

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.

 ☑ Part 1 – Completed Minimum Requirements Checklist. ☑ Part 2 – Completed Application Map Checklist. 	
Part 2 − Completed Application Map Checklist.	OWRD
	OWND
Part 3 – Application Fee, payable by check to the Oregon Water Resources Depart 3 – Application Fee, page 3. Try the new online fee calculator at: http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator . If you have questions, 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 a List the Permits here: G-11534/T-10240 Please include a separate Part 5 for each permit. (See instructions on page 6)	mended: <u>1</u>
Completed Permit Amendment Application Map (Does not have to be prepared Water Right Examiner).	by a Certified
☐ N/A Request for Assignment Form and statutory fee. The request for assignment for completed if the applicant is not the permit holder of record and needs to be assignermit; or the landowner of the proposed place of use is not the permit holder of needs to be assigned to the permit (the Request for Assignment Form is available https://www.oregon.gov/OWRD/Forms/Pages/default.aspx). Assignment is not applicant is the permit holder of record.	igned to the f record and le online at
☐ N/A Affidavit(s) of Consent are required from all permit holder(s) of record if the pe 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 approx (or signed land use form receipt stub) from each local land use authority in whice diverted, conveyed, and/or used. Not required if water is to be diverted, conveyed only on federal lands or if all of the following apply: a) a change in place of use structural changes, c) the use of water is for irrigation only, and d) the use is local irrigation district or an exclusive farm use zone.	th water is to be ed, and/or used only, b) no
N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) of point(s) of appropriation.	or additional
N/A Geologist Report for a change from a surface water point of diversion to a ground appropriation (well), if the proposed well is more than 500 feet from the surface more than 1000 feet upstream or downstream from the point of diversion. (ORS)	water source and
(For Staff Use Only)	
WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S) Application fee not enclosed/insufficient Map not included or incomplete Land Use Form not enclosed or incomplete Additional signature(s) required Part is incomplete Other/Explanation Staff: 503-986-0 Date: / /):

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

	⊠ N/A	If more than three permits are involved, separate maps for each permit.	JL 0 2 2020
\boxtimes		Permanent quality printed with dark ink on good quality paper.	OWRD
\boxtimes		The size of the map can be $8\frac{1}{2} \times 11$ inches, $8\frac{1}{2} \times 14$ inches, 11 x 17 inches, or up to inches. For 30 x 30 inch maps, one extra copy is required.	
\boxtimes		A north arrow, a legend, and scale.	
\boxtimes		The scale of the map must be: $1 \text{ inch} = 400 \text{ feet}$, $1 \text{ inch} = 1,320 \text{ feet}$, the scale of the assessor map if the scale is not smaller than $1 \text{ inch} = 1,320 \text{ feet}$, or a scale that has b approved by the Department.	-
\boxtimes		Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized publisurvey lines.	c land
\boxtimes		Tax lot boundaries (property lines) are required. Tax lot numbers are recommended	l.
\boxtimes		Major physical features including rivers and creeks showing direction of flow, lakes reservoirs, roads, and railroads.	and
\boxtimes		Major water delivery system features from the point(s) of diversion/appropriation sumain pipelines, canals, and ditches.	ich as
\boxtimes		Existing place of use that includes separate hachuring for each water use permit, pridate, and use including number of acres in each quarter-quarter section, government in each quarter-quarter section as projected within government lots, donation land conther recognized public land survey subdivisions. If less than the entirety of the permit being changed, a separate hachuring is needed for the portion of the permit left unch	lot, or laims, or mit is
	⊠ 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 inclumber of acres in each quarter-quarter section, government lot, or in each quarter-section as projected within government lots, donation land claims, or other recognize public land survey subdivisions.	quarter
		Existing point(s) of diversion or well(s) with distance and bearing or coordinates from recognized survey corner. This information can be found in your water use permit.	om a
\boxtimes	□ N/A	If you are proposing a change in point(s) of diversion or well(s), show the proposed location and label it clearly with distance and bearing or coordinates. If GPS coordinate used, latitude-longitude coordinates may be expressed as either degrees-minutes with at least one digit after the decimal (example – 42°32'15.5") or degrees-decimal five or more digits after the decimal (example – 42.53764°).	nates -seconds

