

# Application for Permit Amendment

## Part 1 of 5 – Minimum Requirements Checklist



Oregon Water Resources Department  
725 Summer Street NE, Suite A  
Salem, Oregon 97301-1266  
(503) 986-0900  
www.oregon.gov/OWRD

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

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

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- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Application Map Checklist.
- Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the new online fee calculator at: [http://apps.wrd.state.or.us/apps/misc/wrd\\_fee\\_calculator](http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator).
- 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-17982**  
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: _____	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.
- 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 4 of 5 – Applicant Information and Signature

### Applicant Information

APPLICANT/BUSINESS NAME <b>Silvies Valley Ranch Water Company, LLC</b>		PHONE NO. <b>(541) 589-0274</b>	ADDITIONAL CONTACT NO. <b>(541) 573-5150</b>
ADDRESS <b>40000 E Cowboy Lane</b>			FAX NO.
CITY <b>Senaca</b>	STATE <b>OR</b>	ZIP <b>97873</b>	E-MAIL <b>robb.foster@silvies.us</b>
<b>BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.</b>			

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

AGENT/BUSINESS NAME <b>Scott Montgomery</b>		PHONE NO. <b>(541) 548-5833</b>	ADDITIONAL CONTACT NO. <b>(541) 420-0401</b>
ADDRESS <b>P.O. Box 767</b>			FAX NO.
CITY <b>Terrebonne</b>	STATE <b>OR</b>	ZIP <b>97760</b>	E-MAIL <b>scott@apeands.com</b>
<b>BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.</b>			

Explain in your own words what you propose to accomplish with this permit amendment; and why:  
 Changing location of permitted wells to match constructed location.  
 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)? May 4, 2023

- 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

**Scott D. Campbell, Manager**  
 Print Name (and Title if applicable)

2/6/22  
 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.

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IRRIGATION DISTRICT NAME	ADDRESS	
CITY	STATE	ZIP

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

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP



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

ENTITY NAME <b>Grant County Planning</b>	ADDRESS <b>201 S. Humbolt St. Suite 170</b>	
CITY <b>Canyon City</b>	STATE <b>OR</b>	ZIP <b>97820</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

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PERMIT # G-17982

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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)
#1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	GRAN 51009	17 S	31 E	27	NW SW	1800	1370' N & 280' E FROM SW COR S27
#2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		17 S	31 E	27	SW SE	1800	820' N & 1940' W FROM SE COR S27
#2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	GRAN 51337	17 S	31 E	27	NW SE	1800	1340' N & 975' E FROM S1/4 COR S27
#3	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		17 S	31 E	22	SE NE	1800	2255' S & 335' W FROM NE COR S22
#3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	GRAN 51302	17 S	31 E	27	NW SW	1800	1430' N & 255' E FROM SW COR S27
#4	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	GRAN 51271	17 S	31 E	27	NW SW	1800	1320' N & 975' E FROM SW COR S27
#5	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		17 S	31 E	35	NE NE	1800	620' S & 75' W FROM NE COR S35
#5	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	GRAN 51182	17 S	31 E	26	NW SE	1800	1660' N & 35' E FROM S1/4 COR S26

Locations to POA 1 & 4 re-described based on field ties.

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

- Place of Use (POU)
- Point of Diversion (POD)
- Additional Point of Diversion (APOD)
- Point of Appropriation/Well (POA)
- Additional Point of Appropriation (APOA)
- 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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**Table 2. Description of Changes to Water Use Permit # G-17982**

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	Acre (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	Acre (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date
									POA	17	S	31	E 14	1800			1-5	2014
													ALL SW					
													SW SE					
													SE SE					
													15 NE SE					
													SE SE					
													22 NE NE					
													SE NE					
													SE SW					
													ALL SE					
													23 ALL ALL					
													26 ALL ALL					
													27 ALL NE					

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												POA	17	S	31	E	27	NE	NW								
																		SW	NW								
																		SE	NW								
																		ALL	SW								
																		ALL	SE								
																	33	NE	SW								
																		ALL	SE								
																	34	ALL	ALL								
																	35	ALL	ALL								
																	36	ALL	ALL								
																	17	S	32	E	29	NW	NW				
																		SW	NW								
																		SE	NW								
																		ALL	SW								
																	30	SE	SE								
																	31	ALL	ALL								
												TOTAL ACRES								TOTAL ACRES							

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


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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))

**AND/OR**

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

**Table 3. Construction of Point(s) of Appropriation**

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

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

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

09-23-2009

WELL LABEL # L 99644
START CARD # 1007994

(1) LAND OWNER Owner Well I.D. golf course #1
First Name Scott Last Name Campbell
Company silvies valley ranch
Address 7610 SE 162nd
City Portland State OR Zip 97236

(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 346.00 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, lbs. Rows include Bentonite seal data.

