



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.OWRD
- Part 2 – Completed Application Map Checklist.
- Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the new online fee calculator at: http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator. If you have questions, call Customer Service at (503) 986-0801.
- Part 4 – Completed Applicant Information and Signature.
- Part 5 – Information about Permits to be Amended: **Number of permits to be amended: One**
List the Permits here: G-15301
 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: ____/____/____

Part 2 of 5 – Permit Amendment Map Checklist

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

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

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

Part 3 of 5 – Fee Worksheet

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

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

1. For irrigation calculate cfs for each permit involved as follows:
 - a. Divide total authorized cfs by total acres in the permit (*for S-12345, 1.25 cfs ÷ 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 Denise Kryger			PHONE NO. 206-786-2038	ADDITIONAL CONTACT NO.
ADDRESS 59315 Highway 78				FAX NO.
CITY Burns	STATE OR	ZIP 97720	E-MAIL	
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.				

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

AGENT/BUSINESS NAME John A. Short / Water Right Services, LLC			PHONE NO. 541-389-2837	ADDITIONAL CONTACT NO.
ADDRESS P.O. Box 1830				FAX NO.
CITY Bend	STATE OR	ZIP 97709	E-MAIL johnshort@usa.com	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.				

Explain in your own words what you propose to accomplish with this permit amendment; and why:
Change locations of 3 authorized wells & Add two new wells.
 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)

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Is the applicant the permit holder of record? Yes No

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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.

QWRD

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 01, 2025.**

- 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 Times-Herald.**



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

Daniel R Kryger
Applicant Signature

Daniel R Kryger
Print Name (and Title if applicable)

7-10-2020 owner
Date

[Signature]
Applicant Signature

Denise Kryger
Print Name (and Title if applicable)

7-10-20
Date

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Check one of the following:

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

Check the appropriate box, if applicable:

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

IRRIGATION DISTRICT NAME N/A	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 N/A	ADDRESS	
CITY	STATE	ZIP



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

ENTITY NAME Harney County Planning Department	ADDRESS 360 N. Alvord	
CITY Burns	STATE OR	ZIP 97720

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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Part 5 of 5 – Water Use Permit Information

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

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PERMIT # G-15301

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

POD/POA Name or Number	Is this POD/POA Authorized by the permit or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-)	Twp		Rng		Sec	¼ ¼		Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Well 1A	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		24	S	33	E	34	NE	SW	8900	2030' N, 1900' E of SW ¼ Cor S34
Well 2A	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		24	S	33	E	34	NE	SW	8900	1750' N, 2100' E of SW ¼ Cor S34
Well 3A	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		24	S	33	E	34	NE	SW	8900	1750' N, 1720' E of SW ¼ Cor S34
Well 1P	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	L-95128	24	S	33	E	34	NE	SW	8900	490' S, 2350' E of W ¼ Cor S34
Well 2P	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 1044	24	S	33	E	34	NE	SW	8900	500' S, 2660' E of W ¼ Cor S34
Well 3P	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	L-109048	24	S	33	E	34	NE	SW	8900	590' S, 2660' E of W ¼ Cor S34
Well 4	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	L-123039	24	S	33	E	34	NE	SW	8900	620' S, 2060' E of W ¼ Cor S34
Well 5	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	L-123037	24	S	33	E	34	NE	SW	8900	730' S, 2180' E of W ¼ Cor S34

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

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

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 N/A

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 N/A

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

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

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

Table 2. Description of Changes to Water Use Permit # G-15301

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.

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.										Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.												
Twp	Rng	Sec	¼	¼	Tax Lot	Gvt Lot or DLC	Acre (if applicable)	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp	Rng	Sec	¼	¼	Tax Lot	Gvt Lot or DLC	Acre (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date			
EXAMPLE																							
2	S	9	E	15	NE	NW	100		15.0	POD #1 POD #2	POU/POD	2	S	9	E	15	NW	NW	100	1	10.0	POD #5	
"	"	"	"	"	"	"	"	"	EXAMPLE	"	"	2	S	9	E	15	SW	NW	200		5.0	POD #6	
											POA, APOA	24	S	33	E	34	NE	SW	8900		N/A	Wells 1P,2P,3P, 4 & 5	2002
TOTAL ACRES											TOTAL ACRES										N/A		


Additional remarks: **The permit does not indicate acres, but does indicate the POU location being the NE ¼ SW ¼ of Sec 34, T24S R33E, WM.**

