

# Application for Permanent Water Right Transfer

## Part 1 of 5 – Minimum Requirements Checklist

**This transfer 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 Transfer 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 Water Rights to be Transferred: **How many water rights are to be transferred? 1 List them here: C-95221**  
Please include a separate Part 5 for each water right. (See instructions on page 6)

**Attachments:**

- Completed Transfer Application Map.
- Completed Evidence of Use Affidavit and supporting documentation.
- N/A Affidavit(s) of Consent from Landowner(s) (if the applicant does not own the land the water right is on.)
- N/A Supplemental Form D – For water rights served by or issued in the name of an irrigation district. Complete when the transfer applicant is not the irrigation district.
- 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’ from the surface water source and more than 1000’ upstream or downstream from the point of diversion. See OAR 690-380-2130 for requirements and applicability.

(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"/> Evidence of Use Form not enclosed or incomplete
<input type="checkbox"/> Additional signature(s) required	<input type="checkbox"/> Part _____ is incomplete

Other/Explanation \_\_\_\_\_

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

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Part 2 of 5 – Transfer Application Map

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

Please be sure that the transfer application map you submit includes all the required items and matches the existing water right map. Check all boxes that apply.

- N/A Certified Water Right Examiner (CWRE) Stamp and Original Signature. For a list of CWREs, see [http://apps.wrd.state.or.us/apps/wr/cwre\\_license\\_view/](http://apps.wrd.state.or.us/apps/wr/cwre_license_view/). CWRE stamp and signature are not required for substitutions.
- N/A If **more than three** water rights are involved, separate maps are needed for each water right.
- 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 Final Proof/Claim of Beneficial Use Map (the map used when the permit was certificated), 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 right, 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 water right is being changed, a separate hachuring is needed for lands left unchanged.
- N/A Proposed place of use that includes separate hachuring for each water right, 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 right certificate or permit.
- N/A If you are proposing a change in point(s) of diversion or well(s), show the proposed location and label it clearly with distance and bearing or coordinates. If GPS coordinates are used, latitude-longitude coordinates may be expressed as either degrees-minutes-seconds with at least one digit after the decimal (example – 42°32’15.5”) or degrees-decimal with five or more digits after the decimal (example – 42.53764°).

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**Part 3 of 5 – Fee Worksheet**

FEE WORKSHEET for PERMANENT TRANSFER (except Substitution)			
1	Base Fee (includes one type of change to one water right for up to 1 cfs)	1	\$1,160
2	Types of change proposed: <input type="checkbox"/> Place of Use <input type="checkbox"/> Character of Use <input checked="" type="checkbox"/> Point of Diversion/Appropriation Number of above boxes checked = <u>1 (2a)</u> Subtract 1 from the number in line 2a = <u>0 (2b)</u> <i>If only one change, this will be 0</i>	2	0
3	Number of water rights included in transfer <u>1 (3a)</u> Subtract 1 from the number in 3a above: <u>0 (3b)</u> <i>If only one water right 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 or character of use? <input checked="" type="checkbox"/> No: enter 0 on line 5 » <input type="checkbox"/> Yes: enter the cfs for the portions of the rights to be transferred (see example below*): _____ (5a) Subtract 1.0 from the number in 5a above: _____ (5b) If 5b is 0 or less, 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	\$1570
7	Is this transfer: <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>Transfer Fee:</b>	8	<b>\$1570</b>

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

- For irrigation calculate cfs for each water right involved as follows:
  - Divide total authorized cfs by total acres in the water right (for C12345,  $1.25 \text{ cfs} \div 100 \text{ ac}$ ); then multiply by the number of acres to be transferred to get the transfer cfs ( $\times 45 \text{ ac} = 0.56 \text{ cfs}$ ).
  - If the water right certificate 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 C87654,  $45.0 \text{ ac} \times 0.0125 \text{ cfs/ac} = 0.56 \text{ cfs}$ )
- Add cfs for the portions of water rights on all the land included in the transfer; however **do not count cfs for supplemental rights on acreage for which you have already calculated the cfs fee for the primary right on the same land.** The fee should be assessed only once for each "on the ground" acre included in the transfer. (In this example, blank 5a would be only 0.56 cfs, since both rights serve the same 45.0 acres. Blank 5b would be 0 and Line 5 would then also become 0).

FEE WORKSHEET for SUBSTITUTION			
1	Base Fee (includes change to one well)	1	\$840.00
2	Number of wells included in substitution _____ (2a) Subtract 1 from the number in 2a above: _____ (2b) <i>If only one well this will be 0</i> Multiply line 2b by \$410 and enter » » » » » » » » » » » » » » » »	2	
3	Add entries on lines 1 through 2 above » » » » » » <b>Fee for Substitution:</b>		<b>13550</b>

# Part 4 of 5 – Applicant Information and Signature

## Applicant Information

APPLICANT/BUSINESS NAME <b>Jesse &amp; Tanya Van De Stroet</b>			PHONE NO. <b>605-310-6292</b>	ADDITIONAL CONTACT NO. <b>605-268-4343</b>
ADDRESS <b>1524 290<sup>th</sup> St</b>				FAX NO.
CITY <b>Inwood</b>	STATE <b>IA</b>	ZIP <b>51240</b>	E-MAIL <b>Inwoodfeeders@gmail.com</b>	
<b>BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.</b>				

**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 transfer application, and why:  
Add new wells to existing water right.

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

### Check One Box

- By signing this application, I understand that, upon receipt of the draft preliminary determination and prior to Department approval of the transfer, I will be required to provide landownership information and evidence that I am authorized to pursue the transfer as identified in OAR 690-380-4010(5); **OR**
- I affirm the applicant is a municipality as defined in ORS 540.510(3)(b) and that the right is in the name of the municipality or a predecessor; **OR**
- I affirm the applicant is an entity with the authority to condemn property and is acquiring by condemnation the property to which the water right proposed for transfer is appurtenant and have supporting documentation.

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

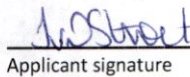
- Prior to Department approval of the transfer application, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the water right is located, once per week for two consecutive weeks. If more than one qualifying newspaper is available, I suggest publishing the notice in the following newspaper: Burns Herald.
- Amendments to the application may only be made in response to the Department's Draft Preliminary Determination (DPD). The applicant will have a period of at least 30 days to amend the application to address any issues identified by the Department in the DPD, or to withdraw the application. Note that amendments may be subject to additional fees, pursuant to ORS 536.050.
- Failure to complete an approved change in place of use and/or change in character of use, will result in loss of the water right (OAR 690-380-6010).

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

  
Applicant signature

**Jesse Van De Stroet**  
Print Name (and Title if applicable)

10-8-20  
Date

  
Applicant signature

**Tanya Van De Stroet**  
Print Name (and Title if applicable)

10.8.20  
Date

Is the applicant the sole owner of the land on which the water right, or portion thereof, proposed for transfer is located?  Yes  No *If NO, include signatures of all deeded landowners (and mailing and/or e-mail addresses if different than the applicant's) or attach affidavits of consent (and mailing and/or e-mail addresses) from all landowners or individuals/entities to which the water right(s) were conveyed.*

Check the following boxes that apply:

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

At this time, are the lands in this transfer application in the process of being sold?  Yes  No

If YES, and you know who the new landowner will be, please complete the receiving landowner information table below. If you do not know who the new landowner will be, then a request for assignment will have to be filed for at a later date.

