

Application for Permanent Water Right Transfer



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

Part 1 of 5 – Minimum Requirements Checklist

This transfer 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 Transfer 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.
- Part 4 – Completed Applicant Information and Signature.
- Part 5 – Information about Water Rights to be Transferred: **How many water rights are to be transferred? 1 List them here: C-67666**
Please include a separate Part 5 for each water right. (See instructions on page 6)
NOTE: A separate transfer application is required for each water right unless the criteria in OAR 690-380-3220 are met.

Attachments:

- Completed Transfer Application Map.
- Completed Evidence of Use Affidavit and supporting documentation.
- N/A Affidavit(s) of Consent from Landowner(s) (if the applicant does not own the land the water right is on.)
- N/A Supplemental Form D – For water rights served by or issued in the name of an irrigation district. Complete when the transfer applicant is not the irrigation district.
- 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’ from the surface water source and more than 1000’ upstream or downstream from the point of diversion. See OAR 690-380-2130 for requirements and applicability.

(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"/> Evidence of Use Form not enclosed or incomplete |
| <input type="checkbox"/> Additional signature(s) required | <input type="checkbox"/> Part _____ is incomplete |

Other/Explanation _____

Staff: _____ 503- _____ Date: _____/_____/_____

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Part 2 of 5 – Transfer Application Map

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

Please be sure that the transfer application map you submit includes all the required items and matches the existing water right map. Check all boxes that apply.

- N/A Certified Water Right Examiner (CWRE) Stamp and Original Signature. For a list of CWREs, see http://apps.wrd.state.or.us/apps/wr/cwre_license_view/. CWRE stamp and signature are not required for substitutions.
- N/A If **more than three** water rights are involved, separate maps are needed for each water right.
- 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 Final Proof/Claim of Beneficial Use Map (the map used when the permit was certificated), 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 right, 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 water right is being changed, a separate hachuring is needed for lands left unchanged.
- N/A Proposed place of use that includes separate hachuring for each water right, 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 right certificate or 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 PERMANENT TRANSFER (except Substitution) | | | |
|--|--|---|---------|
| 1 | Base Fee (includes one type of change to one water right for up to 1 cfs) | 1 | \$1,360 |
| 2 | Types of change proposed: <input type="checkbox"/> Place of Use <input type="checkbox"/> Character of Use <input checked="" type="checkbox"/> Point of Diversion/Appropriation Number of above boxes checked = <u>1 (2a)</u> Subtract 1 from the number in line 2a = <u>0 (2b)</u> <i>If only one change, this will be 0</i> Multiply line 2b by \$1090 and enter » | 2 | 0 |
| 3 | Number of water rights included in transfer <u>1 (3a)</u> Subtract 1 from the number in 3a above: <u>0 (3b)</u> <i>If only one water right this will be 0</i> Multiply line 3b by \$610 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 \$480 for the 1 st well to be added or changed <u>480 (4a)</u> Do you propose to add or change additional wells? <input type="checkbox"/> No: enter 0 <input checked="" type="checkbox"/> Yes: multiply the number of additional wells by \$410 <u>3690 (4b)</u> Add line 4a to line 4b and enter » | 4 | 4170 |
| 5 | Do you propose to change the place of use or character of use? <input checked="" type="checkbox"/> No: enter 0 on line 5 <input type="checkbox"/> Yes: enter the cfs for the portions of the rights to be transferred (see below*): _____ (5a) Subtract 1.0 from the number in 5a above: _____ (5b) If 5b is 0 or less, enter 0 on line 5 » If 5b is greater than 0, round up to the nearest whole number: _____ (5c) and multiply 5c by \$410, then enter on line 5 » | 5 | 0 |
| 6 | Add entries on lines 1 through 5 above » » » » » » » » » » Subtotal: | 6 | \$5530 |
| 7 | Is this transfer: <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 » Transfer Fee: | 8 | \$5530 |

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

- For irrigation calculate cfs for each water right involved as follows:
 - Divide total authorized cfs by total acres in the water right (*for C12345, 1.25 cfs ÷ 100 ac*); then multiply by the number of acres to be transferred to get the transfer cfs (*x 45 ac = 0.56 cfs*).
 - If the water right certificate 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 C87654, 45.0 ac x 0.0125 cfs/ac = 0.56 cfs*)
- Add cfs for the portions of water rights on all the land included in the transfer; however **do not count cfs for supplemental rights on acreage for which you have already calculated the cfs fee for the primary right on the same land.** The fee should be assessed only once for each "on the ground" acre included in the transfer. (*In this example, blank 5a would be only 0.56 cfs, since both rights serve the same 45.0 acres. Blank 5b would be 0 and Line 5 would then also become 0*).

| FEE WORKSHEET for SUBSTITUTION | | | |
|--------------------------------|---|---|----------|
| 1 | Base Fee (includes change to one well) | 1 | \$990.00 |
| 2 | Number of wells included in substitution _____ (2a) Subtract 1 from the number in 2a above: _____ (2b) <i>If only one well this will be 0</i> Multiply line 2b by \$480 and enter » | 2 | |
| 3 | Add entries on lines 1 through 2 above » » » » » » Fee for Substitution: | 3 | |

Part 4 of 5 – Applicant Information and Signature

Applicant Information

| | | | |
|--|--------------------|----------------------------------|---|
| APPLICANT/BUSINESS NAME Andy Root | | PHONE NO. 541-573-3615 | ADDITIONAL CONTACT NO. 541-589-0107 |
| ADDRESS 524Hwy 20 N | | | FAX NO. |
| CITY Hines | STATE OR | ZIP 97738 | E-MAIL |
| BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED. | | | |

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

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

Explain in your own words what you propose to accomplish with this transfer application, and why:
Add additional & existing wells in the nearby vicinity.

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

Check One Box

- By signing this application, I understand that, upon receipt of the draft preliminary determination and prior to Department approval of the transfer, I will be required to provide landownership information and evidence that I am authorized to pursue the transfer as identified in OAR 690-380-4010(5); **OR**
- I affirm the applicant is a municipality as defined in ORS 540.510(3)(b) and that the right is in the name of the municipality or a predecessor; **OR**
- I affirm the applicant is an entity with the authority to condemn property and is acquiring by condemnation the property to which the water right proposed for transfer is appurtenant and have supporting documentation.

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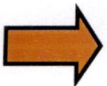
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By my signature below, I confirm that I understand:

- Prior to Department approval of the transfer application, 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 water right 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 Herald.
- Amendments to the application may only be made in response to the Department's Draft Preliminary Determination (DPD). The applicant will have a period of at least 30 days to amend the application to address any issues identified by the Department in the DPD, or to withdraw the application. Note that amendments may be subject to additional fees, pursuant to ORS 536.050.
- Failure to complete an approved change in place of use and/or change in character of use, will result in loss of the water right (OAR 690-380-6010).
- Refunds may only be granted upon request and, as set forth in ORS 536.050(4)(a), if the Director determines that a refund of all or part of a fee is appropriate in the interests of fairness to the public or necessary to correct an error of the Department.

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





 Applicant signature

Andy Root, Managing Member

 Print Name (and Title if applicable)

3-24-22

 Date

 Applicant signature

 Print Name (and Title if applicable)

 Date

Is the applicant the sole owner of the land on which the water right, or portion thereof, proposed for transfer is located? Yes No*

**If NO, include signatures of all deeded landowners (and mailing and/or e-mail addresses if different than the applicant's) or attach affidavits of consent (and mailing and/or e-mail addresses) from all landowners or individuals/entities to which the water right(s) were conveyed.*

Check the following boxes that apply:

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

At this time, are the lands in this transfer application in the process of being sold? Yes No

If YES, and you know who the new landowner will be, please complete the receiving landowner information table below. If you do not know who the new landowner will be, then a request for assignment will have to be filed for at a later date.

If a property sells, the certificated water right(s) located on the land belong to the new owner, unless a sale agreement or other document states otherwise. For more information see:

https://www.oregon.gov/owrd/WRDFormsPDF/Transfer_Property_Transactions.pdf

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| | | | |
|--|-------|-----------|---------------------------------------|
| RECEIVING LANDOWNER NAME NA | | PHONE NO. | ADDITIONAL CONTACT NO. OWRD |
| ADDRESS | | | FAX NO. |
| CITY | STATE | ZIP | E-MAIL |
| Describe any special ownership circumstances: | | | |
| The confirming Certificate shall be issued in the name of: <input type="checkbox"/> Applicant <input type="checkbox"/> Receiving Landowner | | | |

Check here if any of the water rights proposed for transfer are or will be located within or served by an irrigation or other water district. (**Tip: Complete and attach Supplemental Form D.**)

| | | |
|---------------------------------------|---------|-----|
| IRRIGATION DISTRICT NAME NA | ADDRESS | |
| CITY | STATE | ZIP |

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

| | | |
|--------------------------|---------|-----|
| ENTITY NAME NA | ADDRESS | |
| CITY | STATE | ZIP |



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

| | | |
|--|--------------------------------|---------------------|
| ENTITY NAME Harney County planning | ADDRESS 360 N Alvord | |
| CITY Burns | STATE OR | ZIP 97720 |

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Part 5 of 5 – Water Right Information

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

CERTIFICATE # 67666

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Description of Water Delivery System

System capacity: 2.34 cubic feet per second (cfs) OR
 _____ gallons per minute (gpm)

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Describe the current water delivery system or the system that was in place at some time within the last five years. Include information on the pumps, canals, pipelines, and sprinklers used to divert, convey, and apply the water at the authorized place of use. **Water is pumped from the authorized wells & conveyed into a buried pipe network & sprinklers that irrigate the place of use.**

