



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

# Application for Permit Amendment

## Part 1 of 5 – Minimum Requirements Checklist

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

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

- Part 1 – Completed Minimum Requirements Checklist. OWRD
- Part 2 – Completed Application Map Checklist.
- Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the new online fee calculator at: [http://apps.wrd.state.or.us/apps/misc/wrd\\_fee\\_calculator](http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator). If you have questions, call Customer Service at (503) 986-0801.
- Part 4 – Completed Applicant Information and Signature.
- Part 5 – Information about Permits to be Amended: **Number of permits to be amended: 1**  
**List the Permits here: G-18386**  
 Please include a separate Part 5 for each permit. (See instructions on page 6)
- Completed Permit Amendment Application Map (Does not have to be prepared by a Certified Water Right Examiner).
- N/A Request for Assignment Form and statutory fee. The request for assignment form has to be completed if the applicant is **not** the permit holder of record and needs to be assigned to the permit; **or** the landowner of the proposed place of use is **not** the permit holder of record and needs to be assigned to the permit (the Request for Assignment Form is available online at <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>). Assignment is not needed if the applicant is the permit holder of record.
- N/A Affidavit(s) of Consent are required from all permit holder(s) of record if the permit is not assigned to the applicant **or** other permit holders of record that are not listed as applicants.
- N/A Oregon Water Resources Department's Land Use Information Form with approval and signature (or signed land use form receipt stub) from each local land use authority in which water is to be diverted, conveyed, and/or used. Not required if water is to be diverted, conveyed, and/or used only on federal lands or if **all** of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone.
- N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation.
- N/A Geologist Report for a change from a surface water point of diversion to a ground water point of appropriation (well), if the proposed well is more than 500 feet from the surface water source and more than 1000 feet upstream or downstream from the point of diversion. (ORS 540.531(2) or (3)).

**(For Staff Use Only)**

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

<input type="checkbox"/> Application fee not enclosed/insufficient	<input type="checkbox"/> Map not included or incomplete
<input type="checkbox"/> Land Use Form not enclosed or incomplete	<input type="checkbox"/> Part _____ is incomplete
<input type="checkbox"/> Additional signature(s) required	
Other/Explanation _____	
Staff: _____ 503-986-0 _____	Date: ____ / ____ / ____

## Part 2 of 5 – Permit Amendment Map Checklist

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

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

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

**Part 3 of 5 – Fee Worksheet**

FEE WORKSHEET for PERMIT AMENDMENT			
1	Base Fee (includes one type of change to one permit for up to 1 cfs)	1	\$1,160
2	Types of change proposed: <input checked="" type="checkbox"/> Place of Use <input checked="" type="checkbox"/> Point of Diversion/Appropriation Number of above boxes checked = <u>2 (2a)</u> Subtract 1 from the number in line 2a = <u>1 (2b)</u> <i>If only one change, this will be 0</i> Multiply line 2b by \$930 and enter » » » » » » » » » » » » » » » »	RECEIVED FEB 23 2021 OWRD	2 \$930
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 type="checkbox"/> No: enter 0 on line 5 » <input checked="" type="checkbox"/> Yes: enter the cfs for the portions of the permits to be amended (see example below*): <u>2.11 (5a)</u> Subtract 1.0 from the number in 5a above: <u>1.11 (5b)</u> If 5b is 0, enter 0 on line 5 » If 5b is greater than 0, round up to the nearest whole number: <u>2 (5c)</u> and multiply 5c by \$350, then enter on line 5 » » » » » » » » » »	5	\$700
6	Add entries on lines 1 through 5 above » » » » » » » » » » Subtotal:	6	\$3200
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 »	7	\$0
8	Subtract line 7 from line 6 » » » » » » » » » » <b>Permit Amendment Fee:</b>	8	<b>\$3200</b>

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

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

## Part 4 of 5 – Applicant Information and Signature

### Applicant Information

APPLICANT/BUSINESS NAME <b>CLW Farms, LLC</b>			PHONE NO. <b>801-225-3456</b>	ADDITIONAL CONTACT NO. <b>RECEIVED</b>
ADDRESS <b>PO Box 9324</b>			FAX NO. <b>FEB 23 2021</b>	
CITY <b>Salt Lake City</b>	STATE <b>UT</b>	ZIP <b>84109</b>	E-MAIL <b>OWED</b>	
<b>BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.</b>				

