

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.

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For questions, please call (503) 986-0900, and ask for Transfer Section. FEB 2 3 2021 Check all items included with this application. (N/A = Not Applicable)X Part 1 - Completed Minimum Requirements Checklist. OWRD X Part 2 – Completed Application Map Checklist. X Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the new online fee calculator at: http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator. If you have questions, call Customer Service at (503) 986-0801. \boxtimes Part 4 – Completed Applicant Information and Signature. X Part 5 – Information about Permits to be Amended: Number of permits to be amended: 1 List the Permits here: G-18386 Please include a separate Part 5 for each permit. (See instructions on page 6) \boxtimes Completed Permit Amendment Application Map (Does not have to be prepared by a Certified Water Right Examiner). N/A Request for Assignment Form and statutory fee. The request for assignment form has to be completed if the applicant is **not** the permit holder of record and needs to be assigned to the permit; or the landowner of the proposed place of use is not the permit holder of record and needs to be assigned to the permit (the Request for Assignment Form is available online at https://www.oregon.gov/OWRD/Forms/Pages/default.aspx). Assignment is not needed if the applicant is the permit holder of record. N/A Affidavit(s) of Consent are required from all permit holder(s) of record if the permit is not assigned to the applicant or other permit holders of record that are not listed as applicants. X 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. 冈 N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation. N/A Geologist Report for a change from a surface water point of diversion to a ground water point of appropriation (well), if the proposed well is more than 500 feet from the surface water source and more than 1000 feet upstream or downstream from the point of diversion. (ORS 540.531(2) or (3)). (For Staff Use Only) WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S): Application fee not enclosed/insufficient ___ Map not included or incomplete Land Use Form not enclosed or incomplete Additional signature(s) required Part is incomplete

Other/Explanation

Staff:

Date:

503-986-0

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 Certified Water Right Examiner. Check all boxes that apply.

	⊠ N/A	If more than three permits are involved, separate maps for each permit.	FEB: 2 3 2021
\boxtimes		Permanent quality printed with dark ink on good quality paper.	OWRD
\boxtimes		The size of the map can be $8\frac{1}{2} \times 11$ inches, $8\frac{1}{2} \times 14$ inches, 11×17 inches, or uninches. For 30 x 30 inch maps, one extra copy is required.	p to 30 x 30
\boxtimes		A north arrow, a legend, and scale.	
Ø		The scale of the map must be: $1 \text{ inch} = 400 \text{ feet}$, $1 \text{ inch} = 1,320 \text{ feet}$, the scale of assessor map if the scale is not smaller than $1 \text{ inch} = 1,320 \text{ feet}$, or a scale that h approved by the Department.	•
\boxtimes		Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized p survey lines.	ublic land
\boxtimes		Tax lot boundaries (property lines) are required. Tax lot numbers are recommer	ided.
\boxtimes		Major physical features including rivers and creeks showing direction of flow, la reservoirs, roads, and railroads.	akes and
\boxtimes		Major water delivery system features from the point(s) of diversion/appropriation main pipelines, canals, and ditches.	n such as
		Existing place of use that includes separate hachuring for each water use permit, date, and use including number of acres in each quarter-quarter section, government in each quarter-quarter section as projected within government lots, donation lar other recognized public land survey subdivisions. If less than the entirety of the being changed, a separate hachuring is needed for the portion of the permit left uses the second section of the permit left	nent lot, or ad claims, or permit is
	□ N/A	If you are proposing a change in place of use, show the proposed place of use whachuring that includes separate hachuring for each permit, priority date, and use number of acres in each quarter-quarter section, government lot, or in each quart section as projected within government lots, donation land claims, or other recognished and survey subdivisions.	e including er-quarter
\boxtimes		Existing point(s) of diversion or well(s) with distance and bearing or coordinates recognized survey corner. This information can be found in your water use perm	
×	□ N/A	If you are proposing a change in point(s) of diversion or well(s), show the propolocation and label it clearly with distance and bearing or coordinates. If GPS coordinates used, latitude-longitude coordinates may be expressed as either degrees-mine with at least one digit after the decimal (example – 42°32'15.5") or degrees-decipite or more digits after the decimal (example – 42.53764°).	ordinates ortes-seconds

	FEE WORKSHEET for PERMIT AMENDMENT	a de la	
1	Base Fee (includes one type of change to one permit for up to 1 cfs)	1_	\$1,160
	Types of change proposed:	REC	EIVED
	☐ Place of Use ☐ Point of Diversion/Appropriation		a 0 400A
	Number of above boxes checked = $\frac{2(2a)}{a}$	FFR:	2 3 2021
	Subtract 1 from the number in line $2a = 1(2b)$ If only one change, this will be 0	(A)	
	Multiply line 2b by \$930 and enter » » » » » » » » » » » » » » »		WRD \$930
2	Number of permits included in Permit Amendment 1 (3a)		\$930
	Subtract 1 from the number in 3a: 0 (3b) If only one permit this will be 0		
3	Multiply line 3b by \$520 and enter » » » » » » » » » » » » » »	3	\$0
	Do you propose to add or change a well, or change from a surface water POD		
	to a well? No: enter 0 »» » » » » » » » » » » » » » » » »		
4	☐ No. enter 0 ** * * * * * * * * * * * * * * * * *	4	\$410
	Do you propose to change the place of use?		
	No: enter 0 on line 5 » » » » » » » » » » » » » » » » »		
	Yes: enter the cfs for the portions of the permits to be amended (see	ŀ	
	example below*): 2.11 (5a) Subtract 1.0 from the number in 5a above: 1.11 (5b)	1	
	If 5b is 0, enter 0 on line 5 » » » » » » » » » » » » » » » » » »	,	
	If 5b is greater than 0, round up to the nearest whole number: 2 (5c) and		
5	multiply 5c by \$350, then enter on line 5 » » » » » » » » »	5	\$700
6	Add entries on lines 1 through 5 above » » » » » » » » » Subtotal:	6	\$3200
	Is this permit amendment:		
	necessary to complete a project funded by the Oregon Watershed Enhancement Board (OWEB) under ORS 541.932?		
	endorsed in writing by ODFW as a change that will result in a net		
	benefit to fish and wildlife habitat?		
	If one or more boxes is checked, multiply line 6 by 0.5 and enter on line 7 »		
7	If no box is applicable, enter 0 on line 7» » » » » » » » » » » » » » » » » » »	7	\$0
8	Subtract line 7 from line 6 » » » » » » » » Permit Amendment Fee:	8	\$3200

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

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

Part 4 of 5 - Applicant Information and Signature

Applicant Informati	on					
APPLICANT/BUSINESS NAM CLW Farms, LLC	ME		PHONE NO. 801-225-3456	ADDITIONAL	CONTREGEN	/ED
ADDRESS		······································		FAX NO.	FEB 23	2021
PO Box 9324						
CITY	STATE	ZIP	E-MAIL			
Salt Lake City	UT	84109			OWR	D
By PROVIDING AN E-	MAIL ADDRESS,	CONSENT IS G	IVEN TO RECEIVE ALL	CORRESPONDEN	CE FROM THE	
DEPARTMENT ELECT	TRONICALLY, CO	OPIES OF THE	FINAL ORDER DOCUME	ENTS WILL ALSO	BE MAILED.	

