



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

Application for Permit Amendment

Part 1 of 5 – Minimum Requirements Checklist

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

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

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- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Application Map Checklist.
- Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the new online fee calculator at: **Fee enclosed in amount of \$1,570**
- Part 4 – Completed Applicant Information and Signature.
- Part 5 – Information about Permits to be Amended: **Number of permits to be amended: 1**
List the Permits here: G-18154 (Attachment A)
 Please include a separate Part 5 for each permit. (See instructions on page 6)
- Completed Permit Amendment Application Map (Does not have to be prepared by a Certified Water Right Examiner). (**Attachment B**)
- N/A Request for Assignment Form and statutory fee. The request for assignment form has to be completed if the applicant is **not** the permit holder of record and needs to be assigned to the permit; **or** the landowner of the proposed place of use is **not** the permit holder of record and needs to be assigned to the permit (the Request for Assignment Form is available online at <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>). Assignment is not needed if the applicant is the permit holder of record.
- N/A Affidavit(s) of Consent are required from all permit holder(s) of record if the permit is not assigned to the applicant **or** other permit holders of record that are not listed as applicants.
- N/A Oregon Water Resources Department’s Land Use Information Form with approval and signature (or signed land use form receipt stub) from each local land use authority in which water is to be diverted, conveyed, and/or used. Not required if water is to be diverted, conveyed, and/or used only on federal lands or if **all** of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone. (**Attachment C**)
- N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation. (**Attachment D**)
- N/A Geologist Report for a change from a surface water point of diversion to a ground water point of appropriation (well), if the proposed well is more than 500 feet from the surface water source and more than 1000 feet upstream or downstream from the point of diversion. (ORS 540.531(2) or (3)).

(For Staff Use Only)

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

___ Application fee not enclosed/insufficient	___ Map not included or incomplete
___ Land Use Form not enclosed or incomplete	___ Part ___ is incomplete
___ Additional signature(s) required	
Other/Explanation _____	
Staff: _____ 503-986-0 _____	Date: ___/___/___

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Part 2 of 5 – Permit Amendment Map Checklist

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

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

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

Applicant Information

APPLICANT/BUSINESS NAME City of Prineville, ATTN: Eric Klann		PHONE NO. 541-447-2357	ADDITIONAL CONTACT NO.
ADDRESS 387 NE 3rd St.		FAX NO.	
CITY Prineville	STATE OR	ZIP 97754	E-MAIL
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.			

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

AGENT/BUSINESS NAME GSI Water Solutions, Inc. ATTN: Bruce Brody-Heine		PHONE NO. 971-200-8519	ADDITIONAL CONTACT NO.
ADDRESS 147 SW Shevlin Hixon Dr. Suite 201		FAX NO.	
CITY Bend	STATE OR	ZIP 97702	E-MAIL BBheine@gsiws.com
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.			

Explain in your own words what you propose to accomplish with this permit amendment; and why:
The Applicant is proposing to re-describe the location of 17 of the 25 wells authorized by Permit G-18154 and add 6 additional wells to Permit.

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

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

Is the applicant the permit holder of record? Yes No

If NO, include either:

- A completed assignment form (with required statutory assignment fee), assigning all or a portion of the permit to the applicant(s), **OR**
- An affidavit of consent from the permit holder(s) of record that gives permission for the applicant to amend the permit.

Has the Completion ("C") Date of the permit(s) in this application expired? Yes No

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

If NO, what are the completion dates of the permit(s)? 12/26/2038

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

By my signature below, I confirm that I understand:

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

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

Part 3 of 5 – Fee Worksheet

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

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

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

Check one of the following:

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

Check the appropriate box, if applicable:

- Check here if any of the permits proposed for amendment are or will be located within or served by an irrigation or other water district. **Water under Permit G-18154 is served by the City of Prineville, not by any irrigation district.**

IRRIGATION DISTRICT NAME Ochoco Irrigation District	ADDRESS 1001 NW Deer St.	
CITY Prineville	STATE OR	ZIP 97754

IRRIGATION DISTRICT NAME People's Irrigation Company, Ltd.	ADDRESS 4923 Northwest O'Neil Highway	
CITY Prineville	STATE OR	ZIP 97754

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

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP



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

ENTITY NAME City of Prineville Planning Department	ADDRESS 387 NE Third St.	
CITY Prineville	STATE OR	ZIP 97754

ENTITY NAME Crook County Planning Department	ADDRESS 300 NE 3rd St.	
CITY Prineville	STATE OR	ZIP 97754

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Eric Klann
Applicant Signature

ERIC KLANN
Applicant Signature

Eric Klann
Print Name (and Title if applicable)

PUBLIC WORKS DIRECTOR / CITY ENGINEER
Print Name (and Title if applicable)

2/5/2021
Date

2-5-
Date

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Part 5 of 5 – Water Use Permit Information

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

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PERMIT # G-18154

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

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

In the table below authorized wells that the Applicant is proposing to rename and/or change the point of appropriation of are shown in black. New proposed names and POA locations are shown in blue in the rows below these authorized POAs. Additional POAs that the Applicant is proposing to add to the Permit are shown in green. Remaining authorized wells that the Applicant is not proposing to change are shown in purple.

POD/POA Name or Number	Is this POD/POA Authorized by the permit or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-___)	Twp			Rng			Sec		¼ ¼	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
D1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	CROO 54593	15	S	16	E	8	NW	NW	201		422 feet South and 400 feet East from the NW corner of Section 8	
3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	CROO 54593	15	S	16	E	8	NW	NW	201		422 feet South and 400 feet East from the NW corner of Section 8	
S1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	CROO 54587	15	S	16	E	8	NW	NW	201		471 feet South and 406 feet East from the NW corner of Section 8	
4	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	CROO 54587	15	S	16	E	8	NW	NW	201		471 feet South and 406 feet East from the NW corner of Section 8	
D2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	CROO 54592	15	S	16	E	8	NW	NW	201		585 feet South and 793 feet East from the NW corner of Section 8	
8	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	CROO 54592	15	S	16	E	8	NW	NW	201		585 feet South and 793 feet East from the NW corner of Section 8	
D3	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		15	S	16	E	8	NW	NW	201		516 feet South and 438 feet East from the NW corner of Section 8	
6	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	CROO 54785	15	S	16	E	8	NW	NW	201		540 feet South and 435 feet East from the NW corner of Section 8	
D4	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		15	S	16	E	8	NW	NW	201		601 feet South and 509 feet East from NW the corner of Section 8	
7	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	CROO 54792	15	S	16	E	8	NW	NW	201		590 feet South and 510 feet East from the NW corner of Section 8	
D5	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		15	S	16	E	8	NW	NW	201		657 feet South and 611 feet East from the NW corner of Section 8	
9	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	CROO 54834	15	S	16	E	8	NW	NW	201		660 feet South and 590 feet East from the NW corner of Section 8	
D6	<input checked="" type="checkbox"/> Authorized		15	S	16	E	8	NW	NW	201		717 feet South and 700	

	<input type="checkbox"/> Proposed											feet East from the NW corner of Section 8
10	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	CROO 54832	15	S	16	E	8	NW	NW	201		725 feet South and 670 feet East from the NW corner of Section 8
D7	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		15	S	16	E	8	NW	NW	201		840 feet South and 759 feet East from the NW corner of Section 8
11	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	CROO 54833	15	S	16	E	8	NW	NW	201		825 feet South and 735 feet East from the NW corner of Section 8
S6	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		15	S	16	E	8	NW	NW	201		888 feet South and 784 feet East from NW corner of Section 8
12	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	CROO 54828	15	S	16	E	8	NW	NW	201		875 feet South and 755 feet East from the NW corner of Section 8
D8	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		15	S	16	E	8	NW	NW	201		952 feet South and 799 feet East from the NW corner of Section 8
13	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	CROO 54830	15	S	16	E	8	NW	NW	201		920 feet South and 775 feet East from the NW corner of Section 8
S7	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		15	S	16	E	8	NW	NW	201		1004 feet South and 809 feet East from the NW corner of Section 8
14	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	CROO 54827	15	S	16	E	8	NW	NW	201		970 feet South and 800 feet East from the NW corner of Section 8
D9	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		15	S	16	E	8	NW	NW	201		1061 feet South and 815 feet East from the NW corner of Section 8
15	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	CROO 54831	15	S	16	E	8	NW	NW	201		1,020 feet South and 790 feet East from the NW corner of Section 8
D10	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		15	S	16	E	8	NW	NW	201		1179 feet South and 796 feet East from the NW corner of Section 8
16	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	CROO 54829	15	S	16	E	8	NW	NW	201		1,130 feet South and 800 feet East from the NW corner of Section 8
D11	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		15	S	16	E	8	NW	NW	201		1267 feet South and 836 feet East from the NW corner of Section 8
17	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	CROO 54810	15	S	16	E	8	NW	NW	201		1,240 feet South and 815 feet East from the NW corner of Section 8
D12	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		15	S	16	E	8	SW	NW	201		1372 feet South and 879 feet East from the NW corner of Section 8
18	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	CROO 54789	15	S	16	E	8	SW	NW	201		1,325 feet South and 865 feet East from the NW corner of Section 8
D13	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		15	S	16	E	8	SW	NW	201		1479 feet South and 909 feet East from the NW corner of Section 8
19	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	CROO 54869	15	S	16	E	8	SW	NW	201		1,425 feet South and 890 feet East from the NW corner of Section 8
S12	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		15	S	16	E	8	SW	NW	201		1527 feet South and 949 feet East from the NW corner of Section 8

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21	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	CROO 54734	15	S	16	E	8	SW	NW	201	1,460 feet South and 920 feet East from the NW corner of Section 8
2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	CROO 54589	15	S	16	E	8	NW	NW	201	370 feet South and 396 feet East from the NW corner of Section 8
22	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	CROO 54750	15	S	16	E	8	SW	NW	201	1,535 feet South and 940 feet East from the NW corner of Section 8
24	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	CROO 54588	15	S	16	E	8	NE	NW	203	510 feet South and 1,330 feet East from the NW corner of Section 8
25	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	L-136756	15	S	16	E	8	NE	NW	203	485 feet South and 1,620 feet East from the NW corner of Section 8
26	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	CROO 53215	15	S	16	E	8	NW	NW	203	105 feet South and 1,080 feet East from the NW corner of Section 8
27	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		15	S	16	E	8	NE	NW	203	170 feet South and 1,500 feet East from the NW corner of Section 8
S2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		15	S	16	E	8	NW	NW	201	561 feet South and 466 feet East from the NW corner of Section 8
S3	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		15	S	16	E	8	NW	NW	201	621 feet South and 564 feet East from the NW corner of Section 8
S4	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		15	S	16	E	8	NW	NW	201	694 feet South and 654 feet East from the NW corner of Section 8
S5	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		15	S	16	E	8	NW	NW	201	789 feet South and 731 feet East from the NW corner of Section 8
S8	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		15	S	16	E	8	NW	NW	201	1116 feet South and 808 feet East from the NW corner of Section 8
S9	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		15	S	16	E	8	NW	NW	201	1232 feet South and 800 feet East from the NW corner of Section 8
S10	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		15	S	16	E	8	NW	NW	201	1320 feet South and 869 feet East from the NW corner of Section 8
S11	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		15	S	16	E	8	SW	NW	201	1420 feet South and 869 feet East from the NW corner of Section 8

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

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

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

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

No Complete all of Table 2 to describe the portion of the permit to be changed.

