



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.
- Part 2 – Completed Application Map Checklist.
- Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the new online fee calculator at: http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator. If you have questions, call Customer Service at (503) 986-0801.
- Part 4 – Completed Applicant Information and Signature.
- Part 5 – Information about Permits to be Amended: **Number of permits to be amended: 1**
List the Permits here: G-12723 (Attachment A)
 Please include a separate Part 5 for each permit. (See instructions on page 6)
- Completed Permit Amendment Application Map (Does not have to be prepared by a Certified Water Right Examiner). **(Attachment B)**
- N/A Request for Assignment Form and statutory fee. The request for assignment form has to be completed if the applicant is **not** the permit holder of record and needs to be assigned to the permit; **or** the landowner of the proposed place of use is **not** the permit holder of record and needs to be assigned to the permit (the Request for Assignment Form is available online at <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>). Assignment is not needed if the applicant is the permit holder of record. **(Attachment C)**
- N/A Affidavit(s) of Consent are required from all permit holder(s) of record if the permit is not assigned to the applicant **or** other permit holders of record that are not listed as applicants.
- N/A Oregon Water Resources Department’s Land Use Information Form with approval and signature (or signed land use form receipt stub) from each local land use authority in which water is to be diverted, conveyed, and/or used. Not required if water is to be diverted, conveyed, and/or used only on federal lands or if **all** of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone. **(Attachment D)**
- N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation. **(Attachment E)**
- 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: 13/6/66 - -

Part 2 of 5 – Permit Amendment Map Checklist

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

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

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

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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 » » » » » » » » » » » » » » » » »	2	RECEIVED APR 07 2021 OWRD \$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>0.04 (5a)</u> Subtract 1.0 from the number in 5a above: <u>-0.96 (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>N/A (5c)</u> and multiply 5c by \$350, then enter on line 5 » » » » » » » » » » »	5	0
6	Add entries on lines 1 through 5 above » » » » » » » » » » Subtotal:	6	\$2,500
7	Is this permit amendment: <input type="checkbox"/> necessary to complete a project funded by the Oregon Watershed Enhancement Board (OWEB) under ORS 541.932? <input type="checkbox"/> endorsed in writing by ODFW as a change that will result in a net benefit to fish and wildlife habitat? If one or more boxes is checked, multiply line 6 by 0.5 and enter on line 7 » » If no box is applicable, enter 0 on line 7» »	7	0
8	Subtract line 7 from line 6 » » » » » » » » » » Permit Amendment Fee:	8	\$2,500

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

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

Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Douglas Lee		PHONE NO. 503-869-5713	ADDITIONAL CONTACT NO.
ADDRESS 13340 Goodall Road		FAX NO.	
CITY Lake Oswego	STATE OR	ZIP 97034	E-MAIL djl97034@msn.com
<p align="center">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.</p>			

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Applicant Information

NOTE: Direct correspondence to Leigh Bartholomew, 503-437-6874, Leigh.Bartholomew@resultspartners.com

APPLICANT/BUSINESS NAME Bartholomew Family Trust		PHONE NO. 541-478-0143	ADDITIONAL CONTACT NO.
ADDRESS 1600 Carroll Road		FAX NO.	
CITY Mosier	STATE OR	ZIP 97040	E-MAIL barts@mosierwinet.com
<p align="center">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.</p>			

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

AGENT/BUSINESS NAME GSI Water Solutions, Inc. Attn: Theodore Ressler		PHONE NO. 971-200-8509	ADDITIONAL CONTACT NO.
ADDRESS 55 SW Yamhill St., Suite 300		FAX NO.	
CITY Portland	STATE OR	ZIP 97204	E-MAIL tressler@gsiws.com
<p align="center">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.</p>			

Explain in your own words what you propose to accomplish with this permit amendment; and why:
The applicants are proposing three changes to the permit: 1) change an 8.9-acre portion of the authorized place of use to a contiguous area; 2) add an additional point of appropriation (POA 3) to serve 8.4 acres of the To Lands using a 0.038 cfs portion of the permit authorized rate; and 3) add an additional point of appropriation (POA 2) to serve 0.5 acres of the To Lands and the 19.0 acres of existing authorized lands using the remaining 0.087 cfs of the permit authorized rate.