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

AGENT/BUSINESS NAME			PHONE NO. ADDITIONAL CONTAC							
John A. Short / Water Right Ser	rvices, LL	<u>C</u>	541-389-2837							
ADDRESS				FAX NO.						
PO Box 1830										
CITY	STATE	ZIP	E-MAIL							
Bend	OR	97709	johnshort@usa.com							
By providing an e-mail address, consent is given to receive all correspondence from the Department electronically. Copies of the Final Order documents will also be mailed.										
Explain in your own words what you propose to accomplish with this permit amendment; and why: Reconfigure a portion of the Place of Use and add 5 Additional Points of Appropriation.										
If you need additional space, cont	inue on a s	eparate piece of par	per and attach to the appli	cation as "Attachment 1".						
Check this box if this project is fully or partially funded by the American Recovery and Reinvestmen Act. (Federal stimulus dollars)										
Is the applicant the permit holder of record? Yes No										

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

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? \square Yes \bowtie No

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

If NO, what are the completion dates of the permit(s)? 10-1-2037

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

By my signature below, I confirm that I understand:

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

Applicant Signature

Applicant Signature

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

Print Name (and Title if applicable)

Date

Date

Print Name (and Title if applicable)

Date

Date

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Check one of the following:										
The applicant is responsible for complete continue to be sent to the applicant.	tion of change(s). Notices and	d correspondence should								
The permit holder(s) of record will be refinal order is issued. Copies of notices a of record.	esponsible for completing the and correspondence should be	e proposed change(s) after the e sent to the permit holder(s)								
Check the appropriate box, if applicable:										
Check here if any of the permits proposed for amendment are or will be located within or served by an irrigation or other water district.										
IRRIGATION DISTRICT NAME n/a	ADDRESS									
CITY	STATE	ZIP								
Check here if water for any of the permits contract for stored water with a federal ag		ce agreement or other								
ENTITY NAME n/a	ADDRESS									
CITY	STATE	ZIP								
To meet State Land Use Consistency Requirem city, municipal corporation, or tribal governme conveyed or used. ENTITY NAME	• •									
Harney County Planning Department	360 N. Alvord Ave									
CITY Burns	STATE OR	97720								
ENTITY NAME	ADDRESS	· · · · · ·								
CITY	STATE	ZIP								
ENTITY NAME	ADDRESS									
CITY	STATE	ZIP								
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Please use a separate Part 5 for each permit being changed. See instructions on page 6, to copy and paste additional Part 5s, or to add additional rows to tables within the form.

PERMIT # G-18386

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

POD/POA Name or Number	Is this POD/POA Authorized by the permit or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L)	T	Twp Rng Sec			1/4	1/4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)	
Well 1	□ Authorized □ Proposed	-	.24	S	33	E	26	NE	NW	7400	S 1310', E 1330' of NW Cor Sec 26
Well 2	□ Authorized □ Proposed		24	S	33	E	26	NE	NE	7401	S 1310', W 1310' of NE Cor Sec 26
Well 3			24	S	33	E	25	NE	NW	6900	S 1310', W 1310' of N1/4 Cor Sec 25
Well 4		HARN 51993/ L-113428	24	S	33	E	26	NE	sw	7400	N 1310', E 1330' of SW Cor Sec 26
Well 5	✓ Authorized✓ Proposed		24	S	33	E	26	NE	SE	7401	N 1330', W 1310' of SE Cor Sec 26
Well 6			24	S	33	E	25	NE	sw	6900	N 1330', W 1310' of S1/4 Sec 25
Well 7			24	s	33	E	35	NE	NW	9100	S 1310', E 1330' of NW Cor Sec 35
Well 8			24	S	33	E	36	NE	NW	6900	S 1310', W 1310' of N1/4 Cor Sec 36
Well 9	□ Authorized □ Proposed		24	S	33	E	36	NE	sw	6900	N 1330', W 1310' of S1/4 Sec 36
Well 10	☐ Authorized ☐ Proposed	HARN 51153&51066/ L-71054	24	S	33	E	35	SE	SE	9100	N 870', W 730' of SE Cor Sec 35
Well 11	☐ Authorized ☐ Proposed	HARN 1046	24	S	33	E	35	NW	SE	9100	N 2598', W 1356' of SE Cor Sec 35
Well 12	☐ Authorized ☐ Proposed	HARN 52023/ L-113435	24	S	33	E	35	SE	NW	9100	S 1160', E 2360' of NW Cor Sec 35
Well 13	☐ Authorized ☐ Proposed	HARN 51777&51759/ L-102533	24	s	33	E	26	SE	SE	7401	N 350', W 210' of SE Cor Sec 26
Well 14	☐ Authorized ☐ Proposed	HARN 51903/ L-109049	24	s	33	E	26	SE	SE	7401	N 630', W 540' of SE Cor Sec 26

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Check all type(s) of c	nange(s) proposed below (o	hange	e "CODES" are provided	n parentheses):									
Place of Use	(POU)		Point of Appropriation/We	il (POA)									
☐ Point of Dive	rsion (POD)	\boxtimes	Additional Point of Appro	priation (APOA)									
Additional Po	oint of Diversion (APOD)		Surface water POD to Gro (SW/GW)	und Water POA									
Will all of the propos	ed changes affect the entire	e wate	r 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 Comple													
For a change in place of us	e:												
Does the permit holder of : ☑ Yes ☐ No	record own or control the l	and T	O which the place of use i	s being moved?									
	e land TO which the place of ord by submitting a complete ment.												
Is the proposed place of us	e contiguous to the author	ized p	lace of use? 🛛 Yes 🗌 No										
unless the change to non-offer the purposes of benefit 496.192 or the federal Enclisting agency. Contiguous	can be moved only to lands contiguous lands is in further ing a species listed as sensit langered Species Act of 197 s land being either adjacent ads, utility corridors, irrigation	rance of ive, the 3 (16 land of	of mitigation or conservation reatened, or endangered und U.S.C. 1531 to 1544), as det r land separated from the land	n efforts undertaken ler ORS 496.171 to ermined by the and to which a									
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Please use and attach additional pages of Table 2 as needed. See page 6 for instructions.

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

Table 2. Description of Changes to Water Use Permit # G-18386

List the change proposed for the acreage in each ½ ¼. If more than one change is proposed, specify the acreage associated with each change. If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

	AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.							Proposed Changes (see	The listing as it would appear AFTER PROPOSED CHANGES are made.											IGES			
Twp		ng	Sec		1/4	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) (name or number from Table	Priority Date	"CODES". from previous page)	TN	vp	Rı	ıg	Sec	1/4	1/4	Tax Lot		Acres (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date
			Charle Make					ri.			EXAM	LE								R		1	
2 S				NE.	7.6	100	*	15:0	POD #13 POD #2		POU/POD		S	.9*	***	15	NW	NW	100	1	10.0 -	POD#5	
66	G.		"		66	- 66	66	EXAMPLE	"		"	2	S	9	E	15	SW	ŇŴ	200		5.0	POD#6	
											POU, APOA	24	S	33	E	26	NE	NE	7401		32.4	1-14	1-3-2002
											POU, APOA	24	s	33	E	26	NW	NE _.	7401		29.9	1-14	1-3-2002
											POU, APOA	24	S	33	E	26	sw	NE	7401		29.3	1-14	1-3-2002
											POU, APOA	24	S	33	E	26	SE	NE	7401		31.9	1-14	1-3-2002
											POU, APOA	24	S	33	E	26	NE	SE	7401		32.7	1-14	1-3-2002
											POU, APOA	24	S	33	E	26	NW	SE	7401		30.3	1-14	1-3-2002
											POU, APOA	24	S	33	E	26	sw	SE	7401		29.8	1-14	1-3-2002
											POU, APOA	24	S	33	E	26	SE	SE	7401		32.5	1-14	1-3-2002
											POU, APOA	24	S	33	E	35	NE	NE	9100		32.9	1-14	1-3-2002
											POU, APOA	24	S	33	E	35	NW	NE	9100		25.8	1-14	1-3-2002