For a change in place of use: N/A

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

Yes No

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

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

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


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Are there other water rights certificates, water use permits or ground water registrations associated with the “from” or “to” lands? Yes No -N/A – Permit G-18154 is for municipal use so water rights are not “layered”.

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

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

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

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

AND/OR

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

Table 3. Construction of Point(s) of Appropriation

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

Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well, OWRD Well ID Tag No. L-_____	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well - specific rate (cfs or gpm). If less than full rate of water right
25	Yes	L-136756	~200'	10-inch	+1-100'	0-70'	100-200'	~10-20' bgs	Confined S&G	100-200 gpm
27	No	N/A	~200'	10-inch	+1-100'	0-70'	100-200'	~10-20' bgs	Confined S&G	100-200 gpm

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Attachment A
Permit G-18154

Application for a Permit Amendment – City of Prineville

13621 -

STATE OF OREGON

COUNTY OF CROOK

PERMIT TO APPROPRIATE THE PUBLIC WATERS

THIS PERMIT IS HEREBY ISSUED TO

CITY OF PRINEVILLE
387 NE 3RD ST
PRINEVILLE, OR 97754

The specific limits and conditions of the use are listed below.

APPLICATION FILE NUMBER: G-18662

SOURCE OF WATER: 25 WELLS IN CROOKED RIVER BASIN

PURPOSE OR USE: MUNICIPAL USE

MAXIMUM RATE: 4.46 CUBIC FEET PER SECOND

PERIOD OF USE: JANUARY 1 THROUGH DECEMBER 31

DATE OF PRIORITY: APRIL 25, 2018

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WELL LOCATION:

POA	POA Name	Twp	Rng	Mer	Sec	Q-Q	Measured Distances
1	D1 (CROO 54593)	15 S	16 E	WM	8	NW NW	422 FEET SOUTH AND 400 FEET EAST FROM NW CORNER, SECTION 8
2	S1 (CROO 54587)	15 S	16 E	WM	8	NW NW	471 FEET SOUTH AND 406 FEET EAST FROM NW CORNER, SECTION 8
3	D2 (CROO 54592)	15 S	16 E	WM	8	NW NW	585 FEET SOUTH AND 793 FEET EAST FROM NW CORNER, SECTION 8
4	D3	15 S	16 E	WM	8	NW NW	516 FEET SOUTH AND 438 FEET EAST FROM NW CORNER, SECTION 8
5	S2	15 S	16 E	WM	8	NW NW	561 FEET SOUTH AND 466 FEET EAST FROM NW CORNER, SECTION 8
6	D4	15 S	16 E	WM	8	NW NW	601 FEET SOUTH AND 509 FEET EAST FROM NW CORNER, SECTION 8
7	S3	15 S	16 E	WM	8	NW NW	621 FEET SOUTH AND 564 FEET EAST FROM NW CORNER, SECTION 8
8	D5	15 S	16 E	WM	8	NW NW	657 FEET SOUTH AND 611 FEET EAST FROM NW CORNER, SECTION 8
9	S4	15 S	16 E	WM	8	NW NW	694 FEET SOUTH AND 654 FEET EAST FROM NW CORNER, SECTION 8
10	D6	15 S	16 E	WM	8	NW NW	717 FEET SOUTH AND 700 FEET EAST FROM NW CORNER, SECTION 8
11	S5	15 S	16 E	WM	8	NW NW	789 FEET SOUTH AND 731 FEET EAST FROM NW CORNER, SECTION 8
12	D7	15 S	16 E	WM	8	NW NW	840 FEET SOUTH AND 759 FEET EAST FROM NW CORNER, SECTION 8

POA	POA Name	Twp	Rng	Mer	Sec	Q-Q	Measured Distances
13	S6	15 S	16 E	WM	8	NW NW	888 FEET SOUTH AND 784 FEET EAST FROM NW CORNER, SECTION 8
14	D8	15 S	16 E	WM	8	NW NW	952 FEET SOUTH AND 799 FEET EAST FROM NW CORNER, SECTION 8
15	S7	15 S	16 E	WM	8	NW NW	1004 FEET SOUTH AND 809 FEET EAST FROM NW CORNER, SECTION 8
16	D9	15 S	16 E	WM	8	NW NW	1061 FEET SOUTH AND 815 FEET EAST FROM NW CORNER, SECTION 8
17	S8	15 S	16 E	WM	8	NW NW	1116 FEET SOUTH AND 808 FEET EAST FROM NW CORNER, SECTION 8
18	D10	15 S	16 E	WM	8	NW NW	1179 FEET SOUTH AND 796 FEET EAST FROM NW CORNER, SECTION 8
19	S9	15 S	16 E	WM	8	NW NW	1232 FEET SOUTH AND 800 FEET EAST FROM NW CORNER, SECTION 8
20	D11	15 S	16 E	WM	8	NW NW	1267 FEET SOUTH AND 836 FEET EAST FROM NW CORNER, SECTION 8
21	S10	15 S	16 E	WM	8	NW NW	1320 FEET SOUTH AND 869 FEET EAST FROM NW CORNER, SECTION 8
22	D12	15 S	16 E	WM	8	SW NW	1372 FEET SOUTH AND 879 FEET EAST FROM NW CORNER, SECTION 8
23	S11	15 S	16 E	WM	8	SW NW	1420 FEET SOUTH AND 896 FEET EAST FROM NW CORNER, SECTION 8
24	D13	15 S	16 E	WM	8	SW NW	1479 FEET SOUTH AND 909 FEET EAST FROM NW CORNER, SECTION 8
25	S12	15 S	16 E	WM	8	SW NW	1527 FEET SOUTH AND 949 FEET EAST FROM NW CORNER, SECTION 8

THE PLACE OF USE IS LOCATED AS FOLLOWS:

Within the City of Prineville Service Boundary

1. Measurement Devices, and Recording/Reporting of Annual Water Use Conditions:

- A. Before water use may begin under this permit, the permittee shall install a totalizing flow meter at each point of appropriation. The permittee shall maintain the device in good working order.
- B. The permittee shall allow the watermaster access to the device; provided however, where any device is located within a private structure, the watermaster shall request access upon reasonable notice.
- C. The permittee shall keep a complete record of the volume of water used each month, and shall submit an annual report which includes the recorded water-use measurements to the Department annually, or more frequently as may be required by the Director. Further, the Director may require the permittee to report general water-use information, including the place and nature of use of water under the permit.
- D. The Director may provide an opportunity for the permittee to submit alternative measuring and reporting procedures for review and approval.

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2. Annual Measurement Condition:

The Department requires the water user to obtain, from a qualified individual (see below), and report annual static water levels from one dedicated deep well and one dedicated shallow well. The static water level shall be measured in the month of March. Reports shall be submitted to the Department within 30 days of measurement.

The permittee shall report an initial March static water-level measurement once well construction is complete and annual measurements thereafter. Annual measurements are required whether or not the well is used. The first annual measurement will establish a reference level against which future measurements will be compared. However, the Director may establish the reference level based on an analysis of other water-level data. The Director may require the user to obtain and report additional water levels each year if more data are needed to evaluate the aquifer system.

All measurements shall be made by a certified water rights examiner, registered professional geologist, registered professional engineer, licensed well constructor or pump installer licensed by the Construction Contractors Board. Measurements shall be submitted on forms provided by, or specified by, the Department. Measurements shall be made with equipment that is accurate to at least the standards specified in OAR 690-217-0045. The Department requires the individual performing the measurement to:

- A. Associate each measurement with an owner's well name or number and a Department well log ID; and
- B. Report water levels to at least the nearest tenth of a foot as depth-to-water below ground surface; and
- C. Specify the method of measurement; and
- D. Certify the accuracy of all measurements and calculations reported to the Department.

The water user shall discontinue use of, or reduce the rate or volume of withdrawal from, the well(s) if any of the following events occur:

- A. Annual water-level measurements reveal an average water-level decline of three or more feet per year for five consecutive years; or
- B. Annual water-level measurements reveal a water-level decline of 15 or more feet in fewer than five consecutive years; or
- C. Annual water-level measurements reveal a water-level decline of 25 or more feet; or
- D. Hydraulic interference leads to a decline of 25 or more feet in any neighboring well with senior priority.

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The period of restricted use shall continue until the water level rises above the decline level which triggered the action or the Department determines, based on the permittee's and/or the Department's data and analysis, that no action is necessary because the aquifer in question can sustain the observed declines without adversely impacting the resource or causing substantial interference with senior water rights. The water user shall not allow excessive decline, as defined in Commission rules, to occur within the aquifer as a result of use under this permit. If more than one well is involved, the water user may submit an alternative measurement and reporting plan for review and approval by the Department.

3. Dedicated Measuring Tube Condition:

Wells with pumps shall be equipped with a minimum 3/4-inch diameter, unobstructed, dedicated measuring tube pursuant to figure 200-5 in OAR 690-200. If a pump has been installed prior to the issuance of this permit, and if static water levels and pumping levels can be measured using an electrical tape, then the installation of the measuring tube can be delayed until such time that water levels cannot be measured or the pump is repaired or replaced.

4. Well Identification Tag Condition:

Prior to using water from any well listed on this permit, the permittee shall ensure that the well has been assigned an OWRD Well Identification Number (Well ID tag), which shall be permanently attached to the well. The Well ID shall be used as a reference in any correspondence regarding the well, including any reports of water use, water level, or pump test data.

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5. Groundwater Mitigation Conditions:

- a. Mitigation Obligation: 1292.0 AF of mitigation water in the Crooked River Zone of Impact (located anywhere in the Crooked River Basin above river mile 13.8).
- b. Mitigation Source: Mitigation Credits or a Mitigation Project, in accordance with the incremental development plan on file with the Department, meeting the requirements of OAR Chapter 690, Division 505 (Deschutes Ground Water Mitigation Rules) and OAR Chapter 690, Division 522.
- c. The permittee shall provide mitigation during each stage of development under the permit, as described in the Incremental Development Mitigation Plan on file with the Department, and in accordance with the standards of the Deschutes Ground Water Mitigation Rules, OAR Chapter 690, Division 505 and Division 522.
- d. The permittee shall not increase the rate or amount of water diverted, as described in the incremental development mitigation plan, prior to increasing the corresponding mitigation.
- e. The permittee shall seek and receive Department approval prior to changing the Incremental Mitigation Development Plan and related mitigation obligation for each stage of permit development.
- f. The permittee shall report to the Department the progress of implementing the Incremental Mitigation Development Plan and related mitigation no later than April 1 of each year. The annual report shall include the annual volume of water used, the source and amount of mitigation, and any offset used for that period. This annual notification is not necessary if the permittee has completed development and submitted a Claim of Beneficial Use to the Department.

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- g. Mitigation water must be legally protected instream in the Crooked River Zone of Impact (located anywhere in the Crooked River Basin above river mile 13.8) for the life of the permit and subsequent certificate(s). Regulation of the use and/or cancellation of the permit, or subsequent certificate(s) will occur if the required mitigation is not maintained.
- h. The permittee shall provide additional mitigation if the Department determines that average annual consumptive use of the subject appropriation has increased beyond the originally mitigated amount.
- i. If mitigation is from a secondary right for stored water from a storage project not owned or operated by the permittee, the use of water under this right is subject to the maintenance and terms and conditions of a valid contract or satisfactory replacement, with the owner/operator of the storage project, a copy of which must be on file in the records of the Water Resources Department.
- j. Failure to comply with these mitigation conditions shall result in the Department regulating the groundwater permit, or subsequent certificate(s), proposing to deny any permit extension application for the groundwater permit, and proposing to cancel the groundwater permit, or subsequent certificate(s).
- k. All water use and mitigation accounting, including the incremental development plan and the annual report required in paragraph f, may be reported on a water year basis.