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

[X] Other poured dry and tam

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 a diagram of casing types.

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

Temp casing [ ] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method saw cut

Screens Type Material

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

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

Table with columns: Pump/Bailer/Air/Flowing Artesian, Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr).

Temperature 46 °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 Grant Twp 17.00 S N/S Range 31.00 E E/W WM
Sec 27 SW 1/4 of the SW 1/4 Tax Lot 500
Tax Map Number Lot
Lat 0 0 or DMS or DD
Long 0 0 or DMS or DD
[ ] Street address of well [X] Nearest address

B7 Road Hwy 395

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Includes Existing Well / Predeepening and Completed Well data.

WATER BEARING ZONES Depth water was first found 23

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft).

(11) WELL LOG

Table with columns: Material, From, To. Includes topsoil loam, conglomerate, claystone hard, broken rock caving, basalt black broken.

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Date Started 09-03-2009 Completed 09-07-2009

(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.

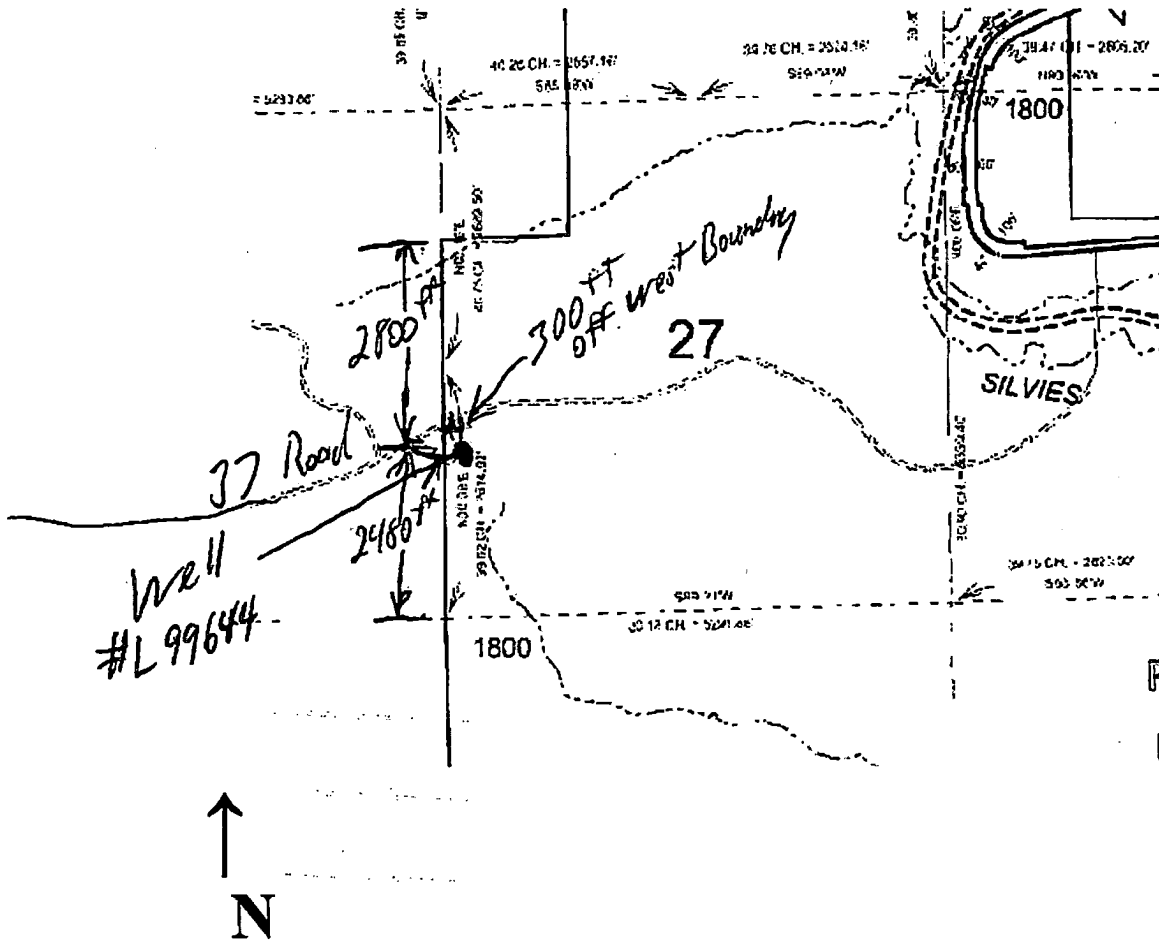
License Number Date
Electronically Filed
Signed