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*

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If NO, include either:

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

***NOTE: One of the applicants, Douglas Lee, is the permit holder of record. A request for a partial assignment has been separately submitted that requests the assignment of an 8.4 acre portion (0.038 cfs) of the permit to the other applicant, Bartholomew Family Trust (Attachment C).**

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)? 10/1/2025

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

By my signature below, I confirm that I understand:

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

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


Applicant Signature

Douglas Lee
Print Name (and Title if applicable)

FA-21
Case


Applicant Signature

Elizabeth Bartholomew
Print Name (and Title if applicable)

Jan 05, 2021
Date

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Check one of the following:

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

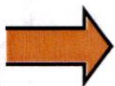
Check the appropriate box, if applicable:

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

IRRIGATION DISTRICT NAME N/A	ADDRESS	
CITY	STATE	ZIP

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

ENTITY NAME N/A	ADDRESS	
CITY	STATE	ZIP



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

ENTITY NAME Wasco County Planning Department	ADDRESS 2705 East 2nd Street	
CITY The Dalles	STATE OR	ZIP 97058

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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Part 5 of 5 – Water Use Permit Information

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

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PERMIT # G-12723

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

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

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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)
POA 1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	WASC 3023 (original) WASC 3018 (alteration) WASC 2068 (alteration) WASC 52704 (abandonment)	2	N	12	E	18	NE	SE	1200	472.2' South & 945.4' West from E ¼ corner of Section 18
POA 2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	WASC 52703	2	N	12	E	18	NE	SE	1200	440' South & 940' West from E ¼ corner of Section 18
POA 3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	WASC 52641	2	N	12	E	18	SE	NW	1000	1241' North & 2856' West from E ¼ corner of Section 18

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Place of Use (POU) | <input checked="" type="checkbox"/> Point of Appropriation/Well (POA) |
| <input type="checkbox"/> Point of Diversion (POD) | <input 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.

***NOTE: One of the applicants, Douglas Lee, is the permit holder of record. A request for a partial assignment has been separately submitted that requests the assignment of an 8.4 acre portion (0.038 cfs) of the permit to the other applicant, Bartholomew Family Trust (Attachment C).**

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-12723

List the change proposed for the acreage in each 1/4 1/4. If more than one change is proposed, specify the acreage associated with each change.
If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

AUTHORIZED (the "from" or "off" lands)										PROPOSED (the "to" or "on" lands)										
The listing that appears on the certificate BEFORE PROPOSED CHANGES										The listing as it would appear AFTER PROPOSED CHANGES are made.										
Twp	Rng	Sec	1/4	1/4	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	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date	
EXAMPLE																				
2	S	9	E	15	NW	100	15.0	POD #1 POD #2		2	S	9	E	15	NW	100	1	10.0	POD #5	
"	"	"	"	"	"	"	EXAMPLE	"		2	S	9	E	15	SW	200		5.0	POD #6	
2	N	12	E	18	NE	1200	19.0	POA 1	10/15/1993	2	N	12	E	18	NE	1200		19.0	POA 2	10/15/1993
2	N	12	E	18	NE	1200	8.7	POA 1	10/15/1993	2	N	12	E	18	SW	1200		0.5	POA 2	10/15/1993
2	N	12	E	18	SE	1200	0.2	POA 1	10/15/1993	2	N	12	E	18	SW	1000		6.9	POA 3	10/15/1993
										2	N	12	E	18	SE	1000		0.6	POA 3	10/15/1993
										2	N	12	E	18	NW	1000		0.6	POA 3	10/15/1993
										2	N	12	E	18	NE	1000		0.3	POA 3	10/15/1993
TOTAL ACRES										TOTAL ACRES										
27.9										27.9										

Additional remarks: **A new point of appropriation (POA 2) will be used to serve the 19.0 acres of the existing authorized place of use that is not being changed and 0.5 acres of the To Lands. A second new point of appropriation (POA 3) will be used to serve 8.4 acres of the To Lands.**

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

If YES, list the other certificate, permit, or ground water registration numbers: N/A

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

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

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

AND/OR

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

Table 3. Construction of Point(s) of Appropriation

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

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

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Attachment A
Water Right Information

Application for a Permit Amendment – Permit G-12723

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STATE OF OREGON

COUNTY OF WASCO

PERMIT TO APPROPRIATE THE PUBLIC WATERS

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THIS PERMIT IS HEREBY ISSUED TO

J SCOTT HARRIS
1515 MORGENSEN RD
MOSIER, OREGON 97040

(541) 478-3236

The specific limits for the use are listed below along with conditions of use.