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

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

Explain in your own words what you propose to accomplish with this permit amendment; and why:  
**Reconfigure a portion of the Place of Use and add 5 Additional Points of Appropriation.**

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)? 10-1-2037

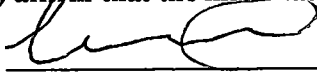
- If the permit completion date expires while the Permit Amendment Application is pending, the Department will not approve the Permit Amendment Application until an Extension of Time Application is approved for the permit.
- You may consider using the Reimbursement Authority process to expedite the processing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

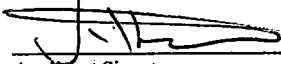
- Prior to Department approval of the permit amendment, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the permit is located, once per week for two consecutive weeks. If more than one qualifying newspaper is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

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



  
Applicant Signature

Gary Carter, member 2/18/21  
Print Name (and Title if applicable) Date

  
Applicant Signature

Jonathan Lind, Member 2/18/21  
Print Name (and Title if applicable) Date

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**Check one of the following:**

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

**Check the appropriate box, if applicable:**

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

IRRIGATION DISTRICT NAME <b>n/a</b>	ADDRESS	
CITY	STATE	ZIP

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

ENTITY NAME <b>n/a</b>	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 <b>Harney County Planning Department</b>	ADDRESS <b>360 N. Alvord Ave</b>	
CITY <b>Burns</b>	STATE <b>OR</b>	ZIP <b>97720</b>

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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## Part 5 of 5 – Water Use Permit Information

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

### 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-_____)	Twp		Rng		Sec	¼ ¼		Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Well 1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		24	S	33	E	26	NE	NW	7400	S 1310', E 1330' of NW Cor Sec 26
Well 2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		24	S	33	E	26	NE	NE	7401	S 1310', W 1310' of NE Cor Sec 26
Well 3	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		24	S	33	E	25	NE	NW	6900	S 1310', W 1310' of N1/4 Cor Sec 25
Well 4	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 51993/ L-113428	24	S	33	E	26	NE	SW	7400	N 1310', E 1330' of SW Cor Sec 26
Well 5	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		24	S	33	E	26	NE	SE	7401	N 1330', W 1310' of SE Cor Sec 26
Well 6	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		24	S	33	E	25	NE	SW	6900	N 1330', W 1310' of S1/4 Sec 25
Well 7	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		24	S	33	E	35	NE	NW	9100	S 1310', E 1330' of NW Cor Sec 35
Well 8	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		24	S	33	E	36	NE	NW	6900	S 1310', W 1310' of N1/4 Cor Sec 36
Well 9	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		24	S	33	E	36	NE	SW	6900	N 1330', W 1310' of S1/4 Sec 36
Well 10	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 1046	24	S	33	E	35	NW	SE	9100	N 2598', W 1356' of SE Cor Sec 35
Well 12	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 52023/ L-113435	24	S	33	E	35	SE	NW	9100	S 1160', E 2360' of NW Cor Sec 35
Well 13	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> 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 change(s) proposed below (change "CODES" are provided in parentheses):

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

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

- Yes Complete only the proposed ("to" lands) section of Table 2 on the next page. Use the "CODES" listed above to describe the proposed changes.
- No Complete all of Table 2 to describe the portion of the permit to be changed.

For a change in place of use:

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

Yes  No

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


AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.											Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.										
Twp	Rng	Sec	¼	¼	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) (name or number from Table 1)	Priority Date	Twp		Rng	Sec	¼	¼	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date		
<b>EXAMPLE</b>																						
2	S	9	E	15	NE	NW	100	15.0	POD #1 POD #2	POU/POD	2	S	9	E	15	NW	NW	100	1	10.0	POD #5	
"	"	"	"	"	"	"	"	EXAMPLE	"	"	2	S	9	E	15	SW	NW	200		5.0	POD #6	
										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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Are there other water rights certificates, water use permits or ground water registrations associated with the "from" or "to" lands?  Yes  No

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

 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](http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx))

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**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 **all** 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



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

Applicant(s): CLW Farms, LLC

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Mailing Address: PO Box 9324

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City: Salt Lake City

State: UT

Zip Code: 84109

Daytime Phone: \_\_\_\_\_

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.