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

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

| POD/POA Name or Number | Is this POD/POA Authorized on the Certificate 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 type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed | HARN 52834 | 22 | S | 33 | E | 21 | NW | NW | 900 | 265' s & 1025' e FROM nw COR, Sec 21 |
| #2 | <input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed | HARN 52827 | 22 | S | 33 | E | 32 | NW | SW | | 2250' N & 90' E from SW cor, Sec 32 |
| #3 POA 2 | <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed | HARN 227/51858 | 22 | S | 33 | E | 32 | NE | NE | | 590' S & 1280' W from NE cor, Sec 32 |
| #4 POA1 | <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed | HARN 222 | 22 | S | 33 | E | 29 | NE | SE | | 1570' N & 10' W from SE cor, Sec 29 |
| #5 | <input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed | HARN 52187 | 22 | S | 33 | E | 20 | SW | NE | | 1330' S & 1570' W from NE cor, Sec 20 |
| #6 | <input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed | HARN 52708 | 22 | S | 33 | E | 31 | NE | SE | | 2345' N & 1160' W from SE cor, Sec 31 |
| #7 | <input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed | HARN 52767 | 22 | S | 33 | E | 31 | NE | SE | | 1665' N & 615' W from SE cor, Sec 31 |
| #9 | <input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed | HARN 52754 | 22 | S | 33 | E | 31 | NE | SW | | 1790' N & 2165' E from SW cor, Sec 31 |
| #10 | <input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed | HARN 52785 | 22 | S | 33 | E | 31 | NW | SW | | 1870' N & 655' E from SW cor, Sec 31 |
| #11 | <input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed | HARN 52805 | 22 | S | 33 | E | 32 | NE | SW | | 1405' N & 1350' E from SW cor, Sec 32 |
| #12 | <input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed | HARN 52783 | 22 | S | 33 | E | 31 | SE | SE | | 1405' N & 1135' W from SE cor, Sec 31 |
| #14 | <input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed | HARN 52789 | 22 | S | 33 | E | 32 | NW | SE | | 1400' N & 1505' W from SE cor, Sec 32 |

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

- | | |
|---|--|
| <input type="checkbox"/> Place of Use (POU) | <input type="checkbox"/> Supplemental Use to Primary Use (S to P) |
| <input type="checkbox"/> Character of Use (USE) | <input type="checkbox"/> Point of Appropriation/Well (POA) |
| <input type="checkbox"/> Point of Diversion (POD) | <input checked="" type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Additional Point of Diversion (APOD) | <input type="checkbox"/> Substitution (SUB) |
| <input type="checkbox"/> Surface Water POD to Ground Water POA (SW/GW) | <input type="checkbox"/> Government Action POD (GOV) |

Will all of the proposed changes affect the entire water right?

- Yes Complete only the Proposed ("to" or "on" 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 water right to be changed.

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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 Right Certificate # 67666

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.

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| AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed. | | | | | | | | | | | Proposed Changes (see "CODES" from previous page) | PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made. | | | | | | | | | | | |
|--|-----|-----|-----|---------|----------------|-------|-----------------------------------|--|---------------|------|---|---|-----|-----|---------|----------------|-------|-----------------|--|---------------|----|------------------------|------|
| Twp | Rng | Sec | ¼ ¼ | Tax Lot | Gvt Lot or DLC | Acres | Type of USE listed on Certificate | POD(s) or POA(s) (name or number from Table 1) | Priority Date | Twp | | Rng | Sec | ¼ ¼ | Tax Lot | Gvt Lot or DLC | Acres | New Type of USE | POD(s)/ POA(s) to be used (from Table 1) | Priority Date | | | |
| | | | | | | | | | | APOA | 22 | S | 33 | E | 29 | NE | SE | | | 33.4 | IS | #1 - #7, #9 - #12, #14 | 1981 |
| | | | | | | | | | | APOA | 22 | S | 33 | E | 29 | NW | SE | | | 11.3 | IS | #1 - #7, #9 - #12, #14 | 1981 |
| | | | | | | | | | | APOA | 22 | S | 33 | E | 29 | SW | SE | | | 29.2 | IS | #1 - #7, #9 - #12, #14 | 1981 |
| | | | | | | | | | | APOA | 22 | S | 33 | E | 29 | SE | SE | | | 39.2 | IS | #1 - #7, #9 - #12, #14 | 1981 |
| | | | | | | | | | | APOA | 22 | S | 33 | E | 32 | NE | NE | | | 29.6 | IS | #1 - #7, #9 - #12, #14 | 1981 |
| | | | | | | | | | | APOA | 22 | S | 33 | E | 32 | NW | NE | | | 34.4 | IS | #1 - #7, #9 - #12, #14 | 1981 |
| | | | | | | | | | | APOA | 22 | S | 33 | E | 32 | SW | NE | | | 24.8 | IS | #1 - #7, #9 - #12, #14 | 1981 |
| | | | | | | | | | | APOA | 22 | S | 33 | E | 32 | SE | NE | | | 16.7 | IS | #1 - #7, #9 - #12, #14 | 1981 |
| TOTAL ACRES: | | | | | | | TOTAL ACRES: | | | | | | | | | | 218.6 | | | | | | |

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For Place of Use or Character of Use Changes

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

If YES, list the certificate, water use permit, or ground water registration numbers: G-18690.



Pursuant to ORS 540.510, any "layered" water use such as an irrigation right that is supplemental to a primary right proposed for transfer must be included in the transfer or be cancelled. Any change to a ground water registration must be filed separately in a ground water registration modification application.

For Substitution (ground water supplemental irrigation will be substituted for surface water primary irrigation)

Ground water supplemental Permit or Certificate # _____;

Surface water primary Certificate # _____.

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For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # _____

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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 |
|---|------------------------------------|---|------------------|-----------------|-------------------------|---------------------------|--|--|---|---|
| See well logs | | | | | | | | | | |

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Application for Water Right Transfer

Evidence of Use Affidavit



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

Please print legibly or type. Be as specific as possible. Attach additional pages if you need more spacing. Supporting documentation must be attached.

State of Oregon)
) ss
 County of HARNEY)

I, ANDY ROOT, in my capacity as MANAGING MEMBER,
 mailing address 524 HWY 20 N, HINES, OR 97738
 telephone number (541)573-3615, being first duly sworn depose and say:

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1. My knowledge of the exercise or status of the water right is based on (check one):

- Personal observation Professional expertise

2. I attest that:

Water was used during the previous five years on the **entire** place of use for Certificate # C-67666; **OR**

My knowledge is specific to the use of water at the following locations within the last five years:

| Certificate # | Township | Range | Mer | Sec | ¼ ¼ | Gov't Lot or DLC | Acres (if applicable) |
|---------------|----------|-------|-----|-----|-----|------------------|-----------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

OR

- Confirming Certificate # _____ has been issued within the past five years; **OR**
- Part or all of the water right was leased instream at some time within the last five years. The instream lease number is: _____ (Note: If the entire right proposed for transfer was not leased, additional evidence of use is needed for the portion not leased instream.); **OR**
- The water right is not subject to forfeiture and documentation that a presumption of forfeiture for non-use would be rebutted under ORS 540.610(2) is attached.
- Water has been used at the actual current point of diversion or appropriation for more than 10 years for Certificate # _____ (For Historic POD/POA Transfers)

(continues on reverse side)

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3. The water right was used for: (e.g., crops, pasture, etc.): CROPS

4. I understand that if I do not attach one or more of the documents shown in the table below to support the above statements, my application will be considered incomplete.

[Signature]
Signature of Affiant

3-24-2022
Date

Signed and sworn to (or affirmed) before me this 24 day of March, 20 22.



Karie L. Grasty
Notary Public for Oregon

My Commission Expires: March 15 2025

| Supporting Documents | Examples |
|--|--|
| <input type="checkbox"/> Copy of a water right certificate that has been issued within the last five years. (not a remaining right certificate) | Copy of confirming water right certificate that shows issue date |
| <input checked="" type="checkbox"/> Copies of receipts from sales of irrigated crops or for expenditures related to use of water | <ul style="list-style-type: none"> ● Power usage records for pumps associated with irrigation use ● Fertilizer or seed bills related to irrigated crops ● Farmers Co-op sales receipt |
| <input type="checkbox"/> Records such as FSA crop reports, irrigation district records, NRCS farm management plan, or records of other water suppliers | <ul style="list-style-type: none"> ● District assessment records for water delivered ● Crop reports submitted under a federal loan agreement ● Beneficial use reports from district ● IRS Farm Usage Deduction Report ● Agricultural Stabilization Plan ● CREP Report |
| <input checked="" type="checkbox"/> Aerial photos containing sufficient detail to establish location and date of photograph | <p>Multiple photos can be submitted to resolve different areas of a water right. If the photograph does not print with a "date stamp" or without the source being identified, the date of the photograph and source should be added.</p> <p>Sources for aerial photos: OSU – www.oregonexplorer.info/imagery OWRD – www.wrd.state.or.us Google Earth – earth.google.com TerraServer – www.terraserver.com</p> |
| <input type="checkbox"/> Approved Lease establishing beneficial use within the last 5 years | Copy of instream lease or lease number |

13984

Invoice

ACW, Inc. dba Andy's Custom Work
524 N. Hwy 20
Hines, OR 97738

541-573-3615

| DATE | INVOICE # |
|--------|-----------|
| 8/3/21 | 10747 |

RECEIVED

APR 15 2022

OWRD

BILL TO

Jenck Farms
745 3rd Street
Tillamook, OR 97141

| TERMS |
|--------|
| NET 30 |

| QUANTITY | DESCRIPTION | RATE | AMOUNT |
|--------------|-------------|--------------|----------------|
| 1 | Alfalfa Hay | 1,000,000.00 | 1,000,000.00 |
| Total | | | \$1,000,000.00 |

"Your check is welcome here. We accept checks under these conditions: Your check may be turned into an electronic item which will appear in the electronic portion of your bank statement. If your payment is dishonored or returned for any reason, your bank account may be electronically debited again for the amount of the check, plus a bank processing fee of \$20. The use of a check for payment is your acknowledgement and acceptance of this policy and its terms. Thank you for your business."