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6. Scenic Waterway Condition:

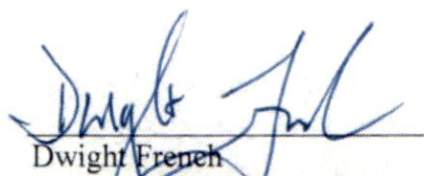
Use of water under authority of this permit may be regulated if analysis of data available after the permit is issued discloses that the appropriation will measurably reduce the surface-water flows necessary to maintain the free-flowing character of a scenic waterway in quantities necessary for recreation, fish and wildlife in effect as of the priority date of the right, or as those quantities may be reduced subsequently. However, the use of groundwater allowed under the terms of this permit will not be subject to regulation for Scenic Waterway flows, provided the mitigation required is maintained.

STANDARD CONDITIONS

1. Failure to comply with any of the provisions of this permit may result in action including, but not limited to, restrictions on the use, civil penalties, or cancellation of the permit.
2. If the number, location, source, or construction of any well deviates from that proposed in the permit application or required by permit conditions, this permit may be subject to cancellation, unless the Department authorizes the change in writing.
3. If substantial interference with surface water or a senior water right occurs due to withdrawal of water from any well listed on this permit, then use of water from the well(s) shall be discontinued or reduced and/or the schedule of withdrawal shall be regulated until or unless the Department approves or implements an alternative administrative action to mitigate the interference. The Department encourages junior and senior appropriators to jointly develop plans to mitigate interferences.
4. The well(s) shall be constructed and maintained in accordance with the General Standards for the Construction and Maintenance of Water Supply Wells in Oregon. The works shall be equipped with a usable access port adequate to determine water-level elevation in the well at all times.

5. Where two or more water users agree among themselves as to the manner of rotation in the use of water and such agreement is placed in writing and filed by such water users with the watermaster, and such rotation system does not infringe upon such prior rights of any water user not a party to such rotation plan, the watermaster shall distribute the water according to such agreement.
6. Prior to receiving a certificate of water right, the permit holder shall submit to the Water Resources Department the results of a pump test meeting the Department's standards for each point of appropriation (well), unless an exemption has been obtained in writing under OAR 690-217. The Director may require water-level or pump-test data every ten years thereafter.
7. This permit is for the beneficial use of water without waste. The water user is advised that new regulations may require the use of best practical technologies or conservation practices to achieve this end.
8. By law, the land use associated with this water use must be in compliance with statewide land-use goals and any local acknowledged land-use plan.
9. Construction of the wells shall begin within twenty years of the date of permit issuance. The deadline to begin construction may not be extended. This permit is subject to cancellation proceedings if the construction deadline to begin is missed.
10. Complete application of the water shall be made within twenty years of the date of permit issuance. If beneficial use of permitted water has not been made before this date, the permittee may submit an application for extension of time, which may be approved based upon the merit of the application.
11. Within one year after complete application of water to the proposed use, the permittee shall submit a claim of beneficial use, which includes a map and report, prepared by a Certified Water Rights Examiner.

Issued *December 26th, 2018*



Dwight French
Water Right Services Division Administrator, for
Thomas M. Byler, Director
Oregon Water Resources Department

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Well Number	Well Log
2	CROO 54589
4	CROO 54587
12	CROO 54828
14	CROO 54827
3	CROO 54593
6	CROO 54785
7	CROO 54792
8	CROO 54592
9	CROO 54834
10	CROO 54832
11	CROO 54833
13	CROO 54830
15	CROO 54831
16	CROO 54829
17	CROO 54810
18	CROO 54789
19	CROO 54869
21	CROO 54734
22	CROO 54750
24	CROO 54588
26	CROO 53215

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Attachment D
Well Logs

Application for a Permit Amendment – City of Prineville

2/16/2018

(1) LAND OWNER Owner Well I.D. STW-2
 First Name JIM Last Name NEWTON
 Company CITY OF PRINEVILLE
 Address 387 NE 3RD ST
 City PRINEVILLE State OR Zip 97754

(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 EXPLORATORY

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 40.50 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	lbs
12	0	40.5	Bentonite Chips	0	18	27 S
					Calculated	14
					Calculated	

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

Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 18 ft. to 40.5 ft. Material PEA GRAV Size 6/9

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 MACHINE
 Screens Type _____ Material _____

Perf/	Casing/	Screen	From	To	Scr/slot	Slot	# of	Tele/
Perf	Casing	Dia	From	To	width	length	slots	pipe size
		6	20.5	40.5	.125	3	456	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
20	20		2

Temperature 54 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount 115 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County CROOK Twp 15.00 S N/S Range 16.00 E E/W WM
 Sec 8 NW 1/4 of the NW 1/4 Tax Lot 201
 Tax Map Number _____ Lot _____
 Lat _____ " or 44.28969444 DMS or DD
 Long _____ " or -120.84572222 DMS or DD
 Street address of well Nearest address

WEST OF MAIN ST/CROOKED RIVER HWY
CROOKED RIVER PARK (STW-2)

(10) STATIC WATER LEVEL
 Date SWL(psi) + SWL(ft)
 Existing Well / Pre-Alteration _____
 Completed Well 12/14/2017 _____ 8
 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 10.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
10/31/2017	10	37	20		8

(11) WELL LOG Ground Elevation 2864.00

Material	From	To
CLAY BROWN	0	10
GRAVELS SAND BROWN	10	12
GRAVELS SAND SILT GRAY	12	20
LARGE GRAVELS TIGHT	20	22
SILT GRAY SAND	22	35
SAND GRAVELS GRAY SMALL	35	37
CLAY SILT GRAY	37	40.5

Date Started 10/30/2017 Completed 12/14/2017

(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 758 Date 2/16/2018

Signed THOMAS R PECK (E-filed)

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 License Number 1720 Date 2/16/2018

Signed JACK ABBAS (E-filed)
 Contact Info (optional) _____

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

CROO 54589
2/16/2018

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STATE OF OREGON
WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT



Oregon Water Resources Department
725 Summer St NE, Salem OR 97301
(503)986-0900

LOCATION OF WELL

Latitude: 44.28969444 Datum: WGS84
Longitude: -120.84572222

Township/Range/Section/Quarter-Quarter Section:

WM 15S 16E 8 NWNW

Address of Well:

WEST OF MAIN ST/CROOKED RIVER HWY CROOKED RIVER PARK (STW2)

DISCLAIMER: This map is intended to represent the approximate location of the well. It is not intended to be construed as survey accurate in any manner.

Drawn by well constructor

Printed: February 16, 2018

Well Label: 127081

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

CROO 54587

2/16/2018

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Map of Hole

STATE OF OREGON
WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301
(503)986-0900



LOCATION OF WELL

Latitude: 44.28944444 Datum: WGS84

Longitude: -120.84569444

Township/Range/Section/Quarter-Quarter Section:

WM 6S 2W 34 NWNW

Address of Well:

WEST OF MAIN ST/CROOKED RIVER HWY CROOKED RIVER PARK (STW-1)

Well Label: 127083

Printed: February 16, 2018

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor



(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company CITY OF PRINEVILLE C/O TAYLOR NW
 Address PO BOX 6714
 City BEND State OR Zip 97708

(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 Thrld
 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 MUNICIPAL

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 42.00 ft.
BORE HOLE SEAL sacks/lbs
 Dia From To Material From To Amt lbs

16	0	42	Bentonite Chips	0	8	23	S
						Calculated	5
			Cement	8	18	18	S
						Calculated	5

How was seal placed: Method A B C D E
 Other POURED DRY
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 18 ft. to 42 ft. Material SAND Size 10/20
 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 Thrld

<input checked="" type="radio"/>	<input type="radio"/>	8	<input checked="" type="checkbox"/>	1	20	.250	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	8	<input type="checkbox"/>	40	42	.250	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

 Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia 16 From + 0.5 To 42

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

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
	Casing	8	20	40	.01			

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
30		40	1

 Temperature 55 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 225 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County CROOK Twp 15.00 S N/S Range 16.00 E E/W WM
 Sec 8 NW 1/4 of the NW 1/4 Tax Lot 201
 Tax Map Number _____ Lot _____
 Lat _____ or _____ DMS or DD
 Long _____ or _____ DMS or DD
 Street address of well Nearest address
 CROOKED RIVER PARK

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+ SWL (ft)
Completed Well	10/10/2019		5

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 18.00

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
10/7/2019	18	40	30		5

(11) WELL LOG Ground Elevation _____

Material	From	To
SAND CLAY BROWN	0	3
GRAVELS CLAY BROWN	3	12
GRAVELS LARGE	12	18
SILT GRAY SAND	18	40
CLAY BROWN	40	42

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Date Started 10/7/2019 Completed 10/10/2019

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number 1852 Date 10/26/2019
 Signed JEB ABBAS (E-filed)

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 License Number 1720 Date 10/26/2019
 Signed JACK ABBAS (E-filed)
 Contact Info (optional) _____

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company CITY OF PRINEVILLE C/O TAYLOR NW
 Address PO BOX 6714
 City BEND State OR Zip 97708

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

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 44.00 ft.

BORE HOLE				SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs	
16	0	44	Concrete	0	5	20250	P	
						Calculated	4050	
			Cement	5	20	18	S	
						Calculated	11	

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount _____ Actual Amount _____

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	1	22	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/>	42	44	.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 16 From + 0.5 To 44

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

Perf/ Screen	Casing/ Liner	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size
Screen	Casing	8	22	42	.01			

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
30		40	1

 Temperature 55 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 315 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County CROOK Twp 15.00 S N/S Range 16.00 E E/W WM
 Sec 8 NW 1/4 of the NW 1/4 Tax Lot 201
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

CROOKED RIVER PARK

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	10/14/2019		5

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 9.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
10/10/2019	9	42	30		5

(11) WELL LOG Ground Elevation _____

Material	From	To
CLAY SAND BROWN	0	8
GRAVELS CLAY	8	15
CLAY GRAVELS BROWN	15	28
SAND SILT GRAY BROWN	28	42
CLAY SILT GRAY	42	44

Date Started 10/10/2019 Completed 10/14/2019

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number 1852 Date 10/25/2019
 Signed JEB ABBAS (E-filed)

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 License Number 1720 Date 10/26/2019
 Signed JACK ABBAS (E-filed)
 Contact Info (optional) _____

(1) LAND OWNER Owner Well I.D. DTW-1
 First Name JIM Last Name NEWTON
 Company CITY OF PRINEVILLE
 Address 387 NE 3RD ST
 City PRINEVILLE State OR Zip 97754

(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 EXPLORATORY

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 87.00 ft.
 BORE HOLE SEAL sacks/lbs

Dia	From	To	Material	From	To	Amt	SEAL
16	0	140	Bentonite Chips	0	4	7	S
				Calculated		6	
			Cement	4	50	70	S
				Calculated		31	

How was seal placed: Method A B C D E
 Other POURED DRY
 Backfill placed from 87 ft. to 140 ft. Material PEA GRAVEL
 Filter pack from 50 ft. to 87 ft. Material SAND Size 6/9
 Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	2	52	.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 16 From + 1 To 73