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	POU, APOA	24	S	33	E	35	sw	NE	9100	40.0	1-14	1-3-2002
	POU, APOA	24	S	33	E	35	SE	NE	9100	36.8	1-14	1-3-2002
	POU, APOA	24	S	33	E	35	NE	NW	9100	39.7	1-14	1-3-2002
	POU, APOA	24	S	33	E	35	NW	NW	9100	19.8	1-14	1-3-2002
	POU, APOA	24	S	33	E	35	sw	NW	9100	34.9	1-14	1-3-2002
	POU, APOA	24	S	33	E	35	SE	NW	9100	36.9	1-14	1-3-2002
	POU, APOA	24	S	33	E	35	NE	sw	9100	36.3	1-14	1-3-2002
	POU, APOA	24	S	33	E	35	NW	sw	9100	17.7	1-14	1-3-2002
	POU, APOA	24	S	33	E	35	NE	SE	9100	28.9	1-14	1-3-2002
	POU, APOA	24	S	33	E	35	NW	SE	9100	33.7	1-14	1-3-2002
	POU, APOA	24	S	33	E	35	SE	SE	9100	6.3	1-14	1-3-2002
TOTAL ACRES	1 Trans.							TOT	AL ACRES	638.5		·

Additional remarks:	
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Are there other water rights certificates, water use permits or ground water registrations asso	ciated
with the "from" or "to" lands? Yes No	

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 RECEIVED 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

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

Table 3. Construction of Point(s) of Appropriation

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

Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well, OWRD Well ID Tag No. L	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well - specific rate (cfs or gpm). If less than full rate of water right
1	NO		350'	14"	+2-200'	0-20'		72'	CLAY GREY	
2	NO		350'	14"	+2-200'	0-20'		72'	CLAY GREY	
3	NO		350'	14"	+2-200'	0-20'		72'	CLAY GREY	
5	NO		350'	14"	+2-200'	0-20'		72'	CLAY GREY	
6	NO		350'	14"	+2-200'	0-20'		72'	CLAY GREY	
7	NO		350'	14"	+2-200'	0-20'		72'	CLAY GREY	
8	NO		350'	14"	+2-200'	0-20'		72'	CLAY GREY	
9	NO		350'	14"	+2-200'	0-20'		72'	CLAY GREY	

Land Use Information Form



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

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NOTE TO APPLICANTS

In order for your application to be processed by the Water Resources Department (WRD), this Land Use Information Form must be completed by a local government planning official in the jurisdiction(s) where your water right will be used and developed. The planning official may choose to complete the form while you wait, or return the receipt stub to you. Applications received by WRD without the Land Use Form or the receipt stub will be returned to you. Please be aware that your application will not be approved without land use approval.

This form is NOT required if:

- 1) Water is to be diverted, conveyed, and/or used only on federal lands; OR
- 2) The application is for a water right transfer, allocation of conserved water, exchange, permit amendment, or ground water registration modification, and <u>all</u> of the following apply:
 - a) The existing and proposed water use is located entirely within lands zoned for exclusive farm-use or within an irrigation district;
 - b) The application involves a change in place of use only;
 - c) The change does not involve the placement or modification of structures, including but not limited to water diversion, impoundment, distribution facilities, water wells and well houses; and
 - d) The application involves irrigation water uses only.

NOTE TO LOCAL GOVERNMENTS

The person presenting the attached Land Use Information Form is applying for or modifying a water right. The Water Resources Department (WRD) requires its applicants to obtain land-use information to be sure the water rights do not result in land uses that are incompatible with your comprehensive plan. Please complete the form or detach the receipt stub and return it to the applicant for inclusion in their water right application. You will receive notice once the applicant formally submits his or her request to the WRD. The notice will give more information about WRD's water rights process and provide additional comment opportunities. You will have 30 days from the date of the notice to complete the land-use form and return it to the WRD. If no land-use information is received from you within that 30-day period, the WRD may presume the land use associated with the proposed water right is compatible with your comprehensive plan. Your attention to this request for information is greatly appreciated by the Water Resources Department. If you have any questions concerning this form, please contact the WRD's Customer Service Group at 503-986-0801.

Land Use Information Form



Applicant(s): CLW Farms, LLC RECEIVED Mailing Address: PO Box 9324 FEB 2 3 2021 State: UT Zip Code: 84109 Daytime Phone: City: Salt Lake City OWRD A. Land and Location Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), and/or used or developed. Applicants for municipal use, or irrigation uses within irrigation districts may substitute existing and proposed service-area boundaries for the tax-lot information requested below. Water to be: Township Range Section 1/4 1/4 Tax Lot# Plan Designation (e.g., Proposed Land Rural Residential/RR-5) Use: □ Diverted ☐ Used **Conveyed** <u>24 S</u> <u>33 E</u> <u>25, 36</u> 6900 EFRU-2 IR □ Diverted
 □ **☒** Conveyed Used Used 7400 EFRU-2 <u>IR</u> 24 S 33 E 26 Diverted
 Diverted ☑ Conveyed ₩ Used <u>24 S</u> 33 E 7401 EFRU-2 IR <u> 26</u> □ Diverted ☑ Conveyed **▼** Used 24 S 33 E <u>35</u> 9100 EFRU-2 \mathbb{R} Conveyed ☐ Diverted Used List all counties and cities where water is proposed to be diverted, conveyed, and/or used or developed: Harney County. **B. Description of Proposed Use** Type of application to be filed with the Water Resources Department: Permit Amendment or Ground Water Registration Modification Permit to Use or Store Water ☐ Water Right Transfer Limited Water Use License ☐ Allocation of Conserved Water ☐ Exchange of Water Source of water: Reservoir/Pond Ground Water ☐ Surface Water (name) ____ Estimated quantity of water needed: 7.98 cubic feet per second gallons per minute acre-feet Domestic for household(s) Intended use of water: Irrigation Commercial Industrial Municipal Municipal ☐ Quasi-Municipal ☐ Instream Other _____ Briefly describe: Permit Amendment to reconfigure place of use and add 5 additional points of appropriation.

Note to applicant: If the Land Use Information Form cannot be completed while you wait, please have a local government representative sign the receipt at the bottom of the next page and include it with the application filed with the Water Resources Department.

See bottom of Page 3. \rightarrow

FEB 2 3 2021

For Local Government Use Only

OWRD

The following section must be completed by a planning official from each county and city listed unless the project will be located entirely within the city limits. In that case, only the city planning agency must complete this form. This deals only with the local land-use plan. Do not include approval for activities such as building or grading permits.

