

Application for Groundwater Registration Modification



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 Groundwater Registration Modification application will be returned if Parts 1 through 4 and all required attachments are not completed and included.
For questions, please call (503) 986-0900, and ask for Transfer Section.

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

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- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Application Map Checklist.
- Part 3 – Completed Applicant Information and Signature.
- Part 4 – Completed Groundwater Registration Modification Application – Groundwater Registration Information. (Only one Groundwater registration per application, unless the Groundwater registrations to be modified are layered).
- Completed Groundwater Registration Modification Application Map (Does not have to be prepared by a Certified Water Right Examiner). **Attachment #1**
- Groundwater registration modification fees – Amount enclosed: \$ **1,250.00**. (\$875.00 for a place of use change only; \$1,250.00 for any other change or combination).
- Attachments:**
- N/A Request for Assignment Form and statutory fee. This form needs to be completed if the applicant owns the land to which the registration is appurtenant and is **not** the registration certificate holder of record. The Request for Assignment Form is available at <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>.
Assignment is not needed for any person or entity who can demonstrate authorization to request recognition of a modification (e.g. legal representative, power of attorney, agent, etc.) **or** the applicant is named on the certificate of registration, or has been assigned to the certificate of registration.
- N/A Oregon Water Resources Department’s Land Use Information Form with approval and signature (or signed land use form receipt stub) from each local land use authority in which water is to be diverted, conveyed, and/or used. Not required if water is to be diverted, conveyed, and/or used only on federal lands or if **all** of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone. **Attachment #3**
- N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation. **Attachment #4**

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(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"/> Assignment Form and fee not enclosed/insufficient
<input type="checkbox"/> Additional signature(s) required	<input type="checkbox"/> Part _____ is incomplete

Other/Explanation _____

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

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MEMORANDUM FOR THE RECORD

On 10/10/00, the following information was received from the...

The information received from the...

It is noted that the information received from the...

OMBUD

SECRET

Approved for release by the...

Part 2 of 4 – Groundwater Registration Modification Map Checklist

Your Groundwater Registration Modification application will be returned if any of the map requirements listed below are not met.

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

- Permanent quality printed with dark ink on good quality paper.
- The size of the map can be 8½ x 11 inches, 8½ x 14 inches, 11 x 17 inches, or up to 30 x 30 inches. For 30 x 30 inch maps, one extra copy is required.
- A north arrow, a legend, and scale.
- The scale of the map must be: 1 inch = 400 feet, 1 inch = 1,320 feet, the scale of the county assessor map if the scale is not smaller than 1 inch = 1,320 feet, or a scale that has been pre-approved by the Department.
- Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines.
- Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
- Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads and railroads.
- Major water delivery system features from the point(s) of appropriation such as main pipelines, canals, and ditches.
- Existing place of use that includes hachuring, 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 registration is being changed, a separate hachuring is needed for the portion of the registration left unchanged.
- N/A If you are proposing a modification in place of use, show the proposed place of use with hachuring including 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 appropriation with distance and bearing or coordinates from a recognized survey corner.
- N/A If you are proposing a modification in point(s) of appropriation, 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 4 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Andrews Holdings LLC, Rob Andrews, Principal		PHONE NO. 206-343-9204	ADDITIONAL CONTACT NO.
ADDRESS 224 Westlake Avenue N, Suite 500		FAX NO.	
CITY Seattle	STATE WA	ZIP 98109	E-MAIL rob@nwretail.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.			

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

APPLICANT/BUSINESS NAME Molly Reid - GeoEngineers, Inc.		PHONE NO. 541-310-7264	ADDITIONAL CONTACT NO.
ADDRESS 8019 W. Quinault Avenue, Suite 201		FAX NO.	
CITY Kennewick	STATE WA	ZIP 99336	E-MAIL mreid@geoengineers.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 modification; and why:
 The existing well has caved in and cannot be repaired. We are proposing to construct a replacement well approximately 12 feet from the authorized well, and to the approximate depth as the authorized well. The original well will be properly decommissioned.

