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 <u>will be returned</u> 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)	AN 2 3 202
\times		Part 1 – Completed Minimum Requirements Checklist.	
		Part 2 – Completed Application Map Checklist.	OWRD
\boxtimes		Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, completed Fee Worksheet, page 3. Try the new online fee calculator at: http://apps.wrd.state.or.us/apps/misc/wrd fee calculator.	and
\times		Part 4 – Completed Applicant Information and Signature.	
\boxtimes		Part 5 – Information about Permits to be Amended: Number of permits to be amended List the Permits here: <u>G-18749</u> Please include a separate Part 5 for each permit. (See instructions on page 6)	: <u>1</u>
\boxtimes		Completed Permit Amendment Application Map (Does not have to be prepared by a Ce Water Right Examiner).	rtified
	⊠ N/A	Request for Assignment Form and statutory fee. The request for assignment form has to completed if the applicant is not the permit holder of record and needs to be assigned to permit; or the landowner of the proposed place of use is not the permit holder of record needs to be assigned to the permit (the Request for Assignment Form is available online https://www.oregon.gov/OWRD/Forms/Pages/default.aspx). Assignment is not needed applicant is the permit holder of record.	o the d and e at
	N/A	Affidavit(s) of Consent are required from all permit holder(s) of record if the permit is not to the applicant or other permit holders of record that are not listed as applicants.	ot assigned
	N//	Oregon Water Resources Department's Land Use Information Form with approval and so (or signed land use form receipt stub) from each local land use authority in which water diverted, conveyed, and/or used. Not required if water is to be diverted, conveyed, and only on federal lands or if all of the following apply: a) a change in place of use only, b) is structural changes, c) the use of water is for irrigation only, and d) the use is located with irrigation district or an exclusive farm use zone.	is to be /or used no
\leq	□ N/A	Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or addition point(s) of appropriation.	nal
	⊠ N/A	A Geologist Report for a change from a surface water point of diversion to a ground water appropriation (well), if the proposed well is more than 500 feet from the surface water more than 1000 feet upstream or downstream from the point of diversion. (ORS 540.53	source and
		(For Staff Use Only)	
		WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S): Application fee not enclosed/insufficient	
		Staff: Date:	

Your permit amendment application <u>will be returned</u> 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 <u>not</u> 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.
\boxtimes		Permanent quality printed with dark ink on good quality paper.
\boxtimes		The size of the map can be $8\% \times 11$ inches, $8\% \times 14$ inches, 11×17 inches, or up to 30×30 inches. For 30×30 inch maps, one extra copy is required.
\boxtimes		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 preapproved by the Department.
\boxtimes		Township, Range, Section, $\frac{1}{4}$, DLC, Government Lot, and other recognized public land survey lines.
\boxtimes		Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
\boxtimes		Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.
\boxtimes		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.
\boxtimes		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.
\boxtimes	□ 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°).

FEE WORKSHEET for PERMIT AMENDMENT										
Base Fee (includes one type of change to one permit for up to 1 cfs)	1	\$1,360								
Types of change proposed:										
☐ Place of Use ☐ Point of Diversion/Appropriation										
Number of above boxes checked = (2a)										
Subtract 1 from the number in line 2a =(2b) If only one change, this will be 0										
Multiply line 2b by \$1090 and enter » » » » » » » » » » » » » » » » » » »	2									
Number of permits included in Permit Amendment(3a)										
Subtract 1 from the number in 3a: (3b) If only one permit this will be 0		RECEIVED								
Multiply line 3b by \$610 and enter » » » » » » » » » » » » » » » » » » »	3	JAN 2 3 2023								
Do you propose to add or change a well, or change from a surface water POD to a well?		JAN 2 0 LOCK								
\square No: enter 0 \boxtimes Yes: enter \$480 for the 1 st well to be added or changed <u>480 (4a)</u>		OWRD								
Do you propose to add or change additional wells?										
No: enter 0 Yes: multiply the number of additional wells by \$410 (4b)										
Add line 4a to line 4b and enter » » » » » » » » » » » » » » » »	4	480								
Do you propose to change the place of use?										
No: enter 0 on line 5										
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 » » » » » » » » » » » » » » » »										
	6									
		-								
	7									
Subtract line 7 from line 6 » » » » » » » » » » » » » » » Permit Amendment Fee:	8	1840								
	Base Fee (includes one type of change to one permit for up to 1 cfs) Types of change proposed: Place of Use Point of Diversion/Appropriation Number of above boxes checked =	Types of change proposed: Place of Use Point of Diversion/Appropriation								

- *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 \div 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			PHONE NO. ADDITIONAL CONTACT NO.							
Weslie F Adams and Karen Adam	ıs	541-922-4339	541-371-1017							
ADDRESS			FAX NO.							
30875 KLAUS RD										
CITY	STATE	ZIP	E-MAIL							
HERMISTON	OR	97838	kadams4339@gmail.co	om						
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT										
ELECTRONICALLY. COPIES OF THE	INAL ORDE	R DOCUMENTS WILL A	LSO BE MAILED.							