Type of Land-Use Approval Needed (e.g., plan amendments, rezones, conditional-use	mpanying findings are sufficient.) If approva- sued." Cite Most Significant, Applicable Plan Policies & Ordinance Section References	1	d-Use Approval:
permits, etc.)		Obtained Denied	☐ Being Pursued ☐ Not Being Pursued
		Obtained Denied	☐ Being Pursued ☐ Not Being Pursued
		Obtained Denied	☐ Being Pursued ☐ Not Being Pursued
		Obtained Denied	☐ Being Pursued ☐ Not Being Pursued
		Obtained Denied	☐ Being Pursued ☐ Not Being Pursued
D O Aloul II .	ma. I	N D	
me: Branko Melhollen gnature: MM:W	Title: Phone: (541) 573 - 665	VIBNAID DINECTS	1/26/21
	Pnone: 1541 1544 - 1669	5 Date: _	1/24/21
			, ,
overnment Entity: Handy Could be to local government representative: Ple gn the receipt, you will have 30 days from the	ase complete this form or sign the receipt belowater Resources Department's notice date to ated with the proposed use of water is compated.	ow and return it	t to the applicant. If you pleted Land Use Inform comprehensive plans.
overnment Entity: Hanny County ote to local government representative: Ple gn the receipt, you will have 30 days from the form or WRD may presume the land use associ	ase complete this form or sign the receipt belowater Resources Department's notice date to	ow and return it return the com ible with local	t to the applicant. If you pleted Land Use Inform
overnment Entity: Handy County ote to local government representative: Ple gn the receipt, you will have 30 days from the orm or WRD may presume the land use associ	ase complete this form or sign the receipt belowater Resources Department's notice date to ated with the proposed use of water is compated.	ow and return it return the com ible with local	t to the applicant. If you pleted Land Use Inform comprehensive plans.
overnment Entity: Handy County ote to local government representative: Ple gn the receipt, you will have 30 days from the orm or WRD may presume the land use associ	ase complete this form or sign the receipt belowater Resources Department's notice date to ated with the proposed use of water is compated to the receipt below the proposed use of water is compated to the receipt below the recei	ow and return it return the com ible with local	t to the applicant. If you pleted Land Use Inform comprehensive plans.

HARN 51993

STATE OF OREGON WATER SUPPLY WELL REPORT

HARN 51993 WELL I.D. LABEL# L 113428 START CARD # 1019229 ORIG LOG #

(as required by ORS 537.765 & OAR 690-205-0210)	10/25	/2013 ORIGED LOG#		
(1) LAND OWNER Owner Well I.D. WELL #3				
First Name ARNOLD Last Name MASTERY	•	(9) LOCATION OF WELL (legal desc	ription)	
Company	_	` -	Range 33.00	E E/W WM
Address 77040 ROAD 330	_		<u> </u>	
City OGALLALA State NE Zip 69153	_	Sec <u>26 SE</u> 1/4 of the <u>SE</u> 1/4		JU
	=	Tax Map Number	Lot	
(2) TYPE OF WORK New Well Deepening Conversion		Lat ° ' "or		DMS or DD
Alteration (complete 2a & 10) Abandonment(complete 2a & 10)	ete 5a)	Long or		DMS or DD
(2a) PRE-ALTERATION		Street address of well Nearest	address	-
Dia + From To Gauge Stl Plstc Wld Thrd Casing:		58477 HWY 78		
Material From To Amt sacks/lbs		CRANE, OR 97732		
Seal:		(4A) OT A THE STATE OF A PARTY		
(3) DRILL METHOD		(10) STATIC WATER LEVEL		O1111 (A)
Rotary Air Rotary Mud Cable Auger Cable Mud		Date 9	WL(psi) +	SWL(ft)
Reverse Rotary Other		Existing Well / Pre-Alteration	닏	<u> </u>
		Completed Well 10/1/2013	لــا ل	72
(4) PROPOSED USE Domestic Intrigation Community		Flowing Artesian?	ry Hole?	
Industrial/ Commercial Livestock Dewatering		WATER BEARING ZONES Depth water w	as first found	72.00
Thermal Injection Other		•	/ SWL(psi)	
			SWL(psi)	T SWL(II)
(5) BORE HOLE CONSTRUCTION Special Standard (Attac	ch copy)	10/1/2013 72 342 200		72
Depth of Completed Well 350.00 ft.				
	sacks/		1	
Dia From To Material From To Amt	lbs			
	S		+	
14 18 350				نـــــلــا
	 			
	1	(11) WELL LOG Ground Elevation		
How was seal placed: Method A B C D E		Material	From	То
Mar DOUDED AND TAKED		Silt Loam Topsoil	0	2
Backfill placed from ft. to ft. Material		Clay Brown	2	25
		Clay Grey	25	115
Filter pack from ft. to ft. Material Size		Clay Black	115	135
Explosives used: Yes Type Amount				
		Clay Grey	135	147
(5a) ABANDONMENT USING UNHYDRATED BENTONITE		Sand Black	147	173
Proposed Amount Actual Amount		Clay Stone/Clay Grey	173	207
(6) CASING/LINER		Clay White	207	211
Casing Liner Dia + From To Gauge Stl Plstc Wld	Thrd	Clay Stone Grey	211	220
14X2200250X		Sandstone Grey	220	255
	H	Clay Stone Grey Hard	255	342
	H	Clay Grey	342	350
	\vdash	RECEIVED BY OWR	-12	RECEIV
	HI			LEACIA
	السا			
Shoe Inside Outside Other Location of shoe(s)	!	SEV 2 1 2013	L	EED a a
Temp casing Yes Dia From To	1	1,	<u> </u>	FEB 2 3 2
(7) PERFORATIONS/SCREENS				
Perforations Method		SALÉM, OR		
Screens Type Material	}	Data Starta do/12/2012	10/1/2012	OWRD
Perti Casing/ Screen Scrn/slot Slot # of To	Tele/	Date Started 9/12/2013 Complete	10/1/2013	
		(unbonded) Water Well Constructor Certification	1	
Screen Liner Dia From To width length slots pipe	Je Size	I certify that the work I performed on the constru		ne alteration or
		abandonment of this well is in compliance wit		
		construction standards. Materials used and informa		
		the best of my knowledge and belief.	anon reported a	oose are true to
 		3 8		
		License Number Date		 .
8) WELL TESTS: Minimum testing time is 1 hour		Signad		
Pump Bailer (a) Air Flowing Artesia	an I	Signed		
Yield gal/minDrawdownDrill stem/Pump depthDuration (hr)	Ī	(bonded) Water Well Constructor Certification		
200 350	¬	• •	ima als:	an abanda
350	-	I accept responsibility for the construction, deepen		
	-	work performed on this well during the construction		
	-	performed during this time is in compliance with		
Temperature 60 °F Lab analysis Yes By		construction standards. This report is true to the best	•	age and benet.
Water quality concerns? Yes (describe below) TDS amount		License Number 1424 Date 10	/25/2013	
From To Description Amount Uni	its			
		Signed TIMOTHY K RILEY (E-filed)		
	i	Contact Info (optional)		