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

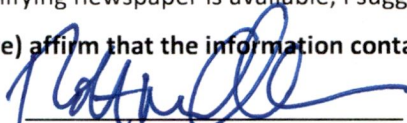
(Check one box)

- By signing this application, I (we) understand that, upon receipt of the draft preliminary determination and prior to Department approval of the Groundwater modification, I (we) will be required to provide landownership information and evidence that I am authorized to pursue the modification as identified in OAR 690-382-0400(16)(a); **OR**
- I (we) 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 (we) affirm that the applicant is an entity with the authority to condemn property and is acquiring the property to which the Groundwater registration proposed for modification is appurtenant by condemnation and have attached supporting documentation.

I understand that prior to Department approval of the groundwater registration modification, 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 groundwater registration 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 paper: Union Bulletin

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




 Applicant Signature

Robert Andrews
 Print Name (and Title if applicable)

9-1-22
 Date

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 Applicant Signature

 Print Name (and Title if applicable)

 Date

Is the applicant the sole owner of the land on which the Groundwater registration modification or portion thereof, 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 Groundwater registration has been conveyed.*

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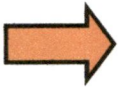
Check the appropriate box, if applicable:

Check here if the Groundwater registration proposed for modification is or will be located within or served by an irrigation or other water district.

IRRIGATION DISTRICT NAME Hudson Bay District Improvement Company	ADDRESS 512 N Main Street	
CITY Milton-Freewater	STATE OR	ZIP 97862

Check here if water for the Groundwater registration is supplied under a water service agreement or other contract with a federal agency or other entity.

ENTITY NAME N/A	ADDRESS	
CITY	STATE	ZIP



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

ENTITY NAME Umatilla County Planning Department	ADDRESS 216 SE 4th Street	
CITY Pendleton	STATE OR	ZIP 97801

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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Part 4 of 4 – Groundwater Registration Information

Please use a separate Part 4 for each registration being modified. See instructions on page 5, to copy and paste additional Part 4s, or to add additional rows to tables within the form.

Groundwater Registration # GR-1598 (Certificate # GR-1550)

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

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

POA Name or Number	Is this POA Authorized by the registration or is it Proposed?	OWRD Well Log ID# (or Well ID Tag # L-___)	Twp		Rng		Sec	¼ ¼		Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	UMAT 4987 UMAT 4996 UMAT 4923	6	N	35	E	34	NE	SW	500	487 feet West and 992 feet South from the Center of Section 34
2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		6	N	35	E	34	NE	SW	500	487 feet West and 1093 feet South from the Center of Section 34

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

- | | |
|---|---|
| <input type="checkbox"/> Place of Use (POU) | <input checked="" type="checkbox"/> Point of Appropriation (well) (POA) |
| <input type="checkbox"/> Character of Use (USE) | <input type="checkbox"/> Additional Point of Appropriation (APOA) |

Will all of the proposed changes affect the entire Groundwater registration?

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

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Groundwater Registration # GR-1598 (Certificate # GR-1550)

For a modification in place of use or character of use:

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

If YES, list the other certificate, water use permit, or other Groundwater registration numbers:
C.87556, C.92923



Pursuant to OAR 690-382-0200, any "layered" water use, such as an irrigation right that is supplemental to a primary irrigation right proposed for transfer, must be concurrently transferred with the registration or be cancelled. Any change to a water right must be filed separately in a transfer application. Any change to a water use permit must be filed separately with a permit amendment. Any modification to a Groundwater registration on the "to" lands must be filed separately with a Groundwater registration modification.