If a property sells, the certificated water right(s) located on the land belong to the new owner, unless a sale agreement or other document states otherwise. For more information see: [https://www.oregon.gov/owrd/WRDFormsPDF/Transfer\\_Property\\_Transactions.pdf](https://www.oregon.gov/owrd/WRDFormsPDF/Transfer_Property_Transactions.pdf)

RECEIVING LANDOWNER NAME <b>NA</b>		PHONE NO.	ADDITIONAL CONTACT NO.	
ADDRESS			FAX NO.	
CITY	STATE	ZIP	E-MAIL	

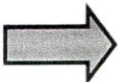
Describe any special ownership circumstances here: \_\_\_\_\_

- Check here if any of the water rights proposed for transfer are or will be located within or served by an irrigation or other water district. (**Tip: Complete and attach Supplemental Form D.**)

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

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

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



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

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

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## Part 5 of 5 – Water Right Information

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

**CERTIFICATE # 95221**

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### Description of Water Delivery System

**NOV 16 2020**

System capacity: **1.78** cubic feet per second (cfs) **OR**  
 \_\_\_\_\_ gallons per minute (gpm)

**OWRD**

Describe the current water delivery system or the system that was in place at some time within the last five years. Include information on the pumps, canals, pipelines, and sprinklers used to divert, convey, and apply the water at the authorized place of use. **Water is pumped from POAs T5 & T6 & conveyed to two center pivot sprinklers that irrigate the POU**

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

(Note: If the POD/POA name is not specified on the certificate, assign it a name or number here.)

POD/POA Name or Number	Is this POD/POA Authorized on the Certificate or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-___)	Tw	Rng	Sec	¼	¼	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
T1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 52215	24	S	32.5	E	29	NE NE	8301 1335' N & 1395' E from C ¼ cor, Sec 29
T2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 51944/52119	24	S	32.5	E	28	SE NW	8301 1355' S & 1400' E from NW cor, Sec 28
T3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 52456	24	S	32.5	E	21	SE SE	500 50' N & 160' W from SE cor, Sec 21
T4	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 52624	24	S	32.5	E	29	NE SE	8301 410' S & 2490' E from C ¼ cor, Sec 29
T5	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 50789	24	S	32.5	E	20	NE SE	9900 2258' N & 2609' E from S ¼ cor, Sec 20
T6	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 50285	24	S	32.5	E	21	NE SE	500 1120' S & 50' W from E ¼ cor, Sec 21

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

- |  |  |
|--|--|
| <input type="checkbox"/> Place of Use (POU)                            | <input type="checkbox"/> Supplemental Use to Primary Use (S to P)            |
| <input type="checkbox"/> Character of Use (USE)                        | <input type="checkbox"/> Point of Appropriation/Well (POA)                   |
| <input type="checkbox"/> Point of Diversion (POD)                      | <input checked="" type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Additional Point of Diversion (APOD)          | <input type="checkbox"/> Substitution (SUB)                                  |
| <input type="checkbox"/> Surface Water POD to Ground Water POA (SW/GW) | <input type="checkbox"/> Government Action POD (GOV)                         |

**Will all of the proposed changes affect the entire water right?**

- Yes Complete only the Proposed ("to" or "on" lands) section of Table 2 on the next page. Use the "CODES" listed above to describe the proposed changes.

**Part 5 of 5 – Water Right Information**

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

**CERTIFICATE # 95221**

Received by OWRD

**Description of Water Delivery System**

System capacity: 1.78 cubic feet per second (cfs) OR  
 \_\_\_\_\_ gallons per minute (gpm)

NOV 12 2020

Salem, OR

Describe the current water delivery system or the system that was in place at some time within the last five years. Include information on the pumps, canals, pipelines, and sprinklers used to divert, convey, and apply the water at the authorized place of use. **Water is pumped from POAs T5 & T6 & conveyed to two center pivot sprinklers that irrigate the POU**

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

Point of Diversion/Appropriation Name	Is the POD/POA Authorized or Proposed?	POA HARN Well ID (or POD #)	Acres	Side	Dist. to Well	Dist. to Well	Dist. to Well	Dist. to Well	Dist. to Well	Dist. to Well	Reference Location
T1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 52215	24	S	32.5	E	29	NE	NE	8301	1335' N & 1395' E from C ¼ cor, Sec 29
T2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 51944/52119	24	S	32.5	E	28	SE	NW	8301	1355' S & 1400' E from NW cor, Sec 28
T3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 52456	24	S	32.5	E	21	SE	SE	500	50' N & 160' W from SE cor, Sec 21
T4	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 52624	24	S	32.5	E	29	NE	SE	8301	410' S & 2490' E from C ¼ cor, Sec 29
T5	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 50789	24	S	32.5	E	20	NE	SE	9900	2258' N & 2609' E from S ¼ cor, Sec 20
T6	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 50285	24	S	32.5	E	21	NE	SE	500	1120' S & 50' W from E ¼ cor, Sec 21

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

- Place of Use (POU)
- Character of Use (USE)
- Point of Diversion (POD)
- Additional Point of Diversion (APOD)
- Surface Water POD to Ground Water POA (SW/GW)
- Supplemental Use to Primary Use (S to P)
- Point of Appropriation/Well (POA)
- Additional Point of Appropriation (APOA)
- Substitution (SUB)
- Government Action POD (GOV)

Will all of the proposed changes affect the entire water right?

Yes Complete only the Proposed ("to" or "on" lands) section of Table 2 on the next page. Use the "CODES" listed above to describe the proposed changes.

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## Part 5 of 5 – Water Right Information

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

**CERTIFICATE # 95221**

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### Description of Water Delivery System

System capacity: **1.78** cubic feet per second (cfs) OR  
 \_\_\_\_\_ gallons per minute (gpm)

**OWRD**

Describe the current water delivery system or the system that was in place at some time within the last five years. Include information on the pumps, canals, pipelines, and sprinklers used to divert, convey, and apply the water at the authorized place of use. **Water is pumped from POAs T5 & T6 & conveyed to two center pivot sprinklers that irrigate the POU**

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

(Note: If the POD/POA name is not specified on the certificate, assign it a name or number here.)

POD/POA Name or Number	Is this POD/POA Authorized on the Certificate 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)
T1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 52215	24	S	32.5	E	29	NE	NE	8301	1335' N & 1395' E from C ¼ cor, Sec 29
T2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 51944/52119	24	S	32.5	E	28	SE	NW	8301	1355' S & 1400' E from NW cor, Sec 28
T3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 52490	24	S	32.5	E	21	SE	SE	500	50' N & 160' W from SE cor, Sec 21
T4	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 52624	24	S	32.5	E	29	NE	SE	8301	410' S & 2490' E from C ¼ cor, Sec 29
T5	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 50789	24	S	32.5	E	20	NE	SE	9900	2258' N & 2609' E from S ¼ cor, Sec 20
T6	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 50285	24	S	32.5	E	21	NE	SE	500	1120' S & 50' W from E ¼ cor, Sec 21

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

- |  |  |
|--|--|
| <input type="checkbox"/> Place of Use (POU)                            | <input type="checkbox"/> Supplemental Use to Primary Use (S to P)            |
| <input type="checkbox"/> Character of Use (USE)                        | <input type="checkbox"/> Point of Appropriation/Well (POA)                   |
| <input type="checkbox"/> Point of Diversion (POD)                      | <input checked="" type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Additional Point of Diversion (APOD)          | <input type="checkbox"/> Substitution (SUB)                                  |
| <input type="checkbox"/> Surface Water POD to Ground Water POA (SW/GW) | <input type="checkbox"/> Government Action POD (GOV)                         |

Will all of the proposed changes affect the entire water right?

- Yes Complete only the Proposed ("to" or "on" 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 water right to be changed.