	FEE WORKSHEET for PERMIT AMENDMENT		
1	Base Fee (includes one type of change to one permit for up to 1 cfs)	1	\$1,160
	Types of change proposed:	Ĩ	ECEIVED
	☐ Place of Use		4 9 2020
	\square Point of Diversion/Appropriation Number of above boxes checked = $1 (2a)$	•	JUL 0 2 2020
	Subtract 1 from the number in line $2a = 0$ (2b) If only one change, this will be 0		
	Multiply line 2b by \$930 and enter » » » » » » » » » » » » » » » »		OWRD
2		2	0
	Number of permits included in Permit Amendment 1 (3a)		
3	Subtract 1 from the number in 3a: <u>0 (3b)</u> If only one permit this will be 0 Multiply line 3b by \$520 and enter » » » » » » » » » » » » » »	3	0
	Do you propose to add or change a well, or change from a surface water POD		
	to a well?		
	No: enter 0 » » » » » » » » » » » » » » » » » »		
4	∑ Yes: enter \$410 » » » » » » » » » » » » » » » » » » »	4	410
	Do you propose to change the place of use?		
	No: enter 0 on line 5 » » » » » » » » » » » » » » » » » »		
	Yes: enter the cfs for the portions of the permits to be amended (see example below*): (5a)		}
	Subtract 1.0 from the number in 5a above: (5b)		}
	If 5b is 0, enter 0 on line 5 » » » » » » » » » » » » » » » » » »		
	If 5b is greater than 0, round up to the nearest whole number:(5c)		
5	and multiply 5c by \$350, then enter on line 5 » » » » » » » »	5	0
6_	Add entries on lines 1 through 5 above » » » » » » » » » Subtotal:	6	1570
	Is this permit amendment:		
	necessary to complete a project funded by the Oregon Watershed		
	Enhancement Board (OWEB) under ORS 541.932? — endorsed in writing by ODFW as a change that will result in a net		
	benefit to fish and wildlife habitat?		
	If one or more boxes is checked, multiply line 6 by 0.5 and enter on line 7 »		
7	If no box is applicable, enter 0 on line 7» » » » » » » » » » » » » » » »	7	
8	Subtract line 7 from line 6 » » » » » » » » Permit Amendment Fee:	8	1570

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

Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS	NAME		PHONE NO.	ADDITIONAL CONTACT NO.			
Salmon Valley Water	r Company		503 622-4083				
ADDRESS	•			FAX NO.			
P O BOX 205							
CITY	STATE	ZIP	E-MAIL				
Welches	OR	97067	michael@thesvwc	.com			

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

AGENT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.
Robert Long, CWRE	,		503 954 1326	503 799 0304
ADDRESS				FAX NO.
1319 SE MLK Blvd, S	te 204			
CITY	STATE	ZIP	E-MAIL	
Portland	OR	97214	bob.long@cwmh2	2o.com
BY PROVIDING AN I	E-MAIL ADDRESS,	CONSENT IS G	IVEN TO RECEIVE ALL	CORRESPONDENCE FROM THE
DEPARTMENT ELEC	CTRONICALLY. CO	PIES OF THE	FINAL ORDER DOCUME	ENTS WILL ALSO BE MAILED.

Explain in your own words what you propose to accomplish with this permit amendment; and why:

Move POA 2 approximately 167 feet south to proposed locaiton of drinking water well.

This is a Quasi-Municipal Permit. No change in the place of use, the place of use is included in this application. CLAC-63420 has been modified to meet well construction standards.

Attachments:

1. Modified CLAC-63420 well log

2. Approved Clackamas County LUCS

3. Application Map

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

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

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

If NO, include either:

A completed assignment form (with required statutory assignment fee), assigning all or a portion of the permit to the applicant(s), **OR**

An affidavit of consent from the permit holder(s) of record that gives permission for the applicant to amend the permit.

Has the Completion ("C") Date of the permit(s) in this application expired?

Yes No

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

If NO, what are the completion dates of the permit(s)? October 1, 2030

- 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: No Preference
 I (we) affirm that the information contained in this application is true and accurate.