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

- Well log(s) are attached for each well 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/)

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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 adequate information is likely to delay the processing of your modification 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
POA 2	NO	N/A	~265' bgs	12"-8"	Not known	20+'	Not known	Not known	gravels	Not known

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Attachment #1

Application Map

POA Groundwater Registration Modification for GR-1598

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CWRD

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CWRD

Attachment 53
Application for
CWRD (CWRD) - 2025-09-02

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Attachment #2
Supplemental Form D
POA Groundwater Registration Modification for GR-1598

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Supplemental Form D

Water Right Transfers Within the Boundaries of or Served by an Irrigation District or other Water Supplier (Association, Ditch Co., etc.)

[For transfers submitted under OAR Chapter 690 Division 380]



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

The Department requires non-district applicants to communicate with districts/water suppliers during the planning and preparation of transfer applications involving water rights having a point of diversion or appropriation (POD/POA) or place of use (POU) served by or located within the boundaries of an irrigation district, or other type of water supplier to which assessments are paid. In some cases consent will be required from the district or water supplier.

This form must be included with any transfer application that involves rights served by or located within the boundaries of a district or other type of water supplier.

1. APPLICANT INFORMATION

NAME ANDREWS HOLDINGS LLC, ROB ANDREWS, PRINCIPAL			PHONE (HM)
PHONE (WK) (206) 343-9204	CELL	FAX	
ADDRESS 224 WESTLAKE AVENUE N, SUITE 500			
CITY SEATTLE	STATE WA	ZIP 98109	E-MAIL** ROB@NWRETAIL.COM

2. DISTRICT or WATER SUPPLIER INFORMATION

DISTRICT/WATER SUPPLIER NAME HUDSON BAY DISTRICT IMPROVEMENT COMPANY TIM DERUWE, BOARD CHAIRMAN			PHONE (HM)
PHONE (WK) 509-520-2865	CELL	FAX	
ADDRESS 512 N. MAIN STREET			
CITY MILTON-FREEWATER	STATE OR	ZIP 97862	E-MAIL**

** By providing an e-mail address, the applicant and/or the district/water supplier consents to receive all correspondence from the Department electronically. Copies of final order documents will also be mailed.

3. WATER RIGHTS ISSUED IN THE NAME OF, or LOCATED WITHIN, or SERVED BY AN IRRIGATION DISTRICT, OTHER DISTRICT, OR WATER SUPPLIER

a. List the water right(s) involved in this transfer:

	Application / Decree	Permit / Previous Transfer	Certificate	Is the water right in the name of a district, water supplier, or BOR*?
1.	S-57959	S-43973	87556	YES <input checked="" type="checkbox"/>
2.	S-2160	S-1216	92923	YES <input checked="" type="checkbox"/>
3.		-		YES <input type="checkbox"/>

Attach additional pages for additional water rights if necessary.

*Bureau of Reclamation

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b. Determine a district's/water supplier's connection to your points of diversion (POD) or appropriation (POA) and places of use (POU). [You may need to consult with your district/water supplier.]

CURRENT ASSOCIATIONS Please answer the following "yes" or "no" questions:

YES NO One or more of the current POD(s) / POA(s) involved in the transfer are served by a district/water supplier or rely on BOR water.

YES NO All or a portion of the current POU involved in this proposed transfer receives water for either primary or supplemental irrigation from the district/water supplier; i.e., the POU is currently layered with a district or BOR water supplied water right(s).

PROPOSED ASSOCIATIONS Please answer the following "yes" or "no" questions:

YES NO One or more of the proposed POD(s) / POA(s) involved in the transfer are currently served or will be served by a district/water supplier if the transfer is approved, or rely on BOR water.

YES NO All or a portion of the proposed POU involved in this proposed transfer currently receives or will receive either primary or supplemental irrigation from the district/water supplier; i.e., the POU will be layered with a district/water supplier or BOR water supplied water right(s).

