

Application for Permit Amendment

Part 1 of 5 – Minimum Requirements Checklist



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

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

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

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- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Application Map Checklist.
- Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the new online fee calculator at: http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator.
- Part 4 – Completed Applicant Information and Signature.
- Part 5 – Information about Permits to be Amended: **Number of permits to be amended: 1**
List the Permits here: Permit G-17787
Please include a separate Part 5 for each permit. (See instructions on page 6)
- Completed Permit Amendment Application Map (Does not have to be prepared by a Certified Water Right Examiner). -
- N/A Request for Assignment Form and statutory fee. The request for assignment form has to be completed if the applicant is **not** the permit holder of record and needs to be assigned to the permit; **or** the landowner of the proposed place of use is **not** the permit holder of record and needs to be assigned to the permit (the Request for Assignment Form is available online at <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>). Assignment is not needed if the applicant is the permit holder of record.
- N/A Affidavit(s) of Consent are required from all permit holder(s) of record if the permit is not assigned to the applicant **or** other permit holders of record that are not listed as applicants.
- N/A Oregon Water Resources Department’s Land Use Information Form with approval and signature (or signed land use form receipt stub) from each local land use authority in which water is to be diverted, conveyed, and/or used. Not required if water is to be diverted, conveyed, and/or used only on federal lands or if **all** of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone.
- N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation.
- N/A Geologist Report for a change from a surface water point of diversion to a ground water point of appropriation (well), if the proposed well is more than 500 feet from the surface water source and more than 1000 feet upstream or downstream from the point of diversion. (ORS 540.531(2) or (3)).

(For Staff Use Only)

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

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

Part 2 of 5 – Permit Amendment Map Checklist

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

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

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

Part 3 of 5 – Fee Worksheet

FEE WORKSHEET for PERMIT AMENDMENT				
1	Base Fee (includes one type of change to one permit for up to 1 cfs)	RECEIVED	1	\$1,360
	Types of change proposed: <input type="checkbox"/> Place of Use <input checked="" type="checkbox"/> Point of Diversion/Appropriation Number of above boxes checked = <u>1</u> (2a) Subtract 1 from the number in line 2a = <u>0</u> (2b) <i>If only one change, this will be 0</i> Multiply line 2b by \$1090 and enter »	OCT 11 2022 OWRD	2	\$0
3	Number of permits included in Permit Amendment <u>1</u> (3a) Subtract 1 from the number in 3a: <u>0</u> (3b) <i>If only one permit 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</u> (4a) 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>\$820</u> (4b) Add line 4a to line 4b and enter »		4	\$1,300
5	Do you propose to change the place of use? <input checked="" type="checkbox"/> No: enter 0 on line 5 <input type="checkbox"/> Yes: enter the cfs for the portions of the permits to be amended (see below*): _____ (5a) Subtract 1.0 from the number in 5a above: _____ (5b) If 5b is 0, enter 0 on line 5 » If 5b is greater than 0, round up to the nearest whole number: _____ (5c) and multiply 5c by \$350, then enter on line 5 »		5	\$0
6	Add entries on lines 1 through 5 above » » » » » » » » » » Subtotal:		6	\$2,660
7	Is this permit amendment: <input type="checkbox"/> necessary to complete a project funded by the Oregon Watershed Enhancement Board (OWEB) under ORS 541.932? <input type="checkbox"/> endorsed in writing by ODFW as a change that will result in a net benefit to fish and wildlife habitat? If one or more boxes is checked, multiply line 6 by 0.5 and enter on line 7 If no box is applicable, enter 0 on line 7 »		7	\$0
8	Subtract line 7 from line 6 » » » » » » » » » » » » » » » » Permit Amendment Fee:		8	\$2,660

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

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

Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Keith Ketch DeKanter		PHONE NO. (503) 678-5888	ADDITIONAL CONTACT NO.
ADDRESS 15868 NE Eilers Rd			FAX NO.
CITY Aurora	STATE OR	ZIP 97002	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 Doann Hamilton / Pacific Hydro-Geology, Inc.		PHONE NO. (503) 632-5016	ADDITIONAL CONTACT NO. (503) 632-5983 (Cell)
ADDRESS 18487 S. Valley Vista Road			FAX NO. (503) 632-5983
CITY Mulino	STATE OR	ZIP 97042	E-MAIL phgdmh@gmail.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 permit amendment; and why:
The authorized well location for Well 2 is located too far south for the installation of electrical and irrigation lines to be economically feasible. We have drilled two wells (Wells 1 and 5) that could not produce enough volume to be useful. The recently installed new proposed Well 2, together with Wells 3 and 4 will supply our needs and we need to have the new Well 2 location approved. In addition, we need to amend the permit to reflect minor changes in the locations for Wells 3 and 4.