Applicant Signature

Applicant Signature

Michael Bowman, Manager Print Name (and Title if applicable)

Print Name (and Title if applicable)

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Date

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Check one of the following:			
The applicant is responsible for continue to be sent to the applicant	<u>-</u>	Notices and corresponde	ence should
The permit holder(s) of record final order is issued. Copies of of record.			
Check the appropriate box, if applic	able:		
Check here if any of the permits by an irrigation or other water dis		e or will be located with	iin or served
IRRIGATION DISTRICT NAME NA	ADDRESS		RECEIVED
CITY	STATE	ZIP	JUL 0 2 2020
Check here if water for any of th contract for stored water with a f	ederal agency or other entity		
ENTITY NAME NA	ADDRESS		
CITY	STATE	ZIP	
To meet State Land Use Consistency First city, municipal corporation, or tribal grounded or used. ENTITY NAME Clackamas County CITY Oregon City		risdiction water will be	
ENTITY NAME	ADDRESS		
CITY	STATE	ZIP	
ENTITY NAME	ADDRESS		
CITY	STATE	ZIP	

INSTRUCTIONS for editing the Application Form

To add additional lines to tables within the forms or to copy and paste additional Part 5 pages, please save the application form to your computer. Unlock the document by using one of the following instructions for your Microsoft Word software version:

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Microsoft Word 2003

JUL 0 2 2020

Unlock the document by one of the following:

OWRD

- Using the Tools menu => click Unprotect Document;
 OR
- Using the Forms toolbar => click on the Protect/Unprotect icon.

To relock the document to enable the checkboxes to work, you will need to:

- Using the Tools menu => click Protect Document;
 OR
- Using the Forms toolbar => click on the Protect/Unprotect icon.

Once the application has been unlocked, you may:

- add additional rows to tables using the Table tools, and
- select and copy the pages of Part 5 and paste as many additional sets of Part 5 pages as needed at the end of the application.

After editing, re-lock the document to enable checkboxes to work.

Microsoft Word 2007

- Unlock the document by clicking the **Review** tab, then click **Protect Document**, then click **Stop Protect**
- To relock the document, click Editing Restrictions, then click Allow Only This Type of Editing, select Filling In Forms from the drop-down menu, then check Yes, Start Enforcing Protection.

Microsoft Word 2010

- Unlock the document by clicking the **Review** tab, toggle the **Restrict Editing icon** at the upper right, then click **Stop Protect** at the bottom right. Then uncheck the "Allow only this type of editing in the document: **Filling in forms**" in the "Editing restrictions" section on the right-hand list of options.
- To relock the document, check the **Editing Restrictions/Allow Only This Type of Editing/Filling**In Forms box from the drop-down menu, then check **Yes, Start Enforcing Protection**. You do not need to assign a password for the editing restrictions.

Other Alternatives:

- Photocopy pages or tables in Part 5, mark-through any non-applicable information, insert/attach photocopied pages to document in the appropriate location, and manually amend page numbers as necessary (e.g. Page 5 6 of 9 10).
- You may refer to additional attachments that you may include, such as separately produced tables or spreadsheets to convey large numbers of rows of place of use listings, owner/property parcels, etc. You may contact the Department at 503-986-0900 and ask for Transfer Staff if you have questions.

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

PERMIT # G-11534/T-10240

Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)