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COMMENTS OR ADDITIONAL INFORMATION

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4. APPLICANT'S SIGNATURE

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(1) I certify that I have notified the district/water supplier about the proposed water right transfer application by [check one]:

email, phone, postal mail, in person, or other (please specify) _____

(2) I certify that to the best of my knowledge the information contained in this Supplemental Form D is true and accurate


Applicant Signature

ROBERT M. ANDREWS
Name (print)

8/31/22
Date

5. (WHEN REQUIRED) DISTRICT or WATER SUPPLIER CONSENT TO THE PROPOSED WATER RIGHT TRANSFER

District Manager or Water Supplier consent is required if any box on this form is marked "YES."

The district/water supplier certifies the following:

(1) The district/water supplier has reviewed the applicant's proposed water right transfer application and maps; and

(2) The district/water supplier consents to the proposed water right transfer application.

YES NO After proof of completion, the confirming water right certificate is to remain in the name of the U.S. Bureau of Reclamation or the district/water supplier. N/A

YES NO The district/water supplier will be responsible for submitting the claim of beneficial use prepared by a Certified Water Rights Examiner (CWRE). N/A


Signature of District Manager /Water Supplier

Tim m DeRuwo
Name (print), Title

30 aug 2022
Date

d. Determine a district/water supplier's connection to your points of diversion (POD) or appropriation (FOA) and prices of use (POU). You may need to consult with your district/water supplier.

EXISTING ASSOCIATIONS Please answer the following "yes" or "no" questions:

One or more of the current POD(s) / FOA(s) involved in the transfer are served by a district/water supplier or rely on BOR water. YES NO

All or a portion of the current POD involved in this proposed transfer receives water for either primary or supplemental irrigation from the district/water supplier, i.e., the POD is currently covered with a district or BOR water supplied water right(s). YES NO

PROPOSED ASSOCIATIONS Please answer the following "yes" or "no" questions:

One or more of the proposed POD(s) / POA(s) involved in the transfer are currently served or will be served by a district/water supplier if the transfer is approved, or rely on BOR water. YES NO

All or a portion of the proposed POD involved in this proposed transfer currently receives or will receive either primary or supplemental irrigation from the district/water supplier, i.e., the POD will be covered with a district/water supplier or BOR water supplied water right(s). YES NO

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COMMENTS OR ADDITIONAL INFORMATION

4. APPLICANT'S SIGNATURE

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(1) I certify that I have notified the district/water supplier about the proposed water right transfer application by (check one):

email, phone, postal mail, in person, or other (please specify) _____

(2) I certify that to the best of my knowledge the information contained in this application is true and correct.

Date 8/31/22

Name (Print) Robert M. Anderson

Signature 

5. (WHEN REQUIRED) DISTRICT or WATER SUPPLIER CONSENT TO THE PROPOSED WATER RIGHT TRANSFER

District Number or Water Supplier consent is required if any box on this form is marked "YES."

The district/water supplier certifies the following:

(1) The district/water supplier has reviewed the applicant's proposed water right transfer application and (check one): YES NO

(2) The district/water supplier consents to the proposed water right transfer application. YES NO

After proof of completion, the confirming water right certificate is to remain in the name of the U.S. Bureau of Reclamation or the district/water supplier. YES NO

The district/water supplier will be responsible for submitting the claim of benefits use prepared by a Certified Water Rights Examiner (CWRE), WA. YES NO

Date 8/31/22

Name (Print) Tom Anderson

Signature of District Manager/Water Supplier 

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Attachment #4

Well Logs

POA Groundwater Registration Modification for GR-1598

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WARD

Department of

Wellness

1000 University Ave, Room 1000, Madison, WI 53706

111
11

STATE ENGINEER
Salem, Oregon

UMAT
4987

Well Record

GR- 1549

STATE WELL NO. 6N/35-34L
COUNTY Umatilla
APPLICATION NO. GR- 1597

OWNER: Donald J. LaMotte

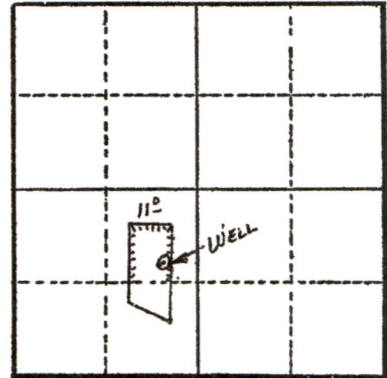
MAILING ADDRESS: Box 6

LOCATION OF WELL: Owner's No.