APPLICATION FILE NUMBER: G-13527

SOURCE OF WATER: A WELL IN THE ROWENA RIVER BASIN

PURPOSE OR USE: IRRIGATION OF 27.9 ACRES

RATE OF ALLOWED USE: 0.125 CUBIC FOOT PER SECOND

PERIOD OF ALLOWED USE: MARCH 1 THROUGH OCTOBER 31 FOR IRRIGATION

DATE OF PRIORITY: OCTOBER 15, 1993

POINT OF DIVERSION LOCATION: NE 1/4 SE 1/4, SECTION 18, T 2 N, R 12 E, W.M.; 472.2 FEET SOUTH AND 945.4 FEET WEST FROM THE E 1/4 CORNER SEC 18

The amount of water used for irrigation under this right, together with the amount secured under any other right existing for the same lands, is limited to a diversion of ONE-EIGHTIETH of one cubic foot per second (or its equivalent) and 3.0 acre-feet for each acre irrigated during the irrigation season of each year.

THE PLACE OF USE IS LOCATED AS FOLLOWS:

NE 1/4 SE 1/4 27.9 ACRES
SECTION 18
TOWNSHIP 2 NORTH, RANGE 12 EAST, W.M.

Measurement, recording and reporting conditions:

- A. Before water use may begin under this permit, the permittee shall install a meter or other suitable measuring device as approved by the Director. The permittee shall maintain the meter or measuring device in good working order.
- B. The permittee shall allow the watermaster access to the meter or measuring device; provided however, where the meter or measuring device is located within a private structure, the watermaster shall request access upon reasonable notice.

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- C. The Director may require the permittee to keep and maintain a record of the amount (volume) of water used and may require the permittee to report water use on a periodic schedule as established by the Director. In addition, the Director may require the permittee to report general water use information, the periods of water use and the place and nature of use of water under the permit. The Director may provide an opportunity for the permittee to submit alternative reporting procedures for review and approval.

If substantial interference with a senior water right occurs due to withdrawal of water from any well listed on this permit, then use of water from the well(s) shall be discontinued or reduced and/or the schedule of withdrawal shall be regulated until or unless the Department approves or implements an alternative administrative action to mitigate the interference. The Department encourages junior and senior appropriators to jointly develop plans to mitigate interferences.

Limited Water Level Decline/Interference Condition

To monitor the effect of water use from the well(s) authorized under this permit, the Department requires the water user to make and report annual static water level measurements. The static water level shall be measured in the month of **March**. Reports shall be submitted to the Department within 30 days of measurement.

Measurements must be made according to the following schedule:

Before Use of Water Takes Place

Initial and Annual Measurements

The Department requires the permittee to submit an initial water level measurement in the month specified above once well construction is complete and annually thereafter until use of water begins; and

After Use of Water has Begun

Seven Consecutive Annual Measurements

Following the first year of water use, the user shall submit seven consecutive annual reports of static water level measurements. The first of these seven annual measurements will establish the reference level against which future annual measurements will be compared. Based on an analysis of the data collected, the Director may require that the user obtain and report additional annual static water level measurements beyond the seven year minimum reporting period. The additional measurements may be required in a different month. If the measurement requirement is stopped, the Director may restart it at any time.

All measurements shall be made by a certified water rights examiner, registered professional geologist, registered professional engineer, licensed well constructor or pump installer licensed by the Construction Contractors Board and be submitted to the Department on forms provided by the Department. The Department requires the individual performing the measurement to:

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- (A) Identify each well with its associated measurement; and
- (B) Measure and report water levels to the nearest tenth of a foot as depth-to-water below ground surface; and
- (C) Specify the method used to obtain each well measurement; and
- (D) Certify the accuracy of all measurements and calculations submitted to the Department.