(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 09-23-2009
Electronically Filed
Signed TIMOTHY K RILEY (E-filed)
Contact Info (optional)

EXEMPT USE WELL LOCATION MAP



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Grant County

Assessor Map Reference Number: 17S 31E 27 SWSW Tax Lot ~~500~~

Street Address of Well, if Available: 37 Road Hwy 395, Seneca, OR

Well Label (ID) # L 99644

(Please Locate Well and Indicate distance From Property or Survey Corner, See Attached Sample Well Location Map.)

MAP NOT TO SCALE

1800

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OCT 21 2009

WATER RESOURCES DEPT  
SALEM, OREGON

LAND OWNER SUBMITTED MAP

(1) **LAND OWNER** Owner Well I.D. #2  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company SILVIES VALLEY RANCH  
 Address 7610 SE. 162ND AVE  
 City PORTLAND State OR Zip 97236

(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 305.00 ft.  
 BORE HOLE SEAL sacks/lbs  

Dia	From	To	Material	From	To	Amt	SEAL
12	0	78	Bentonite	0	78	45	S
8	78	305				Calculated	44.23
						Calculated	

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

(5a) **ABANDONMENT USING UNHYDRATED BENTONITE**  
 Proposed Amount \_\_\_\_\_ Actual Amount \_\_\_\_\_

(6) **CASING/LINER**  

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8		2.5	78	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6		2.5	305	SDR-17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

  
 Shoe  Inside  Outside  Other Location of shoe(s) 78  
 Temp casing  Yes Dia \_\_\_\_\_ From + \_\_\_\_\_ To \_\_\_\_\_

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

Perf/Screen	Casing/Screen	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/pipe size
Perf	Liner	6	245	305	.125	4	400	6

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
300		300	2

  
 Temperature 56 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below) TDS amount 103 ppm  

From	To	Description	Amount	Units

(9) **LOCATION OF WELL (legal description)**  
 County GRANT Twp 17.00 S N/S Range 31.00 E E/W WM  
 Sec 27 NW 1/4 of the SE 1/4 Tax Lot 1800  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or 44.06519000 DMS or DD  
 Long \_\_\_\_\_ " or -118.98310000 DMS or DD  
 Street address of well  Nearest address  
NORTH END OF SILVIES VALLEY ON HWY 395 TAKE FS RD. 37 TO THE WEST. T

(10) **STATIC WATER LEVEL**  

Existing Well / Pre-Alteration	Date	SWL (psi)	+ SWL (ft)
Completed Well	6/25/2018		95

  
 Flowing Artesian?  Dry Hole?   
 WATER BEARING ZONES Depth water was first found 95.00  

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
6/27/2018	95	305	500		95

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

Material	From	To
top soil with rocks	0	2
fractured shale brown	2	4
more solid shale brown	4	31
fractured shale black	31	45
fractured shale brown	45	51
fractured shale black	51	59
hard shale black	59	95
highly fractured shale rock black	95	305

  
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Date Started 6/25/2018 Completed 6/28/2018  
 (unbonded) **Water Well Constructor Certification**  
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.  
 License Number 1978 Date 7/11/2018  
 Signed JAKE KINGREY (E-filed)

(bonded) **Water Well Constructor Certification**  
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.  
 License Number 1899 Date 7/11/2018  
 Signed SAM KINGREY (E-filed)  
 Contact Info (optional) \_\_\_\_\_