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

Check this box if this project is fully or partially funded by the American Recovery and Reinvestment Act. (Federal stimulus dollars)

Is the applicant the permit holder of record? Yes No

If NO, include either:

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

Has the Completion ("C") Date of the permit(s) in this application expired? Yes No

If YES, this application will not be accepted by the Department.

If NO, what are the completion dates of the permit(s)? October 1, 2023

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

By my signature below, I confirm that I understand:

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

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

Applicant Signature

Print Name (and Title if applicable)

Date

KEITH KETCH DE KANTER

9/26/2022

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Applicant Signature

Print Name (and Title if applicable)

Date

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Check one of the following:

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

Check the appropriate box, if applicable:

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

IRRIGATION DISTRICT NAME NA	ADDRESS	
CITY	STATE	ZIP

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

ENTITY NAME NA	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 Clackamas Co. Department of Transportation and Development, Planning Division	ADDRESS 150 Beaver Creek Road	
CITY Oregon City	STATE Oregon	ZIP 97045

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

Part 5 of 5 – Water Use Permit Information

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

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PERMIT # G-17787

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Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)
(Note: If the POD/POA name is not specified in the permit, assign it a name or number here.)

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POD/POA Name or Number	Is this POD/POA Authorized by the permit or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-____)	Twp		Rng		Sec	¼ ¼		Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Well 1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	CLAC 69797	3	S	1	E	19	SE	NW	Lot 3	600 feet north and 290 feet west from the center ¼ corner, Section 19
Well 2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	NA	3	S	1	E	19	SE	NW	Lot 3	120 feet north and 30 feet west from the center ¼ corner, Section 19
Re-described Well 2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	CLAC 76807	3	S	1	E	19	SE	NW	Lot 3	1,080 feet north and 15 feet west from the center ¼ corner, Section 19
Well 3	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	NA	3	S	1	E	19	SE	NW	Lot 3	655 feet north and 25 feet west from the center ¼ corner, Section 19
Re-described Well 3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	CLAC 70380	3	S	1	E	19	SE	NW	Lot 3	600 feet north and 30 feet west from the center ¼ corner, Section 19
Well 4	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	NA	3	S	1	E	19	NE	NW	Lot 3	1,475 feet north and 605 feet west from the center ¼ corner, Section 19
Re-described Well 4	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	CLAC 73475	3	S	1	E	19	NE	NW	Lot 3	1,455 feet north and 590 feet west from the center ¼ corner, Section 19
Well 5	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	CLAC 73470	3	S	1	E	19	SE	NW	Lot 3	875 feet north and 335 feet west from the center ¼ corner, Section 19

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

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

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

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

For a change in place of use: - NA

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

Yes No

If NO, the landowner of the land TO which the place of use is being moved **must be assigned to the permit as a permit holder of record** by submitting a completed Request for Assignment form and the required statutory fee for an assignment.

Is the proposed place of use contiguous to the authorized place of use? Yes No

The permitted place of use can be moved only to lands that are contiguous to the authorized place of use **unless** the change to non-contiguous lands is in furtherance of mitigation or conservation efforts undertaken for the purposes of benefiting a species listed as sensitive, threatened, or endangered under ORS 496.171 to 496.192 or the federal Endangered Species Act of 1973 (16 U.S.C. 1531 to 1544), as determined by the listing agency. Contiguous land being either adjacent land or land separated from the land to which a permit is authorized by roads, utility corridors, irrigation ditches or publicly owned rights of way.

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Please use and attach additional pages of Table 2 as needed.
See page 6 for instructions.

Do you have questions about how to fill-out the tables?
Contact the Department at 503-986-0900 and ask for Transfer

Table 2. Description of Changes to Water Use Permit # G-17787

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

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.									Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.											
Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date			
									POA	3	S	1	E	19	NE	NW	307	Lot 3	0.9	Re-described Wells 2,3, & 4	9-9-2003
									POA	3	S	1	E	19	SE	NW	307	Lot 3	18.7	Re-described Wells 2,3, & 4	9-9-2003
TOTAL ACRES									TOTAL ACRES						19.6						

Additional remarks: None.