CITY AND STATE: Milton-Freewater, Oregon

NE 1/4 SW 1/4 Sec. 34 T. 6 N. R. 35 E. W.M.

Bearing and distance from section or subdivision corner 470.5' W. & 1610' N. from S1/4 cor. Sec. 34



Section 34

Altitude at well 875'

TYPE OF WELL: Dug Date Constructed Prior to 1922

Depth drilled 48' Depth cased 15'

CASING RECORD:

72" x 72" concrete curbing from 0 to 15 ft.

FINISH:

AQUIFERS:

WATER LEVEL:

40' in May 1958

PUMPING EQUIPMENT: Type 3" Cent. H.P. 10
Capacity 350 G.P.M.

WELL TESTS:

Drawdown 4 - 6 ft. after 250 hours G.P.M.
Drawdown ft. after hours G.P.M.

USE OF WATER Irrigation Temp. °F. 19

SOURCE OF INFORMATION GR record

DRILLER or DIGGER

ADDITIONAL DATA:

Log Water Level Measurements Chemical Analysis Aquifer Test

REMARKS:

Log: Gravelly loam 0 to 3 ft.
Cement gravel & cobbles 3 to 48 ft.

Irrigation of 11 acres.

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STATE ENGINEER
Salem, Oregon

UMAT
4996

Well Record

STATE WELL NO. 6N/35-34P
COUNTY Umatilla
APPLICATION NO. GR-1598

~~GR-1550~~

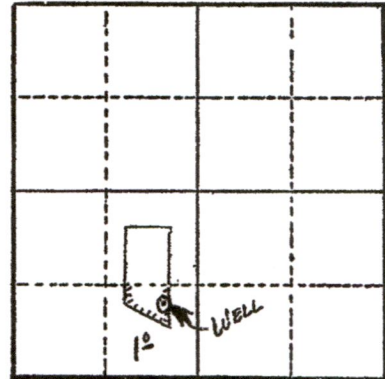
OWNER: Donald J. LaMotte

MAILING ADDRESS: Box 6

LOCATION OF WELL: Owner's No.

CITY AND STATE: Milton-Freewater, Oregon

SE 1/4 SW 1/4 Sec. 34 T. 6 N. R. 35 E. W.M.
Bearing and distance from section or subdivision
corner 470.5' W. & 1010' N. from S 1/4 cor. Sec. 34



Section 34

Altitude at well 875'

TYPE OF WELL: Dug Date Constructed 1916 -Prior to

Depth drilled 48' Depth cased 15'

CASING RECORD:

6' x 6' concrete curbing from 0 to 15 ft.

*Same well
as Umat
4987*

FINISH:

AQUIFERS:

WATER LEVEL:

40'

PUMPING EQUIPMENT: Type 1 1/2" Jet

H.P. 1

Capacity 50 to 70 G.P.M.

WELL TESTS:

Drawdown 2 - 4 ft. after hours 50 G.P.M.

Drawdown ft. after hours G.P.M.

USE OF WATER Irrigation Temp. °F. 19

SOURCE OF INFORMATION GR Record

DRILLER or DIGGER

ADDITIONAL DATA:

Log Water Level Measurements Chemical Analysis Aquifer Test

REMARKS:

Log: Gravely loam 0 to 3 ft.
Cement gravel 3 to 48 ft.

Irrigation of 1.0 acres.