	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)	T	wp .	R	ng	Sec	1/4	1/4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
	Well 2		NA	3	S	7	E	5	NW	NE	-	1270 feet South and 1554 Feet West from the NE corner of Section 5
-	FG-7 Well	☐ Authorized ☐ Proposed	CLAC 63420	3	S	7	E	5	sw	NE	-	1390 Feet South and 1500 Feet West of the NE Corner of Section 5
		Authorized Proposed										RECEIVE
	-	☐ Authorized ☐ Proposed								The state of the s		JUL 0 2 20
L	Chack	all type(s) of change(s	nronosod l	hala		hone	· · · · · ·	CODE	S? on		ided in	november of WALDE
	Check	all type(s) of change(s) Place of Use (POU)) proposeu (Deto	w (c	nanş				_		l parentneses);yy¦;∏] l (POA)
		Point of Diversion (F	POD)	,						-		riation (APOA)
		Additional Point of I	•	POD))		Su		water]			nd Water POA
	Will a	ll of the proposed char	iges affect th	ie ei	ıtire	wat	er u	se per	mit?			
	\boxtimes	Yes Complete only "CODES" liste								2 on t	he next	page. Use the
	, .	No Complete all of	Table 2 to d	lescr	ibe t	he p	ortio	n of tl	ne perr	nit to	be chan	ged.
F	or a chang	ge in place of use:										·
	oes the pe	rmit holder of record (Vo	own or cont	rol t	he l a	ınd '	ro v	vhich	the pl	ace of	use is	being moved?
	as a perm	landowner of the land it holder of record by see for an assignment.	FO which the submitting a	com	ce of	use ed R	is be eque	eing n st for	ıoved⊣ Assign	must i	be assig form-ar	gned to the permit and the required
· Is	the propo	osed place of use contig	guous to the	aut	horiz	zed Į	olace	of us	e? 🔲	Yes [] No	·
	unless the for the pur 496.192 or listing age	tted place of use can be change to non-contigue poses of benefiting a sport the federal Endangered ney. Contiguous land buthorized by roads, utilization	ous lands is in ecies listed a l Species Ac eing either a	n fur is se t-of djac	thera nsitir 1973 ent la	nce ve, tl (16 and (of m reat U.S. or lar	nitigati ened, C. 15 nd sep	ion or or or end 31 to 1 arated	eonser angere 544), from	vation of the variation	efforts undertaken r ORS 496.171 to rmined by the I to which a

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

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

Table 2. Description of Changes to Water Use Permit # T-10240

List the change proposed for the acreage in each ¼ ¼. If more than one change is proposed, specify the acreage associated with each change. If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

		isting	that	appe	ars or	the c	ertific NGES	}	lands) RE PROPO will be chan		Proposed Changes (see			Th	e lis	sting		appear		nds) SED CHAN	IGES _
Tw	p _.	Rng	Sec		1/4.	Tax Lot	Gvt Lot or	Acres	POD(s) or POA(s) (name or	Priority Date	"CODES" from previous page)	Т	wp	R	ng ·	Sec	1/4 1/4	Tax Lot	Acres (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date
											EXAMP	LĘ	w.W.	() () () () ()			S. C. Luch.		A CONTRACTOR OF THE CASE		
											POA	2	Ţ	7	E		NE SE			FG-7	2/21/1992
											66	"	66	"	66	32	NW SE			66	66
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		T							POA	2	s	7	E	4	NE NW	FG-7	2/21/1992
			-						. "	"	"		"		NW NW		66
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			,						66	"	"	66	66	4	SW NW	"	66
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									66	66	66	"	"	4	NE SW	66	66
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									" .	66	"	66	66	4	sw sw	66	66
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	-								66	66	"	"	"	5	NW SE	66	"
									"	66	"	"	66	5	SW SE	66	66
									66	66	"	"	66	5	SE SE	46	46
			1						"	66	"	"	"	9	NE NW	66	46
			1						66	66	"	66	"	9	NW · NW	66	66
			TC	TAL	ACRI	ES							•		TOTAL ACRES		

Additional	remarks:	_
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Revised 2/11/2019

Permit Amendment Application - Page 10 of 11

TACS

Permit # G-11534

		ther water rights certificates, water use permits or ground water registrations associated om" or "to" lands? 🖂 Yes 🔲 No
IfY	ES, lis	st the other certificate, permit, or ground water registration numbers:
land to a	for ir	nit(s) are for irrigation or supplemental irrigation use, other water rights existing on the same rigation that are subject to transfer must either change concurrently or be cancelled. Any change right certificate or ground water registration must be filed separately in a water right transfer or ground water registration application, respectively.
For a	chang	ge in point(s) of appropriation (well(s)) or additional point(s) of appropriation:
	asso map	log(s) are attached for each authorized and proposed well(s) that are clearly labeled and ciated with the corresponding well(s) in Table 1 above and on the accompanying application. (Tip : You may search for well logs on the Department's web page at: //apps.wrd.state.or.us/apps/gw/well_log/Default.aspx)
ANI	D/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 <i>proposed wells not yet constructed or built</i> , 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.