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

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

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

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

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

AND/OR

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

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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
Well 1	Yes / abandoned	CLAC 69797	See Well Log CLAC 69797 - abandoned							
Authorized Well 2	No	NA	NOT DRILLING							
Proposed Well 2	Yes	CLAC 76807	See Well Log CLAC 76807							
Authorized Well 3	No	NA	NOT DRILLING							
Proposed Well 3	Yes	CLAC 70380	See Well Log CLAC 70380							
Authorized Well 4	No	NA	NOT DRILLING							
Proposed Well 4	Yes	CLAC 73475	See Well Log CLAC 73475							
Well 5	Yes / abandoned	CLAC 73470	See Well Log CLAC 73470 - abandon							

Not less than full rate of water right

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Land Use Information Form

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Applicant(s): Keith Ketch DeKanter

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Mailing Address: 15868 NE Eilers Rd

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City: Aurora

State: OR

Zip Code: 97002

Daytime Phone: (503) 678-5888

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>3S</u>	<u>1E</u>	<u>19</u>	_____	<u>307</u>	<u>EFU</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>NU</u>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	_____

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

Clackamas 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: 0.489 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 Nursery

Briefly describe:

This Land Use Information Form is to accompany a permit amendment application that proposes to change the locations of three points of appropriation (wells) for existing water right Permit G-17787.

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. →

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): EFU Zone, ZDO 401
- Land uses to be served by the proposed water uses (including proposed construction) involve discretionary land-use approvals as listed in the table below. (Please attach documentation of applicable land-use approvals which have already been obtained. Record of Action/land-use decision and accompanying findings are sufficient.) **If approvals have been obtained but all appeal periods have not ended, check "Being pursued."**

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

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

In the EFU zone Nursery stock/Farming primary allowed use.

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Name: Lizbeth Dance Title: Planner II

Signature: LDance Digitally signed by: LDance
DN: CN = LDance email = LDance@clackamas.us
Date: 2022.10.03 15:32:39 -07'00' Phone: (503)742-4500 Date: 10/3/2022

Government Entity: Clackamas 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: Keith DeKanter

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City or County: Clackamas County Staff contact: Lizbeth Dance

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Signature: LDance Digitally signed by: LDance
DN: CN = LDance email = LDance@clackamas.us
Date: 2022.10.03 15:33:07 -07'00' Phone: X4524 Date: 10/3/2022

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CLAC 69797

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

WELL LABEL # L
START CARD # 209799

(1) LAND OWNER Owner Well I.D.
First Name Last Name
Company LITTLE PRINCE OF OREGON NURSERY
Address 15868 NE EILERS RD.
City AURORA State OR Zip 97002

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

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

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

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

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

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

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type Material
Perf/S Casing/Screen
green Liner Dia From To Spm/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)

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

(9) LOCATION OF WELL (legal description)
County CLACKAM Twp 3 S N/S Range 1 E E/W WM
Sec 19 SW 1/4 of the NW 1/4 Tax Lot 307
Tax Map Number Lot
Lat " or " DMS or DD
Long " or " DMS or DD
[] Street address of well [] Nearest address

15868 NE EILERS RD.

(10) STATIC WATER LEVEL Date SWL(psi) SWL(ft)
Existing Well / Predeepening
Completed Well
Flowing Artesian? [] Dry Hole? []

RECEIVED BY OWNER
Water was first found
SWL Date From To Est Flow SWL(psi) SWL(ft)
JUN 17 2013
SALEM, OR

(11) WELL LOG Ground Elevation
Material From To
TOPSOIL 0 1
BROWN SILTY SANDY CLAY 1 13
FINE BROWN SAND 13 33
FINE TO COARSE BROWN SAND 33 39
FIRM GRAY SANDY CLAY 39 61
STICKY BLUE GRAY CLAY 61 66
FINE TO MEDIUM BLACK SAND 66 69
STICKY BLUE GRAY CLAY 69 87
STICKY BROWN CLAY 87 105
STICKY BLUE GRAY CLAY 105 144
FINE COMPACT BLACK SAND 144 150
FINE COMPACT GRAY SAND 150 155
FIRM DARK GRAY CLAYSTONE 155 178
STICKY GRAY CLAY 178 199
SOFT GRAY SANDY CLAY 199 218
STICKY GRAY CLAY 218 309
DRY HOLE ABANDONED:
PUMPED CEMENT GROUT INTO WELL BORE 309 0

Date Started 06-10-2013 Completed 06-13-2013

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

License Number Date
Password : (if filing electronically)
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 1266 Date 06-13-2013
Password : (if filing electronically)
Signed
Contact Info (optional)