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

(WELL I.D.)# L 71054	FEB 2 3 2021
(START CARD) # 162599	

(1) OW/FRE Well Number Maleral D Sex 57 Maleral D Sex 58 Mal	Instr	ections fo	r com	leting this re	port are on	the last	page of this form	n.							
Name 4 Sanch Address PO Box 57 County Harmey Lastitude Longitude Trumwhig 248 Nor 9 Range 328 E or W M. Now With Depending Alteration (repativecondition) Abandosment of John Material	(1) OV	VNER:			V	ell Nur	nber		(9) LOCATION O					Ó	WR
Address PD Box 57 (R) Sanes Suse OR Zp 97873 (2) TYPE OF WORK Depending Alternation (regals/necondition) Abundomment (3) DRLI METHODE Depending Alternation (regals/necondition) Abundomment (4) PROPOSED USE: Deponding Deferration Other	Name 4	J Ranct)						County Harney	/ Latitud	ie	Lo	ngitude		
Section 55 SE 1/4 SE 1	Address	PO Box	57						Township 24S		Range 3	3E .	_ E or W	V	VM.
Table Deponding Alexation (repair/incondition) Alexandonment Alexand					State OR		Zip 9787	73		SE	1/4 SI	E	1/4		
New Yet Depending Alternation (regarintecondision) Abandoment			VORK	ζ					Tax Lot 500	Lot	Block	S	ubdivision		
30 BRIL METHOD: Auger Potential Po					tion (renair/	econdit	ion) 🗀 Abandoni	ment		Well (or nearest	address) 58	477 Hwy 7	78		
Rosery Nat											, <u></u>		-		
Coher Community Industrial Industria	٠,				Cable	□ And	er .		(10) STATIC WAT	TER LEVEL:					
Aresian pressure B. per square inch. Date	==			ary with [_ Cauc				1 1				Date 6-12	-04	
Demestic Community Industrial Intrigation Cheese Cohere Cheese Chees			D FISE	7	·			_							
Thermal Depth or Completed Other	• •				Industrial	[7]	Irrigation								
Common to Common	_				_		-		()						
Special Construction approved \ Yes \[\] No Type Amount \ SEAL Section of						<u>. u</u>	Oulu		Denth at which water	was first found	57				
September Seal Se						h of Co	mpleted Well 30	5 6	Departe vinea vale	Was to the total of			.,		
Mole SEAL									From		To !	Estimate	d Flow Rat	e	SWI.
Description	Explosi		□ 100	Maine 12th		^	Lindon						41101114		
18	D		•	38-9		an.	Cb			120					
18 182 305		1		1	1		•	В							
182 305			+	Dentonic	-		20 ducks			-					
How was seal placed: Method A B C D E				1		 	 								
How was seal placed: Method A B C D E	14	102	303	ļ		 	 								
Other poured dry and tamped Backfill placed from R. to R. Size of gravel Carrier placed from R. to R. Size of gravel Casing the The point To Carge Sheel Plantic Welded Threaded Casing the Threaded Threaded Casing the Threaded	17					1 D			, ,						
Material From To SWL						i o		ПE	Circ	und Elevation _					
Casing 14" 1 105 250							• •	<u>.</u>				F	T 75-	Т.	-
Casing IA*										icriai				1-3	WL
Disaseter Frum To Gauge Steel Plastic Welded Threeded Casing: 14" 11 105 250	_				т.	Size	ot gravet		} •						
Casing 14*	(0) C								 					+	
Claystone blue 92 103 57			1			Plasti		raded 	}				+	+	
Claystone blue 92 103 57	Casing:	14"	+1	105					 		·			-	
Liner:			- 					_						+	i
Final location of shoc(s) Text Short Store Short Sh				\perp)					+	
Final location of shoc(s) Text Short Store Short Sh									+	red		+1171			
Final location of shoc(s) (7) PERFORATIONS/SCREENS: Perforations Method	Liner:								1					-+	
Capstone grey 265 286 57 286 286 57 286 57 286 57 286 57 286 57 286 57 286 286 286 57 286 286 57 286 286 57 286 286 57 286 286 57 286 286 57 286 286 57 286 286 57 286 286 57 286 286 57 286 286 57 286 286 57 286 286 286 57 286 28		_			[+	+	
Perforations Method Screens Type Material Teleptipe State Casing Liner State Casing Casi									l 	s brn			, 	+	
Screens Type	(7) PE	RFORA	TION	SSCREEN	S:				·					+	
Stort Number Dismeter Size Casing Liner	_		S	Method					cinders/sandston					+	
Size Number Diameter Size Casing Liner	□s	creens							claystone grey	$\square RFC$	FIVE	BOB	305	57	
Bailer	From	, To			Diameter			Liner					J		
WATER RESOURCES DEPT						<u> </u>				1111	a 1 200	2/4	<u> </u>		
WATER RESOURCES DEPT		1			<u> </u>	<u> </u>	🗆			JUN	2 1 COI	J 4	ļ	1	
SALEM, O'REGON		<u> </u>	_i				□						1		
SALEM, UNESON			1				[WATER RE	SOURCE	DIVER	1		
Completed 6-12-04 Completed 6-12-04										SALEN	n, OREGO				
Pump														丄	
Pump	(8) WI	ELL TES	STS: 1	Minimum te	sting time	is 1 bo	ar		Date started 6-10-04		Comple	eted 6-12-	04		
Pump							Flouring	ı	(unboaded) Water V	ell Constructor					
Materials used and information reported above are true to the best of my knowledge and belief. Materials used and information reported above are true to the best of my knowledge and belief. WWC Number Date	□P	ump		Bailer	Air				I certify that the w	ork I performed	on the consti	ruction, alte	ration, or at	obnec	nment
Add 160 200 I hr. and belief. WWC Number Signed Date Temperature of water 60 Depth Artesian Flow Found (boaded) Water Well Coastructor Certification: I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief. Depth of strata: WWC Number 1424 Signed Signed Date 6-15-04	Yield	gal/min	D	TANGOWA	Drill ste	m at	Time								
Signed Date	400		160		200		I br	:		omenon report	21 400 ve aic	u de lo die i	oest of my i	MOW	icuge
Signed Date												WWC Nu	mber		
Temperature of water 60			1						Signed						
Was a water analysis done NO Yes By whom Did any strata contain water not suitable for intended use? Too little Salty Muddy Odor Colored Other Depth of strata: Taccept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief. Signed WWC Number 1424 Signed Date 6-15-04	Temper	ature of w	ater 60]	Depth Artesia	n Flow	Found			Constructor C	ertification:				
Did any strata contain water not suitable for intended use?	•				-								andenment	work	
Salty Muddy Odor Colored Other construction standards. This report is true to the best of my knowledge and belief. Depth of strata: Signed Signed Date 6-15-04		•			•		☐ Too little		performed on this wel	l during the cons	truction date	es reported a	above. Ali	work	
Depth of strata: Signed Timeship Make WWC Number 1424 Date 6-15-04			_		_										ief.
Signed Timesta / Date 6-15-04				٠, ١,		_ ~ u.c.i			John State Chairman	A Tido topolitio		-			
	- space								Signed		I Ped.	,			
	Onton	TAT 6 *	TOCT	CODU	TD BEGGY	more.	DED DES CO	T OF		TOLICANO	TIMES	ODV OTTO			 -

RECEIVEARN, 51153

WELL LD. #L 71054

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

Instructions for completing this report are on the lagrant Circum.