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

- (A) An average water level decline of 3 or more feet per year for five consecutive years; or
- (B) A water level decline of 15 or more feet in fewer than five consecutive years; or
- (C) A water level decline of 25 or more feet; or
- (D) Hydraulic interference leading to a decline of 25 or more feet in any neighboring well with senior priority.

The period of non or restricted use shall continue until the annual water level rises above the decline level which triggered the action or until the Department determines, based on the permittee's and/or the Department's data and analysis, that no action is necessary because the aquifer in question can sustain the observed declines without adversely impacting the resource or senior water rights. The water user shall in no instance allow excessive decline, as defined in Commission rules, to occur within the aquifer as a result of use under this permit. If more than one well is involved, the water user may submit an alternative measurement and reporting plan for review and approval by the Department.

STANDARD CONDITIONS

The wells shall be constructed in accordance with the General Standards for the Construction and Maintenance of Water Wells in Oregon. The works shall be equipped with a usable access port, and may also include an air line and pressure gauge adequate to determine water level elevation in the well at all times.

The use shall conform to such reasonable rotation system as may be ordered by the proper state officer.

Prior to receiving a certificate of water right, the permit holder shall submit the results of a pump test meeting the department's standards, to the Water Resources Department. The Director may require water level or pump test results every ten years thereafter.

Failure to comply with any of the provisions of this permit may result in action including, but not limited to, restrictions on the use, civil penalties, or cancellation of the permit.

This permit is for the beneficial use of water without waste. The water user is advised that new regulations may require the use of best practical technologies or conservation practices to achieve this end.

By law, the land use associated with this water use must be in compliance with statewide land-use goals and any local acknowledged land-use plan.

The use of water shall be limited when it interferes with any prior surface or ground water rights.

The Director finds that the proposed use(s) of water described by this permit, as conditioned, will not impair or be detrimental to the public interest.

Actual construction of the well shall begin within one year from permit issuance, and shall be completed on or before October 1, 1998. Complete application of the water to the use shall be made on or before October 1, 1999.

Issued August 28, 1996

for Martha O. Pagel
Martha O. Pagel, Director
Water Resources Department

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OWRD

Application G-13527
Basin 04

Water Resources Department
Volume 2 MOSIER CR & MISC
MGMT.CODE 7DG, 7DR, 7BG, 7BR

PERMIT G-12723
District 03

13666 -

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Attachment B
Application Map

Application for a Permit Amendment – Permit G-12723

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Attachment C
Request for Partial Assignment
Application for a Permit Amendment – Permit G-12723

13 6 6 6 -



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

Request for Assignment

COPY

If the Department determines that the application is incomplete, fees have not been paid, or the required documents are not acceptable, the application and all fees submitted will be returned to the applicant.

If for multiple rights, a separate form and fee for each right will be required.

I, Douglas Lee

(Name of Current Holder of Record)

13340 Goodall Road Lake Oswego OR 97034-1562 503-869-5713

(Mailing Address) (City) (State) (Zip) (Phone #)

- hereby assign all my interest in and to the entire application/permit/transfer/limited license/groundwater statement; (example, sold all the land authorized under the right)
- hereby assign all my interest in and to a portion of application/permit/transfer/limited license/groundwater statement; (*You must include a map showing the portion of the application/permit/transfer order/limited license/groundwater statement to be assigned.* Example, sold a portion of the land authorized under the right)
- hereby assign a portion of my interest in and to the entire application/permit/transfer/limited license/groundwater statement; (example, adding an additional person)

Application # G-13527 ; Permit # G-12723 ; Transfer # _____ ;

Limited License # _____ ; Groundwater Statement # _____ ;

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as filed in the office of the Water Resources Director, to:

Bartholomew Family Trust

(Name of New Owner)

1600 Carroll Road Mosier OR 97040 541-478-0143

(Mailing Address) (City) (State) (Zip) (Phone #)

OWRD

Note: If there are other owners of the property described in the application, permit, transfer order, limited license, or groundwater statement, you must provide a list of all other owners' names and mailing addresses and attach it to this form. Write the initials (first letters) of your first and last names at the spot indicated below _____.

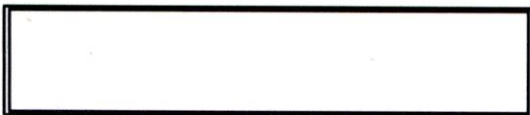
DL I hereby certify that I have notified all other owners of the property described in this application, permit, transfer order, limited license, or groundwater statement of this Request of Assignment.