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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: N/A

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

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

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

AND/OR

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

Table 3. Construction of Point(s) of Appropriation

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

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

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WATER WELL REPORT
STATE OF OREGON

HARN 1043 JUN 6 1984

State Well No. 245/33E-34db

WATER RESOURCES DEPT
SALEM, OREGON

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Harn 1043

(1) OWNER:

Name J. Blackburn
Address _____
City BURNS State Ore

(2) TYPE OF WORK (check):

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

(3) TYPE OF WELL:

Rotary Air Driven
Rotary Mud Dug
 Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other
Thermal: Withdrawal ReInjection

(5) CASING INSTALLED:

Steel Threaded Plastic Welded
8" Diam. from +3 ft. to -105 ft. Gauge 250

LINER INSTALLED: 10

(6) PERFORATIONS:

Perforated? Yes No
Type of perforator used _____
Size of perforations in. by in.
perforations from ft. to 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?
gal/min. with ft. drawdown after hrs.
Air test gal/min. with drill stem at ft. hrs.
Bailer test 25 gal/min. with 5 ft. drawdown after 1 hrs.
Artesian flow g.p.m.
perature of water 180° Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Special standards: Yes No
Well seal—Material used CEMENT
Well sealed from land surface to 20 ft.
Diameter of well bore to bottom of seal 12 in.
Diameter of well bore below seal 8 in.
Number of sacks of cement used in well seal 15 sacks
How was cement grout placed? pumped
Was pump installed? No Type _____ HP _____ Depth _____ ft.
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 OF WELL:

County HARNEY Driller's well number _____
N.W. 1/4 S.E. 1/4 Section 34 T. 245 R. 33 E. OWED
Tax Lot # _____ Lot _____ Blk _____ Subdivision _____
Address at well location: 25 mi. E of Burns, 300' N. of hwy 78

(11) WATER LEVEL: Completed well.

Depth at which water was first found 21 ft.
Static level 3' ft. below land surface. Date 5/3/84
Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing 8"
Depth drilled 250 ft. Depth of completed well 250 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
Soil	0	10	0
clay, yellow	10	15	0
clay, blue	15	20	0
Rock, black	20	22	15
clay, blue	22	50	20
Rock, broken	50	75	20
clay, blue	75	95	15
Rock, blue + grey	95	105	10
pumice, white with green clay	105	165	6
clay, brown	165	190	6
Rock, hard	190	192	5
clay, blue w/ small gravel	192	205	5
clay, grey	205	215	5
Rock, hard	215	218	4
Claystone, blue	218	250	3

Work started 4/10 1984 Completed 5/3 1984
Date well drilling machine moved off of well 5/3 1984

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] Harold Woodruff Date 5/15, 1984
(Drilling Machine Operator)
Drilling Machine Operator's License No. 1254

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 H.P. Woodruff Drilling
(Person, firm or corporation) (Type or print)
Address Box 1043 Burns, Ore 97720
[Signed] Harold Woodruff
(Water Well Contractor)
Contractor's License No. 1254 Date 5/15, 1984

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.

SP*12658-690

HARN 1043

For Official Use Only by The Oregon Water Resources Department:

Received Date: _____

County Well Log ID #

Well Identification Tag #

HARN 1043

L 9512B

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APPLICATION FOR WELL IDENTIFICATION TAG

AUG 11 2010

WATER RESOURCES DEPT
SALEM, OREGON

LANDOWNER INFORMATION

Name: DENNISE KRYGER

Mailing Address: 59315 Hwy 78

City: BURNS

State: OREGON

Zip: 97720

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Return Well Tag to (if different than mailing address): _____

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WELL LOCATION INFORMATION

County: Harney Township: 24 North or South (circle one) Range: 33 East or West (circle one)

Section: 34 NW 1/4 SE 1/4 Tax Lot #: _____

Street Address of Well (if different than mailing address): CRYSTAL CRANE HOT SPRINGS
59315 Highway 78 BURNS, OREGON 97720

WELL INFORMATION (Do Not Complete If Well Report is Attached)

Type of Well (i.e. domestic, irrigation, etc): _____ Date Well Constructed: _____

Well Constructor/Company: _____

Well Depth (in feet): _____ Diameter of Well Casing (in inches): _____

Landowner Who Had Well Constructed or Previous Owner at the Time Well was Constructed (if known): _____

Other Information: _____

Return to: Oregon Water Resources Department, Janet Halladey, 725 Summer St. NE, Suite A, Salem, OR 97301-1271, (503) 986-0854 or fax to 503-986-0902

App for tag

STATE ENGINEER
Salem, Oregon

Well Record

STATE WELL NO. 24/33-34L(1)
COUNTY Harney
APPLICATION NO. _____

Harney 1044

OWNER: Unknown MAILING ADDRESS: _____

LOCATION OF WELL: Owner's No. _____ CITY AND STATE: _____

NE 1/4 SW 1/4 Sec. 34 T. 24 S., R. 33 W, W.M.