Township	Range	Section	¼ ¼	Tax Lot #	Plan Designation (e.g., Rural Residential/RR-5)	Water to be:			Proposed Land Use:
<u>24 S</u>	<u>33 E</u>	<u>25, 36</u>	_____	<u>6900</u>	<u>EFRU-2</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	<u>IR</u>
<u>24 S</u>	<u>33 E</u>	<u>26</u>	_____	<u>7400</u>	<u>EFRU-2</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	<u>IR</u>
<u>24 S</u>	<u>33 E</u>	<u>26</u>	_____	<u>7401</u>	<u>EFRU-2</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>IR</u>
<u>24 S</u>	<u>33 E</u>	<u>35</u>	_____	<u>9100</u>	<u>EFRU-2</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>IR</u>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> 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 to Use or Store Water   
  Water Right Transfer   
  Permit Amendment or Ground Water Registration Modification  
 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

Intended use of water:  Irrigation     Commercial     Industrial     Domestic for \_\_\_\_\_ household(s)  
 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. →

FEB 23 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.

### Please check the appropriate box below and provide the requested information

- Land uses to be served by the proposed water uses (including proposed construction) are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): EFWU-2/Hcz0 3.020
- Land uses to be served by the proposed water uses (including proposed construction) involve discretionary land-use approvals as listed in the table below. (Please attach documentation of applicable land-use approvals which have already been obtained. Record of Action/land-use decision and accompanying findings are sufficient.) **If approvals have been obtained but all appeal periods have not ended, check "Being pursued."**

Type of Land-Use Approval Needed (e.g., plan amendments, rezones, conditional-use permits, etc.)	Cite Most Significant, Applicable Plan Policies & Ordinance Section References	Land-Use Approval:	
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued

Local governments are invited to express special land-use concerns or make recommendations to the Water Resources Department regarding this proposed use of water below, or on a separate sheet.

Name: Brian M. McMillen Title: Planning Director  
 Signature: [Signature] Phone: (541) 573-6655 Date: 1/29/21  
 Government Entity: Hannay County

**Note to local government representative:** Please complete this form or sign the receipt below and return it to the applicant. If you sign the receipt, you will have 30 days from the Water Resources Department's notice date to return the completed Land Use Information Form or WRD may presume the land use associated with the proposed use of water is compatible with local comprehensive plans.

### Receipt for Request for Land Use Information

Applicant name: \_\_\_\_\_  
 City or County: \_\_\_\_\_ Staff contact: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

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

HARN 51993

10/25/2013

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

(1) LAND OWNER Owner Well I.D. WELL #3 First Name ARNOLD Last Name MASTERY Company Address 77040 ROAD 330 City OGALLALA State NE Zip 69153

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

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard [ ] (Attach copy) Depth of Completed Well 350.00 ft. BORE HOLE Dia From To Material SEAL From To Amt sacks/lbs

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

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

(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s) Temp casing [ ] Yes Dia From To

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

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

Temperature 60 °F Lab analysis [ ] Yes By Water quality concerns? [ ] Yes (describe below) TDS amount From To Description Amount Units

(9) LOCATION OF WELL (legal description) County HARNEY Twp 24.00 S N/S Range 33.00 E E/W WM Sec 26 SE 1/4 of the SE 1/4 Tax Lot 7400 Tax Map Number Lot Lat Long Street address of well Nearest address 58477 HWY 78 CRANE, OR 97732

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) Existing Well / Pre-Alteration Completed Well 10/1/2013 72 Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 72.00 SWL Date From To Est Flow SWL(psi) + SWL(ft)

(11) WELL LOG Ground Elevation Material From To Silt Loam Topsoil 0 2 Clay Brown 2 25 Clay Grey 25 115 Clay Black 115 135 Clay Grey 135 147 Sand Black 147 173 Clay Stone/Clay Grey 173 207 Clay White 207 211 Clay Stone Grey 211 220 Sandstone Grey 220 255 Clay Stone Grey Hard 255 342 Clay Grey 342 350

Date Started 9/12/2013 Complete 10/1/2013

(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 1424 Date 10/25/2013 Signed TIMOTHY K RILEY (E-filed) Contact Info (optional)

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

(WELL I.D.)# L 71054

FEB 23 2021

(START CARD) # 162599

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

(1) OWNER: Well Number \_\_\_\_\_

Name 4-J Ranch

Address PO Box 57

City Seneca State OR Zip 97873

(2) TYPE OF WORK

New Well  Deepening  Alteration (repair/recondition)  Abandonment

(3) DRILL METHOD:

Rotary Air  Rotary Mud  Cable  Auger

Other

(4) PROPOSED USE:

Domestic  Community  Industrial  Irrigation

Thermal  Injection  Livestock  Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval  Yes  No Depth of Completed Well 305 ft.

Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
18	0	18	bentonite	0	25	25 sacks
14	18	182				
12	182	305				

How was seal placed: Method  A  B  C  D  E

Other poured dry and tamped

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing	14"	+1	105	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS:

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

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian
400	100	200	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Temperature of water 60 Depth Artesian Flow Found \_\_\_\_\_

Was a water analysis done  No  Yes By whom \_\_\_\_\_

Did any strata contain water not suitable for intended use?  Too little

Salty  Muddy  Odor  Colored  Other \_\_\_\_\_

Depth of strata: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:

OWRD

County Harney Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

Township 24S N or S Range 33E E or W WM.

Section 35 SE 1/4 SE 1/4

Tax Lot 500 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Street Address of Well (or nearest address) 58477 Hwy 78

(10) STATIC WATER LEVEL:

57 ft. below land surface. Date 6-12-04

Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 57

From	To	Estimated Flow Rate	SWL
57	305	500	57

(12) WELL LOG:

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

Material	From	To	SWL
topsoil clay loam	0	3	
clay brn	3	22	
sand brn	22	32	
clay brn	32	61	
silt, blk	61	92	57
claystone blue	92	103	57
cinders multi colored	103	158	57
sandstone blue	158	164	57
sandstone/claystone gravel	164	255	57
sandstone cinders brn	255	265	57
claystone grey	265	286	57
cinders/sandstone	286	303	57
claystone grey	303	305	57

RECEIVED

JUN 21 2004

WATER RESOURCES DEPT  
SALEM, OREGON

Date started 6-10-04 Completed 6-12-04

(unbonded) Water Well Constructor Certification:

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

WWC Number \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

(bonded) Water Well Constructor Certification:

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

WWC Number 1424

Signed [Signature] Date 6-15-04



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

RECEIVED

51153

MAR 31 2005

WELL ID. # L 71054

START CARD # 171211

WATER RESOURCES DEPT  
 OREGON

Instructions for completing this report are on the back of this form.

(1) LAND OWNER Well Number \_\_\_\_\_  
 Name 4J Ranch  
 Address PO Box 57  
 City Seneca State OR Zip 97873

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction:  Yes  No  
 Depth of Completed Well 400 ft.  
 Explosives used:  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
10	305	400	existing			

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

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 14	existing			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used  Inside  Outside  None  
 Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS

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

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

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

Yield gal/min	Drawdown	Drill stem at	Time

Temperature of water 60 Depth Artesian Flow Found \_\_\_\_\_  
 Was a water analysis done?  Yes By whom \_\_\_\_\_  
 Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
 Depth of strata: \_\_\_\_\_

(9) LOCATION OF WELL (legal description)  
 County Harney  
 Tax Lot 500 Lot \_\_\_\_\_  
 Township 24S N or S Range 33E E or W WM  
 Section 35 SE 1/4 SE 1/4

Lat \_\_\_\_\_ " or \_\_\_\_\_ (degrees or decimal)  
 Long \_\_\_\_\_ " or \_\_\_\_\_ (degrees or decimal)

Street Address of Well (or nearest address) 58477 Hwy 78

(10) STATIC WATER LEVEL  
55 ft. below land surface. Date 3-22-05  
55 ft. below land surface. Date 3-25-05  
 Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

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

From	To	Estimated Flow Rate	SWL
305	400	100	55

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

Material	From	To	SWL
existing	0	305	
clay grey	305	315	55
claystone grey	315	325	55
clnders sandstone grey	325	355	55
claystone grey	355	390	55
clay blue	390	400	55

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 FEB 23 2021  
 OWRD

Date Started 3-22-05 Completed 3-25-05

(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.

WWC 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.

WWC Number 1424 Date 3-28-05

Signed Tommy K. Reby



STATE OF OREGON  
WATER SUPPLY WELL REPORT  
(as required by ORS 537.765 & OAR 690.005)

**DRAFT**

RNA 520283  
3/14/2014

WELL I.D. LABEL# L113435  
START CARD # 1022488  
ORIGINAL LOG #

(1) LAND OWNER  
Owner Well I.D. \_\_\_\_\_  
First Name ARNOLD Last Name MASTRE  
Company \_\_\_\_\_  
Address 58477 HWY 78  
City BURNS State OR Zip 97720

(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 \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION Special Standard  (Attach copy)  
Depth of Completed Well 390.00 ft.  
BORE HOLE SEAL  
Dia From To Material From To Amt sacks/lbs  