Witness my hand this 18 day of February, 20 21.
 (Day) (Month) (Year)

Signature of Current Holder of Record [Signature]

Failure to provide any of the required information will result in the return of your application.

DO NOT WRITE IN THIS BOX



The completed "Request for Assignment" form *must* be submitted to the Department along with the recording fee of \$100.

COPY

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OWRD

POA 1

WASC 3023 (Original)
WASC 3018 (Alteration)
WASC 2068 (Alteration)
WASC 52704 (Abandonment)

POA 2

WASC 52703

POA 3

WASC 52641

13 6 6 6 -

Attachment E

Well Logs

Application for a Permit Amendment – Permit G-12723

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OCT 26 1966

WVWSC

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the STATE ENGINEER, SALEM, OREGON within 30 days from the date of well completion.

STATE ENGINEER STATE OF OREGON
WATER WELL REPORT
Please type or print

003023

State Well No. 2N/12-18
State Permit No.

(1) OWNER:

Name Woodrow Catron
Address Mosier Ore.

(2) LOCATION OF WELL:

County Wasco Driller's well number
1/4 Section 18 T. 2N R. 12E W.M.
Bearing and distance from section or subdivision corner

(3) TYPE OF WORK (check):

Well [X] Deepening [] Reconditioning [] Abandon []
Abandonment, describe material and procedure in Item 12.

(4) PROPOSED USE (check):

Domestic [X] Industrial [] Municipal [] Rotary [X] Driven []
Irrigation [] Test Well [] Other [] Cable [] Jetted []
Dug [] Bored []

(5) TYPE OF WELL:

(6) CASING INSTALLED:

6" Diam. from 0 ft. to 30 ft. Gage 250
Threaded [] Welded [X]

(7) PERFORATIONS:

Perforated? [] Yes [X] No
Type of perforator used
Size of perforations in. by in.
perforations from ft. to ft.

(8) SCREENS:

Well screen installed? [] Yes [X] No
Manufacturer's Name
Model No.
Slot size Set from ft. to ft.
Diam. Slot size Set from ft. to ft.

(9) CONSTRUCTION:

Well seal-Material used in seal Cement
Depth of seal 28 ft. Was a packer used? No
Diameter of well bore to bottom of seal 8 in.
Were any loose strata cemented off? [] Yes [X] No Depth
Was a drive shoe used? [] Yes [X] No
Was well gravel packed? [] Yes [X] No Size of gravel:
Gravel placed from ft. to ft.
Did any strata contain unusable water? [] Yes [X] No
Type of water? depth of strata
Method of sealing strata off

(10) WATER LEVELS:

Static level 180 ft. below land surface Date 10-14-66
Artesian pressure None lbs. per square inch Date

(11) WELL TESTS:

Drawdown is amount water level is lowered below static level
Was a pump test made? [] Yes [X] No If yes, by whom?
Yield: gal./min. with ft. drawdown after hrs.
Bailer test 35 gal./min. with 3 ft. drawdown after 1 hrs.
Artesian flow None g.p.m. Date 10-14-66
Temperature of water 56 Was a chemical analysis made? [] Yes [X] No

(12) WELL LOG:

Diameter of well below casing 5.3
Depth drilled 335 ft. Depth of completed well 333 ft.
Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

Table with columns: MATERIAL, FROM, TO. Rows include: Sandy Topsoil (0-29), Sand (29-71), Green Sandstone (71-72), Black Basalt (72-301), Fractured Basalt (301-309), Black Basalt (309-335).

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Work started Oct 5 1966 Completed Oct 14 1966
Date well drilling machine moved off of well Oct 14 1966

(13) PUMP:

Manufacturer's Name
Type: H.P.

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME Water M Th Drilling Co.
Address Box 206

Drilling Machine Operator's License No. 189

[Signed] J S Lopez (Water Well Contractor)

Contractor's License No. 4651368825, 1966

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the

WATER RESOURCES DEPARTMENT,
SALEM, OREGON 97310
within 30 days from the date
of well completion.

