\_\_ SWL(psi) \_\_\_\_\_ + SWL(ft) \_\_\_\_\_  
Existing Well / Pre-Alteration \_\_\_\_\_  
Completed Well 11/19/2018 \_\_\_\_\_ 33  
Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 33.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
11/19/2018	33	510	500		33

(11) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To
top soil	0	3
brown clay	3	12
brown sand	12	16
brown clay	16	21
grey clay and sand	21	35
brown clay and sand	35	80
grey pumice	80	102
sand and brown clay	102	110
brown claystone	110	150
brown clay with pumice layers	150	168
black sandstone fractured	168	178
grey claystone fractured	178	510

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Date Started 11/1/2018 Completed 11/19/2018

(unbonded) Water Well Constructor Certification  
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.  
License Number 1739 Date 11/30/2018  
Signed CHARLES FRY (E-filed)

(bonded) Water Well Constructor Certification  
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.  
License Number 1355 Date 11/30/2018  
Signed ARTHUR FRY (E-filed)  
Contact Info (optional) \_\_\_\_\_



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

HARN 52765  
12/19/2018

WELL I.D. LABEL# L 131954  
START CARD # 1041379  
ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. \_\_\_\_\_  
First Name ANDY Last Name ROOT  
Company ACW  
Address 524 N HWY 20  
City HINES State OR Zip 97738

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

(2a) PRE-ALTERATION  
Dia + From To Gauge Stl Plstc Wld Thrd  
Casing: \_\_\_\_\_  
Material From To Amt sacks/lbs  
Seal: \_\_\_\_\_

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

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

(5) BORE HOLE CONSTRUCTION Special Standard  (Attach copy)  
Depth of Completed Well 410.00 ft.

BORE HOLE SEAL sacks/lbs

Dia	From	To	Material	From	To	Amt	lbs
20	0	175	Cement w/5% Bentonite	0	175	153	S
12	175	410			Calculated	150	
					Calculated		

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE  
Proposed Amount \_\_\_\_\_ Actual Amount \_\_\_\_\_

(6) CASING/LINER  
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd  

<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	<input checked="" type="checkbox"/>	2	176	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
Temp casing  Yes Dia \_\_\_\_\_ From + \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS  
Perforations Method \_\_\_\_\_  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_  
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/  
Screen Liner Dia From To width length slots pipe size  

Perf/ Screen	Casing/ Liner	Dia	From	To	width	length	slots	pipe size

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

500		260	2

  
Temperature 65 °F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below) TDS amount 304 ppm  
From To Description Amount Units  

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)  
County HARNEY Twp 22.00 S N/S Range 33.00 E E/W WM  
Sec 31 NW 1/4 of the SW 1/4 Tax Lot 900  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address  
40637 HWY 20 E BURNS OR 97720

(10) STATIC WATER LEVEL  
Date SWL(psi) + SWL(ft)  
Existing Well / Pre-Alteration \_\_\_\_\_  
Completed Well 12/1/2018 \_\_\_\_\_ 33  
Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 33.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
11/19/2018	33	390	500		<input checked="" type="checkbox"/> 33

(11) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To
top soil	0	3
brown clay	3	14
brown sand	14	20
grey clay and sand	20	80
brown clay and sand	80	95
brown pumice	95	147
grey pumice and sand	147	168
grey pumice	168	260
fractured claystone and black sandstone	260	410

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OWRD

Date Started 11/15/2018 Completed 12/2/2018

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

(bonded) Water Well Constructor Certification  
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.  
License Number 1355 Date 12/19/2018  
Signed ARTHUR FRY (E-filed)  
Contact Info (optional) \_\_\_\_\_



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

HARN 52805

7/21/2019

WELL I.D. LABEL# L 133805  
START CARD # 1043473  
ORIGINAL LOG #

(1) LAND OWNER  
Owner Well I.D. \_\_\_\_\_  
First Name ANDY Last Name ROOT  
Company ACW  
Address 524 N HWY 20  
City HINES State OR Zip 97738

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

(2a) PRE-ALTERATION  
Casing: Dia + From To Gauge Stl Plstc Wld Thrd  
Material From To Amt sacks/lbs  
Seal: \_\_\_\_\_