RECEIVED

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

CLAC 76807 11/18/2021

WELL I.D. LABEL# L 143567 START CARD # 1054373 ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. First Name KETCH Last Name DEKANTER Company LITTLE PRINCE OF OREGON Address 15868 NE EILERS RD City AURORA State OR Zip 97002

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

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy) Depth of Completed Well 180.00 ft. BORE HOLE Dia From To Material SEAL From To Amt sacks/lbs

How was seal placed: Method [] A [] B [X] C [] D [] E [X] Other BENTONITE POURED S Backfill placed from ft. to ft. Material Filter pack from 125 ft. to 180 ft. Material SAND Size 8 MESH 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 SLOTTED Material PVC Perf/ Casing/ Screen Screen Liner Dia From To width length # of slots Tele/ pipe size

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

Temperature 60 °F Lab analysis [] Yes By Water quality concerns? [] Yes (describe below) TDS amount 125 ppm From To Description Amount Units

(9) LOCATION OF WELL (legal description) County CLACKAMAS Twp 3.00 S N/S Range 1.00 E E/W WM Sec 19 SE 1/4 of the NW 1/4 Tax Lot 307 Tax Map Number Lot Lat " or 45.29765323 DMS or DD Long " or -122.73500707 DMS or DD [X] Street address of well [] Nearest address 15868 NE EILERS RD, AURORA, OR 97002

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) Existing Well / Pre-Alteration Completed Well 11/15/2021 37 Flowing Artesian? [] Dry Hole? [] WATER BEARING ZONES Depth water was first found 135.00 SWL Date From To Est Flow SWL(psi) + SWL(ft)

(11) WELL LOG Ground Elevation Material From To BROWN SANDY CLAY 0 40 WOOD W BROWN BLACK SAND 40 48 PEA GRAVEL W WOOD 48 53 SILTY CLAY 53 70 BLUE CLAY 70 78 BROWN CLAY 78 95 BLUE CLAY 95 135 FINE BLACK SAND 135 145 BLACK CEMENTED SAND 145 175 GRAY CLAY 175 180

RECEIVED OCT 11 2022 OWRD

Date Started 11/8/2021 Completed 11/15/2021

(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 2054 Date 11/16/2021 Signed MILO APPLEBEE (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 2023 Date 11/18/2021 Signed MICHAEL APPLEBEE (E-filed) Contact Info (optional) ALPINE RESOURCES LLC 503-647-2969

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

WELL LABEL # L 111835
 START CARD # 209801

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company LITTLE PRINCE OF OREGON NURSERY
 Address 15868 NE EILERS RD.
 City AURORA State OR Zip 97002

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

(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 185 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amnt	lbs
12.25	0	185	Cement / Gr	0	145	61	S

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

Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 145 ft. to 185 ft. Material SND/GRAM Size #8 / 1/2" / 4

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Std	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8		2	170	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6		160	170	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6		180	185	.250	<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 WOUNDWIRE Material STAINLESS

Pert/S	Casing/	Screen	Liner	Dia	From	To	Scrnt/slot	Slot	# of	Tele/
creen	Liner	Dia	From	To	width	length	slots	pipe	size	
Screen	Casing	8	170	180	.030				TELE	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
BAILER 42	71		1
AIR 60		150	1

Temperature 56 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County CLACKAM Twp 3 S N/S Range 1 E E/W WM
 Sec 19 SW 1/4 of the NW 1/4 Tax Lot 307
 Tax Map Number _____ Lot _____
 Lat _____ or _____ DMS or DD
 Long _____ or _____ DMS or DD
 Street address of well Nearest address
15868 NE EILERS RD

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL (psi)	+ SWL (ft)
Completed Well	06-20-2013		44

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 171

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
06-20-2013	171	180	60		44

(11) WELL LOG Ground Elevation _____

Material	From	To
TOPSOIL	0	1
BROWN SILTY CLAY	1	27
FINE BROWN SAND	27	36
FINE GRAY MUDDY SAND WITH WOOD	36	
INCREASING COARSE TO SMALL GRAVEL		42
STICKY GRAY CLAY	42	58
BLACK SANDSTONE	58	62
MUDDY BLACK SAND	62	65
SOFT GRAY SANDY CLAY	65	69
STICKY BROWN CLAY	69	107
STICKY BLUE GRAY CLAY	107	138
SOFT BLACK SANDSTONE	138	149
FIRM DARK GRAY CLAYSTONE	149	171
FINE TO COARSE BLACK SAND	171	180
STICKY GRAY CLAY	180	185