13984

CASH ONLY IF ALL CheckLock™ SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING

16460

JENCK FARMS, LLC
745 3rd STREET
TILLAMOOK, OR 97141
(503) 842-4731

FIBRE FCU
TILLAMOOK, OR 97141
98-80763283

7/2/2021

PAY TO THE ORDER OF ANDY'S CUSTOM WORK

\$ 1,000,000.00

One Million and 00/100

DOLLARS

PROTECTED AGAINST FRAUD



ANDY'S CUSTOM WORK
524 N HWY 20
HINES, OR
97738



[Handwritten Signature]



MEMO

LAND RENT

⑆016460⑆ ⑆323380766⑆ 10⑆023072⑆1⑆

JENCK FARMS, LLC

ANDY'S CUSTOM WORK

LAND RENT

7/2/2021

16460

1,000,000.00

RECEIVED

APR 15 2022

OWRD

Deposit Date:

8/3/21

TLC CHECKING

LAND RENT

1,000,000.00

13984

33698

ACW, INC. DBA ANDY'S CUSTOM WORK

M & M Feedlot

| Date | Type | Reference |
|--------|------|-------------|
| 8/1/21 | Bill | August 2021 |

Original Amt.
3,906.30

Balance Due
3,906.30

8/9/21

Discount

Check Amount

Payment
3,906.30
3,906.30

PAYMENT RECORD

RECEIVED

APR 15 2022

OWRD

Business Checking - August 2021

3,906.30



100811

Rev 2/1

1081

ACW, INC. DBA ANDY'S CUSTOM WORK

34020

M & M Feedlot

| Date | Type | Reference |
|---------|------|-----------|
| 11/1/21 | Bill | Nov 2021 |

Original Amt.
50,000.00

Balance Due
50,000.00

11/19/21

Discount

Check Amount

Payment
50,000.00
50,000.00

PAYMENT RECORD

Business Checking - Nov 2021

50,000.00



100811

Rev

10081

13984

ACW Manure 2021

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OWRD

| Ticket # | Date | Product | Tons | Driver | Location |
|----------|------------|---------|---------|---------|--------------|
| #35883 ✓ | 11/10/2020 | COW | 27.45 | Derrick | Rattlesnake |
| #35884 ✓ | 11/10/2020 | COW | 28.53 | Derrick | Rattlesnake |
| | | | | | |
| | | | | | |
| #36719 ✓ | 2/1/2021 | COW | 34.93 | Brady | Lost Springs |
| #36724 ✓ | 2/1/2021 | COW | 34.62 | Derrick | Rattlesnake |
| #36733 ✓ | 2/2/2021 | COW | 33.96 ✓ | Brady | Lost Springs |
| #36738 ✓ | 2/2/2021 | COW | 35.99 ✓ | Derrick | Rattlesnake |
| #36749 ✓ | 2/3/2021 | COW | 32.91 ✓ | Brady | Lost Springs |
| #36752 ✓ | 2/3/2021 | COW | 35.54 ✓ | Derrick | Rattlesnake |
| #36757 ✓ | 2/3/2021 | COW | 35 ✓ | Brady | Lost Springs |
| #36764 ✓ | 2/4/2021 | COW | 36.02 ✓ | Derrick | Lost Springs |
| #36771 ✓ | 2/5/2021 | COW | 35 ✓ | Brady | Lost Springs |
| #36776 ✓ | 2/5/2021 | COW | 37.07 ✓ | Derrick | Rattlesnake |
| #36787 ✓ | 2/8/2021 | COW | 35.25 ✓ | Brady | Lost Springs |
| #36790 ✓ | 2/8/2021 | COW | 36.01 ✓ | Derrick | Lost Springs |
| #36800 ✓ | 2/9/2021 | COW | 33.19 ✓ | Brady | Lost Springs |
| #36806 ✓ | 2/9/2021 | COW | 36.32 ✓ | Derrick | Lost Springs |
| #36904 ✓ | 2/22/2021 | COW | 36.82 ✓ | Derrick | Lost Springs |
| #36912 ✓ | 2/23/2021 | COW | 35.01 ✓ | Derrick | Rattlesnake |
| #36921 ✓ | 2/23/2021 | COW | 33.93 ✓ | Derrick | Lost Springs |
| #36929 ✓ | 2/24/2021 | COW | 37.26 ✓ | Derrick | Rattlesnake |
| | | | | | |
| | | | | | |
| #36988 ✓ | 3/3/2021 | COW | 40.99 ✓ | Derrick | Rattlesnake |
| #36994 ✓ | 3/4/2021 | COW | 33.82 ✓ | Brady | Rattlesnake |
| #37016 ✓ | 3/8/2021 | COW | 34.23 ✓ | Brady | Rattlesnake |
| #37018 ✓ | 3/8/2021 | COW | 40.1 ✓ | Derrick | Rattlesnake |
| #37029 ✓ | 3/9/2021 | COW | 34.68 ✓ | Brady | Rattlesnake |
| #37167 ✓ | 3/24/2021 | COW | 36.41 ✓ | Derrick | Rattlesnake |
| #37171 ✓ | 3/24/2021 | COW | 32.9 ✓ | Derrick | Rattlesnake |
| #37178 ✓ | 3/25/2021 | COW | 35.43 ✓ | Derrick | Rattlesnake |
| #37191 ✓ | 3/26/2021 | COW | 33.9 ✓ | Derrick | Rattlesnake |
| #37192 ✓ | 3/26/2021 | COW | 36.6 ✓ | Brady | JMK |

13984

ACW Manure 2021

| | | | | | |
|--------|-------------|-----|---------|---------|---------|
| #37208 | ✓ 3/29/2021 | COW | 32.57 ✓ | Brady | JMK |
| #37211 | ✓ 3/29/2021 | COW | 35.91 ✓ | Derrick | JMK |
| #37224 | ✓ 3/30/2021 | COW | 33.72 ✓ | Derrick | JMK |
| #37225 | ✓ 3/30/2021 | COW | 29.95 ✓ | Brady | JMK |
| #37237 | ✓ 3/31/2021 | COW | 34.16 ✓ | Brady | JMK |
| #37239 | ✓ 3/31/2021 | COW | 35.11 ✓ | Derrick | JMK |
| | | | | | |
| | | | | | |
| | | | | | |
| #37252 | ✓ 4/1/2021 | COW | 33.72 ✓ | Derrick | JMK |
| #37253 | 4/1/2021 | COW | 36.59 | Brady | JMK |
| #37263 | 4/2/2021 | COW | 32.31 | Brady | JMK |
| #37265 | 4/2/2021 | COW | 35.1 | Derrick | JMK |
| #37286 | 4/5/2021 | COW | 36.28 | Derrick | JMK |
| #37312 | 4/7/2021 | COW | 36.04 | Derrick | JMK |
| #37323 | 4/8/2021 | COW | 33.71 | Derrick | JMK |
| #37331 | 4/9/2021 | COW | 32.65 | Derrick | JMK |
| #37364 | 4/13/2021 | COW | 37.3 | Derrick | JMK |
| #37385 | 4/14/2021 | COW | 34.66 | Derrick | JMK |
| #37402 | 4/15/2021 | COW | 37.19 | Derrick | JMK |
| #37411 | 4/16/2021 | COW | 34.05 | Derrick | JMK |
| #37448 | 4/20/2021 | COW | 35.26 | Derrick | JMK |
| #37463 | 4/21/2021 | COW | 31.02 | Derrick | Trunell |
| #37469 | 4/22/2021 | COW | 30.88 | Derrick | Trunell |
| #37481 | 4/23/2021 | COW | 32.92 | Derrick | Trunell |
| #37505 | 4/26/2021 | COW | 31.4 | Derrick | Trunell |
| | | | 1832.37 | | |

RECEIVED

APR 15 2022

OWRD

(Culver (OR)) Helena Agri-Ent., LLC
505 C Street
Culver OR 97734-1574
541-546-5222 Fax: 541-546-2237



Invoice

194762888

Bill To: ANDYS CUSTOM WORK
524 N HWY 20
HINES, OR 97738-9403
US

Invoice Date 06/03/2021
Due Date 07/15/2021

Customer ID 6655169

RECEIVED

Salesperson 26841
Shipping Loc. 1

APR 15 2022

OWRD

Ship To: 524 N HWY 20
HINES, OR 97738-9403
US

Ticket(s) 194709211

Comments: PICKED UP DIRECT TICKETS 10923,10929,10944

| Quantity | Description | Unit Price | Total \$ |
|----------------|--|------------|-----------|
| 186480.000 LBS | Oats Everleaf Organic Bulk (Bulk lbs)(lbs) | .31 /LBS | 57,808.80 |



Sub Total 57,808.80

Amount Due 57,808.80

NOTE: By acceptance of the products or services reflected on this invoice, the purchaser agrees to be bound by all the terms and conditions of sale set forth in this invoice, including those on the reverse side of this invoice.

prepay - 39,680.00

owe = 18,128.80

Sales Order 194721918 HD

Remit To: Helena Agri-Enterprises, LLC
P O Box 742558

Los Angeles CA 90074-2558

13984

ANDYS CUSTOM WORK

Invoice

194762888

Simplot Grower Solutions Ontario
 1700 SW 4th Street
 Ontario OR 97914
 (541)889-2353 Fax: (541)889-2511
 Pest Lic#: AG-L0129177CP0



Invoice

705103750

Bill To: ANDY ROOT
 524 N HWY 20
 HINES, OR 977389403

Ship To: ANDY ROOT
 524 N HWY 20
 HINES, OR 977389403

Invoice Date 05/17/2021
 Due Date 06/20/2021 C__Standard20th
 Customer ID 1752
 Salesperson smithw
 Shipping Loc. 1005
 Ticket(s) 1705046658

| Quantity | Description | Unit Price | Total \$ |
|-------------|---|-------------|-----------|
| 357.000 Bag | ALFALFA MPIII MAXQ GREENTAG W/APEX [50B] Lot# PT782-190C | 210.00 /Bag | 74,970.00 |



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APR 15 2022

OWRD

This Invoice is subject to the Terms & Conditions of Sale on the back of this Invoice, which form an integral part of this Invoice and the agreement between Customer and Simplot Grower Solutions.