WASCO WATER WELL REPORT

RECEIVED

003018

STATE OF OREGON
(Please type or print)
(Do not write above this line)

MAR 23 1984

State Well No. 2N/12E-18A
State Permit No. deepering

WATER RESOURCES DEPT.
SALEM, OREGON

(1) OWNER:

Name Randy Liden
Address 5870 Berry Dr.
Parkdale, Oregon

(2) TYPE OF WORK (check):

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

(3) TYPE OF WELL:

Rotary Driven
Cable Jetted
Dug Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

CASING INSTALLED:

Threaded Welded
" Diam. from _____ ft. to _____ ft. Gage _____
" Diam. from _____ ft. to _____ ft. Gage _____
" Diam. from _____ ft. to _____ ft. Gage _____

PERFORATIONS:

Perforated? Yes No.

Type of perforator used _____
Size of perforations in. by _____ in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

(7) SCREENS:

Well screen installed? Yes No

Manufacturer's Name _____ Model No. _____
Type _____
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? Yes No If yes, by whom?
_____ gal./min. with _____ ft. drawdown after _____ hrs.
_____ " " " "
" Air test 19 " 380 Drill steel 1 hrs.
Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.
Artesian flow _____ g.p.m.
_____ temperature of water _____ Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:

Well seal—Material used _____
Well sealed from land surface to _____ ft.
Diameter of well bore to bottom of seal _____ in.
Diameter of well bore below seal _____ in.
Number of sacks of cement used in well seal _____ sacks
How was cement grout placed? _____
_____ Was a drive shoe used? Yes No Plugs _____ Size: location _____ ft.
Did any strata contain unusable water? Yes No
Type of water? _____ depth of strata _____
Method of sealing strata off _____
Was well gravel packed? Yes No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.

(10) LOCATION OF WELL:

County Wasco Driller's well number _____
NE 1/4 SE 1/4 Section 18 T. 22N R. 12E W.M.
Bearing and distance from section or subdivision corner
OLD CATCORN WELL.

(11) WATER LEVEL: Completed well.

Depth at which water was first found 344 ft.
Static level 140 ft. below land surface. Date 3-21-84
Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing 6"

Depth drilled 365 ft. Depth of completed well 365 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Basalt Hard Gray	334	344	
Basalt Fract Hard Gray W/R	344	347	
Basalt Clay Seams (yellow)			
Blk W/R	347	360	
Claystone hard green	360	365	140

Work started 3-20- 19 84 Completed 3-21 19 84
Date well drilling machine moved off of well 3-21-84 19

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

[Signed] _____ Date _____, 19____
(Drilling Machine Operator)

Drilling Machine Operator's License No. _____

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Name Marinelli & Austin Drilling Co.
(Person, firm or corporation) (Type or print)

Address P. O. Box 302, The Dalles, Or.

[Signed] Charles Austin
(Water Well Contractor)

Contractor's License No. _____ Date 3-21, 1984

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was 2068

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2N/12E/18da

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

FEB - 4 1993

(START CARD) # 48141

(1) OWNER: Name Scott Harris Address 1515 Morgensen Rd. City Mosier State Or. Zip 97040

WATER RESOURCES DEPARTMENT LOCATION OF WELL by legal description: County Wasco Latitude Longitude Township 2N N or S, Range 12 E E or W, WM. Section 18 NE 1/4 SE 1/4 Tax Lot 301 Lot Block Subdivision Street Address of Well (or nearest address) Catron Rd., Mosier, Or.

(2) TYPE OF WORK: [X] New Well [X] Deepen [] Recondition [] Abandon

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

(4) PROPOSED USE: [X] Domestic [] Community [] Industrial [] Irrigation [] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval Yes No Depth of Completed Well 480 ft. Explosives used [] [X] Type Amount

Table with columns: HOLE Diameter, SEAL Material, Amount sacks or pounds. Row 1: 6, 365, 480, N/A

How was seal placed: Method [] A [] B [] C [] D [] E Backfill placed from ft. to ft. Material Gravel placed from ft. to ft. Size of gravel

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

(7) PERFORATIONS/SCREENS: [] Perforations Method [] Screens Type Material

Table for perforations with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner.

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

Temperature of water 71 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:

(10) STATIC WATER LEVEL: 346 ft. below land surface. Date 12-28-92 Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL.