Bearing and distance from section or subdivision corner _____

Altitude at well 4119 ft.

TYPE OF WELL: _____ Date Constructed _____

Depth drilled 21 ft. Depth cased _____

CASING RECORD: 6 x 6 ft.

Section _____

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FINISH: _____

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AQUIFERS: _____

WATER LEVEL: 19.7 to 18.8 ft.

PUMPING EQUIPMENT: Type _____ H.P. _____
Capacity _____ G.P.M.

WELL TESTS:
Drawdown _____ ft. after _____ hours _____ G.P.M.
Drawdown _____ ft. after _____ hours _____ G.P.M.

USE OF WATER None Temp. _____ °F. _____, 19.

SOURCE OF INFORMATION Well "206, W.S.P. 841"

DRILLER or DIGGER _____

ADDITIONAL DATA:
Log _____ Water Level Measurements _____ Chemical Analysis X Aquifer Test _____

REMARKS: _____

STATE ENGINEER
Salem, Oregon

State Well No. 24/33-3411

County Harney

Application No. _____

Chemical Analysis

OWNER Unknown OWNER'S NO. _____

ANALYST USGS Address _____

Date of Collection May 11, 1932

Point of Collection _____

	P.P.M.	E.P.M.
Silica (SiO ₂)		
Iron (Fe) Total		
Manganese (Mn)		
Calcium (Ca)	15.	RECEIVED
Magnesium (Mg)	5.2	JUL 13 2020
Sodium (Na)	3 429.	OWRD
Potassium (K)		
Bicarbonate (HCO ₃)	531.	
Carbonate (CO ₃)	16.	
Sulfate (SO ₄)	347.	
Chloride (Cl)	119.	
Fluoride (F)		
Nitrate (NO ₃)		
Boron (B)		
Dissolved Solids	1,193.	
Hardness as CaCO ₃	59.	
Specific Conductance (Micromhos at 25°C)		
pH		
Percent Sodium		
Sodium Absorption Ratio (S.A.R.)		
CLASS		

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

HARN 52548

WELL I.D. LABEL# L 123037
START CARD # 1031798
ORIGINAL LOG #

9/20/2016

(1) LAND OWNER Owner Well I.D. _____
First Name DAN Last Name KRYGER
Company CRYSTAL CRANE HOT SPRINGS
Address 59315 HWY 78
City CRANE State OR Zip 97732

(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 260.00 ft.
BORE HOLE SEAL
Dia From To Material From To Amt sacks/lbs
14 0 60 Bentonite Chips 0 2 2 S
10 60 240 Calculated 1.36
8 240 260 Cement 2 60 28 S
Calculated 23.12

How was seal placed: Method A B C D E
 Other BENT CHIPS FROM SU
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
 10 1.5 68 .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 Scrn/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)
50 _____ 250 2
Temperature 140 °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 24.00 S N/S Range 33.00 E E/W WM
Sec 34 NE 1/4 of the SW 1/4 Tax Lot 8900
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
SAME AS ABOVE

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 9/1/2016 _____ 32
Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found 36.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
8/18/2016 35 36 5 36
8/19/2016 48 55 10 32
8/30/2016 70 260 50 32

(11) WELL LOG Ground Elevation _____
Material From To
gravel RECEIVED 0 1
clay brown 1 9
clay blue 9 36
clay grey JUL 13 2020 36 41
clay with fine sand 41 48
gravel and sand 48 55
clay grey OWRD 55 70
cemented sand with some gravel 70 78
clay lt. blue hard fractured 78 98
clay red with cemented sand 98 112
clay blue with cemented sand 112 168
clay red fractured 168 187
sand cemented green 187 196
clay green fractured 196 225
clay grey with pumice, sticky 225 260

Date Started 8/17/2016 Completed 9/1/2016

(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 1899 Date 9/20/2016
Signed SAMP KINGREY (E-filed)
Contact Info (optional) _____