Customer will pay all amounts under this Invoice when due. If Customer fails to pay amounts due under this Invoice on the Net Due Date, Customer will be charged interest at a rate of 2.0% per month (24% per annum) or the maximum rate allowed by law, whichever is less, on any unpaid amounts accruing from the date after the Net Due Date unless otherwise approved by Simplot Grower Solutions in writing.

It is not necessary for this Invoice to be signed to be enforceable against Customer, including without limitation invoices for custom spraying or application. By accepting these goods and/or services, Customer acknowledges and agrees that Customer understands and accepts the terms and conditions of this Invoice, including the Terms & Conditions of Sale.

Sub Total 74,970.00
 Amount Due 74,970.00

13984

Recommendation Was Made By or Provided to the Seller. Yes No
ANDY ROOT
 Pesticide # AG-L1012200CPA Exp. Date 12/31/2021

Invoice

705103750

Simplot Grower Solutions Ontario
1700 SW 4th Street
Ontario OR 97914
(541)889-2353 Fax: (541)889-2511
Pest Lic#: AG-L0129177CP0



Invoice

705107856

Bill To: ANDY ROOT
524 N HWY 20
HINES, OR 977389403

Ship To: ANDY ROOT
524 N HWY 20
HINES, OR 977389403

Invoice Date 11/22/2021
Due Date 03/20/2022 D_03.20.22
Customer ID 1752
Salesperson smithw
Shipping Loc. 1005
Ticket(s) 1705048948

| Quantity | Description | Unit Price | Total \$ |
|-------------|--|------------|-----------|
| 250.000 Bag | SORGHUM SUDAN BALEMAX UNTREATED (ISS) [50B] Lot# SBB2146-NT | 58.00 /Bag | 14,500.00 |

RECEIVED

APR 15 2022

OWRD

This invoice is subject to the Terms & Conditions of Sale on the back of this invoice, which form an integral part of this invoice and the agreement between Customer and Simplot Grower Solutions.

Customer will pay all amounts under this invoice when due. If Customer fails to pay amounts due under this invoice on the Net Due Date, Customer will be charged interest at a rate of 2.0% per month (24% per annum) or the maximum rate allowed by law, whichever is less, on any unpaid amounts accruing from the date after the Net Due Date unless otherwise approved by Simplot Grower Solutions in writing.

It is not necessary for this invoice to be signed to be enforceable against Customer, including without limitation invoices for custom spraying or application. By accepting these goods and/or services, Customer acknowledges and agrees that Customer understands and accepts the terms and conditions of this invoice, including the Terms & Conditions of Sale.

Sub Total 14,500.00
Amount Due 14,500.00

13984

Recommendation Was Made By or Provided to the Seller. Yes No

ANDY ROOT

Pesticide # AG-L1012200CPA Exp. Date 12/31/2021

Invoice

705107856

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

HARN 52834

WELL LABEL # ~~XXXXXXXXXX~~
START CARD # ~~21072~~ 20965
ORIGINAL LOG #

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

(1) LANDOWNER Owner Well I.D. 4
First Name Bo Last Name Thorenfeldt
Company _____
Address 885 Hillsborough Blvd
City Hillsborough State CA Zip 94010

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

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other _____
Casing Gauge _____ Casing Diameter _____

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

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

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well _____ ft. Special Standard: Yes (attach copy)

| BORE HOLE | | | SEAL | | | | |
|-----------|------|-----|-----------|------|-----|--------|----------|
| Dia | From | To | Material | From | To | Amount | Scks/lbs |
| 1 1/2 | 0 | 200 | Bentonite | 0 | 100 | | |
| 1 1/4 | 200 | 450 | | | | | |

How was seal placed: Method A B C D E
 Other Poured - Pack
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

| Csng/Linr | Dia | + | From | To | Gauge | Steel | Plastic | Welded | Thrd |
|-----------|-----|---|------|-----|-------|-------|---------|--------|------|
| 1 1/4 | | K | 1 | 220 | 250 | X | | X | |

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

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

| Perf | Scrm | Csng | Linr | Screen Dia | From | To | Screen/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 500+ Drawdown 0 Drill stem/Pump depth 450 Duration (hr) _____
Temperature _____ °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS 169 ppm
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
County Harn Twp 22 N or S Range 33 E or W W.M.
Sec 21 1/4 of the _____ 1/4 Tax Lot 900
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street Address of Well (or nearest address) 40637 Hwy 20E, Burns

(10) STATIC WATER LEVEL

| | Date | SWL (psi) | + | SWL (ft) |
|------------------------------|----------------|-----------|---|----------|
| Existing Well/Pre-Alteration | | | | |
| Completed Well | <u>3-10-16</u> | | | |

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

| SWL Date | From | To | Est Flow | SWL (psi) | + | SWL (ft) |
|----------------|------|----|----------|-----------|---|-----------|
| <u>3-10-16</u> | | | | | | <u>30</u> |

(11) WELL LOG Ground Elevation _____

| Material | From | To |
|-----------------------------|------------|------------|
| <u>SOIL</u> | <u>0</u> | <u>10</u> |
| <u>Grey CLAY</u> | <u>10</u> | <u>220</u> |
| <u>GRN BRN CLAY w/oxide</u> | <u>220</u> | <u>450</u> |

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OCT 03 2019
RECEIVED
APR 15 2022
OWRD

Date Started 3-1-10-16 Completed 3-10-16

(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 Consultant Date 3-20-16
Signed Paul W...
Contact Info. (optional)

13984



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

Application for Well ID Number

RECEIVED

JUL 02 2020

RECEIVED

APR 15 2022

OWRD

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Andy Root

Mailing Address: 524 Hwy 20 N

City, State, Zip: Hines, OR 97738

Mail Well ID to: [X] SAME AS ABOVE [] In Care Of (C/O)

Name & Address:

City, State, Zip:

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 22 (North / South) Range: 33 (East / West) Section: 21 NW 1/4 of the NW 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 900 County Harney

GPS Coordinates: 43.39.05.3N 118.30.53.4W

Street Address of Well, City: 40637 Hwy 20 E Burns, OR

If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation

Date Well Constructed (or property built): 3/10/16 Total Well Depth: Casing Diameter: 14

Owner at time the well was constructed (if known): Bo Thorenfeldt Well Report # (if known): HARN 52834

Other Information: Startcard: 209651

SUBMITTED BY (please print): Denise Montgomery @ All Points Engineering POB 767 Terrebonne

PHONE: 541-548-5833 EMAIL &/or FAX: neecce@apeands.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

* Well ID assigned via Landowner Permit: L-111210 lost! *

For Official Use Only by the Oregon Water Resources Department: Received Date: 7-2-2020 Well Report Number: HARN 52834 Well Identification #: L-139205

13984

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

HARN 52827

WELL LABEL # L 114920
START CARD # 211012
ORIGINAL LOG # _____

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

(1) LANDOWNER
First Name BO Owner Well I.D. _____
Last Name Thorenfeldt
Company _____
Address 885 Hillsborough Blvd
City Hillsborough State CA Zip 94010

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

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material Bentonite
Casing Type: Steel Plastic Other _____
Casing Gauge 250 Casing Diameter 18"

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

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

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 280 ft. Special Standard: Yes (attach copy)

| BORE HOLE | | | SEAL | | | | |
|-----------|------|-----|-----------|------|-----|--------|----------|
| Dia | From | To | Material | From | To | Amount | Scks/lbs |
| 22 | 0 | 120 | Bentonite | 0 | 100 | 16000 | 185 |
| 14 | 120 | 280 | | | | | |

How was seal placed: Method A B C D E
 Other Failed
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

| Casing/Liner | Dia | + | From | To | Gauge | Steel | Plastic | Welded | Thrd |
|--------------|-----|---|------|-----|-------|-------|---------|--------|------|
| X | 18 | + | 2 | 120 | 250 | X | | X | |
| X | 14 | + | 2 | 160 | 250 | X | | X | |

Shoe Inside Outside Other Location of shoe(s): 120
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method PIAZMA
Screens Type Slot Material _____

| Perf | Scrn | Csng | Liner | Screen Dia | From | To | Screen/ slot width | Slot length | # of slots | Tele/ pipe size |
|------|------|------|-------|------------|------|-----|--------------------|-------------|------------|-----------------|
| X | X | | | | 100 | 120 | 1/4 | 42 | 800 | |
| X | | X | | | 100 | 160 | 1/8 | 42 | 800 | |

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min 450 Drawdown Complete Drill stem/Pump depth _____ Duration (hr) _____
Temperature 62 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
County Harn Twp 22 N or S Range 33 E or W W.M.
Sec 32 1/4 of the _____ 1/4 Tax Lot 900
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street Address of Well (or nearest address) 40637 Hwy 20E, Burns

(10) STATIC WATER LEVEL

| | Date | SWL (psi) | + | SWL (ft) |
|------------------------------|---------------|-----------|---|-----------|
| Existing Well/Pre-Alteration | <u>6-1-15</u> | | | <u>20</u> |
| Completed Well | <u>6-1-15</u> | | | <u>20</u> |

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

| SWL Date | From | To | Est Flow | SWL (psi) | + | SWL (ft) |
|----------|------------|------------|------------|-----------|---|-----------|
| | <u>40</u> | <u>60</u> | <u>100</u> | | | <u>30</u> |
| | <u>100</u> | <u>160</u> | <u>500</u> | | | <u>20</u> |

(11) WELL LOG Ground Elevation _____

| Material | From | To |
|--------------|------|-----|
| Soil | 0 | 5 |
| Brown Clay | 5 | 35 |
| Gravel Layer | 35 | 60 |
| Grey Clay | 60 | 105 |
| Sand coarse | 105 | 160 |
| White | 160 | 280 |
| Grey Clay | | |

RECEIVED RECEIVED
OCT 03 2019 APR 15 2022
OWRD OWRD

Date Started 4-1-15 Completed 4-30-15

(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 Consultant Date 4-30-15
Signed Paul Winer
Contact Info. (optional) _____

13984

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

HARN 222
WATER WELL REPORT

RECEIVED
STATE OF OREGON
(Please type or print)

JUL 22 1977 not write above this line)

State Well No. 225/33W-290
State Permit No. APPL. G-10206

STATE ENGINEER, SALEM, OREGON
within 30 days from the date
of well completion.