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

AGENT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.						
				RECEIVED						
ADDRESS				FAX NO.						
	T			JAN 2 3 2023						
CITY STATE ZIP E-MAIL										
BY PROVIDING AN E-MAIL ADDR	PESS CONSENT	IS GIVEN TO RECEIVE	ALL CORRESPOND	ENCE FROM THE DEPARTMENT						
ELECTRONICALLY. COPIES OF TH				ENCE PROMITHE DEPARTMENT						
Explain in your own words v	vhat you pro	pose to accomplis	h with this pern	nit amendment; and why:						
CHANGE OF APPORPRIATIO	N 4 ACRES (OF WATER, FROM \	WELL ON NEIGH	BORS PORPERTY TO WELL ON OUR						
LAND. RATE 0.05 CFS										
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 proj stimulus dollars)	ect is fully or	partially funded by	the American R	ecovery and Reinvestment Act. (Federal						
Is the applicant the permit he	older of reco	rd? 🛛 Yes 🗌 No								
If NO, include either:										
A completed assignment to the applicant(s), OF	•	h required statutor	y assignment fee	e), assigning all or a portion of the permit						
An affidavit of consen permit.	t from the pe	ermit holder(s) of re	ecord that gives p	permission for the applicant to amend th						
Has the Completion ("C") Da	te of the per	mit(s) in this applic	ation expired?	☐ Yes 🔀 No						
If YES, this application will r	not be accept	ed by the Departm	ent.							
If NO, what are the comple	tion dates of	the permit(s)? 10/	1/2023							
				lication is pending, the Department will me Application is approved for the perm						

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: <a href="https://doi.org/10.1001/jeach.2001-je

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.

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

Applicant Signature

Weslie F Adams

01/10/2023

Print Name (and Title if applicable)

Date

Karen Holams

Karen Adams

Print Name (and Title if applicable)

01/10/2023

Date

JAN 2 3 2023 OWRD

Check <u>one</u> of the following:											
☐ The applicant is responsible for completion of change(s). Notices and correspondence should continue to be sent to the applicant.											
The permit holder(s) of record will be responsible for completing the proposed change(s) after the final order is issued. Copies of notices and correspondence should be sent to the permit holder(s) of record.											
Check the appropriate box, if applicable:											
Check here if any of the permits proposed for amendment are or will be located within or served by an irrigation or other water district.											
IRRIGATION DISTRICT NAME	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	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	ADDRESS										
CITY	STATE	ZIP									
ENTITY NAME	ADDRESS										
СПУ	STATE	ZIP									
ENTITY NAME	ADDRESS										
СІТУ	STATE	ZIP									

JAN 2 3 2023 OWRD 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.

PERMIT # G-18749

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.)

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)	Vell (or D Twp		Rı	ng	Sec	3	4 	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
WELL4	Authorized Proposed	L-95691	5	N	28	E	27	SE	NE	305	50FT NORTH AND 636 FT WEST FROM THE E1/4 CORNER OF SECTION 27
ADAMS	☐ Authorized ☐ Proposed	L-138342	5	N	28	E	27	SE	NE CEI	303	18FT NORTH AND 696 FT WEST FROM THE E1/4 CORNER OF SECTION 27
	Authorized Proposed								N 2 3		
	Authorized Proposed						×	JA	OWR		
	Point of Diversion Additional Point o		POD)		S		wate			oriation (APOA) und Water POA
Will	all of the proposed cha	anges affect t	he e	ntire	wat	er u	se per	mit?			
	-	ly the propos ed above to d				-				the ne	ext page. Use the
	☐ No Complete all	of Table 2 to	desc	ribe	the	port	ion of	the p	ermit t	o be ch	anged.
or a chan	ge in place of use:										
oes the p	ermit holder of record No	d own or cont	rol t	he la	and T	O w	hich t	he pla	ace of	use is b	eing moved?
as a perr	e landowner of the lan mit holder of record by hee for an assignment	submitting a					_				-
the prop	osed place of use con	tiguous to the	e aut	hori	zed _l	olace	of us	e? ⊠	Yes [] No	
	nitted place of use can ne change to non-conti		•					_			

Revised 7/1/2021

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.