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6435E-36
dep - Record

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

UMAT
4923

JUN 09 1988

(1) OWNER:
Name Bill Wood RG
Address Rt 2 Box 59
City Milford Freewater State OR Zip 97862

Well Number: _____

WATER RESOURCES DEPT
SALEM, OREGON

(9) LOCATION OF WELL by legal description:
County W. Umatilla Latitude _____ Longitude _____
Township 6 N on S. Range 35 E or W. WM.
Section 34 C 0 1/4
Tax Lot 00500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Same

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

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

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(10) STATIC WATER LEVEL:
46 ft. below land surface. Date 5-5-88
Artesian pressure _____ lb. per square inch. Date _____

BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well _____ ft.
Explosives used Yes No Type _____ Amount _____

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

From	To	Estimated Flow Rate	SWL
80	90	50 GPM	
145	152	40 GPM	
245	255	60 GPM	46

HOLE		SEAL		Amount	
meter	From To	Material	From To	sacks	pounds
12	0 18	Cement	13 18	7	
8	18 265	Bentonite	0 15	8	

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

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Cement Gravel	12	255	46
Sand BRN	255	265	
Bottom of Umat 4987			

(6) CASING/LINER:
Diameter From To Gauge Steel Plastic Welded Threaded
Casing: 8 71 42 260
Liner: NO
location of shoe(s) 45

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(7) PERFORATIONS/SCREENS:
 Perforations Method None
 Screens Type _____ Material _____

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

Date started 3-3-88 Completed 5-5-88

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 150 Drawdown 218 Drill stem at 260 Time 1 hr.

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
Signed _____ WWC Number _____ Date _____

Temperature of water 58° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom NO
Did any strata contain water not suitable for intended use? Too little NO
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. all work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.
Signed Clarence Summer WWC Number 575 Date 5-25-88

RECEIVED
MAY 1 1980

RECEIVED

W. J. ...
...

1. NAME OF BILL: ...
2. TITLE OF BILL: ...
3. SHORT TITLE: ...
4. AUTHOR: ...

5. DATE INTRODUCED: ...
6. DATE REPEALED: ...
7. DATE REVOKED: ...

8. BILL NUMBER: ...
9. BILL NUMBER: ...
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26. BILL NUMBER: ...
27. BILL NUMBER: ...
28. BILL NUMBER: ...

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SEP 5 1985

WARD

RECEIVED
MAY 4 1988

"START CARD"
NOTICE OF BEGINNING OF WELL CONSTRUCTION BY
(as required by ORS 537.762)

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original delivered to the Water Resources Department prior to commencement of construction, alteration or abandonment of each well.

Owner's Name and Mailing Address Bill Wondra
Rt #2 Box 56
Milton Freewater, OR 97862

Proposed Commencement Date 5-3-88

Proposed Well Depth 180, Diameter 8
and Use:
 Domestic Community Industrial Irrigation
 Thermal Injection Other

Proposed Well Location: County _____
Township 6 (N or S) Range 35 (E or W) Section 34

At least 2 of these must be provided

- C 1/4 of 0 1/4 of above section
- street address of well location _____
- tax lot number of well location 00500
- attach approved map with location identified.
(see reverse of this form for approved maps)

We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks and septic drain fields.

Bill Wondra
Owner's Signature

Clarence L. Summers
Bonded Water Well Constructor

owner
Title

License No. 575

May 3, 1988
Date

Company C.W. Summers Drilling

Note: This is not a Water Right application. The owner is responsible for obtaining a Water Right through the Water Resources Department if required.

RECEIVED

SEP 22 2022

OWRD

14101

NOTICE OF RECEIVING DEKALB COUNTY
[mirrored text]

This form must be completed by the contractor and submitted to the Department of Public Works, Attention: [mirrored text]

Contractor Name and
Billing Address
[Handwritten: Bill W. [unclear]]

Project Name and Location
[Handwritten: [unclear]]

Contractor's License Number
[Handwritten: [unclear]]

Contractor's Signature
[Handwritten: [unclear]]

Contractor's Name
[Handwritten: [unclear]]

Contractor's Address
[Handwritten: [unclear]]

Contractor's Phone Number
[Handwritten: [unclear]]

RECEIVED

SEP 2 2002

WARD