Date Started 06-13-2013 Completed 06-20-2013

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

License Number _____ Date MAR 18 2014
 Password: (if filing electronically) _____
 Signed _____ WATER RESOURCES DEPT

(bonded) Water Well Constructor Certification SALEM, OREGON
 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 1266 Date 06-21-2013
 Password: (if filing electronically) _____
 Signed _____
 Contact Info (optional) _____

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 OCT 11 2022



CLAC 73475

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

WELL I.D. LABEL# 123303
START CARD # 214872
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D.
First Name Last Name
Company LITTLE PRINCE OF OREGON NURSERY
Address 15868 NE EILERS RD
City AURORA State OR Zip 97002

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

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

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

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

(5) BORE HOLE CONSTRUCTION
Special Standard (Attach copy)
Depth of Completed Well 63 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, Sacks/lbs. Rows include Bentonite and Cement with 5% Benc.

How was seal placed: Method [] A [] B [X] C [] D [] E
[X] Other POUR INTO ANNULAR

Backfill placed from ft. to ft. Material
Filter pack from 28 ft. to 63 ft. Material SAND Size 1C

Explosives used: [] Yes Type Amount

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

(6) CASING/LINER
Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrld

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

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type SLOTTED Material PVC

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

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

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

Temperature 56 °F Lab analysis [] Yes By
Water quality concerns? [] Yes (describe below) TDS amount 251 PPM

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

(9) LOCATION OF WELL (legal description)
County CLACKAMAS Twp 3 S N/S Range 1 E E/W WM
Sec 19 SE 1/4 of the NW 1/4 Tax Lot 307
Tax Map Number Lot
Lat " or DMS or DD
Long " or DMS or DD

Street address of well Nearest address
15868 NE EILERS RD., AURORA, OR

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well 10-19-2017 16
Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES
Depth water was first found 39
SWL Date From To Est Flow SWL(psi) + SWL(ft)

(11) WELL LOG
Ground Elevation
Material From To
BROWN SANDY CLAY 0 44
WOOD WITH FINE BROWN SAND 44 47
FINE TO COARSE BROWN SAND WITH FINE GRAVEL 47 55
STICKY GRAY-GREEN CLAY 55 58
STICKY GRAY CLAY 58 71
STICKY BROWN CLAY 71 102
STICKY GRAY CLAY 102 137
FIRM DARK GRAY CLAY 137 175
STICKY BLUE-GRAY CLAY 175 209
WELL COMPLETED @ 63 FT.
LOWER BORE ABANDONED 209 209

Date Started 10-16-2017 Completed 10-19-2017

(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 OCT 25 2017

Signed

(bonded) Water Well Constructor Certification SALEM, OR

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 1266 Date 10-20-2017

Signed

Contact Info (optional)

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OWRD

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

CLAC 73470
OCT 23 2017

WELL I.D. LABEL# 1
START CARD # 214684
ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. SALEM, OR
First Name Last Name
Company LITTLE PRINCE OF OREGON NURSERY
Address 15868 NE EILERS RD
City AURORA State OR Zip 97002

(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 0 ft.

BORE HOLE SEAL sacks/lbs

Dia	From	To	Material	From	To	Amt	Seal
6	0	329	Cement w/5% Bentonit	0	329	47	S
						Calculated	
						Calculated	

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

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

(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/S Casing/Screen green Liner Dia From To Scm/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)
Temperature °F Lab analysis Yes By
Water quality concerns? Yes (describe below) TDS amount
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County CLACKAMAS Twp 3 S N/S Range 1 E E/W WM
Sec 19 SE 1/4 of the NW 1/4 Tax Lot 307
Tax Map Number Lot
Lat " or " DMS or DD
Long " or " DMS or DD
 Street address of well Nearest address
15868 NE EILERS RD., AURORA, OR

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

WATER BEARING ZONES Depth water was first found

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

(11) WELL LOG Ground Elevation

Material	From	To
BROWN CLAY	0	39
FINE TO COARSE BROWN SAND WITH FINE GRAVEL	39	44
STICKY GRAY CLAY	44	52
SOFT BROWN SANDY CLAY	52	54
STICKY GRAY CLAY	54	96
STICKY BROWN CLAY	96	121
STICKY GRAY CLAY	121	146
FIRM GRAY CLAY	146	201
SOFT GRAY SANDY CLAY	201	211
WOOD	211	214
SOFT GRAY CLAY	214	329

RECEIVE
OCT 11 2017

Date Started 09-21-2017 Completed 09-25-2017 OWRD

(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 1266 Date 10-13-2017
Signed
Contact Info (optional)