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

Perf/ Screen	Casing/ Liner	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size
Screen	Casing	8	52	87	.01			

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
20	20		2
103	54	80	120

 Temperature 54 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 572 mg/L

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County CROOK Twp 15.00 S N/S Range 16.00 E E/W WM
 Sec 8 NW 1/4 of the NW 1/4 Tax Lot 201
 Tax Map Number _____ Lot _____
 Lat _____ " or 44.28950000 DMS or DD
 Long _____ " or -120.84572222 DMS or DD
 Street address of well Nearest address
WEST OF MAIN ST/CROOKED RIVER HWY
CROOKED RIVER PARK (DTW-1)

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+	SWL(ft)
Completed Well	1/5/2018			4.5

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 14.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
10/3/2017	14	27	20			10
10/6/2017	42	58	20			4.5

(11) WELL LOG Ground Elevation 2875.00

Material	From	To
TOP SOIL	0	1
CLAY BROWN	1	9
CLAY SAND	9	14
GRAVELS GRAY SILT COARS MEDIUM	14	27
CLAY SILT GRAVELS	27	38
SILT CLAY	38	42
GRAVELS SAND SILT	42	58
CLAY GRAY	58	88
CLAY GRAY ASH MIX	88	104
CLAY HARD GRAY	104	120
CLAY SOFT STICKY BROWN	120	140

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Date Started 10/2/2017 Completed 1/5/2018

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number 758 Date 2/16/2018
 Signed THOMAS PECK (E-filed)

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 License Number 1720 Date 2/19/2018
 Signed JACK ABBAS (E-filed)
 Contact Info (optional) _____

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

CROO 54593

2/19/2018

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OWRD

Map of Hole

**STATE OF OREGON
WELL LOCATION MAP**

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301
(503)986-0900



This map is supplemental to the WATER SUPPLY WELL REPORT

LOCATION OF WELL

Latitude: 44.2895 Datum: WGS84

Longitude: -120.84572222

Township/Range/Section/Quarter-Quarter Section:

WM 6S 2W 34 NWNW

Address of Well:

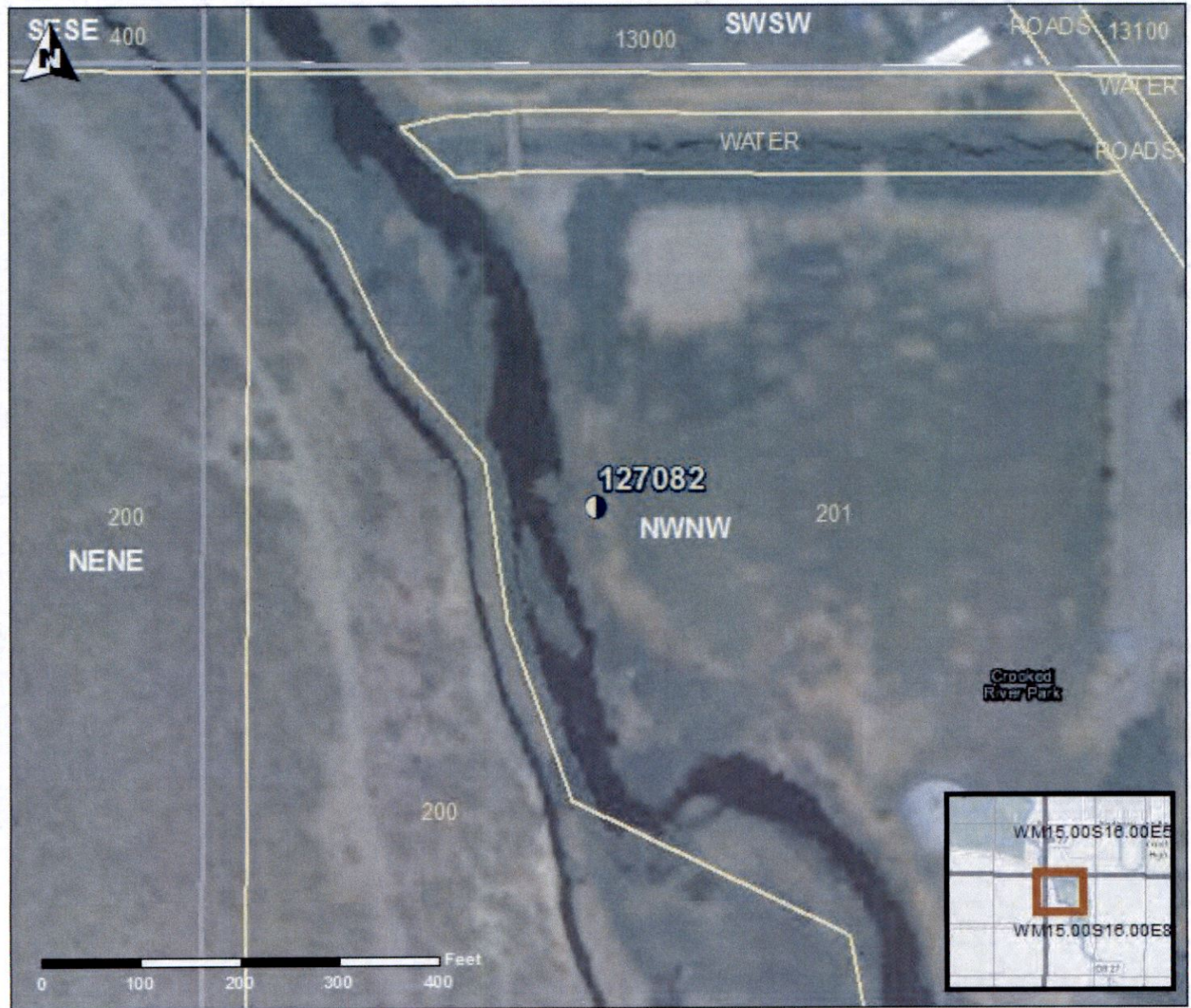
WEST OF MAIN ST/CROOKED RIVER HWY
CROOKED RIVER HWY (DTW-1)

Well Label: 127082

Printed: February 18, 2018

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor



(1) **LAND OWNER** Owner Well I.D. DT-4
 First Name _____ Last Name _____
 Company CITY OF PRINEVILLE C/O TAYLOR NW
 Address PO BOX 6714
 City BEND State OR Zip 97708

(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 MUNICIPAL

(5) **BORE HOLE CONSTRUCTION** Special Standard (Attach copy)
 Depth of Completed Well 95.00 ft.
BORE HOLE Dia From To Material From To Amt sacks/lbs

16	0	95	Concrete	0	5	14430	P
						Calculated	7200
			Cement	5	58	70	S
						Calculated	40

 SEAL _____

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 58 ft. to 95 ft. Material SAND Size 4/10
 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"/>	8	<input checked="" type="checkbox"/>	2	60	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/>	90	95	.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 16 From + 2 To 95

(7) **PERFORATIONS/SCREENS**
 Perforations Method _____
 Screens Type JOHNSON Material STAINLESS

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
		8	60	90	.02			

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
100		90	2

 Temperature 55 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 285 ppm

From	To	Description	Amount	Units

(9) **LOCATION OF WELL (legal description)**
 County CROOK Twp 15.00 S N/S Range 16.00 E E/W WM
 Sec 8 NW 1/4 of the NW 1/4 Tax Lot 201
 Tax Map Number _____ Lot _____
 Lat _____ or 44.28925000 DMS or DD
 Long _____ or -120.84558333 DMS or DD
 Street address of well Nearest address
 CROOKED RIVER PARK- S. MAIN ST

(10) **STATIC WATER LEVEL**

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	7/11/2019		6

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 11.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
7/3/2019	11	46	50		10
7/3/2019	58	89	100		6

(11) **WELL LOG** Ground Elevation 2873.00

Material	From	To
TOP SOIL	0	2
GRAVELS SAND BROWN	2	10
GRAVELS SAND GRAY	10	32
SAND GRAY LOOSE	32	46
SILT SAND	46	52
CLAY GRAY	52	58
GRAVELS	58	83
GRAVELS SILT	83	89
CLAY GREEN	89	95

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Date Started 7/3/2019 Completed 7/11/2019
(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number 758 Date 7/28/2019
 Signed THOMAS PECK (E-filed)

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 License Number 1720 Date 7/28/2019
 Signed JACK ABBAS (E-filed)
 Contact Info (optional) _____

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

CROO 54785

7/28/2019

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OWRD

Map of Hole

STATE OF OREGON
WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301
(503)986-0900



LOCATION OF WELL

Latitude: 44.28925 Datum: WGS84

Longitude: -120.84558333

Township/Range/Section/Quarter-Quarter Section:

WM 15S 16E 8 NWNW

Address of Well:

CROOKED RIVER PARK- S. MAIN ST

Well Label: 133400

Printed: July 28, 2019

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor



(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company CITY OF PRINEVILLE C/O TAYLOR NW
 Address PO BOX 6714
 City BEND State OR Zip 97708

(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 Thrld
 Casing: _____
 Material From To Amt sacks/lbs
 Seal: _____

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 107.00 ft.
BORE HOLE **SEAL** sacks/lbs
 Dia From To Material From To Amt lbs

16	0	107	Concrete	0	7	28000	P
						Calculated	14000
			Cement	7	72	70	S
						Calculated	50

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 72 ft. to 100 ft. Material SAND Size 4/10
 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 Thrld

<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	2	75	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/>	100	107	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia 16 From + 1 To 107

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

Screen	Casing	8	75	100	.02				
--------	--------	---	----	-----	-----	--	--	--	--

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

100		100	3
-----	--	-----	---

 Temperature 58 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 320 ppm
 From To Description Amount Units

--	--	--	--	--

(9) LOCATION OF WELL (legal description)
 County CROOK Twp 15.00 S N/S Range 16.00 E E/W WM
 Sec 8 NW 1/4 of the NW 1/4 Tax Lot 201
 Tax Map Number _____ Lot _____
 Lat _____ DMS or DD
 Long _____ DMS or DD
 Street address of well Nearest address
CROOKED RIVER PARK- S MAIN ST

(10) STATIC WATER LEVEL
 Existing Well / Pre-Alteration Date SWL(psi) + SWL(ft)
 Completed Well 7/25/2019 _____ 9
 Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found 11.00
 SWL Date From To Est Flow SWL(psi) + SWL(ft)

7/16/2019	11	31	50		6
7/17/2019	72	88	100		9

(11) WELL LOG Ground Elevation 2857.00

Material	From	To
CLAY GRAVELS BROWN	0	8
GRAVELS GRAY	8	31
SILT SAND GRAY	31	66
CLAY STREAKS SAND GRAY	66	72
SAND GRAVELS	72	88
CLAY GREEN	88	91
GRAVELS	91	103
CLAY GRAY	103	107

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Date Started 7/16/2019 Completed 7/25/2019
(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number 758 Date 8/9/2019
 Signed THOMAS PECK (E-filed)

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 License Number 1720 Date 8/9/2019
 Signed JACK ABBAS (E-filed)
 Contact Info (optional) _____

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

CROO 54792

8/9/2019

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Map of Hole

OWRD

STATE OF OREGON
WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301
(503)986-0900



LOCATION OF WELL

Latitude: 44.28907 Datum: WGS84

Longitude: -120.8453

Township/Range/Section/Quarter-Quarter Section:

WM 6S 2W 34 NWNW

Address of Well:

CROOKED RIVER PARK- S MAIN ST

Well Label: 135224

Printed: August 9, 2019

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor



(1) LAND OWNER
 Owner Well I.D. DTW-2
 First Name JIM Last Name NEWTON
 Company CITY OF PRINEVILLE
 Address 387 NE 3RD ST
 City PRINEVILLE State OR Zip 97754

(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 Thrld
 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 EXPLORATORY

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 140.00 ft.
 BORE HOLE SEAL sacks/lbs

Dia	From	To	Material	From	To	Amt	lbs
16	0	140	Bentonite Chips	0	7	14	S
				Calculated		10	
			Cement	7	50	70	S
				Calculated		31	

How was seal placed: Method A B C D E
 Other POURED DRY
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 50 ft. to 140 ft. Material SAND Size 50 MESH
 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	Thrld
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	2	60	.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 16 From + 1 To 140

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

Perf/ Screen	Casing/ Liner	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size
		8	60	140	.008			

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
20	25		2

 Temperature 54 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 118 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County CROOK Twp 15.00 S N/S Range 16.00 E E/W WM
 Sec 8 NW 1/4 of the NW 1/4 Tax Lot 201
 Tax Map Number _____ Lot _____
 Lat _____ " or 44.28905556 DMS or DD
 Long _____ " or -120.84419444 DMS or DD
 Street address of well Nearest address
WEST OF MAIN ST/CROOKED RIVER HWY
CROOKED RIVER PARK (DTW-2)

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+	SWL(ft)
Completed Well	1/17/2018			4

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 13.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
11/7/2017	13	22	20			10
11/8/2017	32	133	20			4

(11) WELL LOG Ground Elevation 2876.00

Material	From	To
FILL	0	2
CLAY SILT BROWN	2	6
CLAY SILT GRAY	6	13
GRAVELS	13	16
GRAVELS TIGHT LARGE	16	23
SILT CLAY GRAY	23	32
SAND FINE GRAY HEAVING	32	56
SAND TIGHT LOOSE LAYERS	56	133
CLAY GRAY	133	140

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Date Started 11/17/2017 Completed 1/17/2018
(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number 758 Date 2/18/2018
 Signed THOMAS PECK (E-filed)

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 License Number 1720 Date 2/18/2018
 Signed JACK ABBAS (E-filed)
 Contact Info (optional) _____

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

CROO 54592

2/18/2018

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Map of Hole

OWRD

STATE OF OREGON
WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301
(503)986-0900



LOCATION OF WELL

Latitude: 44.28905556 Datum: WGS84

Longitude: -120.84419444

Township/Range/Section/Quarter-Quarter Section:

WM 15S 16E 8 NWNW

Address of Well:

WEST OF MAIN ST/CROOKED RIVER HWY
CROOKED RIVER PARK (DTW-2)

Well Label: 129186

Printed: February 18, 2018

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor



(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company CITY OF PRINEVILLE C/O TAYLOR NW
 Address PO BOX 6714
 City BEND State OR Zip 97708

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

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 98.00 ft.
BORE HOLE SEAL sacks/lbs
 Dia From To Material From To Amt lbs

16	0	98	Bentonite Chips	0	6	10	S
						Calculated	8
						Cement	6
						Calculated	36

How was seal placed: Method A B C D E
 Other POURED DRY
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 58 ft. to 98 ft. Material SAND Size 10/20
 Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount _____ Actual Amount _____

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	2	73	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/>	93	98	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

 Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia 16 From + 1 To 98

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

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen	Casing	8	73	93	.01			

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
50		90	1

 Temperature 55 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 273 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County CROOK Twp 15.00 S N/S Range 16.00 E E/W WM
 Sec 8 NW 1/4 of the NW 1/4 Tax Lot 201
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
 CROOKED RIVER PARK

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	10/9/2019		9

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 24.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
10/7/2019	24	44	30		9
10/7/2019	55	89	50		9

(11) WELL LOG Ground Elevation _____

Material	From	To
SAND	0	7
COBBELS LARGE	7	24
SILT SAND GRAY	24	44
SILT CLAY STREAKS	44	55
SAND GRAY SILT	55	89
CLAY BROWN	89	98

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Date Started 10/7/2019 Completed 10/10/2019

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number 1852 Date 10/29/2019
 Signed JEB ABBAS (E-filed)

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 License Number 1720 Date 11/7/2019
 Signed JACK ABBAS (E-filed)
 Contact Info (optional) _____

10/29/2019

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company CITY OF PRINEVILLE C/O TAYLOR NW
 Address PO BOX 6714
 City BEND State OR Zip 97708

(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 Thrld
 Casing: _____
 Material From To Amt sacks/lbs
 Seal: _____

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

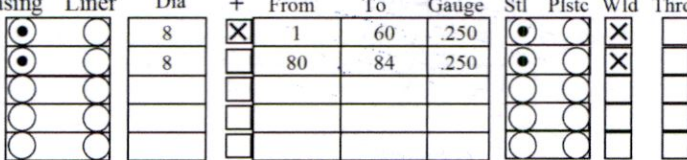
(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other MUNICIPAL

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 84.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
16	0	84	Bentonite Chips	0	9	121	S
						Calculated	4
			Cement	9	51	45	S
						Calculated	30

How was seal placed: Method A B C D E
 Other POURED DRY
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 51 ft. to 84 ft. Material SAND Size 10/20
 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 Thrld

 Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia 16 From + 0.5 To 84

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

Perf/ Screen	Casing/ Screen	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size
Screen	Casing	8	60	80	.01			

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
50		80	1

Temperature 55 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 225 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County CROOK Twp 15.00 S N/S Range 16.00 E E/W WM
 Sec 8 NW 1/4 of the NW 1/4 Tax Lot 201
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

CROOKED RIVER PARK

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	10/7/2019		9

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 22.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
10/1/2019	22	44	30		9
10/2/2019	53	80	50		9

(11) WELL LOG Ground Elevation _____

Material	From	To
CLAY SAND BROWN	0	4
GRAVELS CLAY	4	22
SAND SILT GRAY	22	44
SAND CLAY GRAY	44	53
SILT SAND	53	80
CLAY SAND GRAY BROWN STREAKS	80	84

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OWRD

Date Started 10/1/2019 Completed 10/7/2019

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

License Number 1852 Date 10/29/2019

Signed JEB ABBAS (E-filed)

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

License Number 1720 Date 10/29/2019

Signed JACK ABBAS (E-filed)

Contact Info (optional) _____

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company CITY OF PRINEVILLE C/O TAYLOR NW
 Address PO BOX 6714
 City BEND State OR Zip 97708

(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 Thrld
 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 MUNICIPAL

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 85.00 ft.
BORE HOLE SEAL sacks/lbs
 Dia From To Material From To Amt lbs

16	0	85	Concrete	0	6	22275	P
						Calculated	8000
			Cement	6	55	50	S
						Calculated	34

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 55 ft. to 85 ft. Material SAND Size 10/20
 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 Thrld

<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	1	60	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/>	80	85	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

 Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia 16 From + 1 To 85

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

Screen	Casing	8	60	80	.008			
--------	--------	---	----	----	------	--	--	--

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

50		80	1
----	--	----	---

 Temperature 55 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 275 ppm
 From To Description Amount Units

--	--	--	--	--

(9) LOCATION OF WELL (legal description)
 County CROOK Twp 15.00 S N/S Range 16.00 E E/W WM
 Sec 8 NW 1/4 of the NW 1/4 Tax Lot 201
 Tax Map Number _____ Lot _____
 Lat _____ or _____ DMS or DD
 Long _____ or _____ DMS or DD
 Street address of well Nearest address
CROOKED RIVER PARK

(10) STATIC WATER LEVEL
 Date SWL (psi) + SWL (ft)

Existing Well / Pre-Alteration		
Completed Well	10/16/2019	9

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 10.00

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
10/9/2019	10	43	30		9
10/10/2019	55	83	50		9

(11) WELL LOG Ground Elevation _____

Material	From	To
SAND	0	4
GRAVELS SAND	4	9
SAND GRAVELS	9	28
SAND GRAY	28	43
CLAY SILTY SAND GRAY	43	53
SAND GRAY	53	83
CLAY SILT	83	85

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Date Started 10/9/2019 Completed 10/16/2019
(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number 1852 Date 10/29/2019
 Signed JEB ABBAS (E-filed)

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 License Number 1720 Date 10/29/2019
 Signed JACK ABBAS (E-filed)
 Contact Info (optional) _____

(1) **LAND OWNER** Owner Well I.D. _____
 First Name _____ Last Name _____
 Company CITY OF PRINEVILLE C/O TAYLOR NW
 Address PO BOX 6714
 City BEND State OR Zip 97708

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

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

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

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

(5) **BORE HOLE CONSTRUCTION** Special Standard (Attach copy)
 Depth of Completed Well 92.00 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
16	0	93	Bentonite Chips	0	8	16	S
						Calculated	11
			Cement	11	55	44	S
						Calculated	32

How was seal placed: Method A B C D E
 Other POURED DRY
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 55 ft. to 93 ft. Material SAND Size 10/20
 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"/>	8	1	63	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8	88	93	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

 Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia 16 From + 0.5 To 93

(7) **PERFORATIONS/SCREENS**
 Perforations Method _____
 Screens Type JOHNSON Material STAINLESS

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrwn/slot width	Slot length	# of slots	Tele/ pipe size
Screen	Casing	8	63	88	.01			

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
100		90	1

 Temperature 55 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 275 ppm

From	To	Description	Amount	Units

(9) **LOCATION OF WELL (legal description)**
 County CROOK Twp 15.00 S N/S Range 16.00 E E/W WM
 Sec 8 SW 1/4 of the NW 1/4 Tax Lot 201
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

CROOKED RIVER PARK

(10) **STATIC WATER LEVEL**

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	9/13/2019		10

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 15.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
9/11/2019	15	88	50		10

(11) **WELL LOG** Ground Elevation _____

Material	From	To
CLAY SAND	0	10
GRAVEL SAND	10	18
SILT SAND GRAY	18	45
SAND CLAY GRAY	45	56
SAND GRAY	56	88
CLAY SILT BROWN	88	93

Date Started 9/11/2019 Completed 9/16/2019

(unbonded) **Water Well Constructor Certification**
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number 1852 Date 10/27/2019
 Signed JEB ABBAS (E-filed)

(bonded) **Water Well Constructor Certification**
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 License Number 1720 Date 10/27/2019
 Signed JACK ABBAS (E-filed)
 Contact Info (optional) _____

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company CITY OF PRINEVILLE C/O TAYLOR NW
 Address PO BOX 6714
 City BEND State OR Zip 97708

(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 MUNICIPAL

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 95.00 ft.
BORE HOLE SEAL sacks/lbs
 Dia From To Material From To Amt

16	0	95	Bentonite Chips	0	2	4	S
			Calculated			3	
			Cement	4	50	44	S
			Calculated			33	

How was seal placed: Method A B C D E
 Other POURED DRY
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 50 ft. to 95 ft. Material SAND Size 10/20
 Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount _____ Actual Amount _____

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	2	65	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/>	90	95	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

 Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia 16 From + 1 To 95

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

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen	Casing	8	65	90	.01			

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

100		90	1
-----	--	----	---

 Temperature 55 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 310 ppm
 From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
 County CROOK Twp 15.00 S N/S Range 16.00 E E/W WM
 Sec 8 SW 1/4 of the NW 1/4 Tax Lot 201
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
CROOKED RIVER PARK

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	9/6/2019		10

 Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found 11.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
8/30/2019	11	42	50		10
9/3/2019	57	90	100		10

(11) WELL LOG Ground Elevation _____

Material	From	To
CLAY SAND	0	8
GRAVELS SAND	8	25
SAND GRAVEL GRAY	25	43
CLAY SILT GRAY	43	57
SAND LOOSE	57	91
SILTY CLAY GRAY	91	95

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Date Started 8/30/2019 Completed 9/5/2019
(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number 1852 Date 10/27/2019
 Signed JEB ABBAS (E-filed)

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 License Number 1720 Date 10/27/2019
 Signed JACK ABBAS (E-filed) **13621-**
 Contact Info (optional) _____

10/27/2019

(1) **LAND OWNER** Owner Well I.D. _____
 First Name _____ Last Name _____
 Company CITY OF PRINEVILLE C/O TAYLOR NW
 Address PO BOX 6714
 City BEND State OR Zip 97708

(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 Thrld
 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 MUNICIPAL

(5) **BORE HOLE CONSTRUCTION** Special Standard (Attach copy)
 Depth of Completed Well 94.00 ft.