18	0	18	Bentonite Chips	0	18	45	S
14	18	390					

How was seal placed: Method  A  B  C  D  E  
 Other POURED & TAMPED  
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 Thrld  

<input checked="" type="checkbox"/>	<input type="checkbox"/>	14	<input checked="" type="checkbox"/>	2	265	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	----	-------------------------------------	---	-----	------	-------------------------------------	--------------------------	-------------------------------------	--------------------------

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

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

Perf	Casing	14	215	267	.125	3	2000	
------	--------	----	-----	-----	------	---	------	--

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

1000		200	1
------	--	-----	---

  
Temperature 60 °F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below) TDS amount  
From To Description Amount Units  

--	--	--	--	--

(9) LOCATION OF WELL (legal description)  
County HARNEY Twp 24.00 S N/S Range 33.00 E E/W WM  
Sec 35 SE 1/4 of the NW 1/4 Tax Lot 7400  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address  
58477 HWY 78  
BURNS, OR 97720

(10) STATIC WATER LEVEL  
Date SWL(psi) + SWL(ft)  
Existing Well / Pre-Alteration \_\_\_\_\_  
Completed Well 3/13/2014  56  
Flowing Artesian?  Dry Hole?   
WATER BEARING ZONES Depth water was first found 56.00  
SWL Date From To Est Flow SWL(psi) + SWL(ft)  

3/4/2014	56	390	1000		<input checked="" type="checkbox"/> 56
----------	----	-----	------	--	--

(11) WELL LOG  
Ground Elevation \_\_\_\_\_  
Material From To  
Clay loom topsoil brown 0 4  
clay brown 4 25  
clay grey w/cinder chunks blk 25 43  
clay stone grey (soft, broken) 43 72  
sandstone grey (soft) 72 84  
clay black 84 95  
sandstone blk w/blue clay stone 95 213  
clay stone grey 213 235  
sandstone blk fractured 235 356  
claystone brown 356 368  
claystone grey (broken, soft) 368 390  
**RECEIVED**  
**FEB 23 2021**  
**OWRD**

Date Started 2/25/2014 Complete 3/4/2014  
(unbonded) Water Well Constructor Certification  
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.  
License Number \_\_\_\_\_ Date \_\_\_\_\_  
Signed \_\_\_\_\_

(bonded) Water Well Constructor Certification  
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.  
License Number 1424 Date 3/14/2014  
Signed TIMOTHY K RILEY (E-filed)  
Contact Info (optional) Tim Riley 541-573-5695

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

First Name Arnold Last Name Mastery
Company
Address 77040 Road 330
City Ogallala State NE Zip 69153

(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 [X] Irrigation [ ] Community [ ] Industrial/ Commercial [ ] Livestock [ ] Dewatering [ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION Special Standard [ ] Attach copy) Depth of Completed Well 450.00 ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, sacks/lbs. Row 1: 18, 0, 28, Bentonite Pellets, 0, 28, 80, S. Row 2: 14, 28, 450.

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

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

Table with columns: Casing Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Row 1: [X], 14, 2, 210, 250, [X], [X], [X], [X].

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

(7) PERFORATIONS/SCREENS Perforations Method Screens Type Material

Table with columns: Perf/S creen, Casing Liner Dia, Screen From To, Scm/slot width, Slot length, # of slots, Tele/ pipe size.

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

Table with columns: Pump [ ] Bailer [ ] Air [X] Flowing Artesian [ ] Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 800, 200, 1.

Table with columns: Temperature 60 F Lab analysis [ ] Yes By Water quality concerns? [ ] Yes (describe below) From To Description Amount Units.

(9) LOCATION OF WELL (legal description)

County Harney Twp 24.00 S N/S Range 33.00 E E/W WM
Sec 26 SE 1/4 of the SE 1/4 Tax Lot 7400
Tax Map Number Lot
Lat ' " or DMS or DD
Long ' " or DMS or DD
[ ] Street address of well [X] Nearest address

58477 Hwy 78 Crane

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), + SWL(ft). Row 1: Existing Well / Predeepening, , , [X] 52. Row 2: Completed Well, 12-29-2010, , [X] 52.

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Row 1: 12-29-2010, 52, 450, , [X] 52.

(11) WELL LOG

Table with columns: Material, From, To, Ground Elevation. Includes 'RECEIVED' and 'OWRD' stamps.