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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 Right Certificate # 95221**

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)										PROPOSED (the "to" or "on" 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.										The listing as it would appear AFTER PROPOSED CHANGES are made.										
Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date	Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date	
										24	S	E	20	NE	SE	9900	31.9	IR	T-1 - T-6	2005
										24	S	E	20	NW	SE	9900	31.9	IR	T-1 - T-6	2005
										24	S	E	20	SW	SE	9900	31.9	IR	T-1 - T-6	2005
										24	S	E	20	SE	SE	9900	31.9	IR	T-1 - T-6	2005
										24	S	E	21	NE	SE	500	26.0	IR	T-1 - T-6	2005
										24	S	E	21	NW	SE	500	26.0	IR	T-1 - T-6	2005
										24	S	E	21	SW	SE	500	25.9	IR	T-1 - T-6	2005
										24	S	E	21	SE	SE	500	26.0	IR	T-1 - T-6	2005
TOTAL ACRES:										TOTAL ACRES:										
13										231.5										

Additional remarks: \_\_\_\_\_

50

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**For Place of Use or Character of Use Changes**

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

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



Pursuant to ORS 540.510, any "layered" water use such as an irrigation right that is supplemental to a primary right proposed for transfer must be included in the transfer or be cancelled. Any change to a ground water registration must be filed separately in a ground water registration modification application.

**For Substitution** (ground water supplemental irrigation will be substituted for surface water primary irrigation)

Ground water supplemental Permit or Certificate # \_\_\_\_\_;

Surface water primary Certificate # \_\_\_\_\_.

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**For a change from Supplemental Irrigation Use to Primary Irrigation Use**

Identify the primary certificate to be cancelled. Certificate # \_\_\_\_\_

OWRD

**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
See well logs										

13550

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

HARN 52456

WELL I.D. LABEL# 60072-60070

START CARD # 1026802

11/23/2015

ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D. T3
First Name JESSE Last Name VAN DE STOET
Company
Address 1524 290TH STREET
City INWOOD State IA Zip 51240

(2) TYPE OF WORK
[X] 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
[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

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

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 340.00 ft.
Special Standard (Attach copy)

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

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

(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 torch
Screens Type Material
Perf/ Casing/ Screen Dia From To 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 [X] Baier [ ] Air [ ] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Temperature 57 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount 191 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County HARNEY Twp 24.00 S N/S Range 32.50 E E/W WM
Sec 21 SE 1/4 of the SE 1/4 Tax Lot 8400
Tax Map Number Lot
Lat " or DMS or DD
Long " or DMS or DD
[ ] Street address of well [ ] Nearest address
THREE MILES WEST OF HWY 78 ON TAYLOR LANE

(10) STATIC WATER LEVEL
Existing Well / Pre-Alteration Date SWL(psi) + SWL(ft)
Completed Well 7/14/2015 81
Flowing Artesian? [ ] Dry Hole? [ ]

Table for WATER BEARING ZONES with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Includes data for 7/7/2015.

(11) WELL LOG
Ground Elevation
Material From To
Top Soil 0 5
Sandy Clay 5 7
Fine Sand 7 9
Claystone 9 43
Sandy Clay 43 46
Fine Sand 46 47
Sandy Clay 47 109
Claystone Fractured 109 246
Claystone with seams of Sand 246 319
Sandy Claystone Coarse Gravel 319 340

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OWRD

Date Started 7/7/2015 Completed 7/14/2015

(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 1801 Date 11/23/2015
Signed JARRETT S HUMPHREY (E-filed)
Contact Info (optional) Jarrett Humphrey 801

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

6/20/2015

WELL I.D. LABEL# L 94009
START CARD # 1020274
ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D.
First Name DUSTY Last Name ROBEY
Company
Address PO BOX 3402
City PRINCETON State OR Zip 97721

(2) TYPE OF WORK [X] 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 [X] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

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

(5) BORE HOLE CONSTRUCTION Special Standard [ ] (Attach copy)
Depth of Completed Well 350.00 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, lbs. Rows include Bentonite Chips and Calculated values.

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

(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 torch
Screens Type \_\_\_ Material \_\_\_
Perf/ Casing/Screen Scrm/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size

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

Table for well tests with columns: Temperature, Water quality concerns, From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)
County HARNEY Twp 24.00 S N/S Range 32.50 E E/W WM
Sec 29 SE 1/4 of the NE 1/4 Tax Lot 8400
Tax Map Number Lot
Lat " or " DMS or DD
Long " or " DMS or DD
[ ] Street address of well [ ] Nearest address

TURN ONTO SOUTH HARNEY RD OFF HIGHWAY 78 AND MAKE AN IMMEDIATE RIGHT O

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well/ Pre-Alteration
Completed Well 3/19/2014 71
Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES
SWL Date From To Est Flow SWL(psi) + SWL(ft)
8/15/2013 84 178 71
11/12/2013 231 287 35 71
2/27/2014 318 350 1000 71

(11) WELL LOG
Ground Elevation
Material From To
Topsoil 0 2
Brown Clay 2 57
Gray Clay 57 143
Gray Clay with Fine Sand 143 178
Green Clay 178 231
Gray Clay with Fine Sand 231 287
Green Clay 287 318
Coarse Sand and Gravel 318 350

Date Started 6/24/2013 Completed 3/19/2014

(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 NOV 12 2020

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

License Number 1675 Date 6/20/2015
Signed GEORGE VALENTINE (E-filed)
Contact Info (optional) 1675

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

HARNEY 944<sup>f</sup> 2

WELL LABEL # L 110811  
START CARD # 1019713  
ORIGINAL LOG #

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

(1) LANDOWNER Owner Well I.D. 12  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Company DLR HAY CO LLC  
Address PO Box 3042  
City PRINLETON State OR Zip 97721

(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 920 ft. Special Standard:  Yes (attach copy)

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amount Scks/lbs
20"	0	33	BENTONITE	0	32	1650 16s
16"	33	327				
10	327	920				

How was seal placed: Method  A  B  C  D  E

Other POURED DRY

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

Casing	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
L		16"	+	15"	33	.250	L		L	
L		12"	+	2'	327	.250	L		L	

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

(7) PERFORATIONS/SCREENS

Perforations Method \_\_\_\_\_  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_

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

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

Pump  Bailor  Air  Flowing Artesian

Yield gal/min 1500 Drawdown 300' Drill stem/Pump depth 1.5 Duration (hr) 1.5

Temperature 97 °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 HARNEY Twp 24 N of S Range 32 1/2 E or W W.M.  
Sec 28 SW 1/4 of the NW 1/4 Tax Lot 830  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Street Address of Well (or nearest address) 37584 TAYLOR LN. BURNS

(10) STATIC WATER LEVEL

Existing Well/Pre-Alteration	Date	SWL(psi)	+	SWL (ft)
Completed Well	5-24-13		-	21'

Flowing Artesian?  Yes Dry Hole?  Yes

WATER BEARING ZONES Depth water was first found 45

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
5-09-13	45	325	50 gpm		-	20'
5-22-13	325	800	200		-	22'
5-24-13	800	920	1800		-	21'

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(11) WELL LOG

Ground Elevation MAY 20 2013

Material	From	To
BROWN SAND	0	24
BROWN CLAY - SANDY	SALEM, OR 24	28
GRAY CLAY - SANDY	28	45
FINE BLACK SAND	45	45
SANDY CLAY	45	112
GRAY CLAY SAND	112	150
BROWN SANDY CLAY	150	158
BLACK CLAY - SAND BREAKS	158	190
GRAVEL - SAND	190	207
SAND - SILT	207	268
SILT - CLAY LAYERS	268	325
GRAY CLAY - CLAYSTONE	325	335
GRAY CLAYSTONE - CLAY LAYERS	335	370
CLAYSTONE	370	385
ROCK - CLAY LAYERS	385	423