(1) OWNER: WATER RESOURCES DEPT.
SALEM, OREGON

Name LOST SPRING RANCH
Address S.R. 2-15141 Hwy. 20
Burns, Oregon 97720

(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
12" Diam. from 0 ft. to 110 ft. Gage .250
" Diam. from " ft. to " ft. Gage "
" Diam. from " ft. to " ft. Gage "

PERFORATIONS:

Perforated? Yes No.
Type of perforator used torch + factory
Size of perforations 1/2 + 3/16 in. by 3 + 6 in.
807 perforations from 30 ft. to 110 ft.
perforations from " ft. to " ft.
perforations from " ft. to " ft.

(7) SCREENS:

Well screen installed? Yes No
Manufacturer's Name _____
Type _____ Model No. _____
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? owner
l: 200 gal./min. with 92 ft. drawdown after 4 hrs.
" " " " " "
" " " " " "
Bailer test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m.
perature of water 52° Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:

Well seal—Material used Bentonite
Well sealed from land surface to 20 ft.
Diameter of well bore to bottom of seal 16 in.
Diameter of well bore below seal 12 in.
Number of sacks of cement used in well seal _____ sacks
Number of sacks of bentonite used in well seal 4 sacks
Brand name of bentonite Oregon
Number of pounds of bentonite per 100 gallons
of water 60 lbs./100 gals.
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 Harney Driller's well number 59/77/4
SE 1/4 SE 1/4 Section 29 T. 22S R. 33W W.M.
Bearing and distance from section or subdivision corner _____

(11) WATER LEVEL: Completed well.

Depth at which water was first found 30 ft.
Static level 8 ft. below land surface. Date 4-26-77
Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing 12 + 8
Depth drilled 275 ft. Depth of completed well 275 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 |
|------------------|------|-----|-----|
| Top Soil | 0 | 2 | |
| Clay Black | 2 | 25 | |
| Clay + Gravel | 25 | 30 | |
| Sand + Gravel | 30 | 40 | |
| Clay Black Sandy | 40 | 55 | |
| Clay Green Sandy | 55 | 65 | |
| Clay Gray Sandy | 65 | 80 | |
| Sand + Gravel | 80 | 90 | |
| Clay Blue Sandy | 90 | 105 | |
| Clay Brown | 105 | 110 | |
| Clay Green | 110 | 165 | |
| Clay Brown | 165 | 170 | |
| Clay Gray | 170 | 220 | |
| Clay Brown | 220 | 225 | |
| Clay Green | 225 | 260 | |
| Clay Brown | 260 | 270 | |
| Clay Green | 270 | 275 | |

Work started 4/26 19 77 Completed 7/1 19 77
Date well drilling machine moved off of well 7/1 19 77

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] Bob Scheler Date 7-19, 19 77
(Drilling Machine Operator)
Drilling Machine Operator's License No. 918

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. 1984
Name BOB SCHELER WELL DRILLING
(Person, firm or corporation) (Type or print)
Address 405 N. Burkhart, Albany, Oregon 97321
[Signed] Bob Scheler
(Water Well Contractor)
Contractor's License No. 610 Date 7-19, 19 77

APR 15 2022



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

Application for OWRD
Well ID Number

RECEIVED

APR 25 2019

OWRD

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Andy Root
Mailing Address: 524 Hwy 20 N
City, State, Zip: Hines, OR 97738
Mail Well ID to: [] SAME AS ABOVE [X] In Care Of (C/O)
Name & Address: All Points Engr & Surveying, Inc, PO Box 767
City, State, Zip: Terrebonne, OR 97760

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 22S (North / South) Range: 33E (East / West) Section: 29 SE 1/4 of the SE 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 900 County Harney
GPS Coordinates: 43.6276408 - 118.6766588
Street Address of Well, City: 40637 Hwy 20 E Burns, OR
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation
Date Well Constructed (or property built): 7/19/77 Total Well Depth: 275 Casing Diameter: 12
Owner at time the well was constructed (if known): Lost Springs Ranch Well Report # (if known): HARN 222
Other Information: This is for a replacement TAG. TAG L-114935 LOST.

SUBMITTED BY (please print): Denise Montgomery
PHONE: 541-548-5833 EMAIL &/or FAX: neecee@apeands.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

* Replacement tag *

For Official Use Only by the Oregon Water Resources Department:
Received Date: 4-25-19 Well Report Number: HARN 222 Well Identification #: 13984 L-134028

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.

HARN 227

RECEIVED
WATER WELL REPORT
STATE OF OREGON
DEC 30 1977
(Type or print)

RECEIVED

WATER RESOURCES DEPT
SALEM, OREGON

DEC 30 1977

State Well No. 22S/33E-3220
State Permit No. APPL. G-10206

(1) OWNER:

Name LOST SPRING RANCH
Address S.R. 2-15141 Hwy. 20
Burns, Oregon 97720

(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
12" Diam. from 2+ ft. to 116 ft. Gage .250
" Diam. from ft. to ft. Gage
" Diam. from ft. to ft. Gage

PERFORATIONS:

Perforated? Yes No.

Type of perforator used torch + factory
Size of perforations 1/4 + 3/16 in. by 6+3 in.
1332 perforations from 49 ft. to 116 ft.
perforations from ft. to ft.
perforations from ft. to ft.

(7) SCREENS:

Well screen installed? Yes No

Manufacturer's Name
Type Model No.
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?
Yield: 850 gal./min. with 190 ft. drawdown after 2 1/2 hrs.

" " " "

Bailer test gal./min. with ft. drawdown after hrs.

Artesian flow g.p.m.

Temperature of water 52° Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Well seal—Material used cement grout
Well sealed from land surface to 18 ft.
Diameter of well bore to bottom of seal 16 in.
Diameter of well bore below seal 12 in.
Number of sacks of cement used in well seal 15 sacks
How was cement grout placed?
5 gal. water 100 lbs. cement

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:

County SALEM, OREGON Well number 76-77-8
Harney
NE 1/4 NE 1/4 Section 32 T. 22S R. 33E W.M.
Bearing and distance from section or subdivision corner

(11) WATER LEVEL: Completed well.

Depth at which water was first found 30 ft. OWRD
Static level 10 ft. below land surface. Date 8/31/77
Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing 12
Depth drilled 280 ft. Depth of completed well 280 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 |
|---------------------------|------|-----|-----|
| Top soil | 0 | 4 | |
| Clay Brown | 4 | 20 | |
| Gravel + Clay | 30 | 35 | |
| Gravel Cemented + Sand | 35 | 43 | |
| Sand + Gravel w/ Clay | 43 | 63 | |
| Gravel heavy Sanded | 63 | 71 | |
| Clay heavy Sanded | 71 | 92 | |
| Gravel | 92 | 96 | |
| Clay Brown Sandy | 96 | 98 | |
| Gravel | 98 | 104 | |
| Sand Black Coarse | 104 | 110 | |
| Clay Green Sandy | 110 | 175 | |
| Clay Green | 175 | 195 | |
| Clay Green Sandy | 195 | 205 | |
| Clay Green | 205 | 225 | |
| Black Sand 1/8 Gravel | 225 | 240 | |
| Clay Green Gray | 240 | 260 | |
| Gravel + Sand | 260 | 270 | |
| Claystone Gray Green Hard | 270 | 280 | |

Work started Aug. 30 19 77 Completed Dec. 14 19 77
Date well drilling machine moved off of well Dec. 14 19 77

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] Bob Scheler Date 12/18, 19 77

Drilling Machine Operator's License No. 918

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 Bob Scheler Drilling (Type or print)

Address 405 N. Burkhardt Albany, Oregon 97321

[Signed] Bob Scheler 13984 (Water Well Contractor)

Contractor's License No. 610 Date 12/18, 19 77



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

Application for Well ID Number

OWRD

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APR 25 2019

OWRD

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Andy Root
Mailing Address: 524 Hwy 20 N
City, State, Zip: Hines, OR 97738
Mail Well ID to: [] SAME AS ABOVE [X] In Care Of (C/O)
Name & Address: All Points Engr & Surveying, Inc, PO Box 767
City, State, Zip: Terrebonne, OR 97760

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 22S (North / South) Range: 33E (East / West) Section: 32 NE 1/4 of the NE 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 900 County Harney
GPS Coordinates: 43.6216692 - 118.6731822
Street Address of Well, City: 40637 Hwy 20 E Burns, OR
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation
Date Well Constructed (or property built): 7/16/12, 12/18/77 Total Well Depth: 600 Casing Diameter: 10"
Owner at time the well was constructed (if known): Lost Springs Ranch Well Report # (if known): HARN 227 & 51858
Other Information: This is for a replacement TAG. TAG L-109028 LOST.

SUBMITTED BY (please print): Denise Montgomery
PHONE: 541-548-5833 EMAIL &/or FAX: neecee@apeands.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

* Replacement tag *

For Official Use Only by the Oregon Water Resources Department:

Received Date:

4-25-19

Well Report Number:

HARN 227 + HARN 51858
ORIG DEEPEN

Well Identification #:

L-134027

STATE OF OREGON WATER SUPPLY WELL REPORT

HARN 51858

WELL I.D. LABEL# L 109028- LOST! Repl: L 134027

START CARD # 1017105

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

7/16/2012

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.