MAR 3 1 2005

START CARD # 171211

(1) LAND OWNER Name 4J Ranch	R	W	eli Numi)CT		(9) LOCATION (al description	1)		
Address PO Box 57								Lot			_
City Seneca		State O	R	Zij	97873	Township 248	N or S	Range 33E			
(2) TYPE OF WOI	RK	☐ New Well				Section 35					
Deepening Alte	eration (rej	pair/recondition	n) 🗆 🗛	bandona	nent Conversion	Long °	<u>'</u> "or		(deg (des	grees or decima grees or decima	d) d)
(3) DRILL METHO Rotary Air Rotary Other	ary Mud	☑ Cable ☐ A	Auger [Cable I	Mud	Street Address of W			-		- -
(4) PROPOSED US						(10) STATIC WA	ATER LEVEL				-
Domestic Co	-				on.	<u>55</u>	_		nte <u>3-22-05</u> ate 3-25-05		-
(5) BORE HOLE (CONSTR	UCTION S	Special C	onstruct	ion: 🗌 Yes 🗹 No	Artesian pressure _	lb. per so	quare inch De			- -
Depth of Completed W Explosives used: \[\] \	Vdl 400	ft.	_			(11) WATER BE					
BORE HOLE	E To 1	Material	Frem	SEAL To	Sacks or Founds	From	To		i Flow Rate		-
		existing		<u> </u>	32230170223	305	400	100		55	-
			-		ļ						-
							<u> </u>				- -
How was seal placed: Other existing		l DA	□В	□c	□D □E	(12) WELL LOG	Gre	and Elevation			_
Backfill placed from		toft.	. Mar	erial			erial	From	To	SWL	
Gravel placed from		L toft.	. Siza	of grav	el	existing clay grey		305	305 315	55	-
(6) CASING/LINE	R					claystone grey		315	325	55	- -
Diameter F	Prem _ '	To Gauge			Welded Threaded	cinders sandstor		325 355	355 390	55 55	
Casing: 14 (e)	xisting			님	님 님	ctay blue		390	400	55	- -
				፱		ļ		 		 	-
Liner:			- 8							RE	CEIVE
								-	!	. 	- ,
Drive Shoe used I is			ne							FEB	2320
Final location of shoc	s)							 			
(7) PERFORATIO	NS/SCR										
Perforations Screens		Method			erial					<u> </u>	WRD
From To	Slot N	••	neter '		e Casing Liner	Date Started 3-22-4	05	Completed 3-2	5-05		:
1 1	Size	(diabet Date	,	size		(unboaded) Water	Well Constructor work I performed		tion decomi	no alteration o	ner .
	 					abandonment of this	well is in complia	nce with Orego	n water supp	ly well	
						construction standard the best of my know			n reported at	ove are true to	1
	 		-			WWC Number _ *	_	Date			
(8) WELL TESTS:	Minim	un festine fi	me ix 1	bozer		WWC Rumber		Date	,		-
	Bailer	Air			g Artesian	Signed			<u></u>		_
Yield gal/min	Drawde	own 1 Da	rill stem	at ,	Time	(bonded) Water W					
						abandonment work	ibility for the const performed on this v				
			above. All work per supply well construc					-			
Temperature of water		Depth			ound	and belief.	APOR SOURIUS. 11	re ichou is nac	a) usc (CS) (0)	I HIS KITOWICELE	ş c
Was a water analysis d Did any strata contain					☐ Too little	WWC Number 142	24	Date 3-2	8-05		
Salty Muddy							11	11	·		-
Depth of strata:			_			Signed	rileg K.	rich			
						<u> </u>		_//			

NOTICE TO WATER WELL CONTRACTOR The original and first copy WATER WELI	REPORT	-11-1	اسرد -
of this report are to be	HIR O 3 107E	245/33E	- 35 Da
Within 30 days from the daty	or PサイグTER RESOURCES おおおり Fermit No. ve this lineSALEM, OREGON		
of well completion.	VE LIE MISALEM, OREGON		
	(10) LOCATION OF WELL:		
(1) OWNER:	County Harney Driller's well nur	nber	
Name Mr. Ron Hudson	77 - 24E	R. 33E	W.M.
Crane, Oregon 97732		n corner	र के कि
	Bearing and distance from section or subdivision	t corner	
(2) TYPE OF WORK (check):			
New Well ☑ Deepening □ Reconditioning □ Abandon □ .			
If abandonment, describe material and procedure in Item 12.	(11) WATER LEVEL: Completed we	em.	
(3) TYPE OF WELL: (4) PROPOSED USE (check):	Depth at which water was first found 69		<u>ft.</u>
Rotary Driven Domestic D Industrial Municipal D	Static level 12 ft. below land st	urface. Date 10	/28 E/7 4
Cable ☐ Jetted ☐ Irrigation ☑ Test Well ☐ Other ☐	Artesian pressure Ibs. per square	e inch. Date	
		1	VB.
CASING INSTALLED: Threaded □ Welded ☑	(12) WELL LOG: Diameter of well b	elow casing!	<u></u>
	Depth drilled 273 ft. Depth of comple	eted well 27	3
ft. toft. Gage	Formation: Describe color, texture, grain size a	nd structure of	materials;
	and show thickness and nature of each stratum with at least one entry for each change of format	ion. Report each	cauage u
PERFORATIONS: Perforated? ☐ Yes 好No.	position of Static Water Level and indicate princ	cipal water-beari	ng strata.
Managed manfanator speed	MATERIAL	From To	SWL
	Top soil	0 3	
Size of perforations in. by in. perforations from ft. to ft.	Hard pan	3 7	
	Fine black sand and water	7 12	<u> </u>
perforations fromft. toft.	Black clay	12 35	
periorations from	Black sand-water bearing	35 53	
(7) SCREENS: Well screen installed? ☐ Yes. ☑ No	Mild rock(black fine grained)	53 69	
Manufacturer's Name	more water		
Type Model No	Green clay	69 162	
Diam. Slot size Set from ft. to ft.	Mild rock(black fine grained)	169 169 169 273	
Diam Slot size Set from ft. to ft.	Green clay	169 273	 -
(8) WELL TESTS: Drawdown is amount water level is	RECEIVED		
10WELEN DELOW BRITIS 10102			
Was a pump test made? ☐ Yes ⊠ No If yes, by whom?	FEB 2-3 2021		
Yield: gal./min. with ft. drawdown after hrs.	Level Land		ļ
	63000		 -
n n n	OWRD	 	<u> </u>
Bailer test 90 gal./min. with 0 ft. drawdown after 1 hrs.		ļ	
Artesian flow g.p.m.		40/00/	74-
perature of water 54 Depth artesian flow encountered ft.	Work started 10/16/ 1974 Complet		19 74 19 ⁷⁴
(a) CONSERDICATION.	Date well drilling machine moved off of well	10/28/	19* -
(9) CONSTRUCTION:	Drilling Machine Operator's Certification:	:	
Well seal—Material used	This wall was constructed under my	direct supe	rvision.
Well sealed from land surface to IL	Materials used and information reported best knowledge and belief.	above are tr	ue to my
Diameter of well bore to bottom of seal	[Signed]) (Drilling Machine Operator)	Date2/29.4	/ 19.75.
Number of sacks of cement used in well seal12 sacks	(Drilling Machine Operator)	000	
Number of sacks of bentonite used in well seal	Drilling Machine Operator's License No.	907	
Brand name of bentonite	Water Well Contractor's Certification:		
Number of pounds of bentonite per 100 gallons	This well was drilled under my jurisd	liction and this	report is
of water lbs./100 gals.	to the best of my knowledge and be	lief.	
Was a drive shoe used? ☐ Yes ※ No Plugs Size: location ft.	Davidson Drilling Inc.		
Did any strata contain unusable water? YYes 🗆 No	Name (Person, firm or corporation) 626 N W Pershall Way Re	edmond, Ore	97756
Type of water? depth of strata	Address		
Method of sealing strata off	[Signed to order Da	melan	## ******
Was well gravel packed? ☐ Yes ※ No Size of gravel:	(Water Well Con		75
Gravel placed fromft. toft.	Contractor's License No. 548 Date	7/29/	, 19
			OTHER 230