BORE HOLE			SEAL				sacks/ lbs
Dia	From	To	Material	From	To	Amt	
16	0	94	Bentonite Chips	0	11	134	S
			Calculated			15	
			Cement	11	54	47	S
			Calculated			30	

How seal placed: Method A B C D E
 Other POURED DRY
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 54 ft. to 94 ft. Material SAND Size 10/20
 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 Thrld
 Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia 16 From + 1 To 94

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

Screen	Casing	Dia	From	To	width	length	slots	pipe size
		8	64	89	.01			

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailer Air Flowing Artesian
 Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
 100 _____ 90 _____ 1 _____
 Temperature 55 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 310 ppm
 From To Description Amount Units

(9) **LOCATION OF WELL (legal description)**
 County CROOK Twp 15.00 S N/S Range 16.00 E E/W WM
 Sec 8 SW 1/4 of the NW 1/4 Tax Lot 201
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

CROOKED RIVER PARK

(10) **STATIC WATER LEVEL**
 Date SWL(psi) + SWL(ft)
 Existing Well / Pre-Alteration _____
 Completed Well 7/22/2019 _____ 5
 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 13.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
7/15/2019	13	42	50		5
7/16/2019	57	88	100		5

(11) **WELL LOG** Ground Elevation _____
 Material From To
 CLAY GRAVELS BROWN 0 10
 GRAVELS GRAY SAND 10 21
 SAND GRAY 21 42
 CLAY STREAKS SAND GRAY 42 57
 SAND LOOSE GRAY 57 88
 CLAY GRAY 88 94
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Date Started 7/15/2019 Completed 7/22/2019

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

License Number 1852 Date 10/27/2019
 Signed JEB ABBAS (E-filed)

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

License Number 1720 Date 10/27/2019
 Signed JACK ABBAS (E-filed)
 Contact Info (optional) _____

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company CITY OF PRINEVILLE C/O TAYLOR NW
 Address PO BOX 6714
 City BEND State OR Zip 97708

(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 MUNICIPAL

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 93.00 ft.
 BORE HOLE SEAL sacks/lbs

Dia	From	To	Material	From	To	Amt	lbs
16	0	93	Bentonite Chips	0	8	51	S
						Calculated	11
			Cement	8	55	70	S
						Calculated	36

How was seal placed: Method A B C D E
 Other POURED DRY
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 55 ft. to 93 ft. Material SAND Size 10/20
 Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+ From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	2	63	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/>	88	93	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

 Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia 16 From 1 To 93

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type ROSCOE MOSS Material STAINLESS

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
	Casing	8	63	88	.01			

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
100		90	3

 Temperature 55 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 310 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County CROOK Twp 15.00 S N/S Range 16.00 E E/W WM
 Sec 8 NW 1/4 of the NW 1/4 Tax Lot 201
 Tax Map Number _____ Lot _____
 Lat _____ " or 44.28727778 DMS or DD
 Long _____ " or -120.84413889 DMS or DD
 Street address of well Nearest address
CROOKED RIVER PARK

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	8/16/2019		10

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 20.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
8/12/2019	20	45	20		8
8/13/2019	60	83	100		10

(11) WELL LOG Ground Elevation 2861.00

Material	From	To
CLAY GRAVELS BROWN	0	10
GRAVELS SAND GRAY	10	20
SAND GRAY	20	45
SILT CLAY SAND GRAY	45	55
SAND LOOSE GRAY	55	83
CLAY STREAK SAND GRAY	83	88
CLAY GRAY	88	93

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Date Started 8/12/2019 Completed 8/16/2019
(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number 758 Date 9/8/2019
 Signed THOMAS PECK (E-filed)

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 License Number 1720 Date 9/8/2019
 Signed JACK ABBAS (E-filed)
 Contact Info (optional) _____

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

CROO 54810

9/8/2019

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Map of Hole

STATE OF OREGON
WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301
(503)986-0900



LOCATION OF WELL

Latitude: 44.28727778 Datum: WGS84

Longitude: -120.84413889

Township/Range/Section/Quarter-Quarter Section:

WM 15S 16E 8 NWNW

Address of Well:

CROOKED RIVER PARK

Well Label: 135225

Printed: September 8, 2019

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor



(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company CITY OF PRINEVILLE C/O TAYLOR NW
 Address PO BOX 6714
 City BEND State OR Zip 97708

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

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 95.00 ft.
BORE HOLE **SEAL** sacks/lbs
 Dia From To Material From To Amt lbs

16	0	95	Bentonite Chips	0	5	12	S
						Calculated	7
				Concrete	5	32	20000
						Calculated	10000

How was seal placed: Method A B C D E
 Other POURED DRY
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 55 ft. to 95 ft. Material SAND Size 10/20
 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

●	○	8	+	2	60	.250	●	○	○	○	○	○
●	○	8	+	90	95	.250	●	○	○	○	○	○

 Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia 16 From + 1 To 95

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type JOHNSON Material STAINLESS
 Perf/ Casing/ Screen Dia From To Sem/slot Slot # of Tel/ Screen Liner Dia From To width length slots pipe size

Screen	Casing	8	60	90	.01					
--------	--------	---	----	----	-----	--	--	--	--	--

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
100		90	3

 Temperature 59 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 302 ppm
 From To Description Amount Units

(9) LOCATION OF WELL (legal description)
 County CROOK Twp 15.00 S N/S Range 16.00 E E/W WM
 Sec 8 SW 1/4 of the NW 1/4 Tax Lot 201
 Tax Map Number _____ Lot _____
 Lat _____ " or 44.28708000 DMS or DD
 Long _____ " or -120.84390000 DMS or DD
 Street address of well Nearest address
 CROOKED RIVER PARK- S MAIN ST

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	8/5/2019		6

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 10.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
7/26/2019	10	51	50		8
7/29/2019	55	91	100	6	

(11) WELL LOG Ground Elevation 2868.00

Material	From	To
SAND CLAY BROWN	0	6
GRAVEL CLAY BROWN	6	10
GRAVELS GRAY SAND	10	28
SAND SILTY GRAY	28	51
CLAY SILT CLAY	51	55
SAND FINE GRAVELS LENSES GRAY	55	91
CLAY GRAY	91	95

Date Started 7/26/2019 Completed 8/5/2019

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number 758 Date 8/8/2019
 Signed THOMAS PECK (E-filed)

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 License Number 1720 Date 8/8/2019
 Signed JACK ABBAS (E-filed) 13621-
 Contact Info (optional) _____

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

CROO 54789

8/8/2019

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OWRD

Map of Hole

**STATE OF OREGON
WELL LOCATION MAP**

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301
(503)986-0900



LOCATION OF WELL

Latitude: 44.28708 Datum: WGS84

Longitude: -120.8439

Township/Range/Section/Quarter-Quarter Section:

WM 15S 16E 8 SWNW

Address of Well:

CROOKED RIVER PARK- S MAIN ST

Well Label: 135218

Printed: August 8, 2019

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor



(1) **LAND OWNER** Owner Well I.D. _____
 First Name _____ Last Name _____
 Company CITY OF PRINEVILLE C/O TAYLOR NW
 Address PO BOX 6714
 City BEND State OR Zip 97708

(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 Thrld
 Casing: _____
 Material From To Amt sacks/lbs
 Seal: _____

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

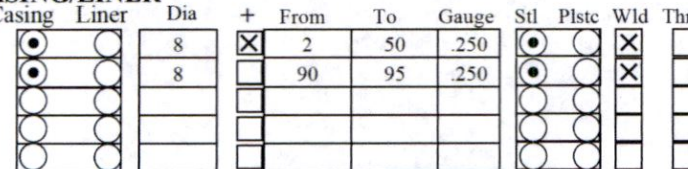
(4) **PROPOSED USE** Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other MUNICIPAL

(5) **BORE HOLE CONSTRUCTION** Special Standard (Attach copy)
 Depth of Completed Well 95.00 ft.

BORE HOLE			SEAL				sacks/lbs
Dia	From	To	Material	From	To	Amt	
16	0	95	Bentonite Chips	0	8	40	S
						Calculated	12
			Cement	8	48	42	S
						Calculated	20

How was seal placed: Method A B C D E
 Other POURED DRY
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 48 ft. to 95 ft. Material SAND Size 10/20
 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 Thrld

 Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia 16 From + 1 To 95

(7) **PERFORATIONS/SCREENS**
 Perforations Method _____
 Screens Type JOHNSON Material STAINLESS

Perf/Screen	Casing/Liner	Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/pipe size
		8	50	90	.01			

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
50	0		1

 Temperature 58 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 261 ppm

From	To	Description	Amount	Units

(9) **LOCATION OF WELL (legal description)**
 County CROOK Twp 15.00 S N/S Range 16.00 E E/W WM
 Sec 8 SW 1/4 of the NW 1/4 Tax Lot 201
 Tax Map Number _____ Lot _____
 Lat _____ or 44.28680556 DMS or DD
 Long _____ or -120.84383333 DMS or DD
 Street address of well Nearest address

CROOKED RIVER PARK

(10) **STATIC WATER LEVEL**

Existing Well / Pre-Alteration Completed Well	Date	SWL(psi)	+ SWL(ft)
	5/31/2019		4

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 21.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
5/14/2019	21	90	50		4

(11) **WELL LOG** Ground Elevation 2874.00

Material	From	To
CLAY SAND BROWN	0	4
COBBLES CLAY BROWN	4	21
SAND SILT FINE GRAY	21	26
SAND LOOSE LAYERS COARSE	26	90
CLAY PACK SAND GRAY	90	95

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Date Started 5/15/2019 Completed 5/21/2019

(unbonded) **Water Well Constructor Certification**
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number 758 Date 3/25/2020
 Signed THOMAS PECK (E-filed)

(bonded) **Water Well Constructor Certification**
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 License Number 1720 Date 3/25/2020
 Signed JACK ABBAS (E-filed)
 Contact Info (optional) _____

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

CROO 54869

3/25/2020

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Map of Hole

OWRD

**STATE OF OREGON
WELL LOCATION MAP**

This map is supplemental to the WATER SUPPLY WELL REPORT.