First Name BO Last Name THORENFELDT
Company LOST SPRINGS RANCH
Address 885 HILSBORO BLVD
City HILSBORO State CA Zip 94010

(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: Material From To Amt sacks/lbs

(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

Depth of Completed Well 600.00 ft. Special Standard (Attach copy)

Table with columns: Dia, From, To, Material, SEAL From, To, Amt, sacks/lbs

How was seal placed: Method A B C D E

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: Yes Type Amount

(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

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

Table with columns: Screen Liner, Dia, From, To, Scrn/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)

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

Temperature 58 F Lab analysis Yes By

Water quality concerns? Yes (describe below) TDS amount

From To Description Amount Units

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

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 22.00 S N/S Range 33.00 E E/W WM
Sec 32 NE 1/4 of the NE 1/4 Tax Lot 76778

Tax Map Number Lot

Lat ' ' or DMS or DD

Long ' ' or DMS or DD

Street address of well Nearest address

HWY 20 EAST
BURNS, OR. 97720

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Pre-Alteration, Date, SWL(psi), SWL(ft)

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 35.00

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

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APR 15 2022

OWRD

Date Started 7/12/2012 Complete 7/16/2012

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards.

License Number Date

Signed

(bonded) Water Well Constructor Certification

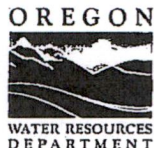
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above.

License Number 1424 Date 7/16/2012

Signed TIMOTHY K RILEY (E-filed)

Contact Info (optional) rileywells@centurytel.net

APR 15 2022



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

Application for Well ID Number

OWRD

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APR 25 2019

OWRD

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Andy Root
Mailing Address: 524 Hwy 20 N
City, State, Zip: Hines, OR 97738
Mail Well ID to: [] SAME AS ABOVE [X] In Care Of (C/O)
Name & Address: All Points Engr & Surveying, Inc, PO Box 767
City, State, Zip: Terrebonne, OR 97760

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 22S (North / South) Range: 33E (East / West) Section: 32 NE 1/4 of the NE 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 900 County Harney
GPS Coordinates: 43.6216692 - 118.6731822
Street Address of Well, City: 40637 Hwy 20 E Burns, OR
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation
Date Well Constructed (or property built): 7/16/12, 12/18/77 Total Well Depth: 600 Casing Diameter: 10"
Owner at time the well was constructed (if known): Lost Springs Ranch Well Report # (if known): HARN 227 & 51858
Other Information: This is for a replacement TAG. TAG L-109028 LOST.

SUBMITTED BY (please print): Denise Montgomery
PHONE: 541-548-5833 EMAIL &/or FAX: neecee@apeands.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

* replacement tag *

For Official Use Only by the Oregon Water Resources Department:
Received Date: 4-25-19
Well Report Number: HARN 227 + HARN 51858
Well Identification #: L-134027
ORIG DEEPEN

Revisions Requested

HARN 52187

HARN 52187

Tag lost!

STATE OF OREGON WATER SUPPLY WELL REPORT

WELL LABEL # L 92413 Repl: L 134031

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

START CARD # 184811

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

1) LAND OWNER
Owner Well I.D.
First Name BO Last Name T. HORN FELD
Company
Address 855 Hills Road NE
City Hillsborough State CA Zip 94010

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard: [] Yes (attach copy)
Depth of Completed Well 400 ft.

Table with columns: BORE HOLE (Dia, From, To), SEAL (Material, From, To, Amount, Scks/lbs). Row 1: 18, 0, 100, Bentone, 0, 100, 11000, 1BS.

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

[X] Other Power Dry

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 (Casing, Liner, Dia, Gauge, Steel, Plastic, Welded, Thrd). Row 1: X, 14, +, 1, 170, 250, X, X.

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

Temporary casing [] Yes Diameter ___ From ___ To ___

(7) PERFORATIONS/SCREENS

Perforations Method PLAZMA cutter

Screens Type ___ Material ___

Table with columns: Perforations/Screens (Perf, Scrm, Casing, Liner, Screen Dia, From, To, Screen slot width, Slot length, # of slots, Tele/pipe size). Row 1: X, X, 100, 170, 1/8, 6", 100.

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

[] Pump [] Bailer [X] Air [] Flowing Artesian

Table with columns: Well Tests (Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr)). Row 1: 500+, 4.6, 400, 1.

Temperature 58 F Lab analysis [] Yes By

Water quality concerns? [] Yes (describe below)

Table with columns: Water Quality (From, To, Description, Amount, Units)

(9) LOCATION OF WELL (legal description)

County Harney Twp 225 N or S Range 33 E or W W.M.
Sec 20 1/4 of the 1/4 Tax Lot
Tax Map Number 0900 Lot
Lat ___ DMS or DD
Long ___ DMS or DD

Street Address of Well (or nearest address) 40637 Hwy 20E Burns OR 97720

(10) STATIC WATER LEVEL

Table with columns: Static Water Level (Existing Well/Predeepening, Date, SWL (psi), SWL (ft)). Row 1: Completed Well, 100.

Flowing Artesian? [] Yes Dry Hole? [] Yes

WATER BEARING ZONES Depth water was first found

Table with columns: Water Bearing Zones (SWL Date, From, To, Est Flow, SWL (psi), SWL (ft)). Row 1: 5-3-15, 100, 350.

(11) WELL LOG

Table with columns: Well Log (Material, From, To). Rows: Soil (0-5), Brown clay (5-50), Gray clay (50-100), Green clay w/lim (100-275), Gravel/sand (275-370), Green clay (370-400).

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RECEIVED

MAY 20 2015

APR 15 2022

SALEM, OR

OWRD

Date Started ___ Completed ___

(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 1557 Date 5-13-15

Signed [Signature]

Contact Info. (optional)

13984



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

Application for Well ID Number

RECEIVED APR 25 2019 RECEIVED OWRD APR 15 2022

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Andy Root
Mailing Address: 524 Hwy 20 N
City, State, Zip: Hines, OR 97738
Mail Well ID to: [] SAME AS ABOVE [X] In Care Of (C/O)
Name & Address: All Points Engr & Surveying, Inc, PO Box 767
City, State, Zip: Terrebonne, OR 97760

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 22S (North / South) Range: 33E (East / West) Section: 20 SW 1/4 of the NE 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 900 County Harney
GPS Coordinates: 43.6485948 - 118.6746046
Street Address of Well, City: 40637 Hwy 20 E Burns, OR
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation
Date Well Constructed (or property built): 5/13/15 Total Well Depth: 400 Casing Diameter: 14"
Owner at time the well was constructed (if known): Bo Thorenfeldt Well Report # (if known): HARN 52187
Other Information: This is for a replacement TAG. TAG L 92413 LOST.

SUBMITTED BY (please print): Denise Montgomery
PHONE: 541-548-5833 EMAIL &/or FAX: neecee@apeands.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

* Replacement tag *

For Official Use Only by the Oregon Water Resources Department:
Received Date: 4-25-19 Well Report Number: HARN 52187 Well Identification #: L-134030

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

HARN 52708
3/7/2018

WELL I.D. LABEL# L 128165
 START CARD # 1037645
 ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. _____
 First Name ANDY Last Name ROOT
 Company ACW
 Address 524 N HWY 20
 City HINES State OR Zip 97738

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

(2a) PRE-ALTERATION
 Dia + From To Gauge Stl Plstc Wld Thrd
 Casing:
 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 400.00 ft.
 BORE HOLE SEAL sacks/lbs

| Dia | From | To | Material | From | To | Amt | lbs |
|-----|------|-----|----------|------|------------|-----|-----|
| 20 | 0 | 152 | Cement | 0 | 122 | 105 | S |
| 14 | 152 | 260 | | | Calculated | 103 | |
| 12 | 260 | 400 | | | Calculated | | |

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from 122 ft. to 152 ft. Material BENTONITE
 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"/> | 14 | <input checked="" type="checkbox"/> | 2 | 152 | .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"/> |

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

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

| Perf/ Screen | Casing/ Liner | Screen Dia | From | To | Scrn/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) |
|---------------|----------|-----------------------|---------------|
| 800 | | 400 | 2 |
| | | | |
| | | | |

 Temperature 65 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 345 ppm

| From | To | Description | Amount | Units |
|------|----|-------------|--------|-------|
| | | | | |
| | | | | |

(9) LOCATION OF WELL (legal description)
 County HARNEY Twp 22.00 S N/S Range 33.00 E E/W WM
 Sec 31 NE 1/4 of the SE 1/4 Tax Lot 900
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
40637 HWY 20 E BURNS OR 97720

(10) STATIC WATER LEVEL

| Existing Well / Pre-Alteration | Date | SWL(psi) | + SWL(ft) |
|--------------------------------|-----------|----------|-----------|
| Completed Well | 2/28/2018 | | 22 |

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

| SWL Date | From | To | Est Flow | SWL(psi) | + SWL(ft) |
|-----------|------|-----|----------|----------|-----------|
| 2/28/2018 | 22 | 400 | 800 | | 22 |
| | | | | | |
| | | | | | |
| | | | | | |

(11) WELL LOG Ground Elevation _____

| Material | From | To |
|--------------------------------------|------|-----|
| top soil | 0 | 2 |
| brown clay | 2 | 22 |
| sandy grey | 22 | 40 |
| grey clay with gravel | 40 | 46 |
| brown sand and gravel | 46 | 70 |
| brown clay | 70 | 90 |
| black sand and gravel | 90 | 93 |
| grey clay with sand and pumice seams | 93 | 400 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

 RECEIVED
 APR 15 2022
 OWRD
 Date Started 2/5/2018 Completed 2/28/2018

(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 1739 Date 3/7/2018
 Signed CHARLES FRY (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 1355 Date 3/7/2018
 Signed ARTHUR FRY (E-filed)
 Contact Info (optional) 13984

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

HARN 52767

WELL I.D. LABEL# L 131955
 START CARD # 1041566
 ORIGINAL LOG #

1/1/2019

(1) **LAND OWNER** Owner Well I.D. _____
 First Name ANDY Last Name ROOT
 Company ACW
 Address 524 N HWY 20
 City HINES State OR Zip 97738

(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 |
|-----|---|------|----|-------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| | | | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

 Seal:

| Material | From | To | Amt | sacks/lbs |
|----------|------|----|-----|-----------|
| | | | | |