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

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

(5) BORE HOLE CONSTRUCTION Special Standard  (Attach copy)  
Depth of Completed Well 510.00 ft.  
BORE HOLE SEAL  
Dia From To Material From To Amt lbs  
20 0 138 Cement w/5% Bentonite 0 138 105 S  
12 138 510 Calculated 97  
Calculated \_\_\_\_\_

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE  
Proposed Amount \_\_\_\_\_ Actual Amount \_\_\_\_\_

(6) CASING/LINER  
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd  
12 2 138 250  
Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
Temp casing  Yes Dia \_\_\_\_\_ From + \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS  
Perforations Method \_\_\_\_\_  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_  
Perf/ Casing/ Screen Screen Liner Dia From To Scrn/slot width length # of slots Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)  
500 \_\_\_\_\_ 280 2

Temperature 65 °F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below) TDS amount 263 ppm  
From To Description Amount Units

(9) LOCATION OF WELL (legal description)  
County HARNEY Twp 22.00 S N/S Range 33.00 E E/W WM  
Sec 32 SE 1/4 of the SW 1/4 Tax Lot 900  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address  
40637 HWY 20 E BURNS OR 97720

(10) STATIC WATER LEVEL  
Date SWL(psi) + SWL(ft)  
Existing Well / Pre-Alteration \_\_\_\_\_  
Completed Well 7/10/2019 \_\_\_\_\_ 39  
Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 42.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
7/10/2019	42	510	500		39

(11) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To
top soil	0	4
brown sand	4	17
grey clay	17	42
sand and gravel	42	115
brown clay stone fractured	115	255
fractured green clay stone	255	420
broken green clay stone	420	495
fractured green clay stone	495	510

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OWRD

Date Started 6/30/2019 Completed 7/10/2019

(unbonded) Water Well Constructor Certification  
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.  
License Number 1739 Date 7/21/2019  
Signed CHARLES FRY (E-filed)

(bonded) Water Well Constructor Certification  
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.  
License Number 1355 Date 7/21/2019  
Signed ARTHUR FRY (E-filed)  
Contact Info (optional) \_\_\_\_\_

13447 -



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

**HARN 52783**  
**4/23/2019**

WELL I.D. LABEL # L 131965  
 START CARD # 1042279  
 ORIGINAL LOG #

**(1) LAND OWNER** Owner Well I.D. \_\_\_\_\_  
 First Name ANDY Last Name ROOT  
 Company ACW  
 Address 524 N HWY 20  
 City HINES State OR Zip 97738

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

**(2a) PRE-ALTERATION**

Casing	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	16		3	89	250	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Material	From	To	Amt sacks/lbs						
Seal: Other	0	18	4	Sacks					

**(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 505.00 ft.

BORE HOLE			SEAL			Amt	sacks/lbs
Dia	From	To	Material	From	To		
22	0	18	Bentonite Chips	0	18	220	S
16	18	241	Calculated		28		
12	241	505	Cement	18	125	50	S
			Calculated		42		

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_  
 Backfill placed from 125 ft. to 127 ft. Material CEMENTING BASK  
 Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_  
 Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**  
 Proposed Amount \_\_\_\_\_ Actual Amount \_\_\_\_\_

**(6) CASING/LINER**

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12		2	241	250	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

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

**(7) PERFORATIONS/SCREENS**

Perf/Screen	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  Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
750		200	2

Temperature 60 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below) TDS amount 372 ppm  
 From \_\_\_\_\_ To \_\_\_\_\_ Description \_\_\_\_\_ Amount \_\_\_\_\_ Units \_\_\_\_\_

**(9) LOCATION OF WELL (legal description)**  
 County HARNEY Twp 22.00 S N/S Range 33.00 E E/W WM  
 Sec 31 SW 1/4 of the SE 1/4 Tax Lot 900  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address  
40637 HWY 20 E BURNS OR 97720

**(10) STATIC WATER LEVEL**

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	4/2/2019		26
	4/19/2019		26

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 30.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
4/2/2019	30	210	100		26
4/22/2019	210	465	750		26

**(11) WELL LOG** Ground Elevation \_\_\_\_\_

Material	From	To
see log Harn 226	0	210
fractured green claystone with pumice	210	400
burnt green clay	400	465
green clay	465	505