CONTINUED ON PAGE 2

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 1940 Date 5/24/2013

Signed B. J. [Signature]

(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 5-24-13

Signed Arthur L. Jay

Contact Info. (optional)

Received by OWRD

13550 NOV 12 2020

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

**HARN 51944**

WELL LABEL # L 110811  
START CARD # 1019713  
ORIGINAL LOG #

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

(1) LANDOWNER Owner Well I.D. 12  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Company DCR HayCo LLC  
Address PO BOX 3042  
City PRINLETON State OR Zip 97721

(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 920 ft. Special Standard:  Yes (attach copy)

BORE HOLE			SEAL				Amount	Scks/lbs
Dia	From	To	Material	From	To			

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 \_\_\_\_\_

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

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd

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

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

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

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailor  Air  Flowing Artesian  
Yield gal/min 1500 Drawdown 3000 Drill stem/Pump depth 172 Duration (hr) \_\_\_\_\_  
Temperature 97 °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 HARNEY Twp 24 Nor S Range 32 1/2 E or W W.M.  
Sec 28 SW 1/4 of the NW 1/4 Tax Lot 830  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Street Address of Well (or nearest address) 37584 TAYLOR LN  
BURNS

(10) STATIC WATER LEVEL

Existing Well/Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	<u>5-24-13</u>		-	<u>21</u>

Flowing Artesian?  Yes Dry Hole?  Yes

WATER BEARING ZONES Depth water was first found 45

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>5-09-13</u>	<u>45</u>	<u>325</u>	<u>50</u>		-	<u>20</u>
<u>5-22-13</u>	<u>325</u>	<u>800</u>	<u>200</u>		-	<u>22</u>
<u>5-24-13</u>	<u>800</u>	<u>920</u>	<u>1800</u>		-	<u>21</u>

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(11) WELL LOG Ground Elevation MAY 30 2013

Material	From	To
GRAY PUMICE STONE	<u>428</u>	<u>480</u>
GRAY CLAY	<u>480</u>	<u>482</u>
GRAY PUMICE STONE	<u>482</u>	<u>557</u>
BRN SANDY GRAVELLY CLAY	<u>557</u>	<u>570</u>
OF CLAYSTONE LAYERS		
BRN SANDY CLAY - ROCK	<u>570</u>	<u>581</u>
ROCK CLAY - SAND LAYERS	<u>581</u>	<u>690</u>
BRN SAND - CLAY - CLAYSTONE	<u>690</u>	<u>798</u>
BROKEN ROCK	<u>798</u>	<u>800</u>
CLAYSTONE - CLAY LAYERS	<u>800</u>	<u>835</u>
BROKEN ROCK CONGLOMERATE	<u>835</u>	<u>842</u>
ROCK - CLAYSTONE LAYERS	<u>842</u>	<u>873</u>
BROKEN BASALT - BROKEN	<u>873</u>	<u>920</u>
CLAYSTONE LAYERS		

Date Started 5-07-13 Completed 5-23-13

(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 1940 Date 5/24/2013  
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 5-24-13  
Signed Arthur L. Jay  
Contact Info. (optional) \_\_\_\_\_

1355 NOV 12 2020

# HARN 52119

HARN 52119

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

WELL I.D. LABEL# <del>11019719</del> <b>110811</b>	
START CARD #	1023146
ORIGINAL LOG #	HARNEY 51944

**10/22/2014**

**(1) LAND OWNER**  
 Owner Well I.D. TZ  
 First Name DUSTY Last Name ROBEY  
 Company DCR HAY COMPANY  
 Address PO BOX 3042  
 City PRINCETON State OR Zip 97721

**(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: 16		X 1	33	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Material	From	To	Amt sacks/lbs			
		Seal: Bentonite	0	32	1650 Pounds			

**(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 920.00 ft.

BORE HOLE			SEAL			sacks/ lbs	
Dia	From	To	Material	From	To	Amt	
20	0	33					
16	33	327					
10	327	920					

How was seal placed: Method  A  B  C  D  E  
 Other POURED  
 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 checked="" type="checkbox"/>	12		X 2	327	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8		278	900	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

**(7) PERFORATIONS/SCREENS**  
 Perforations Method Torch Cut

Perf/ Screen	Casing/ Liner	Dia	From	To	Scr/ slot width	Slot length	# of slots	Tele/ pipe size
		8	278	900	.25	4	8	

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1108	158	253	2

Temperature 97 °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 32.50 E E/W WM  
 Sec 28 SW 1/4 of the NW 1/4 Tax Lot 830  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address  
37584 TAYLOR LN

**(10) STATIC WATER LEVEL**

Existing Well / Pre-Alteration Completed Well	Date	SWL (psi)	+ SWL (ft)
	5/18/2014		21
	5/20/2014		21

Flowing Artesian?  Dry Hole?

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

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)

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

Material	From	To

Received by OWRD  
NOV 12 2020  
Salem, OR

Date Started 5/18/2014 Complete 5/20/2014

**(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 1801 Date 10/22/2014  
 Signed JARRETT S HUMPHREY (E-filed)  
 Contact Info (optional) Jarrett Humphrey #1801

13550





STATE OF OREGON  
WATER SUPPLY WELL REPORT

HARN 52456

WELL I.D. LABEL # ~~60072~~ 60070

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

11/23/2015

START CARD #

1026802

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. 73

First Name JESSE Last Name VAN DE STOET  
Company \_\_\_\_\_  
Address 1524 290TH STREET  
City INWOOD State IA Zip 51240

(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 340.00 ft.

BORE HOLE

Dia	From	To	Material	From	To	Amt	SEAL	sacks/lbs
16	0	20	Bentonite Chips	0	20	21	S	
14.75	20	210				Calculated		15.77
12	210	340				Calculated		

How was seal placed: Method  A  B  C  D  E

Other POURED

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 checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/>	1.5	210	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/>	200	340	.250	<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 torch

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

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size
		.10	240	340	.25	4	16	

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem Pump depth	Duration (hr)
600	4	189	4

Temperature 57 °F Lab analysis  Yes By \_\_\_\_\_

Water quality concerns?  Yes (describe below) TDS amount 191 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 24.00 S N/S Range 32.50 E E/W WM  
Sec 21 SE 1/4 of the SE 1/4 Tax Lot 8400

Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Street address of well  Nearest address

THREE MILES WEST OF HWY 78 ON TAYLOR LANE

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	7/14/2015		81

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 43.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
7/7/2015	43	340	600		81

(11) WELL LOG

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

Material	From	To
Top Soil	0	5
Sandy Clay	5	7
Fine Sand	7	9
Claystone	9	43
Sandy Clay	43	46
Fine Sand	46	47
Sandy Clay	47	109
Claystone Fractured	109	246
Claystone with seams of Sand	246	319
Sandy Claystone Coarse Gravel	319	340

Received by OWRD

NOV 12 2020

Salem, OR

Date Started 7/7/2015 Completed 7/14/2015

(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 1801 Date 11/23/2015

Signed JARRETT S HUMPHREY (E-filed)

Contact Info (optional) Jarrett Humphrey #1801

(1) LAND OWNER  
Owner Well I.D. \_\_\_\_\_  
First Name Jesse Last Name Vande Street  
Company \_\_\_\_\_  
Address 1524 290th St  
City Thwood State La Zip 51240

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

(2a) PRE-ALTERATION  
**RECEIVED BY OWRD**  
Casing:  To Gauge  Stl  Plstc  Wld  Thrd  
Material \_\_\_\_\_ From 0 To 160 Amt sacks/lbs  
Seal: FEB 13 2017

(3) DRILL METHOD SALEM, OR  
 Rotary Air  Rotary Mud  Cable  Auger  Cable Mud  
 Reverse Rotary SALEM, OR

(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 208 ft.