(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 510.00 ft.
 BORE HOLE SEAL sacks/lbs

| Dia | From | To | Material | From | To | Amt | lbs |
|-----|------|-----|----------------------|------|------------|-----|-----|
| 20 | 0 | 174 | Cement w/1% Bentonit | 0 | 173 | 175 | S |
| 12 | 174 | 510 | | | Calculated | 150 | |
| | | | | | 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 _____ Actual Amount _____

(6) **CASING/LINER**

| Casing | Liner | Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|-------------------------------------|--------------------------|-----|-------------------------------------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 12 | <input checked="" type="checkbox"/> | 2 | 174 | .250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

(7) **PERFORATIONS/SCREENS**
 Screens Type _____ Material _____

| Perf/ Screen | Casing/ Liner | Screen Dia | From | To | Scr/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 | | 180 | 2 |

 Temperature 65 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 371 ppm

| From | To | Description | Amount | Units |
|------|----|-------------|--------|-------|
| | | | | |

(9) **LOCATION OF WELL (legal description)**
 County HARNEY Twp 22.00 S N/S Range 33.00 E E/W WM
 Sec 31 NE 1/4 of the SE 1/4 Tax Lot 900
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
40637 HWY 20 E BURNS OR 97720

(10) **STATIC WATER LEVEL**

| Existing Well / Pre-Alteration | Date | SWL(psi) | + | SWL(ft) |
|--------------------------------|------------|----------|---|---------|
| Completed Well | 12/31/2018 | | | 32 |

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 35.00

| SWL Date | From | To | Est Flow | SWL(psi) | + | SWL(ft) |
|------------|------|-----|----------|----------|---|---------|
| 12/31/2018 | 35 | 93 | 50 | | | 32 |
| 12/31/2018 | 110 | 510 | 500 | | | 32 |

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

| Material | From | To |
|---------------------------|------|-----|
| top soil | 0 | 3 |
| brown clay | 3 | 15 |
| grey clay | 15 | 35 |
| brown sand and gravel | 35 | 93 |
| brown clay | 93 | 110 |
| fractured grey claystone | 110 | 475 |
| black sandstone fractured | 475 | 510 |

RECEIVED
APR 15 2022
OWRD

Date Started 12/17/2018 Completed 12/31/2018

(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 1739 Date 1/1/2019
 Signed CHARLES FRY (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 1355 Date 1/1/2019
 Signed ARTHUR FRY (E-filed) 13984
 Contact Info (optional) _____

(1) LAND OWNER Owner Well I.D. _____
 First Name ANDY Last Name ROOT
 Company ACW
 Address 524 N HWY 20
 City HINES State OR Zip 97738

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

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

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

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

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

| Dia | From | To | Material | From | To | Amt | lbs |
|-----|------|-----|----------------------|------|------------|-----|-----|
| 20 | 0 | 173 | Cement w/1% Bentonit | 0 | 173 | 175 | S |
| 12 | 173 | 510 | | | Calculated | 175 | |
| | | | | | 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 _____ Actual Amount _____

(6) CASING/LINER

| Casing | Liner | Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|-------------------------------------|--------------------------|-----|-------------------------------------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 12 | <input checked="" type="checkbox"/> | 2 | 173 | .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"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

| Perf/ Screen | Casing/ Liner | Screen Dia | From | To | Scr/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 | | 510 | 2 |
| | | | |
| | | | |

 Temperature 60 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 250 ppm

| From | To | Description | Amount | Units |
|------|----|-------------|--------|-------|
| | | | | |
| | | | | |

(9) LOCATION OF WELL (legal description)
 County HARNEY Twp 22.00 S N/S Range 33.00 E E/W WM
 Sec 31 NE 1/4 of the SW 1/4 Tax Lot 900
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
40637 HWY 20 E BURNS OR 97720

(10) STATIC WATER LEVEL

| Existing Well / Pre-Alteration | Date | SWL(psi) | + | SWL(ft) |
|--------------------------------|------------|----------|---|---------|
| Completed Well | 11/19/2018 | | | 33 |
| | | | | |

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 33.00

| SWL Date | From | To | Est Flow | SWL(psi) | + | SWL(ft) |
|------------|------|-----|----------|----------|---|---------|
| 11/19/2018 | 33 | 510 | 500 | | | 33 |
| | | | | | | |
| | | | | | | |

(11) WELL LOG Ground Elevation _____

| Material | From | To |
|-------------------------------|------|-----|
| top soil | 0 | 3 |
| brown clay | 3 | 12 |
| brown sand | 12 | 16 |
| brown clay | 16 | 21 |
| grey clay and sand | 21 | 35 |
| brown clay and sand | 35 | 80 |
| grey pumice | 80 | 102 |
| sand and brown clay | 102 | 110 |
| brown claystone | 110 | 150 |
| brown clay with pumice layers | 150 | 168 |
| black sandstone fractured | 168 | 178 |
| grey claystone fractured | 178 | 510 |
| | | |
| | | |
| | | |

Date Started 11/1/2018 Completed 11/19/2018
(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 1739 Date 11/30/2018
 Signed CHARLES FRY (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 1355 Date 11/30/2018
 Signed ARTHUR FRY (E-filed)
 Contact Info (optional) 13984

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

HARN 52785
5/1/2019

WELL I.D. LABEL# L 118447
START CARD # 1042127
ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. _____
First Name _____ Last Name _____
Company CHILDERS HAY RANCH, INC
Address 548 MARKET ST. #33940
City SAN FRANCISCO State CA Zip 94104-5401

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

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 520.00 ft.
BORE HOLE SEAL
Dia From To Material From To Amt sacks/lbs
16 0 202 Bentonite 0 18 15 S
12 202 520 Calculated 14.19
Cement 180 202 21 S
Calculated 17.15

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material GRAVEL 3/4
Filter pack from 18 ft. to 180 ft. Material GRAVEL Size 3/4
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
 12 2 202 .250
Shoe Inside Outside Other Location of shoe(s) 202
Temp casing Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method Holte Perforator
Screens Type _____ Material _____
Perf/ Casing/ Screen Scrm/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size
Perf Casing 12 130 180 .25 1 500 12

(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 26 200 2
Temperature 57 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 318 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County HARNEY Twp 25.00 S N/S Range 30.00 E E/W WM
Sec 35 NW 1/4 of the SE 1/4 Tax Lot 4000
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
30040 WEAVER SPRINGS LANE, BURNS, OR

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration 3/8/2019 124
Completed Well 3/18/2019 124
Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found 360.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
3/18/2019 130 180 500 124

(11) WELL LOG Ground Elevation _____
Material From To
existing borehole 0 175
brown clay 175 194
black cinders 194 195
black basalt 195 217
black sandstone hard 217 246
blk sndstne soft w/blu & grn clay strips 246 312
black sandstone hard 312 360
black sandstone soft w/blue clay strips 360 415
black sandstone soft 415 455
black sandstone soft w/clay strips 455 520
RECEIVED
APR 15 2022
OWRD

Date Started 3/8/2019 Completed 4/30/2019
(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 1896 Date 5/1/2019
Signed TONY HACKETT (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 5/1/2019
Signed SAM KINGREY (E-filed) 13984
Contact Info (optional) _____

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

HARN 52805
7/21/2019

WELL I.D. LABEL# L 133805
START CARD # 1043473
ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. _____
First Name ANDY Last Name ROOT
Company ACW
Address 524 N HWY 20
City HINES State OR Zip 97738

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

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 510.00 ft.
BORE HOLE SEAL sacks/lbs
Dia From To Material From To Amt lbs
20 0 138 Cement w/5% Bentonit 0 138 105 S
12 138 510 Calculated 97
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 Actual Amount

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
 12 2 138 .250
Shoe Inside Outside Other Location of shoe(s) _____
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 Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
500 _____ 280 2
Temperature 65 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 263 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County HARNEY Twp 22.00 S N/S Range 33.00 E E/W WM
Sec 32 SE 1/4 of the SW 1/4 Tax Lot 900
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
40637 HWY 20 E BURNS OR 97720

(10) STATIC WATER LEVEL

| Existing Well / Pre-Alteration | Date | SWL(psi) | + SWL(ft) |
|--------------------------------|-----------|----------|-----------|
| Completed Well | 7/10/2019 | | 39 |

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 42.00

| SWL Date | From | To | Est Flow | SWL(psi) | + SWL(ft) |
|-----------|------|-----|----------|----------|-----------|
| 7/10/2019 | 42 | 510 | 500 | | 39 |

(11) WELL LOG Ground Elcvation _____

| Material | From | To |
|----------------------------|------|-----|
| top soil | 0 | 4 |
| brown sand | 4 | 17 |
| grey clay | 17 | 42 |
| sand and gravel | 42 | 115 |
| brown clay stone fractured | 115 | 255 |
| fractured green clay stone | 255 | 420 |
| broken green clay stone | 420 | 495 |
| fractured green clay stone | 495 | 510 |

RECEIVED
APR 15 2022
OWRD

Date Started 6/30/2019 Completed 7/10/2019

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
License Number 1739 Date 7/21/2019
Signed CHARLES FRY (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 1355 Date 7/21/2019
Signed ARTHUR FRY (E-filed) 13984
Contact Info (optional) _____

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

HARN 52783

WELL I.D. LABEL# L

131965

START CARD #

1042279

4/23/2019

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.

First Name ANDY Last Name ROOT
Company ACW
Address 524 N HWY 20
City HINES State OR Zip 97738

(2) TYPE OF WORK

New Well [] Deepening [x] Conversion []

Alteration (complete 2a & 10) [x] Abandonment (complete 5a) []

(2a) PRE-ALTERATION

Table with columns: Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Row 1: 16, 3, 89, .250, [x], [], [x], []

Table with columns: Material, From, To, Amt, Sacks/lbs. Row 1: Other, 0, 18, 4, Sacks

(3) DRILL METHOD

Rotary Air [x] Rotary Mud [] Cable [] Auger [] Cable Mud []
Reverse Rotary [] Other []

(4) PROPOSED USE

Domestic [] Irrigation [x] Community []
Industrial/ Commercial [] Livestock [] Dewatering []
Thermal [] Injection [] Other []

(5) BORE HOLE CONSTRUCTION

Special Standard [] (Attach copy)

Depth of Completed Well 505.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Includes rows for Bentonite Chips and Cement.