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301
(503)986-0900



LOCATION OF WELL

Latitude: 44.286805556 Datum: WGS84

Longitude: -120.843833333

Township/Range/Section/Quarter-Quarter Section:

WM15.00S16.00E8SWNW

Address of Well:

CROOKED RIVER PARK

Well Label: 133398

Printed: March 25, 2020

DISCLAIMER: This map is intended to represent the approximate location of the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor



13021 -

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

CROO 54734

5/8/2019

Map of Hole

STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301
(503)986-0900



LOCATION OF WELL

Latitude: 44.28669444 Datum: WGS84

Longitude: -120.84377778

Township/Range/Section/Quarter-Quarter Section:

WM 15S 16E 8 SWNW

Address of Well:

CROOKED RIVER PARK- LYNN BLVD

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OWRD

Well Label: 133354

Printed: May 8, 2019

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor



(1) LAND OWNER Owner Well I.D. DT-17
 First Name _____ Last Name _____
 Company CITY OF PRINEVILLE C/O TAYLOR NW
 Address PO BOX 6714
 City BEND State OR Zip 97708

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

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 85.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
16	0	85	Bentonite Chips	0	10	45	S
						Calculated	14
			Cement	10	53	73	S
						Calculated	30

How was seal placed: Method A B C D E
 Other POURED DRY
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 53 ft. to 85 ft. Material SAND Size 10/20
 Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount _____ Actual Amount _____

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	3	85	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia 16 From + 1 To 85

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

Perf/ Screen	Casing/ Screen	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size
Screen	Casing	8	55	80	.008			

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
30	20		6

 Temperature 53 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 160 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County CROOK Twp 15.00 S N/S Range 16.00 E E/W WM
 Sec 8 SW 1/4 of the NW 1/4 Tax Lot 201
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

CROOKED RIVER PARK - LYNN BLVD

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	5/8/2019		3

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 20.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
2/27/2019	20	48	30		2
2/28/2019	53	82	30		3

(11) WELL LOG Ground Elevation _____

Material	From	To
CLAY GRAVELS COBBLES BROWN	0	21
SAND GRAY SILT	21	48
SAND GRAY CLAY	48	53
SAND LOOSE	53	82
SAND CLAY SILT	82	85

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OWRD

Date Started 2/27/2019 Completed 5/8/2019

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number 758 Date 5/8/2019
 Signed THOMAS PECK (E-filed)

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 License Number 1720 Date 5/19/2019
 Signed JACK ABBAS (E-filed)
 Contact Info (optional) _____

(1) LAND OWNER Owner Well I.D. DTW-3
 First Name JIM Last Name NEWTON
 Company CITY OF PRINEVILLE
 Address 387 NE 3RD ST
 City PRINEVILLE State OR Zip 97754

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

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 140.00 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
16	0	140	Bentonite Chips	0	7	28	S
						Calculated	10
			Cement	7	70	70	S
						Calculated	39

How was seal placed: Method A B C D E
 Other POURED DRY
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 70 ft. to 140 ft. Material PEA GRAV Size pea gravel
 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
 8 2 140 250
 Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia 16 From + 1 To 140

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

Perf	Casing	8	80	140	.125	3	1824	
------	--------	---	----	-----	------	---	------	--

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
30	10		2

 Temperature 54 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 120 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County CROOK Twp 15.00 S N/S Range 16.00 E E/W WM
 Sec 8 NW 1/4 of the NW 1/4 Tax Lot 203
 Tax Map Number _____ Lot _____
 Lat _____ " or 44.28961111 DMS or DD
 Long _____ " or -120.84225000 DMS or DD
 Street address of well Nearest address
 EAST OF MAIN ST/CRROKED RIVER HWY \NCROOKED RIVER PARK
 (DTW-3)

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	2/6/2018		4

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 10.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
1/19/2018	10	25	20		10
1/24/2018	70	112	20		4

(11) WELL LOG Ground Elevation 2876.00

Material	From	To
CLAY SAND SILT	0	9
GRAVELS LARGE	9	25
SILT GRAY CLAY	25	70
SAND GRAY	70	112
SILTY GRAY SAND	112	140

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Date Started 1/19/2018 Completed 2/6/2018
(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number _____ Date _____
 Signed _____

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 License Number 1720 Date 2/16/2018
 Signed JACK ABBAS (E-filed)
 Contact Info (optional) _____

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

CROO 54588

RECEIVED

2/16/2018

FEB 16 2021

Map of Hole

OWRD

STATE OF OREGON
WELL LOCATION MAP

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301
(503)986-0900



This map is supplemental to the WATER SUPPLY WELL REPORT

LOCATION OF WELL

Latitude: 44.28961111 Datum: WGS84

Longitude: -120.84225

Township/Range/Section/Quarter-Quarter Section:

WM 15S 16E 8 NWNW

Address of Well:

EAST OF MAIN ST/CROOKED RIVER HWY
CROOKED RIVER PARK (DTW-3)

Well Label: 129187

Printed: February 16, 2018

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor



STATE OF OREGON

WATER SUPPLY WELL REPORT

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

09-18-2006

WELL LABEL # L 82810

START CARD # 186472

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

First Name Last Name Company City of Prineville Address 387 NE Third St City Prineville State OR Zip 97754

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

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

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

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

Depth of Completed Well 195.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, sacks/lbs. Row 1: 24, 0, 190, Cement, 0, 155, 280, S

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

Backfill placed from 225 ft. to 255 ft. Material gravel

Filter pack from 155 ft. to 159 ft. Material sand Size 20/40

Explosives used: [] Yes Type Amount

(6) CASING/LINER

Table with columns: Casing Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Row 1: 20, 0, 165, .375, [X]

Shoe [] Inside [] Outside [] Other Location of shoe(s)

Temp casing [] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method Screens Type wire wrap Material 304 SS

Table with columns: Perf/ Screen, Casing/ Liner, Dia, From, To, Scm/slot width, Slot length, # of slots, Tele/ pipe size. Row 1: Screen, Casing, 12, 165, 185, .125, 12

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

Table with columns: Pump [X], Bailer [], Air [], Flowing Artesian [], Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 150, 144, 173, 24

Temperature 57 °F Lab analysis [] Yes By

Water quality concerns? [] Yes (describe below)

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

(9) LOCATION OF WELL (legal description)

County Crook Twp 15.00 S N/S Range 16.00 E E/W WM Sec 8 NE 1/4 of the NW 1/4 Tax Lot 203

Tax Map Number Lot

Lat " or " DMS or DD

Long " or " DMS or DD

[] Street address of well [X] Nearest address

1280 S. Main St (Crooked River Hwy), Prineville, OR 97754 approx 50 feet East of Crooked River Hwy and South of Fairgrounds entrance

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Row 1: Existing Well / Predeepening, Completed Well 07-27-2006, 20.8

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 20

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 06-13-2006, 20, 185, 160, 20.8

(11) WELL LOG

Table with columns: Material, From, To, Ground Elevation. Includes 'RECEIVED FEB 16 2021 OWRD' stamp

Date Started 06-06-2006 Completed 08-25-2006

(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 1530 Date 09-18-2006 Electronically Filed Signed STEVEN VIBBARD (E-filed)

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above.

License Number 1523 Date 09-18-2006 Electronically Filed Signed ROBERT STADELI (E-filed) 13621 Contact Info (optional)

STATE OF OREGON

COUNTY OF CROOK

PERMIT TO APPROPRIATE THE PUBLIC WATERS

THIS PERMIT IS HEREBY ISSUED TO

CITY OF PRINEVILLE
 387 NE 3RD ST
 PRINEVILLE, OR 97754

The specific limits and conditions of the use are listed below.

APPLICATION FILE NUMBER: G-18662

SOURCE OF WATER: 25 WELLS IN CROOKED RIVER BASIN

PURPOSE OR USE: MUNICIPAL USE

MAXIMUM RATE: 4.46 CUBIC FEET PER SECOND

PERIOD OF USE: JANUARY 1 THROUGH DECEMBER 31

DATE OF PRIORITY: APRIL 25, 2018

WELL LOCATION:

POA	POA Name	Twp	Rng	Mer	Sec	Q-Q	Measured Distances
1	D1 (CROO 54593)	15 S	16 E	WM	8	NW-NW	422 FEET SOUTH AND 400 FEET EAST FROM NW CORNER, SECTION 8
2	S1 (CROO 54587)	15 S	16 E	WM	8	NW-NW	471 FEET SOUTH AND 406 FEET EAST FROM NW CORNER, SECTION 8
3	D2 (CROO 54592)	15 S	16 E	WM	8	NW-NW	585 FEET SOUTH AND 793 FEET EAST FROM NW CORNER, SECTION 8
4	D3	15 S	16 E	WM	8	NW-NW	516 FEET SOUTH AND 438 FEET EAST FROM NW CORNER, SECTION 8
5	S2	15 S	16 E	WM	8	NW-NW	561 FEET SOUTH AND 466 FEET EAST FROM NW CORNER, SECTION 8
6	D4	15 S	16 E	WM	8	NW-NW	601 FEET SOUTH AND 509 FEET EAST FROM NW CORNER, SECTION 8
7	S3	15 S	16 E	WM	8	NW-NW	621 FEET SOUTH AND 564 FEET EAST FROM NW CORNER, SECTION 8
8	D5	15 S	16 E	WM	8	NW-NW	657 FEET SOUTH AND 611 FEET EAST FROM NW CORNER, SECTION 8
9	S4	15 S	16 E	WM	8	NW-NW	694 FEET SOUTH AND 654 FEET EAST FROM NW CORNER, SECTION 8
10	D6	15 S	16 E	WM	8	NW-NW	717 FEET SOUTH AND 700 FEET EAST FROM NW CORNER, SECTION 8
11	S5	15 S	16 E	WM	8	NW-NW	789 FEET SOUTH AND 731 FEET EAST FROM NW CORNER, SECTION 8
12	D7	15 S	16 E	WM	8	NW-NW	840 FEET SOUTH AND 759 FEET EAST FROM NW CORNER, SECTION 8

POA	POA Name	Twp	Rng	Mer	Sec	Q-Q	Measured Distances
13	S6	15 S	16 E	WM	8	NW NW	888 FEET SOUTH AND 784 FEET EAST FROM NW CORNER, SECTION 8
14	D8	15 S	16 E	WM	8	NW NW	952 FEET SOUTH AND 799 FEET EAST FROM NW CORNER, SECTION 8
15	S7	15 S	16 E	WM	8	NW NW	1004 FEET SOUTH AND 809 FEET EAST FROM NW CORNER, SECTION 8
16	D9	15 S	16 E	WM	8	NW NW	1061 FEET SOUTH AND 815 FEET EAST FROM NW CORNER, SECTION 8
17	S8	15 S	16 E	WM	8	NW NW	1116 FEET SOUTH AND 808 FEET EAST FROM NW CORNER, SECTION 8
18	D10	15 S	16 E	WM	8	NW NW	1179 FEET SOUTH AND 796 FEET EAST FROM NW CORNER, SECTION 8
19	S9	15 S	16 E	WM	8	NW NW	1232 FEET SOUTH AND 800 FEET EAST FROM NW CORNER, SECTION 8
20	D11	15 S	16 E	WM	8	NW NW	1267 FEET SOUTH AND 836 FEET EAST FROM NW CORNER, SECTION 8
21	S10	15 S	16 E	WM	8	NW NW	1320 FEET SOUTH AND 869 FEET EAST FROM NW CORNER, SECTION 8
22	D12	15 S	16 E	WM	8	SW NW	1372 FEET SOUTH AND 879 FEET EAST FROM NW CORNER, SECTION 8
23	S11	15 S	16 E	WM	8	SW NW	1420 FEET SOUTH AND 896 FEET EAST FROM NW CORNER, SECTION 8
24	D13	15 S	16 E	WM	8	SW NW	1479 FEET SOUTH AND 909 FEET EAST FROM NW CORNER, SECTION 8
25	S12	15 S	16 E	WM	8	SW NW	1527 FEET SOUTH AND 949 FEET EAST FROM NW CORNER, SECTION 8

THE PLACE OF USE IS LOCATED AS FOLLOWS:

Within the City of Prineville Service Boundary

1. Measurement Devices, and Recording/Reporting of Annual Water Use Conditions:

- A. Before water use may begin under this permit, the permittee shall install a totalizing flow meter at each point of appropriation. The permittee shall maintain the device in good working order.
- B. The permittee shall allow the watermaster access to the device; provided however, where any device is located within a private structure, the watermaster shall request access upon reasonable notice.
- C. The permittee shall keep a complete record of the volume of water used each month, and shall submit an annual report which includes the recorded water-use measurements to the Department annually, or more frequently as may be required by the Director. Further, the Director may require the permittee to report general water-use information, including the place and nature of use of water under the permit.
- D. The Director may provide an opportunity for the permittee to submit alternative measuring and reporting procedures for review and approval.