(12) WELL LOG: Table with columns: Material, From, To, SWL. Includes text: Pumped in cement grout from bottom up to 230 ft. let set for three weeks and drilled out. Previous water zones cemented off. Deepened Well.

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Date started 12-23-92 Completed 12-28-92

(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 well construction standards.

Signed Date WWC Number

(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.

Signed Date WWC Number 790

WELL IDENTIFICATION FORM

CURRENT WELL OWNER:

Owner's Well Number _____

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Name: Scott Harris

JUL 10 1997

Mailing Address 1515 Morgensen Rd.

WATER RESOURCES DEPT.
SALEM, OREGON

City Mosier

State OR

Zip 97040

Please send well tag and recording form to: Jeff Hunter, P.O. Box 657, Hood River, OR 97031
If a well report is available for this well, please attach a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If a well report is not available, please complete the remainder of the form to the best of your ability.

WELL LOCATION:

*WASC
2068*

County: _____ Latitude: _____ Longitude: _____

Township: _____ N or S, Range: _____ E or W Section: _____ 1/4 _____ 1/4

Tax Lot Number: _____

Street Address of Well (if different from above): _____

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WELL INFORMATION:

OWRD

Start Card Number _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: _____

Well Depth (in feet) _____ Static Water Level (in feet) _____

Diameter of Exposed Well Casing (in inches) _____

Does this well have a formal water right associated with it? Yes: _____ No: _____ If yes

Application # _____ Permit # _____ Certificate # _____

Please Return Completed Form to: Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

(Office use only)

Well Identification Number 16596

AMENDED 3/12/2020

Amendment

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

WASC 52704

1/8/2020

WELL I.D. LABEL # 1 Not Filled
START CARD # 1044475
ORIGINAL LOG # WASC 13023

(1) LAND OWNER Owner Well I.D. _____
First Name DOUGLAS Last Name LEE
Company _____
Address 13340 GOODALL RD
City LAKE OSWEGO State OR Zip 97034

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

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 480 ft.
BORE HOLE
Dia From To Material SEAL To Amt sacks/lbs
6 0 480 _____ Calculated _____
_____ Calculated _____

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount 137.00 Sacks Actual Amount 138.00 Sacks

(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 _____
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size

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

Temperature 56 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 169 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County WASCO Twp 2.00 N N/S Range 12.00 E E/W WM
Sec 18 NE 1/4 of the SE 1/4 Tax Lot 1200
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
11885 DRY CREEK RD, MOSIER OR 97040

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

(11) WELL LOG Ground Elevation _____
Material RECEIVED From To
? APR 07 2021
OWRD
157 Bag of RECEIVED
Bentite MAR 02 2020
28'-480' OWRD
6 Bag of cement
0-28'
Date Started 11/19/2019 Completed 11/19/2019

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief
License Number _____ 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 1879 Date 1/8/2020
Signed MICHAEL MERRITT (E-filed)
Contact Info (optional) Triton Burleson

13666 -

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

WASC 52703

WELL I.D. LABEL# L 132636
START CARD # 1044129
ORIGINAL LOG #

1/8/2020

(1) LAND OWNER
Owner Well I.D.
First Name DOUGLAS Last Name LEE
Company
Address 13340 GOODALL RD.
City LAKE OSWEGO State OR Zip 97034

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

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

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

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

(5) BORE HOLE CONSTRUCTION
Special Standard [] (Attach copy)
Depth of Completed Well 640.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, Sacks/lbs. Rows include Bentonite and Cement.

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

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

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
Shoe [] Inside [X] Outside [] Other Location of shoe(s) 500
Temp casing [] Yes Dia From + To

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

(8) WELL TESTS: Minimum testing time is 1 hour
[] Pump [] Bailer [X] Air [] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
Temperature 55 °F Lab analysis [] Yes By
Water quality concerns? [] Yes (describe below) TDS amount 148 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County wasco Twp 2.00 N N/S Range 12.00 E E/W WM
Sec 18 NE 1/4 of the SE 1/4 Tax Lot 1200
Tax Map Number Lot
Lat " or " DMS or DD
Long " or " DMS or DD
[] Street address of well [] Nearest address
1885 DRY CREEK RD., MOSIER OR 97040