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amt sacks/lbs
20"	0	160	Bentonite	22	0	64
15"	160	208				Calculated 2501

How was seal placed: Method  A  B  C  D  E  
 Other Bentonite Poured Dry  
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 \_\_\_\_\_ Pounds Actual Amount \_\_\_\_\_ Pounds

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16"	#2	170	250		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	12"	#1 1/2	154	250		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10"	#1 1/2	154	250		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10"	#2 1/4	218	250		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS

Perf/S	Casing/	Screen	Screen/	Slot	# of	Tele/		
screen	Liner	Dia	From	To	width	length	slots	pipe size
Screen/Liner	10"	154	214	20				10"

Screens Type Stainless Material steel

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min 1300 Drawdown 204' Drill stem/Pump depth 1HR Duration (hr)  
Temperature 58 °F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below) TDS amount 188ppm  
From \_\_\_\_\_ To \_\_\_\_\_ Description \_\_\_\_\_ Amount \_\_\_\_\_ Units \_\_\_\_\_

(9) LOCATION OF WELL (legal description) HARN 52624  
County Harny Twp 24 N 0 Range 325 E W 0 WM  
Sec 29 NE 1/4 of the NE 1/4 Tax Lot 09301  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address  
Taylor Ln Burns, OR

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+	SWL(ft)
Completed Well	<u>6/18/15</u>			<u>55</u>

Flowing Artesian?  Dry Hole?   
WATER BEARING ZONES Depth water was first found 190  
SWL Date From To Est Flow SWL(psi) + SWL(ft)  
6/15/15 190 200 2800 55

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

Material	From	To
Sandy Topsoil	0	5
Brown Sandy Clay	5	14
Gray Clay	14	51
Gray Sandy Clay	51	153
Gray Clay	153	189
Large Gravel	189	204
Gray Clay	204	218

K Packer @ 145'  
**Received by OWRD**  
NOV 12 2020  
Salem, OR  
Date Started 6/10/15 Completed 6/18/15

(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 1562 Date 1/14/17  
Signed Sean C. O'Leary  
Contact Info (optional): \_\_\_\_\_

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

WELL I.D. # L 41943  
 START CARD # 131843

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

(1) OWNER: Well Number \_\_\_\_\_  
 Name Vern Cox  
 Address 37518 Taylor Ln  
 City Buna State Or Zip 97120

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

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

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

(5) BORE HOLE CONSTRUCTION:  
 Special Construction approval  Yes  No Depth of Completed Well 420 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
<u>7 1/2"</u>	<u>0 20</u>	<u>Bentone</u>	<u>0 20</u>	<u>45</u>	
<u>1 1/2"</u>	<u>20 420</u>				

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

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: <u>16"</u>	<u>+1</u>	<u>20</u>	<u>20</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

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

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>800</u>	<u>20'</u>	<u>77'</u>	<u>5</u>

Temperature of water 60 Depth Artesian Flow Found \_\_\_\_\_  
 Was a water analysis done?  NO  Yes By whom \_\_\_\_\_  
 Did any strata contain water not suitable for intended use?  NO  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
 Depth of strata: 9.5

(9) LOCATION OF WELL by legal description:  
 County Wheeler Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 24 N or S Range 32 1/2 E or W. WM.  
 Section 26 SE 1/4 NE 1/4  
 Tax Lot 500 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 37518 Taylor Ln

(10) STATIC WATER LEVEL:  
20 ft. below land surface. Date \_\_\_\_\_  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

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

From	To	Estimated Flow Rate	SWL
<u>375'</u>	<u>420'</u>	<u>800</u>	<u>20</u>

(12) WELL LOG:  
 Ground Elevation \_\_\_\_\_

Material	From	To	SWL
<u>Top Soil</u>	<u>0</u>	<u>3</u>	
<u>Brown Clay</u>	<u>3</u>	<u>37</u>	
<u>Gray Clay</u>	<u>37</u>	<u>65</u>	
<u>Silt</u>	<u>65</u>	<u>170</u>	
<u>Gray clay</u>	<u>170</u>	<u>325</u>	<u>20'</u>
<u>Sand &amp; Gravel</u>	<u>325</u>	<u>420</u>	

Received by OWRD  
 NOV 12 2020  
 Salem, OR  
**RECEIVED**  
 APR 17 2002  
 WATER RESOURCES DEPT.  
 SALEM, OREGON

Date started 2-16-02 Completed 3-31-02  
 (unbonded) Water Well Constructor Certification:  
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.  
 WWC Number \_\_\_\_\_  
 Signed \_\_\_\_\_ Date \_\_\_\_\_

(bonded) Water Well Constructor Certification:  
 I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.  
 WWC Number 1752  
 Signed Kenneth C. Smith Date 4-14-02

HARN 50789  
HARN 50789

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

Amendment

WELL I.D. # 41943  
START CARD # 131843

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

(1) OWNER: Joshua Nelson  
Name: Joshua Nelson  
Address: 375 Taylor Ln.  
City: Burns State: OR Zip: 97720

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

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

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

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval  Yes  No Depth of Completed Well 420 ft.  
Explosives used  Yes  No Type Amount

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
24"	0	20	Bentonite	0	20	45
16"	20	420				

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

(6) CASING/LINER:

Diameter	From	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	41	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

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

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailor  Air  Flowing  Artesian  
Yield gal/min: 800 Drawdown: 20' Drill stem at: 77' Time: 5  
Temperature of water: 60 Depth Artesian Flow Found: \_\_\_\_\_  
Was a water analysis done?  NO  Yes By whom \_\_\_\_\_  
Did any strata contain water not suitable for intended use?  NO  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
Depth of strata: 9.5

(9) LOCATION OF WELL by legal description:  
County: Clatsop Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township: 24 N or S Range: 32 E or W. WM.  
Section: 26 SE 1/4 NE 1/4  
Tax Lot: 500 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address): 375 Taylor Ln.

(10) STATIC WATER LEVEL:  
20 ft. below land surface. Date \_\_\_\_\_  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
325'	420'	800	20

(12) WELL LOG:

Material	From	To	SWL
Top Soil	0	3	
Clay	3	37	
Clay	37	65	
Soil	65	170	
Clay	170	325	20'
Sand & Gravel	325	420	

RECEIVED  
APR 17 2002  
WATER RESOURCES DEPT.  
SALEM, OREGON

Date started: 2-16-02 Completed: 3-31-02  
(unbonded) Water Well Constructor Certification:  
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.  
WWC Number \_\_\_\_\_  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(bonded) Water Well Constructor Certification:  
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.  
WWC Number: 1752  
Signed: Hernandez E. Smith Date: 4-14-02

harm  
50285

RECEIVED

MAR 20 1998

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

WATER RESOURCES DEPT.  
SALEM, OREGON

WELL I.D. # L 121274  
START CARD # 098478

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

(1) OWNER: Well Number \_\_\_\_\_  
Name Double BG Ranches  
Address 1523 Hillcrest Dr  
City Burns State OR Zip 97720

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

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

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

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval  Yes  No Depth of Completed Well 370 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
18	0	18	bentonite	0	18	19 sacks
14	18	370				

How was seal placed: Method  A  B  C  D  E  
 Other poured dry and tamped  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 14	+1.5	100	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

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

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailor  Air  Flowing Artesian  
Yield gal/min 100 Drawdown 2 Drill stem at \_\_\_\_\_ Time 1 hr.