(1) **LAND OWNER** Owner Well I.D. #4  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company SILVIES VALLEY RANCH  
 Address 7610 SE. 162ND AVE  
 City PORTLAND State OR Zip 97236

(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 407.00 ft.  
**BORE HOLE**  

Dia	From	To	Material	From	To	Amt	sacks/ lbs
16	0	77	Bentonite Chips	0	77	64	S
12	77	401				Calculated	60.7
8	401	407					
						Calculated	

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

(5a) **ABANDONMENT USING UNHYDRATED BENTONITE**  
 Proposed Amount \_\_\_\_\_ Actual Amount \_\_\_\_\_

(6) **CASING/LINER**  

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12		3	77	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  
 Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
 Temp casing  Yes Dia 16 From 0 To 12

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

Perf/ Screen	Casing/ Screen	Screen Dia	From	To	Scrns/ slot width	Slot length	# of slots	Tele/ 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)
500		400	4

  
 Temperature 49 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below) TDS amount 392  

From	To	Description	Amount	Units

(9) **LOCATION OF WELL (legal description)**  
 County GRANT Twp 17.00 S N/S Range 31.00 E E/W WM  
 Sec 27 SW 1/4 of the SW 1/4 Tax Lot 1800  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or 44.06502000 DMS or DD  
 Long \_\_\_\_\_ " or -118.99313000 DMS or DD  
 Street address of well  Nearest address  
OFF FS RD 37 APPROX 2 MILES. SOUTH SIDE PRIVATE ROAD

(10) **STATIC WATER LEVEL**

Existing Well / Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	3/16/2016			47

  
 Flowing Artesian?  Dry Hole?   
**WATER BEARING ZONES** Depth water was first found 22.00  

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
2/24/2016	22	35	5			22
3/7/2016	61	71	50			47
3/16/2016	77	407	600			47

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

Material	From	To
fill material	0	7
clay black	7	22
fractured rock	22	35
rock black hard	35	61
rock black fractured	61	66
rock black broken	66	71
rock black hard	71	77
rock black broken	77	116
rock black fractured	116	154
rock black broken	154	160
rock black fractured	160	201
rock black broken	201	240
rock black fractured	240	298
rock black broken	298	321
rock black fractured	321	407

Date Started 2/24/2016 Completed 3/15/2016  
**(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**  
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 License Number 1899 Date 3/22/2016  
 Signed SAM P KINGREY (E-filed) 13933  
 Contact Info (optional) \_\_\_\_\_

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

GRAN 51182

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

Table with 2 columns: Label/Start Card/Original Log # and Value (113441, 1022920)

6/2/2014

(1) LAND OWNER

Owner Well I.D. LODGE #2 #5

First Name Last Name
Company SILVIES VALLEY RANCH
Address 7610 SE 162ND
City PORTLAND State OR Zip 97236

(2) TYPE OF WORK

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

(2a) PRE-ALTERATION

Table with columns: Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes Casing and Seal rows.

(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 315.00 ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, lbs. Includes Bore Hole and Seal rows.

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

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes Casing and Liner rows.

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

Table with columns: Perf/Screen, Casing/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)

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

Temperature 58 °F Lab analysis [ ] Yes By

Water quality concerns? [ ] Yes (describe below) TDS amount

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

(9) LOCATION OF WELL (legal description)

County GRANT Twp 17.00 S N/S Range 31.00 E E/W WM
Sec 35 NE 1/4 of the NE 1/4 Tax Lot 500
Tax Map Number Lot

Lat " or DMS or DD
Long " or DMS or DD

[X] Street address of well [ ] Nearest address

1000 RENDEZVOUS LN HWY 395 N

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), + SWL(ft). Includes Existing Well / Pre-Alteration and Completed Well rows.

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES

Depth water was first found 29.50

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

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft).

(11) WELL LOG

Ground Elevation

Table with columns: Material, From, To. Includes TOP SOIL - SILTY LOAM, CLAY - BROWN, METAMORPHIC ROCK, ROCK - SHALE BROWN, ROCK - GRAY HARDW/IRON PYRITE.

RECEIVED

FEB 28 2022

OWRD

Date Started 5/1/2014

Complete 5/7/2014

(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 6/2/2014

Signed TIMOTHY K RILEY (E-filed)

Contact Info (optional) Tim Riley 541-573-5695