JAN 2 3 2023 OWRD 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-18749

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.

				g tha	at app	ears	on the	rom" certi	or "off" la ficate BEF0	nds) DRE PROPO	DSED	Proposed Changes (see						PF	ROPO	SED (the	e "to" o	or "on" lar ER PROPO	ids) OSED CHANG	GES
	Twp	R	tng	Sec	Ж	1 1/4	Tax Lot		Acres (if applicable)	POD(s) or POA(s) (name or number from Table 1)	Priority Date	"CODES" from previous page)	Т	wp	Rı	ng	Sec	1/4	14	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date
												EXAMP	LE											
2	2 5	9	E	15	NE	NW	100		15.0	POD #1 POD #2		POU/POD	2	s	9	E	15	NW	NW	100	1	10.0	POD #5	
"	"	"	"	"	"	"	"	"	EXAMPLE	u		u	2	S	9	E	15	sw	NW	200		5.0	POD #6	
5	N	28	E	27	SE	NE	305		4	WELL4	08-05- 1999		5	N	28	E	27	SE	NE	303		4	ADAMS	08-05-1999
-	_	-	_	-																				
-							R	ECE	IVED															
							JA	AN 2	3 2023							_								
								OV	VRD															
									-															
8																								
_									_															
						тот	AL ACRI	ES	4										Т	OTAL AC	RES	4		

Additional remarks: THIS WOULD REMOVE 4 ACRES OF PRIMIT WATER FROM WELL ON LOT 305 TO WELL ON LOT 303 MAKINGEACH POA ON INDIVUAL PROPERTY.

Revised 7/1/2021

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: **G-18750**



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:

 \boxtimes

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.

PUA	built? (Yes or No)	well, OWRD Well ID Tag No. L	well depth	Casing Diameter	Intervals (feet)	depth(s) (intervals)	or screened intervals (in feet)	of completed well (in feet)	(sand, gravel, basalt, etc.)	(cfs or gpm). If less than full rate of water right
WELL#4	Υ	95691	283	8	10	65		130	AQUIFER	300GPM
ADAMS	Υ	138342	220	8	10	80		86	AQUIFER	100GPM

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JAN 2 3 2023

Land Use **Information Form**



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

RECEIVED

JAN 2 3 2023

OWRD

Applicant(s): Weslie F Adams and Karen Adams

Mailing Address: 30875 Klaus Rd

City: Hermiston

State: OR

Zip Code: 97838

Daytime Phone: 5419224339

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 s	ervice-area	boundarie	s for the tax-	·lot informati	on requested below.				
Township	Range	Section	1/4 1/4	Tax Lot#	Plan Designation (e.g., Rural Residential/RR-5)		Water to be:	20 0 1 400	Proposed Land Use:
<u>5N</u>	28E	<u>27</u>	SE,NE	303	<u>RR-4</u>	Diverted	Conveyed	Used	PASTURE
<u>5N</u>	28E	27	SE, NE	305	<u>RR-4</u>	Diverted #	Conveyed	Used	PASTURE
						Diverted	Conveyed	Used	
						Diverted	Conveyed	Used	
R Dosoi	ription of	Propos	ad Has				***************************************	-	
Type of ap		be filed w Store Water	rith the Wate	r Resources I r Right Transfe ation of Conse	r Permi	t Amendment	or Ground Wat	er Registra	ition Modification
Source of v	water:	Reservoir/P	ond 🖾	Ground Water	Surface Water (name)	_		
Estimated of	quantity of	water need	led: <u>3.0</u>	Cul	pic feet per second	gallons per n	ninute 🛛	acre-feet	
Intended u	se of water:		ation [Commercial Quasi-Munic	Industrial	Second .	estic for <u>1</u> hous	sehold(s)	
Briefly des									
Current	tly 7.67 a	cres of la	nd are ass	igned to us	ewater from well #4	4 on lot 30.	5, lot 305 is	3.67 ac	res and 303 is 4 ac
acres bo	th zoned	RR-4. V	Ve have co	impleted a	well on lot 305 with	the appor	iate pump f	or domi	stic and
					t to the permit wou				

from well #4 on lot 303 to an additional well added to lot 305 leaving 3.67 acres used from well #4 on lot 305.

This would allow us to complete the application of water beneficial use as required for water use permit, as currently the shared well agreement only allows us 1/4 of acre to be irrigated.

"The amount of water to be used for irrigation under this right, toghether with the amount secured under any other right existiong for the same lands, is limited to a diversion of ONE-EIGHTH of one ccubic foot per

Revised 2/8/2010

Land Use Information Form - Page 2 of 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 landuse plan. Do not include approval for activities such as building or grading permits.