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**MAY 26 2020**  
**OWRD**

Date Started 3/28/2019 Completed 4/22/2019

**(unbonded) Water Well Constructor Certification**  
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.  
 License Number 1739 Date 4/23/2019  
 Signed CHARLES FRY (E-filed)

**(bonded) Water Well Constructor Certification**  
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.  
 License Number 1355 Date 4/23/2019  
 Signed ARTHUR FRY (E-filed)  
 Contact Info (optional) \_\_\_\_\_

**13447 -**



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

HARN 52789  
5/22/2019

WELL I.D. LABEL# L 133802  
START CARD # 1042658  
ORIGINAL LOG #

(1) LAND OWNER  
Owner Well I.D. \_\_\_\_\_  
First Name ANDY Last Name ROOT  
Company ACW  
Address 524 HWY 20 E  
City HINES State OR Zip 97738

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

(2a) PRE-ALTERATION  
Dia + From To Gauge Stl Plstc Wld Thrd  
Casing:            
Material From To Amt sacks/lbs  
Seal: \_\_\_\_\_

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

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

(5) BORE HOLE CONSTRUCTION Special Standard  (Attach copy)  
Depth of Completed Well 510.00 ft.  
BORE HOLE SEAL sacks/lbs  
Dia From To Material From To Amt  
20 0 154 Cement w/5% Bentonite 0 154 140 S  
12 154 510 Calculated 102  
Calculated

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE  
Proposed Amount \_\_\_\_\_ Actual Amount \_\_\_\_\_

(6) CASING/LINER  
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd  
  12  2 154 .250      
Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
Temp casing  Yes Dia \_\_\_\_\_ From + \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS  
Perforations Method \_\_\_\_\_  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_  
Perf/ Casing/ Screen Dia From To Sern/slot Slot # of Tele/  
Screen Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)  
500 \_\_\_\_\_ 200 3  
Temperature 65 °F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below) TDS amount 372 ppm  
From To Description Amount Units

(9) LOCATION OF WELL (legal description)  
County HARNEY Twp 22.00 S N/S Range 33.00 E E/W WM  
Sec 32 SE 1/4 of the SE 1/4 Tax Lot 900  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address  
40637 HWY 20 E BURNS OR 97720

(10) STATIC WATER LEVEL  
Date SWL(psi) + SWL(ft)  
Existing Well / Pre-Alteration \_\_\_\_\_  
Completed Well 5/20/2019 \_\_\_\_\_ 26  
Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 26.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
5/20/2019	26	95	10		26
5/20/2019	215	500	500		26

(11) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To
top soil	0	3
brown sand and gravel	3	95
brown clay and gravel	95	135
green clay with pumice layers	135	155
black clay	155	161
green clay	161	210
fractured grey clay stone with sandstone	210	510

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Date Started 5/7/2019 Completed 5/20/2019

(unbonded) Water Well Constructor Certification  
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.  
License Number 1739 Date 5/22/2019  
Signed CHARLES FRY (E-filed)

(bonded) Water Well Constructor Certification  
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.  
License Number 1355 Date 5/22/2019  
Signed ARTHUR FRY (E-filed)  
Contact Info (optional) \_\_\_\_\_

13447 -





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



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

*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:	Andy Root	Scott D. Montgomery
Address:	524 Hwy 20 N Hines, OR 97738	PO Box 767 Terrebonne, OR 97760
Phone:	541-573-3615	541-548-5833
Fax:		
E-Mail Address:		scott@apeands.com

I understand the following:

- There is a non-refundable application fee of \$ 125.00 per request.
- That upon receipt of my non-refundable application fee of **\$ 125.00**, OWRD will assign my request to the next contractor in the pool of contractors performing expedited services.
- That this fee covers the copying, the mailing cost, as well as the cost for the contractor to evaluate and provide the estimate for processing of the request.
- That OWRD will provide all pertinent information to the assigned contractor within one (1) business day.
- That OWRD will, within fourteen (14) 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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MAY 26 2020  
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I certify that I am the (check one):

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

Name: \_\_\_\_\_

Signature: \_\_\_\_\_



**OWRD USE ONLY: Reimbursement Authority Number: R11260 - 21**