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

Backfill placed from 125 ft. to 127 ft. Material CEMENTING BASK

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. Row 1: [x], [], 12, 2, 241, .250, [x], [], [x], []

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

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type Material

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

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

Pump [] Bailor [] Air [x] Flowing Artesian []

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

Table with 4 columns. Row 1: 750, , 200, 2

Temperature 60 °F Lab analysis Yes [] By

Water quality concerns? Yes [] (describe below) TDS amount 372 ppm

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

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 22.00 S N/S Range 33.00 E E/W WM
Sec 31 SW 1/4 of the SE 1/4 Tax Lot 900
Tax Map Number Lot
Lat " or " or " or " DMS or DD
Long " or " or " or " DMS or DD

Street address of well [x] Nearest address []

40637 HWY 20 E BURNS OR 97720

(10) STATIC WATER LEVEL

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

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES

Depth water was first found 30.00

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 entries like fractured green claystone with pumice, burnt green clay, green clay.

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Date Started 3/28/2019 Completed 4/22/2019

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards.

License Number 1739 Date 4/23/2019

Signed CHARLES FRY (E-filed)

(bonded) Water Well Constructor Certification

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

License Number 1355 Date 4/23/2019

Signed ARTHUR FRY (E-filed)

Contact Info (optional) 13984

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

HARN 52789
5/22/2019

WELL I.D. LABEL# L 133802
START CARD # 1042658
ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. _____
First Name ANDY Last Name ROOT
Company ACW
Address 524 HWY 20 E
City HINES State OR Zip 97738

(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
Seal: Material From To Amt sacks/lbs

(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 510.00 ft.

BORE HOLE SEAL sacks/lbs

| Dia | From | To | Material | From | To | Amt | lbs |
|-----|------|-----|----------------------|------|------------|-----|-----|
| 20 | 0 | 154 | Cement w/5% Bentonit | 0 | 154 | 140 | S |
| 12 | 154 | 510 | | | Calculated | 102 | |
| | | | | | 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 _____ Actual Amount _____

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

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

| Perf/ Screen | Casing/ Liner | Screen Dia | From | To | Scrnm/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 _____ 200 3
Temperature 65 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 372 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County HARNEY Twp 22.00 S N/S Range 33.00 E E/W WM
Sec 32 SE 1/4 of the SE 1/4 Tax Lot 900
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
40637 HWY 20 E BURNS OR 97720

(10) STATIC WATER LEVEL

| Existing Well / Pre-Alteration | Date | SWL(psi) | + SWL(ft) |
|--------------------------------|-----------|--|------------------------------------|
| Completed Well | 5/20/2019 | | 26 |
| | | Flowing Artesian? <input type="checkbox"/> | Dry Hole? <input type="checkbox"/> |

WATER BEARING ZONES Depth water was first found 26.00

| SWL Date | From | To | Est Flow | SWL(psi) | + SWL(ft) |
|-----------|------|-----|----------|----------|-----------|
| 5/20/2019 | 26 | 95 | 10 | | 26 |
| 5/20/2019 | 215 | 500 | 500 | | 26 |
| | | | | | |
| | | | | | |

(11) WELL LOG Ground Elevation _____

| Material | From | To |
|--|------|-----|
| top soil | 0 | 3 |
| brown sand and gravel | 3 | 95 |
| brown clay and gravel | 95 | 135 |
| green clay with pumice layers | 135 | 155 |
| black clay | 155 | 161 |
| green clay | 161 | 210 |
| fractured grey clay stone with sandstone | 210 | 510 |
| | | |
| | | |
| | | |
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Date Started 5/7/2019 Completed 5/20/2019
(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 1739 Date 5/22/2019
Signed CHARLES FRY (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 1355 Date 5/22/2019
Signed ARTHUR FRY (E-filed) 13984
Contact Info (optional) _____

Land Use Information Form

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

Applicant(s): Andy Root

OWRD

*sent to Brandon again
Mar 28th 2022*

Mailing Address: 524 Hwy 20 N

City: Hines

State: OR

Zip Code: 97738

Daytime Phone: 541-573-3615

A. Land and Location

Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), and/or used or developed. Applicants for municipal use, or irrigation uses within irrigation districts may substitute existing and proposed service-area boundaries for the tax-lot information requested below.

| Township | Range | Section | ¼ ¼ | Tax Lot # | Plan Designation (e.g., Rural Residential/RR-5) | Water to be: | Proposed Land Use: |
|------------|------------|-----------|-------|-------------|---|---|--------------------|
| <u>22S</u> | <u>33E</u> | <u>16</u> | SW SW | <u>900</u> | <u>EFU</u> | <input type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input type="checkbox"/> Used | <u>IS</u> |
| <u>22S</u> | <u>33E</u> | <u>20</u> | NE NE | <u>900</u> | <u>EFU</u> | <input type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input type="checkbox"/> Used | <u>IS</u> |
| <u>22S</u> | <u>33E</u> | <u>20</u> | NW NE | <u>900</u> | <u>EFU</u> | <input checked="" type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input type="checkbox"/> Used | <u>IS</u> |
| <u>22S</u> | <u>33E</u> | <u>20</u> | NE SE | <u>900</u> | <u>EFU</u> | <input type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input type="checkbox"/> Used | <u>IS</u> |
| <u>22S</u> | <u>33E</u> | <u>20</u> | SE SE | <u>900</u> | <u>EFU</u> | <input type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input type="checkbox"/> Used | <u>IS</u> |
| <u>22S</u> | <u>33E</u> | <u>29</u> | NE NE | <u>900</u> | <u>EFU</u> | <input type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input type="checkbox"/> Used | <u>IS</u> |
| <u>22S</u> | <u>33E</u> | <u>29</u> | SE NE | <u>900</u> | <u>EFU</u> | <input type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input type="checkbox"/> Used | <u>IS</u> |
| <u>22S</u> | <u>33E</u> | <u>29</u> | NE SW | <u>900</u> | <u>EFU</u> | <input type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input type="checkbox"/> Used | <u>IS</u> |
| <u>22S</u> | <u>33E</u> | <u>29</u> | NW SW | <u>900</u> | <u>EFU</u> | <input type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input type="checkbox"/> Used | <u>IS</u> |
| <u>22S</u> | <u>33E</u> | <u>30</u> | SE SE | <u>1700</u> | <u>EFU</u> | <input type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input type="checkbox"/> Used | <u>IS</u> |
| <u>22S</u> | <u>33E</u> | <u>31</u> | NE NE | <u>900</u> | <u>EFU</u> | <input type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input type="checkbox"/> Used | <u>IS</u> |
| <u>22S</u> | <u>33E</u> | <u>31</u> | SW NE | <u>900</u> | <u>EFU</u> | <input type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input type="checkbox"/> Used | <u>IS</u> |
| <u>22S</u> | <u>33E</u> | <u>31</u> | SE NE | <u>900</u> | <u>EFU</u> | <input type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input type="checkbox"/> Used | <u>IS</u> |
| <u>22S</u> | <u>33E</u> | <u>31</u> | SW NW | <u>900</u> | <u>EFU</u> | <input type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input type="checkbox"/> Used | <u>IS</u> |
| <u>22S</u> | <u>33E</u> | <u>31</u> | SE NW | <u>900</u> | <u>EFU</u> | <input type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input type="checkbox"/> Used | <u>IS</u> |
| <u>22S</u> | <u>33E</u> | <u>31</u> | NE SW | <u>900</u> | <u>EFU</u> | <input checked="" type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input type="checkbox"/> Used | <u>IS</u> |
| <u>22S</u> | <u>33E</u> | <u>31</u> | NW SW | <u>900</u> | <u>EFU</u> | <input checked="" type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input type="checkbox"/> Used | <u>IS</u> |
| <u>22S</u> | <u>33E</u> | <u>31</u> | NE SE | <u>900</u> | <u>EFU</u> | <input checked="" type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input type="checkbox"/> Used | <u>IS</u> |
| <u>22S</u> | <u>33E</u> | <u>32</u> | NW SW | <u>900</u> | <u>EFU</u> | <input checked="" type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input type="checkbox"/> Used | <u>IS</u> |

List all counties and cities where water is proposed to be diverted, conveyed, and/or used or developed:

Harney County

B. Description of Proposed Use

Type of application to be filed with the Water Resources Department:

- Permit to Use or Store Water Water Right Transfer Permit Amendment or Ground Water Registration Modification
 Limited Water Use License Allocation of Conserved Water Exchange of Water

Source of water: Reservoir/Pond Ground Water Surface Water (name) _____

Estimated quantity of water needed: 2.34 cubic feet per second gallons per minute acre-feet

Intended use of water: Irrigation Commercial Industrial Domestic for _____ household(s)
 Municipal Quasi-Municipal Instream Other _____

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Briefly describe:

Propose to add existing wells in the nearby vicinity to existing authorized wells.



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

See bottom of Page 3. →

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For Local Government Use Only

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

Please check the appropriate box below and provide the requested information

- Land uses to be served by the proposed water uses (including proposed construction) are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): Herz 3.010/ERLV-1
- Land uses to be served by the proposed water uses (including proposed construction) involve discretionary land-use approvals as listed in the table below. (Please attach documentation of applicable land-use approvals which have already been obtained. Record of Action/land-use decision and accompanying findings are sufficient.) **If approvals have been obtained but all appeal periods have not ended, check "Being pursued."**

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

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

Name: Brendon McMiller Title: Planning Director
 Signature: [Signature] Phone: (571) 573-6658 Date: 3/28/2022
 Government Entity: Harvey County

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

Receipt for Request for Land Use Information

Applicant name: _____
 City or County: _____ Staff contact: _____
 Signature: _____ Phone: _____ Date: _____