Number FG-7 Well	No) Yes	CLAC 63420	192 Feet	8-inch	+2 to 152 Feet	0 to 139 Feet	152 to 192	(in feet) 58 feet bgs	Gravel	water right 0.557 CFS
Proposed or Authorized POA Name or	Is well already built? (Yes or	If an existing well, OWRD Well ID Tag	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well	Source aquifer (sand, gravel, basalt, etc.)	Well - specific rate (cfs or gpm). <u>If</u> less than full rate of

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Oregon Water Resources Department Start Card Data

Well Constructor: 1720 JACK ABBAS; ABBAS WELL DRILLING CO

Main Return Help

Contact Us

Online	Start	Card	Form
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tart Car	d Number: 1046084				
Clumer info				•	
011,101 11110	ormation				•
Company	SALMON VALLEY WATER (20			
First Name		Last Name	SMITH		
	68010 E FAIRWAY AVE	,			
Street2			The termination of the terminati		
	WELCHES	State	Oregon	ज	l Zip <u>97067</u>
ome Phone		Work Phone	[Uluguii		Zib <u>611007</u>
Email		1			
Type of Wo	ork				annual.
	Fee Required: Mew		N	o Eoo Boguízor	t.
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	☐ Conversion	,			☐ Abandonment
	☐ Deepening				
Original	Start Card Nbr.:		Original	Well Label Nbr:	L
Construction	on				
Commen	Proposed 1/7/2020 cement Date	E Proposed	xisting/ Or 216		Diameter (in) 12
Jse					
Domestic	☑ Community	□Industr	rial/Commercial	r	
			nar Commercial	III Irrigation	
Thermal	☐ Injection	Livesto	•	Other:	
			ock	=	
Monitoring		Livesto	ock	=	
Monitoring	g ☐ Piezometer	☐ Livesto	ock ering	Other:	
Monitoring roposed V	□ Piezometer Vell Location Street add	☐ Livesto	ock	Other:	
Monitoring roposed V me as abo	g ☐ Piezometer	☐ Livesto	ock ering	Other:	
Monitoring roposed V me as abo	Piezometer Vell Location Street add ve? Use Above Address COURDE FAIRWY AVE	☐ Livesto	ock ering if not assigned,	Other:	ss:
Monitoring roposed V me as abo	☐ Piezometer Vell Location Street add ve? Use Above Address	☐ Livesto	ock ering if not assigned,	Other:	ss:
Monitoring roposed V me as abo	Piezometer Vell Location Street add ve? Use Above Address COURDE FAIRWY AVE	☐ Livesto ☐ Dewate Iress of well,	ock ering if not assigned,	Other:	ss:
Monitoring roposed V me as abo FF GOLF C o: You may	Piezometer Vell Location Street add ve? Use Above Address COURDE FARWY AVE copy/paste the address into the	Livesto	ock ering If not assigned, ss or place' in the i	Other:	ss:
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RECEIVED