Temperature of water 66 Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done?  No  Yes By whom \_\_\_\_\_  
Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
Depth of strata: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
County Harney Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 24S N or S Range 32 1/2 E E or W. WM.  
Section 21 NE 1/4 SE 1/4  
Tax Lot 500 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) \_\_\_\_\_

(10) STATIC WATER LEVEL:  
22 ft. below land surface. Date 3-14-98  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 45

From	To	Estimated Flow Rate	SWL
57	65	50	22
215	270	800	22

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
sand brn topsoil	0	2	
clay brn	2	38	
clay grey	38	57	
clay grey, sand blk	57	75	
clay grey	75	180	
clay blue	180	185	
clay black	185	215	
sandstone grey gravel	215	220	
sand white pumice	220	250	
clay claysotnes pumice	250	270	
clay grey	270	370	

Received by OWRD

NOV 12 2020

Salem, OR

Date started 3-5-98 Completed 3-14-98

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

WWC Number \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

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

WWC Number 1424  
Signed \_\_\_\_\_ Date 3-18-98

HARN 52215

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

6/20/2015

WELL I.D. LABEL# L 94009
START CARD # 1020274
ORIGINAL LOG #

RECEIVED
NOV 04 2021

(1) LAND OWNER
Owner Well I.D.
First Name DUSTY Last Name ROBEY
Company
Address PO BOX 3402
City PRINCETON State OR Zip 97721

(2) TYPE OF WORK
[X] 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 [X] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

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

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 350.00 ft.
Special Standard [ ] (Attach copy)

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

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

(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 torch
Screens Type [ ] Material [ ]
Perf/ Casing/Screen Screen Liner Dia From To Scrn/slot width Slot length # of slots Tele/ pipe size

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

Table for well tests with columns: Temperature, Yield, Drawdown, Duration, Lab analysis, Water quality concerns, TDS amount.

(9) LOCATION OF WELL (legal description)
County HARNEY Twp 24.00 S N/S Range 32.50 E E/W WM
Sec 29 SE 1/4 of the NE 1/4 Tax Lot 8400
Lat [ ] [ ] [ ] [ ] or [ ] [ ] [ ] [ ] DMS or DD
Long [ ] [ ] [ ] [ ] or [ ] [ ] [ ] [ ] DMS or DD
TURN ONTO SOUTH HARNEY RD OFF HIGHWAY 78 AND MAKE AN IMMEDIATE RIGHT O

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration [ ] [ ] [ ]
Completed Well 3/19/2014 [ ] [ ] 71
Flowing Artesian? [ ] Dry Hole? [ ]

Table for water bearing zones with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Includes handwritten '83 MV'.

(11) WELL LOG
Ground Elevation [ ]
Material From To
Topsoil 0 2
Brown Clay 2 57
Gray Clay 57 143
Gray Clay with Fine Sand 143 178
Green Clay 178 231
Gray Clay with Fine Sand 231 287
Green Clay 287 318
Coarse Sand and Gravel 318 350

Date Started 6/24/2013 Completed 3/19/2014

(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.

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.

Signed GEORGE VALENTINE (E-filed)
Contact Info (optional) 1675

HARN 51944 of 2

STATE OF OREGON WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 110811

START CARD # 1019713

NOV 04 2020

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

(1) LANDOWNER Owner Well I.D. First Name Last Name Company DCR HAY CO LLC Address PO Box 3042 City PRINLETON State OR Zip 97721

(2) TYPE OF WORK [X] 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 [X] Rotary Air [X] Rotary Mud [ ] Auger [ ] Cable [ ] Cable Mud [ ] Reverse Rotary [ ] Other

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

(5) BORE HOLE CONSTRUCTION Depth of Completed Well 920 ft. Special Standard: [ ] Yes (attach copy)

Table with columns: Dia, From, To, Material, From, To, Amount, Scks/lbs. Rows: 20" 0 33 BENTONITE 0 32 1650 165; 16" 33 327; 10 327 920

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E [X] Other POURED DRY 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 Table with columns: Casing, Liner, Dia, Gauge, Steel, Plastic, Welded, Thrd. Rows: 16" + 15" 33 .250 L L; 12" + 2' 327 .250 L L

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

(7) PERFORATIONS/SCREENS Perforations Method Screens Type Material

Table with columns: Perf, Scrn, Casing, Liner, 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 [X] Air [ ] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr), Temperature, Water quality concerns? TDS ppm

(9) LOCATION OF WELL (legal description) County HARNEY Twp 24 N of S Range 32 1/2 E or W W.M. Sec 28 SW 1/4 of the NW 1/4 Tax Lot 830 Tax Map Number Lot Lat Long Street Address of Well (or nearest address) 37584 TAYLOR LN. BURNS

(10) STATIC WATER LEVEL Table with columns: Date, SWL (psi), SWL (ft). Rows: Existing Well/Pre-Alteration, Completed Well 5-24-13 - 21' Flowing Artesian? [ ] Yes Dry Hole? [ ] Yes WATER BEARING ZONES Depth water was first found 45 SWL Date From To Est Flow SWL (psi) SWL (ft) 5-09-13 45 325 50 gpm - 20 5-22-13 325 800 200 - 22 5-24-13 800 920 1800 21 RECEIVED BY OWRD

(11) WELL LOG Ground Elevation MAY 20 2013 Material From To BRN SAND SALEM, OR 0 24 BRN CLAY - SANDY 24 28 GRAY CLAY - SANDY 28 43 FINE BLACK SAND 43 45 SANDY CLAY 45 112 GRAY CLAY SAND 112 150 BRN. SANDY CLAY 150 158 BLACK CLAY - SAND SCREENS 158 190 GRAVEL - SAND 190 207 SAND - SILT 207 268 SILT - CLAY LAYERS 268 325 GRAY CLAY - CLAYSTONE 325 335 GRAY CLAYSTONE - CLAY LAYERS 335 370 CLAYSTONE 370 385 ROCK - CLAY LAYERS 385 428 CONTINUED ON PAGE 2

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 1940 Date 5/24/2013 Signed [Signature]

(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 5-24-13 Signed [Signature] Contact Info. (optional) 13550



HARN 51944

STATE OF OREGON WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 110811 START CARD # 1019713 ORIGINAL LOG #

NOV 04 2021

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

(1) LANDOWNER Owner Well I.D. First Name Last Name Company DEER HAY CO LLC Address 70 BOX 3042 City PRINCETON State OR Zip 97721

(2) TYPE OF WORK [X] 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 [X] Rotary Air [X] Rotary Mud [ ] Auger [ ] Cable [ ] Cable Mud [ ] Reverse Rotary [ ] Other

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

(5) BORE HOLE CONSTRUCTION Depth of Completed Well 920 ft. Special Standard: [ ] Yes (attach copy)

Table with columns: Dia, From, To, Material, From, To, Amount, Scks/lbs. Under BORE HOLE and SEAL.