2. Annual Measurement Condition:

The Department requires the water user to obtain, from a qualified individual (see below), and report annual static water levels from one dedicated deep well and one dedicated shallow well. The static water level shall be measured in the month of March. Reports shall be submitted to the Department within 30 days of measurement.

The permittee shall report an initial March static water-level measurement once well construction is complete and annual measurements thereafter. Annual measurements are required whether or not the well is used. The first annual measurement will establish a reference level against which future measurements will be compared. However, the Director may establish the reference level based on an analysis of other water-level data. The Director may require the user to obtain and report additional water levels each year if more data are needed to evaluate the aquifer system.

All measurements shall be made by a certified water rights examiner, registered professional geologist, registered professional engineer, licensed well constructor or pump installer licensed by the Construction Contractors Board. Measurements shall be submitted on forms provided by, or specified by, the Department. Measurements shall be made with equipment that is accurate to at least the standards specified in OAR 690-217-0045. The Department requires the individual performing the measurement to:

- A. Associate each measurement with an owner's well name or number and a Department well log ID; and
- B. Report water levels to at least the nearest tenth of a foot as depth-to-water below ground surface; and
- C. Specify the method of measurement; and
- D. Certify the accuracy of all measurements and calculations reported to the Department.

The water user shall discontinue use of, or reduce the rate or volume of withdrawal from, the well(s) if any of the following events occur:

- A. Annual water-level measurements reveal an average water-level decline of three or more feet per year for five consecutive years; or
- B. Annual water-level measurements reveal a water-level decline of 15 or more feet in fewer than five consecutive years; or
- C. Annual water-level measurements reveal a water-level decline of 25 or more feet; or
- D. Hydraulic interference leads to a decline of 25 or more feet in any neighboring well with senior priority.

The period of restricted use shall continue until the water level rises above the decline level which triggered the action or the Department determines, based on the permittee's and/or the Department's data and analysis, that no action is necessary because the aquifer in question can sustain the observed declines without adversely impacting the resource or causing substantial interference with senior water rights. The water user shall not allow excessive decline, as defined in Commission rules, to occur within the aquifer as a result of use under this permit. If more than one well is involved, the water user may submit an alternative measurement and reporting plan for review and approval by the Department.

3. Dedicated Measuring Tube Condition:

Wells with pumps shall be equipped with a minimum 3/4-inch diameter, unobstructed, dedicated measuring tube pursuant to figure 200-5 in OAR 690-200. If a pump has been installed prior to the issuance of this permit, and if static water levels and pumping levels can be measured using an electrical tape, then the installation of the measuring tube can be delayed until such time that water levels cannot be measured or the pump is repaired or replaced.

4. Well Identification Tag Condition:

Prior to using water from any well listed on this permit, the permittee shall ensure that the well has been assigned an OWRD Well Identification Number (Well ID tag), which shall be permanently attached to the well. The Well ID shall be used as a reference in any correspondence regarding the well, including any reports of water use, water level, or pump test data.

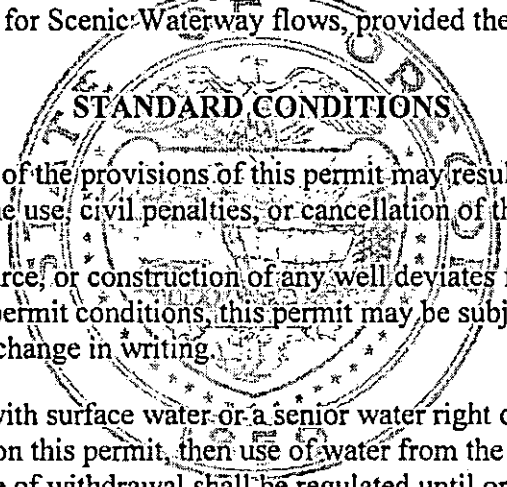
5. Groundwater Mitigation Conditions:

- a. Mitigation Obligation: 1292.0 AF of mitigation water in the Crooked River Zone of Impact (located anywhere in the Crooked River Basin above river mile 13.8).
- b. Mitigation Source: Mitigation Credits or a Mitigation Project, in accordance with the incremental development plan on file with the Department, meeting the requirements of OAR Chapter 690, Division 505 (Deschutes Ground Water Mitigation Rules) and OAR Chapter 690, Division 522.
- c. The permittee shall provide mitigation during each stage of development under the permit, as described in the Incremental Development Mitigation Plan on file with the Department, and in accordance with the standards of the Deschutes Ground Water Mitigation Rules, OAR Chapter 690, Division 505 and Division 522.
- d. The permittee shall not increase the rate or amount of water diverted, as described in the incremental development mitigation plan, prior to increasing the corresponding mitigation.
- e. The permittee shall seek and receive Department approval prior to changing the Incremental Mitigation Development Plan and related mitigation obligation for each stage of permit development.
- f. The permittee shall report to the Department the progress of implementing the Incremental Mitigation Development Plan and related mitigation no later than April 1 of each year. The annual report shall include the annual volume of water used, the source and amount of mitigation, and any offset used for that period. This annual notification is not necessary if the permittee has completed development and submitted a Claim of Beneficial Use to the Department.

- g. Mitigation water must be legally protected instream in the Crooked River Zone of Impact (located anywhere in the Crooked River Basin above river mile 13.8) for the life of the permit and subsequent certificate(s). Regulation of the use and/or cancellation of the permit, or subsequent certificate(s) will occur if the required mitigation is not maintained.
- h. The permittee shall provide additional mitigation if the Department determines that average annual consumptive use of the subject appropriation has increased beyond the originally mitigated amount.
- i. If mitigation is from a secondary right for stored water from a storage project not owned or operated by the permittee, the use of water under this right is subject to the maintenance and terms and conditions of a valid contract or satisfactory replacement, with the owner/operator of the storage project, a copy of which must be on file in the records of the Water Resources Department.
- j. Failure to comply with these mitigation conditions shall result in the Department regulating the groundwater permit, or subsequent certificate(s), proposing to deny any permit extension application for the groundwater permit, and proposing to cancel the groundwater permit, or subsequent certificate(s).
- k. All water use and mitigation accounting, including the incremental development plan and the annual report required in paragraph f, may be reported on a water year basis.

6. Scenic Waterway Condition:

Use of water under authority of this permit may be regulated if analysis of data available after the permit is issued discloses that the appropriation will measurably reduce the surface-water flows necessary to maintain the free-flowing character of a scenic waterway in quantities necessary for recreation, fish and wildlife in effect as of the priority date of the right, or as those quantities may be reduced subsequently. However, the use of groundwater allowed under the terms of this permit will not be subject to regulation for Scenic Waterway flows, provided the mitigation required is maintained.



- 1. Failure to comply with any of the provisions of this permit may result in action including, but not limited to, restrictions on the use, civil penalties, or cancellation of the permit.
- 2. If the number, location, source, or construction of any well deviates from that proposed in the permit application or required by permit conditions, this permit may be subject to cancellation, unless the Department authorizes the change in writing.
- 3. If substantial interference with surface water or a senior water right occurs due to withdrawal of water from any well listed on this permit, then use of water from the well(s) shall be discontinued or reduced and/or the schedule of withdrawal shall be regulated until or unless the Department approves or implements an alternative administrative action to mitigate the interference. The Department encourages junior and senior appropriators to jointly develop plans to mitigate interferences.
- 4. The well(s) shall be constructed and maintained in accordance with the General Standards for the Construction and Maintenance of Water Supply Wells in Oregon. The works shall be equipped with a usable access port adequate to determine water-level elevation in the well at all times.

5. Where two or more water users agree among themselves as to the manner of rotation in the use of water and such agreement is placed in writing and filed by such water users with the watermaster, and such rotation system does not infringe upon such prior rights of any water user not a party to such rotation plan, the watermaster shall distribute the water according to such agreement.
6. Prior to receiving a certificate of water right, the permit holder shall submit to the Water Resources Department the results of a pump test meeting the Department's standards for each point of appropriation (well), unless an exemption has been obtained in writing under OAR 690-217. The Director may require water-level or pump-test data every ten years thereafter.
7. This permit is for the beneficial use of water without waste. The water user is advised that new regulations may require the use of best practical technologies or conservation practices to achieve this end.
8. By law, the land use associated with this water use must be in compliance with statewide land-use goals and any local acknowledged land-use plan.
9. Construction of the wells shall begin within twenty years of the date of permit issuance. The deadline to begin construction may not be extended. This permit is subject to cancellation proceedings if the construction deadline to begin is missed.
10. Complete application of the water shall be made within twenty years of the date of permit issuance. If beneficial use of permitted water has not been made before this date, the permittee may submit an application for extension of time, which may be approved based upon the merit of the application.
11. Within one year after complete application of water to the proposed use, the permittee shall submit a claim of beneficial use, which includes a map and report, prepared by a Certified Water Rights Examiner.

Issued December 26th, 2018



Dwight French
Water Right Services Division Administrator, for
Thomas M. Byler, Director
Oregon Water Resources Department



RECEIVED

FEB 16 2021

OWRD

February 11, 2021

Kelly Starnes
Water Right Transaction Program
Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, OR 97301

RE: Application for Permit Amendment, City of Prineville Application G-18662, Permit G-18154

Dear Kelly:

GSI Water Solutions, Inc. (GSI) is submitting the enclosed application for a permit amendment, and supporting documentation, on behalf of the City of Prineville (City). The City is proposing to re-describe the location of seventeen of the twenty-five wells authorized by Permit G-18154 and add six additional wells to the Permit.

The required application fee of \$1,570 is also enclosed.

Sincerely,
GSI Water Solutions, Inc.

A handwritten signature in blue ink that reads "Bruce Brody-Heine".

Bruce Brody-Heine, RG, CWRE
Principal Hydrogeologist

Cc: Eric Klann, City Engineer and Public Works Director, City of Prineville
Mike Kasberger, Assistant City Engineer, City of Prineville

Enclosures: Application for Permit Amendment and application fee.

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