JUL 0 2 2020

STATE OF OREGON WATER SUPPLY WELL REPORT		VELL I.D. LABEL# L 136761			
		START CARD # 1046084			
(as required by ORS 537.765 & OAR 690-205-0210)	1/28/	/2020 ORIGINAL LOG # CLACKAMAS 63420			
(1) LAND OWNER Owner Well I.D. First Name TIM Last Name SMITH					
		(9) LOCATION OF WELL (legal description)			
Company SALMON VALLEY WATER CO		County CLACKAMAS Twp 3.00 S N/S Range 7.00 E E/W WM			
Address 68010 E FAIRWAY AVE City WELCHES State OR Zip 97067	Sec 5 SW 1/4 of the NE 1/4 Tax Lot 5700				
(2) TYPE OF WORK New Well Deepening Conve	Tax Map Number Lot Lat ° ' " or DMS or DD				
X Alteration (complete 2a & 10) Abandonment(com	Lat ° ' " or DMS or DD				
(2a) PRE-ALTERATION	Louis or Bind of 22				
Casing: To Gauge Sti Pistc Wid Thrd	Street address of well OFF GOLF COURDE FAIRWY AVE				
Material From To Amt sacks/lbs					
Seal:		(10) STATIC WATER LEVEL			
		Date SWL(psi) + SWL(ft)			
Reverse Rotary Other		Existing Well / Pre-Alteration 1/6/2020 58			
		Completed Well 1/20/2020 58			
(4) PROPOSED USE Domestic Irrigation Community		Flowing Artesian? Dry Hole?			
Industrial/ Commericial Livestock Dewatering		WATER BEARING ZONES Depth water was first found			
Thermal Injection Other		SWL Date From To Est Flow SWL(psi) + SWL(ft)			
(5) BORE HOLE CONSTRUCTION Special Standard (A	ttach copy)	1/6/2020 9 54 30 9			
Depth of Completed Well 192.00 ft.		1/6/2020 54 75 10 16			
BORE HOLE SEAL	sacks/	1/7/2020 75 114 35 27			
Dia From To Material From To An		1/8/2020 153 192 250 58			
	20 S				
	·0 0				
Calculated 1		(11) WELL LOG Ground Elevation			
How was seal placed: Method A B XC D	Material From To				
Other POURED DRY					
Backfill placed from ft. to ft. Material					
Filter pack from 139 ft. to 192 ft. Material SAND Size 10	/20				
Explosives used: Yes Type Amount					
(5a) ABANDONMENT USING UNHYDRATED BENTONIT	RECEIVED				
Proposed Amount Actual Amount	INLULIVED				
(6) CASING/LINER					
Casing Liner Dia + From To Gauge Stl Plstc W	JUL 0 2 2020				
8 2 1.5 152 250 0 0	¥ 📙				
	$\dashv \vdash \vdash \vdash \vdash$				
	┥┝╣	OWRD			
	7 H I				
Shoe Inside Outside Other Location of shoe(s)	_				
Temp casing Yes Dia 12 From + 1 To 192					
(7) PERFORATIONS/SCREENS					
Perforations Method					
Screens Type ROSCOE MOSS Material WIRE WRA		Date Started 1/6/2020 Completed 1/20/2020			
Perf/ Casing/ Screen Scrn/slot Slot # of	Tele/	(unbonded) Water Well Constructor Certification			
Screen Liner Dia From To width length slots Screen Casing 8 152 192 .01	pipe size	I certify that the work I performed on the construction, deepening, alteration, or			
Scient Casing 8 132 192 .01		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.			
	L	License Number 1852 Date 1/28/2020			
(8) WELL TESTS: Minimum testing time is 1 hour		Signed JEB ABBAS (E-filed)			
Pump Bailer Air Flowing Art	esian	- VANO TIBOTIO (D TITOS)			
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	<u> </u>	(bonded) Water Well Constructor Certification			
250 192 2		I accept responsibility for the construction, deepening, alteration, or abandonment			
274.9 137.7 147 28	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				
Towards 40 OF Laboratoria Two Dr.		construction standards. This report is true to the best of my knowledge and belief.			
Temperature 49 °F Lab analysis Yes By Water quality concerns? Yes (describe below) TDS amount 297	ppm	License Number 1720 Date 1/28/2020			
Water quality concerns? Yes (describe below) TDS amount 297 From To Description Amount	1,20/2020				
		Signed JACK ABBAS (E-filed)			
		Contact Info (optional) JACK ABBAS			
	, ,				

Amount Units

Est Flow SWL(psi) + SWL(ft)

From

То



July 1, 2020

Project No. 1811002 RECEIVED

JUL 0 2 2020

OWRD

Dwight French **Oregon Water Resources Department** 725 Summer Street NE, Suite A Salem, OR 97301

RE: SALMON VALLEY WATER COMPANY PERMIT G-11534/T-10240

Dear Mr. French:

It has been some time since we met last year to discuss options for a permitting a limited license and additional groundwater development for Salmon Valley Water Company (SVWC). As you may recall we discussed, among other things, options for clarifying the location of the new well (Well FG-7) under T-10240. The new well is approximately 167 feet from the permitted point of appropriation. Please find enclosed an Application for Permit Amendment to move a point of appropriation on Permit G-11534/T-10240 approximately 167 feet to accommodate the adjusted location of Test Production Well FG-7.

Thank you for working with SVWC to find solutions for their customers. It is much appreciated. If you have any questions, please contact the undersigned at 503-954-1326 or Mr. Long's cell phone at (503) 799-0304.

Sincerely,

CwM H2O, L.L.C.

Robert Long, RG, LHG, CWRE **Principal Consultant**

Attachments:

1) Application for Permit Amendment and Check # 1334

2)Transfer Reimbursable Authority Estimate Application and Check # 1335.