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

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

(6) CASING/LINER Table with columns: Csgng, Linr, Dia, +, From, To, Gauge, Steel, Plastic, Welded, Thrd

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

(7) PERFORATIONS/SCREENS Perforations Method Screens Type Material

Table with columns: Perf, Scrn, Csgng, Linr, 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 [X] Air [ ] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr)

Temperature 97 °F Lab analysis [ ] Yes By Water quality concerns? [ ] Yes (describe below) TDS ppm

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

(9) LOCATION OF WELL (legal description) County HARNEY Twp 24 N or S Range 32 W E or W W.M. Sec 28 SW 1/4 of the NW 1/4 Tax Lot 830 Tax Map Number Lot Lat Long Street Address of Well (or nearest address) 37584 TAYLOR LN BURNS

(10) STATIC WATER LEVEL Table with columns: Date, SWL(psi), +, SWL (ft). Existing Well/Pre-Alteration Completed Well 5-24-13 - 21

Flowing Artesian? [ ] Yes Dry Hole? [ ] Yes WATER BEARING ZONES Depth water was first found 45 Table with columns: SWL Date, From, To, Est Flow, SWL (psi), +, SWL (ft)

(11) WELL LOG Ground Elevation MAY 30 2013 Table with columns: Material, From, To. Includes layers like GRAY PUMICE STONE, GRAY CLAY, etc.

Date Started 5-07-13 Completed 5-23-13

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

License Number 1940 Date 5/24/2013 Signed [Signature]

(bonded) Water Well Constructor Certification I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above.

License Number 1355 Date 5-24-13 Signed [Signature]

13550

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

HARN 52456
11/23/2015

WELL I.D. LABEL# L 60072 60070
START CARD # 1026802
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D.
First Name JESSE Last Name VAN DE STOET
Company
Address 1524 290TH STREET
City INWOOD State IA Zip 51240

(2) TYPE OF WORK
[X] 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
[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

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

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 340.00 ft.
Special Standard (Attach copy)
BORE HOLE SEAL sacks/lbs
Dia From To Material From To Amt lbs

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

(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 torch
Screens Type Material
Perf/ Casing/ Screen Dia From To 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)

Temperature 57 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount 191 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County HARNEY Twp 24.00 S N/S Range 32.50 E E/W WM
Sec 21 SE 1/4 of the SE 1/4 Tax Lot 8400
Tax Map Number Lot
Lat " or " DMS or DD
Long " or " DMS or DD
[ ] Street address of well [ ] Nearest address
THREE MILES WEST OF HWY 78 ON TAYLOR LANE

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well 7/14/2015 81
Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES
Depth water was first found 43.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
7/7/2015 43 340 600 81

(11) WELL LOG
Ground Elevation
Material From To
Top Soil 0 5
Sandy Clay 5 7
Fine Sand 7 9
Claystone 9 43
Sandy Clay 43 46
Fine Sand 46 47
Sandy Clay 47 109
Claystone Fractured 109 246
Claystone with seams of Sand 246 319
Sandy Claystone Coarse Gravel 319 340

RECEIVED
NOV 04 2020
OWRD

Date Started 7/7/2015 Completed 7/14/2015

(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 1801 Date 11/23/2015
Signed JARRETT S HUMPHREY (E-filed)
Contact Info (optional) Jarrett Humphrey #1801

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

Amendment

WELL I.D. # L 41943 NOV 04 2020  
START CARD # 131843

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

OWRD

(1) OWNER: Joshua Nelson Well Number \_\_\_\_\_  
Name Joshua Nelson  
Address 375 Taylor Ln.  
City Burns State OR Zip 97720

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

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

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

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval  Yes  No Depth of Completed Well 420 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
24"	0	20	Bentonite	0	20	45
16"	20	420				

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

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	0	420	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

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

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

Yield gal/min	Drawdown	Drill stem at	Time 1 hr.
800	20'	77'	5

Temperature of water 60 Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done?  No  Yes By whom \_\_\_\_\_  
Did any strata contain water not suitable for intended use?  No  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
Depth of strata: 9.5

(9) LOCATION OF WELL by legal description:  
County Clatsop Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 24 N or S Range 32 1/2 E or W. WM.  
Section 26 SE 1/4 NE 1/4  
Tax Lot 500 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 375 Taylor Ln.

(10) STATIC WATER LEVEL:  
20 ft. below land surface. Date \_\_\_\_\_  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
375'	420'	800	20

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Top Soil	0	3	
Clay	3	37	
Clay	37	65	
Silt	65	170	
Clay	170	325	20'
Sand & Gravel	325	420	

RECEIVED  
FEB 07 2005  
RECEIVED  
APR 17 2002  
WATER RESOURCES DEPT.  
SALEM, OREGON

Date started 2-16-02 Completed 3-31-02

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

(bonded) Water Well Constructor Certification:  
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.  
WVC Number 1752  
Signed Herbert C. Smith Date 4-14-02

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

WELL I.D. # 41943  
START CARD # 131843 OWRD

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

(1) OWNER: Well Number \_\_\_\_\_  
Name Vern Carl  
Address 37518 Taylor Ln.  
City Burns State Or Zip 97720

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

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

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

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval  Yes  No Depth of Completed Well 420 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
<u>7 1/2"</u>	<u>0</u>	<u>20</u>	<u>Bentonite</u>	<u>0</u>	<u>20</u>	<u>45</u>
<u>16"</u>	<u>20</u>	<u>420</u>				

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

Casing:	Diameter	From	Gauge	Material			
				Steel	Plastic	Welded	Threaded
	<u>16"</u>	<u>+1</u>	<u>20</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

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

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min 800 Drawdown 20' Drill stem at 77' Time 5 1 hr.

Temperature of water 60 Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done?  No  Yes By whom \_\_\_\_\_  
Did any strata contain water not suitable for intended use?  No  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
Depth of strata: 97.5

(9) LOCATION OF WELL by legal description:  
County Harney Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 24 N or S Range 32 1/2 E or W. WM.  
Section 26 SE 1/4 NE 1/4  
Tax Lot 500 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 37518 Taylor Ln.

(10) STATIC WATER LEVEL:  
20 ft. below land surface. Date \_\_\_\_\_  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

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

From	To	Estimated Flow Rate	SWL
<u>325'</u>	<u>420'</u>	<u>800</u>	<u>20</u>

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
<u>Top Soil</u>	<u>0</u>	<u>3</u>	
<u>Bluish Clay</u>	<u>3</u>	<u>37</u>	
<u>Gray Clay</u>	<u>37</u>	<u>65</u>	
<u>Silt</u>	<u>65</u>	<u>170</u>	
<u>Gray clay</u>	<u>170</u>	<u>325</u>	<u>20'</u>
<u>Sand &amp; gravel</u>	<u>325</u>	<u>420</u>	

RECEIVED  
APR 17 2002  
WATER RESOURCES DEPT.  
SALEM, OREGON

Date started 2-16-02 Completed 3-31-02  
(bonded) Water Well Constructor Certification:  
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.  
Signed \_\_\_\_\_ WWC Number \_\_\_\_\_ Date \_\_\_\_\_

(bonded) Water Well Constructor Certification:  
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.  
Signed Kenneth C. Smith WWC Number 1752 Date 4-14-02

RECEIVED

MAR 20 1998

STATE OF OREGON WATER SUPPLY WELL REPORT

WATER RESOURCES DEPT. SALEM, OREGON

WELL I.D. # L 21274 START CARD # 098478

OWRD

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

(1) OWNER: Well Number Name Double BG Ranches Address 1523 Hillcrest Dr City Burns State OR Zip 97720

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

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

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval Yes No Depth of Completed Well 370 ft. Explosives used Yes No Type Amount

Table with columns for HOLE Diameter, From, To, Material, SEAL From, To, Sacks or pounds. Includes data for bentonite seal.

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

(6) CASING/LINER: Table with columns for Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Includes data for Casing and Liner.

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: Table with columns for From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner.

(8) WELL TESTS: Minimum testing time is 1 hour. Pump Bailer Air Flowing Artesian. Yield gal/min 100 Drawdown 2 Drill stem at Time 1 hr.