RAMB20203 STATE OF OREGON START CARD# WATER SUPPLY WELL REPORT OF THE CASE (as required by ORS 537.765 & OAR OF THE CASE OF THE 1022488 3/14/2014 **ORIGINAL LOG#** (1) LAND OWNER Last Name MASTRE (9) LOCATION OF WELL (legal description) First Name ARNOLD Company County HARNEY Twp 24.00 S N/S Range 33.00 E E/W WM Address 58477 HWY 78 Sec 35 SE 1/4 of the NW 1/4 Tax Lot 7400 City BURNS State OR Tax Map Number (2) TYPE OF WORK New Well Deepening Conversion Alteration (complete 2a & 10) Abandonment(complete 5a) DMS or DD (2a) PRE-ALTERATION Street address of well Nearest address Gauge Stl Plstc Wld Thrd 58477 HWY 78 BURNS, OR 97720 Material From Amt sacks/lbs Seal: (10) STATIC WATER LEVEL (3) DRILL METHOD SWL(psi) SWL(ft) Rotary Air Rotary Mud Cable Auger Cable Mud Existing Well / Pre-Alteration Reverse Rotary Other Completed Well 3/13/2014 Domestic X Irrigation Community Flowing Artesian? (4) PROPOSED USE Industrial/ Commericial Livestock Dewatering Depth water was first found 56.00 WATER BEARING ZONES Thermal Injection Other Est Flow SWL(psi) + SWL(ft) SWL Date From To (5) BORE HOLE CONSTRUCTION Special Standard (Attach copy) 3/4/2014 390 Depth of Completed Well 390.00 ft. BORE HOLE **SEAL** sacks/ Dia То From Material From Amt lbs 18 0 18 45 18 0 Bentonite Chips 14 18 390 (11) WELL LOG Ground Elevation How was seal placed: Method From A To Material Other POURED & TAMPED Clay loom topsoil brown 4 ___ fl. to ___ clay brown 25 Backfill placed from ____ ft. Material_ clay grey w/cinder chunks blk 43 _ ft. to ____ ft. Material Filter pack from _____ clay stone grey (soft, broken) 43 72. Explosives used: Yes Type____ Amount 84 sandstone grey (soft) (5a) ABANDONMENT USING UNHYDRATED BENTONITE 95 clay black sandstone blk w/blue clay stone 213 Proposed Amount Actual Amount 213 235 clay stone grey (6) CASING/LINER sandstone blk frectured 235 356 Dia Casing Liner From To Gauge Stl Plstc Wld Thrd 356 368 claystone brown $oldsymbol{\odot}$ X claystone grey (broken, soft) Inside Outside Other Location of shoe(s) Temp casing Yes Dia From OWRD (7) PERFORATIONS/SCREENS Perforations Method saw cut Screens Type_ Complete 3/4/2014 Material Date Started2/25/2014 Perf/ Casing/ Screen # of Tele/ Scrn/slot Slot (unbonded) Water Well Constructor Certification Screen Liner Τo width slots Dia From length pipe size Perf Casing I certify that the work I performed on the construction, deepening, alteration, or 14 267 2000 .125 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 (8) WELL TESTS: Minimum testing time is 1 hour Signed Air Flowing Artesian O Pump Bailer Drill stem/Pump depth Duration (hr) Drawdown (bonded) Water Well Constructor Certification Yield gal/min 1000 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. °F Lab analysis Yes By_ Temperature 60 Water quality concerns? Yes (describe below) TDS amount License Number 1424 Date 3/14/2014 Amount Units Signed TIMOTHY K RILEY (E-filed) Contact Info (optional) Tim Riley 541-573-5695

Page I of I

WELL I.D. LABEL# L|113435

ORIGINAL - WATER RESOURCES DEPARTMENT

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

01-12-2011

WELL LABEL # L	102533
START CARD#	1012225

(1) LAND OWNER Owner Well I.D.#1	(9) LOCATION OF WELL (legal description)			
First Name Arnold Last Name Mastery	County Harney Twp 24.00 S N/S Range 33.00 E E/W WM			
Company	Sec 26 SE 1/4 of the SE 1/4 Tax Lot 7400			
Address 77040 Road 330	Tax Map Number Lot			
City Ogallala State NE Zip 69153	Lat° ' ' or DMS or DD			
(2) TYPE OF WORK New Well Deepening Conversion	Long OMS or DD			
Alteration (repair/recondition) Abandonment	Street address of well Nearest address			
	58477 Hwy 78 Crane			
(3) DRILL METHOD Rotary Air Rotary Mud Cable Auger Cable Mud				
Reverse Rotary Other	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)			
	Existing Well / Predeepening			
(4) PROPOSED USE Domestic Irrigation Community	Completed Well 12-29-2010 S2 52			
Industrial/ Commercial Livestock Dewatering	Flowing Artesian? Dry Hole?			
Thermal Injection Other	WATER BEARING ZONES Depth water was first found 52			
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy)				
Depth of Completed Well 450.00 ft.	12-29-2010 52 450			
BORE HOLE SEAL sacks/ Dia From To Material From To Amt lbs				
18 0 28 Bentonite Pellets 0 28 80 S				
14 28 450				
	(11) WELL LOG Ground Flavation			
How was seal placed: Method A B C D E	Orothid Elevation			
How was seal placed: Method A B C D E Other Poured dry & tmpd	Material From To Topsoil sandy loam 0 1			
Backfill placed from ft. to ft. Material	Clay brown 1 10			
Filter pack from ft. to ft. Material Size	Sand fine brown 10 18			
Explosives used: Yes Type Amount	Clay brown RECEIVED 18 40			
	Clay grey 40 100 Sand fine black 5177 2 9 2026 100 200			
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	Sand fine black 100 200 Clay green blue 120 32021 200 315			
● C 14 × 2 210 250 ● C × 110	Sandstone white quartz 315 325			
	Pumice stone grey 325 370			
	Sandstone brown OVVICO 370 380			
	Pumice stone grey 380 404 Claystone hard blue shale 404 440			
	Clay green 440 450			
Shoe Inside Outside Other Location of shoe(s)				
Temp casing Yes Dia From To				
(7) PERFORATIONS/SCREENS	 			
Perforations Method				
Screens Type Material				
Perf/S Casing/ Screen Scm/slot Slot # of Tele/	Date Started 12-17-2010 Completed 12-29-2010			
creen Liner Dia From To width length slots pipe size	(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.			
(O) WITH I TEROTEC NO. 1	1			
(8) WELL TESTS: Minimum testing time is 1 hour	License Number Date Electronically Filed			
Pump Bailer Air Flowing Artesian	Signed			
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	(bonded) Water Well Constructor Certification			
1000	I accept responsibility for the construction, deepening, alteration, or abandonment			
<u> </u>	work performed on this well during the construction dates reported above. All work			
Temperature 60 °F Lab analysis Yes By	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.			
Water quality concerns? Yes (describe below)				
From To Description Amount Units	License Number 1424 Date 01-12-2011 Electronically Filed			
	Signed TIMOTHY K RILEY (F-filed)			
	Contact Info (optional)			

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

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WELL LABEL # L	102533
START CARD#	1013073