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well
Flowing Artesian? [] Dry Hole? []
WATER BEARING ZONES Depth water was first found 24.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)

(11) WELL LOG
Ground Elevation
Material From To
Top Soil 0 3
Brown Clay 3 17
Brown Sandy Clay 17 24
Gray Basalt 24 142
Soft Basalt 142 165
Gray Basalt 165 353
Blue Clay Wood 353 383
Gray Basalt 383 445
Void 445 450
Gray Basalt/Volcanic Red Rock 450 520
Gray Hard Basalt 520 640

Date Started 10/28/2019 Completed 11/20/2019

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
License Number 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 1879 Date 1/8/2020
Signed MICHAEL MERRITT (E-filed)
Contact Info (optional) Triton Burleson

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

WELL I.D. LABEL# L 132626
START CARD # 1040789
ORIGINAL LOG #

2/17/2019

(1) LAND OWNER
Owner Well I.D.
First Name
Last Name
Company BARTHOLOMEW TRUST
Address 1600 CARROLL RD.
City MOSIER State OR Zip 97040

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

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

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

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

(5) BORE HOLE CONSTRUCTION
Special Standard (Attach copy)
Depth of Completed Well 510.00 ft.
BORE HOLE
Dia From To Material SEAL To Amt sacks/lbs

Table with columns: Dia, From, To, Material, SEAL, To, Amt, sacks/lbs. Row 1: 10, 0, 510, Cement, 0, 482, 138, S. Row 2: Calculated, 129.37.

How was seal placed: Method [] A [] B [X] C [] D [] E
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 [X] Other Location of shoe(s) 482
Temp casing [] Yes Dia From + To

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

(8) WELL TESTS: Minimum testing time is 1 hour
[] Pump [] Bailer [X] Air [] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
70 482 2
Temperature 59 °F Lab analysis [] Yes By
Water quality concerns? [] Yes (describe below) TDS amount 170 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County wasco Twp 2.00 N N/S Range 12.00 E E/W WM
Sec 18 NE 1/4 of the NW 1/4 Tax Lot 1000
Tax Map Number Lot
Lat " or " DMS or DD
Long " or " DMS or DD
[] Street address of well [] Nearest address
1600 CARROLL RD., MOSIER, OR97040

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well 1/11/2019 364
Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES
Depth water was first found 228.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
12/27/2018 228 232 10 [X]
1/8/2019 350 425 25 364
1/8/2019 485 510 70 364

(11) WELL LOG
Ground Elevation
Material From To
Soil 0 2
Sandy Clay 2 30
Sandstone 30 38
Claystone 38 78
Gray Basalt 78 92
Broken Red and Gray Basalt 92 103
Gray Basalt Hard 103 217
Light Gray Basalt 217 228
Broken Light Gray Basalt 228 232
Gray Basalt 232 266
Gray and Red Basalt with Claystone 266 272
Gray Basalt 272 467
Gray Claystone 467 485
Gray Basalt 485 510
RECEIVED
APR 07 2021
OWRD
Date Started 12/20/2018 Completed 1/11/2019

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
License Number 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 1879 Date 2/17/2019
Signed MICHAEL MERRITT (E-filed) 13666 -
Contact Info (optional) Mike Merritt



RECEIVED

APR 07 2021

OWRD

April 1, 2021

Ms. Lisa Jaramillo
Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, OR 97301

RE: Application for a Permit Amendment
Permit G-12723 (Application G-13527)

Dear Lisa:

On behalf of the applicants, Douglas Lee and Bartholomew Family Trust, please find enclosed an Application for a Permit Amendment involving Permit G-12723 accompanied by a check in the amount of \$2,500 for payment of the application filing fee.

If you have any questions regarding the enclosed application, you can reach me at (971) 200-8509. Please copy me on any correspondence regarding this application.

Sincerely,

A handwritten signature in blue ink that reads "Theodore R. Ressler".

Theodore R. Ressler, RG, CWRE
GSI Water Solutions, Inc.

Enclosures: Application for a Permit Amendment
Check #1185 in the amount of \$2,500 for payment of fee for permit amendment

CC: Douglas Lee
Leigh Bartholomew
Elizabeth Bartholomew

13666 -