Temperature of water 66 Depth Artesian Flow Found Was a water analysis done? No Yes By whom Did any strata contain water not suitable for intended use? Too little Salty Muddy Odor Colored Other Depth of strata:

(9) LOCATION OF WELL by legal description: County Harney Latitude Longitude Township 24S N or S Range 32 1/2 E E or W. WM. Section 21 NE 1/4 SE 1/4 Tax Lot 500 Lot Block Subdivision Street Address of Well (or nearest address)

(10) STATIC WATER LEVEL: 22 ft. below land surface. Date 3-14-98 Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Depth at which water was first found 45

Table with columns for From, To, Estimated Flow Rate, SWL. Includes data for water bearing zones.

(12) WELL LOG: Ground Elevation

Table with columns for Material, From, To, SWL. Includes data for well log materials like sand brn topsoil, clay brn, etc.

Date started 3-5-98 Completed 3-14-98 (unbonded) Water Well Constructor Certification:

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

WWC Number Signed Date

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

WWC Number 1424 Signed Date 3-18-98

# Application for Water Right



Oregon Water Resources Department  
 725 Summer Street NE, Suite A  
 Salem, Oregon 97301-1266  
 (503) 986-0900  
 www.wrd.state.or.us

Please print legibly or type. Be as specific as possible. Attach additional pages if you need more spacing. Supporting documentation must be attached.

State of Oregon )  
 ) ss  
 County of)

RECEIVED  
 NOV 04 2020  
 OWRD

I, SCOTT D MONTGOMERY, in my capacity as AGENT FOR JESSE VAN DE STROET,  
 mailing address PO BOX 767, TERREBONNE, OR 97760  
 telephone number (541)548-5833, being first duly sworn depose and say:

1. My knowledge of the exercise or status of the water right is based on (check one):

- Personal observation                       Professional expertise

2. I attest that:

- Water was used during the previous five years on the **entire** place of use for Certificate # \_\_\_\_; **OR**
- My knowledge is specific to the use of water at the following locations within the last five years:

Certificate #	Township	Range	Mer	Sec	¼ ¼	Gov't Lot or DLC	Acres (if applicable)

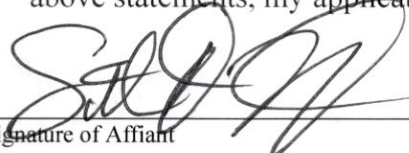
**OR**


- Confirming Certificate # \_\_\_\_ has been issued within the past five years; **OR**
- Part or all of the water right was leased instream at some time within the last five years. The instream lease number is: \_\_\_\_ (Note: If the entire right proposed for transfer was not leased, additional evidence of use is needed for the portion not leased instream.); **OR**
- The water right is not subject to forfeiture and documentation that a presumption of forfeiture for non-use would be rebutted under ORS 540.610(2) is attached.
- Water has been used at the actual current point of diversion or appropriation for more than 10 years for Certificate # \_\_\_\_ (For Historic POD/POA Transfers)

(continues on reverse side)

3. The water right was used for: (e.g., crops, pasture, etc.): \_\_\_\_

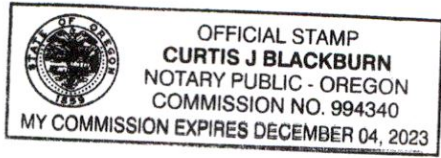
4. I understand that if I do not attach one or more of the documents shown in the table below to support the above statements, my application will be considered incomplete.

  
 Signature of Affiant

  
 Date 10/30/2020

13550

Signed and sworn to (or affirmed) before me this 29 day of OCT., 2020.



*Curtis J Blackburn*  
 Notary Public for Oregon

My Commission Expires: Dec. 4, 2023

Supporting Documents	Examples
<input checked="" type="checkbox"/> Copy of a water right certificate that has been issued within the last five years. (not a remaining right certificate)	Copy of <b>confirming</b> water right certificate that shows issue date
<input type="checkbox"/> Copies of receipts from sales of irrigated crops or for expenditures related to use of water	<ul style="list-style-type: none"> <li>• Power usage records for pumps associated with irrigation use</li> <li>• Fertilizer or seed bills related to irrigated crops</li> <li>• Farmers Co-op sales receipt</li> </ul>
<input type="checkbox"/> Records such as FSA crop reports, irrigation district records, NRCS farm management plan, or records of other water suppliers	<ul style="list-style-type: none"> <li>• District assessment records for water delivered</li> <li>• Crop reports submitted under a federal loan agreement</li> <li>• Beneficial use reports from district</li> <li>• IRS Farm Usage Deduction Report</li> <li>• Agricultural Stabilization Plan</li> <li>• CREP Report</li> </ul>
<input type="checkbox"/> Aerial photos containing sufficient detail to establish location and date of photograph	<p>Multiple photos can be submitted to resolve different areas of a water right.                      If the photograph does not print with a "date stamp" or without the source being identified, the date of the photograph and source should be added.</p> <p>Sources for aerial photos:                      OSU – <a href="http://www.oregonexplorer.info/imagery">www.oregonexplorer.info/imagery</a>                      OWRD – <a href="http://www.wrd.state.or.us">www.wrd.state.or.us</a>                      Google Earth – <a href="http://earth.google.com">earth.google.com</a>                      TerraServer – <a href="http://www.terra-server.com">www.terra-server.com</a></p>
<input type="checkbox"/> Approved Lease establishing beneficial use within the last 5 years	Copy of instream lease or lease number

RECEIVED

NOV 04 2020

OWRD

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**ALL POINTS**  
ENGINEERING & SURVEYING, INC.  
P.O. Box 767 (CRR)  
Terrebonne, Oregon 97760

RECEIVED

NOV 04 2020

OWRD

**TRANSMITTAL**

To: Oregon Water Resources Dept  
725 Summer St NE, Suite A  
Salem, OR 97301-1266

Date: 10/26//2020  
Attention: Transfers  
RE: App for Permanent Transfer

Prints  Plans  Plat  Specifications.

Attached is a Application for Permanent Water Right Transfer for Jesse Van De Stroet.

If you have any questions, please don't hesitate to call or email me.

Copies	No.	Description
1	1	Application for Transfer (9 pages letter bond)
1	2	Application Map (2 pages letter bond)
1	3	Well Logs (7 pages letter bond)
1	4	Land Use Form (3 pages letter bond)
1	5	Evidence of Use (2 pages letter bond)
1	6	Check for \$1570

Signed: Devin Montoya



## GREW Scott A \* WRD

---

**From:** Scott <Scott@apeands.com>  
**Sent:** Thursday, November 12, 2020 4:04 PM  
**To:** GREW Scott A \* WRD  
**Cc:** Neecee  
**Subject:** RE: Van De Stroet application  
**Attachments:** POAMap.pdf; XferApp-POUMap.pdf

Scott,

Please find attached to this message my map showing POAs and the larger file has a revised Table 1 that corrects HARN 52490 to HARN 52456, well logs and POU map. We'll send the same in the mail tomorrow.

Thanks,

Scott

*Scott Montgomery, Owner/Principal  
All Points Engineering and Surveying, Inc.  
(541) 548-5833*

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**From:** GREW Scott A \* WRD <Scott.A.Grew@oregon.gov>  
**Sent:** Thursday, November 12, 2020 3:26 PM  
**To:** Scott <Scott@apeands.com>  
**Cc:** GREW Scott A \* WRD <Scott.A.Grew@oregon.gov>  
**Subject:** Van De Stroet application

Scott,

I do see now the final proof map for reference. Please e-mail the signed map and follow-up the original in the mail.

The well log that is missing is HARN 52490.

Thank you,

Scott Grew  
Transfer Specialist  
Oregon Water Resources Department  
503-986-0890

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