Company Sec 26 SE 1/4 of the SE 1/4 T Address 77040 Road 330 Tax Map Number L City Ogallala State NE Zip 69153 Lat 0 " "or "	nge_ <u>33.00 E</u> E/W WM Fax Lot <u>7400</u>		
Company Sec 26 SE 1/4 of the SE 1/4 T Address 77040 Road 330 Tax Map Number L City Ogallala State NE Zip 69153 Lat 0 "" or "	Гах Lot 7400		
Address 77040 Road 330 Tax Map Number L City Ogallala State NE Zip 69153 Lat ° 0 ' "or			
V	.ot		
	DMS or DD		
(2) TYPE OF WORK New Well Deepening Conversion Long 0 or "or	DMS or DD		
Alteration (repair/recondition) Abandonment Street address of well Nearest add	iress		
Aneration (repair/recondition) Abandonation 58477 HWY 78			
(3) DRILL METHOD Crane, Ore.			
Rotary Air Rotary Mud Cable Auger Cable Mud (10) STATIC WATER LEVEL			
Reverse Rotary Other Date SW	L(psi) + SWL(ft)		
14) PRIPRING IN INCHESTIC IX DETERMINE I L'OPPONINTE I L'OPPONINTE I L'OPPONINTE I L'OPPONINTE I L'OPPONINTE I	Existing Well / Predeepening 04-25-2011 49		
Industrial Commercial II I instact I Domestic	Completed Well 04-27-2011 49 Flowing Artesian? Dry Hole?		
Thomas I Injunction Other			
WATER BEARING ZONES Deptil Water was I			
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy) SWL Date From To Est Flow S			
Depth of Completed Well <u>510,00</u> ft. BORE HOLE SEAL sacks/ 04-27-2011 455 510 300	1 49		
BORE HOLE SEAL sacks/ Dia From To Material From To Amt lbs			
14 450 510			
(11) WELL LOG Ground Flavation			
Ground Elevation			
How was seal placed: Method A B C D E Material	From To		
Other Buckfill placed from the total Material Claystone brown	450 455		
Dackin placed from 11. to 11. Widefiles	455 460 460 480		
Claystone green	460 480 480 495		
Explosives used: Yes Type Amount Claystone grey Claystone grey	495 510		
(6) CASING/LINER			
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd			
RALIFICATION RECEIVED			
Shoe Inside Outside Other Location of shoe(s)			
Temp casing Yes Dia From To			
(7) PERFORATIONS/SCREENS WATER RESOURCES DEPT			
Perforations Method SALEM OREGON			
Screens Type Material			
Perf/S Casing/ Screen Scm/slot Slot # of Tele/ Date Started			
Perf/S Casing/ Screen Scm/slot Slot # of Tele/ creen Liner Dia From To width length slots pipe size Date Started 04-25-2011 Completed 04-25-2011 Complete	4-27-2011		
(unbonded) Water Well Constructor Certification			
I certify that the work I performed on the construction			
abandonment of this well is in compliance with C construction standards. Materials used and information			
the best of my knowledge and belief.	n reported above are true to		
(8) WELL TESTS: Minimum testing time is 1 hour License Number Date			
			
O' Turnip O Barter O' Trowning Artestan			
ried gaintini Brawdown Dijii steru Pump depin Dination (iii)			
1,000 510 1 (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		
Temperature 60 °F Lab analysis Yes By performed during this time is in compliance with C			
Water quality concerns? Yes (describe below) construction standards. This report is true to the best of			
	2011		
Electronically Filed			
Signed TIMOTHY K RILEY (E-filed)			
Contact Info (optional)			
ORIGINAL - WATER RESOURCES DEPARTMENT			
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK	Form Version: 0.95		

STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537,765 & OAR 690-205-0210)

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Page 1 of 1

WELL I.D. LABEL# L

109049

START CARD # 1018802

ORIGINAL LOG #

(as required by ORS 537.765 & OAR 690-205-0210)	2/1/2	2013	ORIGINAL LOG#			
(1) LAND OWNER Owner Well I.D.						
First Name ARNOLD Last Name MASTERY		(9) LOCATION OF WELL (legal description)				
Company	_	County HARNEY Twp 24.00 S N/S Range 33.00 E E/W WM				
Address 77040 ROAD 330	_	Sec <u>26 SE</u> 1/4 of the <u>SE</u> 1/4 Tax Lot <u>7400</u>				
City OGALLALA State NE Zip 69153	= [Tax Map Numbe	r	Lot		
(2) TYPE OF WORK New Well Deepening Conversion	on þ	Lat	' " or		DMS or DD	
Alteration (complete 2a & 10) Abandonment(complete 2a) PRE-ALTERATION	ete 5a)	Long°	" or		DMS or DD	
Dia + From To Gauge Stl Plstc Wld Thrd		Street address of well Nearest address				
Casing:		58477 HWY 78				
Material From To Amt sacks/lbs		CRANE, OR. 9	7738			
Seal:		(10) CT A TT	TANA TEND T TEXTET		-	
(3) DRILL METHOD		(10) STATE	C WATER LEVEL Date	SWL(psi)	+ SWL(ft)	
Rotary Air Rotary Mud Cable Auger Cable Mud		Existing Well / Pre-Alteration				
Reverse Rotary Other		Completed '	Well 1/31/2013		52	
(4) PROPOSED USE Domestic Irrigation Community		Flowing Artesian? Dry Hole?				
Industrial/Commericial Livestock Dewatering	-	WATER BEARI	NG ZONES Depth wa	ater was first fo	und 52.00	
Thermal Injection Other		SWL Date	From To Est	t Flow SWL(p	osi) + SWL(ft)	
(5) BORE HOLE CONSTRUCTION Special Standard (Attac	ch conv)	1.01.0010				
Depth of Completed Well 750.00 ft.	ch copy)	1/31/2013	52 200	800	52	
BORE HOLE SEAL	sacks/		 	- -	┤ ┡╋╼╼┥	
Dia From To Material From To Amt	lbs		 -			
18 0 20 Bentonite Chips 0 20 50	s		 		$\dashv \vdash \vdash \vdash \vdash$	
14 20 215	1	<u> </u>				
12 215 750	+	(11) WELL I	.0G	_		
How was seal placed: Method A B C D E	——	()	Ground Dievatio	From		
How was seal placed: Method A B C D E Control B C D E	' İ	topsoil sandy loa	Material	0		
Backfill placed from ft. to ft. Material		clay brown	<u>un</u>	2		
Filter pack from ft. to ft. Material Size		sandy clay brow	n	10		
		clay grey		15	110	
Explosives used: Yes Type Amount	<u> </u>	sand fine black		110		
(5a) ABANDONMENT USING UNHYDRATED BENTONITE	ľ	clay grey	RECEIVED	150		
Proposed Amount Actual Amount	l	sand fine black clay grey		170		
(6) CASING/LINER		sand medium	FEB 2 3 2021	190		
Casing Liner Dia + From To Gauge Stl Plstc Wld	Thrd	gravel medium		208		
<u>14</u> <u>X</u> 2 215 .250 <u>O</u> X	H	claystone clay b	ue	212	2 300	
$H \mapsto H \longrightarrow H$	H!	clay green	OWRD	300		
	HI	sandstone grey		34:		
	H	clay grey clay brown/clay	tone	500		
Shoe Inside Outside Other Location of shoe(s)	<u></u>	claystone w/san		712		
Temp casing Yes Dia From To	— i	012/01020				
(7) PERFORATIONS/SCREENS Perforations Method						
Screens Type Material	· .	Date Started1	/16/2013 Com	plete 1/31/2	2013	
	Tele/	_				
Screen Liner Dia From To width length slots pir	pe size	, ,	ter Well Constructor Certifi			
			e work I performed on the co f this well is in compliand			
 			ndards. Materials used and in			
			nowledge and belief.	•		
		License Numbe	rD	ate		
(8) WELL TESTS: Minimum testing time is 1 hour						
Pump Bailer () Air Flowing Artesi	ian	Signed				
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)		(bonded) Water	Well Constructor Certificat	lion		
100 200 1		I accept responsibility for the construction, deepening, alteration, or abandonment				
	⊒ I	work performed on this well during the construction dates reported above. All work				
			ng this time is in compliance			
Temperature 68 °F Lab analysis Yes By						
Water quality concerns? Yes (describe below) TDS amount From To Description Amount Un	License Number 1424 Date 2/1/2013					
From To Description Amount Un	<u></u>]	Signed TIMOTHY K RILEY (E-filed)				
	─ │		tional)			
	\Box					