Date Started 12-17-2010 Completed 12-29-2010

(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 Electronically Filed 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 1424 Date 01-12-2011 Electronically Filed Signed TIMOTHY K RILEY (E-filed) Contact Info (optional)

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

05-02-2011

WELL LABEL # L 102533

START CARD # 1013073

(1) LAND OWNER Owner Well I.D.

First Name Arnold Last Name Mastery
Company
Address 77040 Road 330
City Ogallala State NE Zip 69153

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

(3) DRILL METHOD
Rotary Air [x] 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)

Table with columns: Dia, From, To, Material, SEAL, Amt, sacks/lbs. Row 1: 14, 450, 510, [ ], [ ], [ ], [ ]

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

Backfill placed from [ ] ft. to [ ] ft. Material [ ]

Filter pack from [ ] ft. to [ ] ft. Material [ ] Size [ ]

Explosives used: [ ] Yes Type [ ] Amount [ ]

(6) CASING/LINER

Table with columns: Casing Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes diagrams of casing types.

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

Temp casing [ ] Yes Dia [ ] From [ ] To [ ]

(7) PERFORATIONS/SCREENS

Perforations Method [ ] Screens Type [ ] Material [ ]

Table with columns: Perf/Sreen, Casing/ Liner, Screen Dia, From, To, Scrm/slot width, Slot length, # of slots, Tele/ pipe size.

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

Pump [ ] Bailer [ ] Air [x] Flowing Artesian [ ]

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 1,000, [ ], 510, 1

Temperature 60 °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 Harney Twp 24.00 S N/S Range 33.00 E E/W WM
Sec 26 SE 1/4 of the SE 1/4 Tax Lot 7400
Tax Map Number [ ] Lot [ ]
Lat [ ] DMS or DD
Long [ ] DMS or DD
[ ] Street address of well [ ] Nearest address
58477 HWY 78
Crane, Ore.

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Row 1: 04-25-2011, [ ], 49

WATER BEARING ZONES

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 04-27-2011, 455, 510, 300, [ ], 49

(11) WELL LOG

Table with columns: Material, From, To, Ground Elevation. Includes text: RECEIVED, FEB 23 2021, OWRD, RECEIVED, DEC 06 2011, WATER RESOURCES DEPT, SALEM, OREGON

Date Started 04-25-2011 Completed 04-27-2011

(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 [ ]
Electronically Filed [ ]
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 1424 Date 05-02-2011
Electronically Filed [ ]
Signed TIMOTHY K RILEY (E-filed)
Contact Info (optional) [ ]

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

HARN 51903

WELL I.D. LABEL# L 109049
START CARD # 1018802
ORIGINAL LOG #

2/1/2013

(1) LAND OWNER
Owner Well I.D.
First Name ARNOLD Last Name MASTERY
Company
Address 77040 ROAD 330
City OGALLALA State NE Zip 69153

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

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

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

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

(5) BORE HOLE CONSTRUCTION
Special Standard [ ] (Attach copy)
Depth of Completed Well 750.00 ft.

Table with columns: Dia, From, To, Material, SEAL, To, Amt, sacks/lbs. Row 1: 18, 0, 20, Bentonite Chips, 0, 20, 50, S

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other POURED & TAMPED

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 Thrld
Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s)
Temp casing [ ] Yes Dia From To

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

(8) WELL TESTS: Minimum testing time is 1 hour
[ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
100 200 1

Temperature 68 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County HARNEY Twp 24.00 S N/S Range 33.00 E E/W WM
Sec 26 SE 1/4 of the SE 1/4 Tax Lot 7400
Tax Map Number Lot
Lat ' " or " DMS or DD
Long ' " or " DMS or DD
[ ] Street address of well [ ] Nearest address

58477 HWY 78
CRANE, OR. 97738

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well 1/31/2013 52
Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES
Depth water was first found 52.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
1/31/2013 52 200 800 52

(11) WELL LOG
Ground Elevation
Material From To
topsoil sandy loam 0 2
clay brown 2 10
sandy clay brown 10 15
clay grey 15 110
sand fine black 110 150
clay grey 150 170
sand fine black 170 180
clay grey 180 190
sand medium 190 208
gravel medium 208 212
claystone clay blue 212 300
clay green 300 345
sandstone grey 345 500
clay grey 500 520
clay brown/claystone 520 712
claystone w/sandstone streaks 712 750

Date Started 1/16/2013 Complete 1/31/2013

(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 1424 Date 2/1/2013
Signed TIMOTHY K RILEY (E-filed)
Contact Info (optional)