Please check the appropriate box be	low and provide the requested infor	rmation	
Land uses to be served by the proposed water your comprehensive plan. Cite applicable or Land uses to be served by the proposed water listed in the table below. (Please attach docu Record of Action/land-use decision and accordance of the proposed water listed in the table below. (Please attach docu Record of Action/land-use decision and accordance of the proposed water listed in the table below. (Please attach docu Record of Action/land-use decision and accordance of the proposed water listed in the table below.	er uses (including proposed construction) involumentation of applicable land-use approvals who manying findings are sufficient.) If approva	lve discretionary nich have already	land-use approvals as been obtained.
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:
		Obtained Denied	Being Pursued Not Being Pursued
	RECEIVED	Obtained Denied	☐ Being Pursued ☐ Not Being Pursued
	JAN 2 3 2023	Obtained Denied	Being Pursued Not Being Pursucd
	OWRD	Obtained Denied	Being Pursued Not Being Pursued
		Obtained Denied	Being Pursued Not Being Pursued
Local governments are invited to express special regarding this proposed use of water below, or or	al land-use concerns or make recommendations on a separate sheet.	s to the Water Re	esources Department
Pasture (farm use) is an (A).	outright use in RR-4 200	ne, sec uc	DC \$ 152.154
Name: Megan Green	Title:	Planner	III GIS
Signature:	Phone: 541-278		
Government Entity: VMMIIA CO	my department of La	nd Use	Planning
Note to local government representative: Ple sign the receipt, you will have 30 days from the Form or WRD may presume the land use associ	Water Resources Department's notice date to	return the comple	eted Land Use Information
Receipt f	or Request for Land Use Informa	ntion	
Applicant name:			
City or County:	Staff contact:		
Signature:	Phone:	Date:	

vinO szu insmmerca isoci tok

er vergentijs i opje<mark>ne da. grit in k</mark>ara malave grana modrit i 1900 jednovinja a tilo sama od a sunitare od je a**znatobi** sisa Baraja Ducer Mikrofrej vilit i modrem sa oga i manjue na gjernar ogni um om rusava si sistim i in bos milit i vroku Baraja Ducer Mikrofrej vilit i modrem oga i manjue na durika od modrem sa sistem okteti i svi ost i store sman

culturerolle balance or old ablega by a realize we manned and to an haring are of

lid vor i julgare a projeto kavor um overmo surbrane o articionar cascoravidor apolical et vor com a are bêncê Programma de la composició de la light de la casa parada a acceptament de la cascora de la composición que com

് പ്രവാധ പ്രത്യായ പ്രവാധ പ്രവാധ പര്വായ വരു വരു വരു വരു വരു വിവാന് വിവായ വര്യ്യായില് വിവാധ വര്യായ വര്യായ വരു വി പ്രവാധ പര്യായ പര്യായ പ്രത്യായ പ്രവാധ അവരു പര്യായ പ്രവാധ പര്യായ ആരു വരു വരു വരു വിവായ പര്യായ പര്യായ പര്യായ പര്യ പര്യായ പര്യായ

പ്പെട്ടുള്ള പ്രവർ പാവുള്ള നിന്ന് പ്രവഷ്ട്രയുടെ സ്വേദ്യാ സ്വാധനങ്ങളില് അവരെ അവരെ വര് വാധന്ത്ര വേധന്ത്രത്തു. ഉവര ഇന്ന് ആര് ആര് പ്രവർ പാവുള്ള നിന്ന് പ്രവര്ത്തില് ആര് സ്വേദ്യാ സ്വാധനങ്ങളില് ആര് ആര് അവര് വര് വര് വര് വര് സ്വാസ്

తాలు మండి భాగాలు కాతాలు అయే లేకాలుకుండానికి మండుకుండి. ముందుకుండి ముందుకుండి అత్యాత్వారు. ముందుకుండి ఆయ్యాలు ముంది. ముందుకాలు మార్గియింది. ఏ ఉంటే మాట్లుకారు అంటే ముందుకుండి. ముందుకుండి ముందుకుండి. ఇంటే ముందుకుండి ముందుక మాట్లుకుండి ముందుకుండి. ముందుకుండి ముందుకుండి. ముందుకుండి ముందుకుండి. ముందుకుండి ముందుకుండి. ముందుకుండి ముందుకు

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Umatilla County

Department of Land Use Planning

216 S.E. 4th Street • Pendleton, OR 97801 Ph: 541-278-6252 • Fax: 541-278-5480



Receipt

Fee Receipt Number:

20156

Permit Number: OWRD

Transaction Date:

2/8/2021

Transaction Time: Payor:

4:02:16 PM KAREN ADAMS

RECEIVED

Paid in Cash:

\$0.00

Paid via Check:

Fee Description

\$0.00 Check# Bank#

JAN 2 3 2023

OWRD

Paid via EFT:

\$50.00

Comments:

OWRD LUCS 5N2728A; 303 & 305

Quantity Fee Total Land Use Compatibility Statement \$25.00 \$50.00 Total: \$50.00 Amount Received: \$50.00 Amount Paid: \$50.00 Change: \$0.00 Amount Left Owing: \$0.00



Umatilla County Dept. of Land Use Planning

1 message

Intellipay <support@intellipay.com>

To: "Umatilla County Dept. of Land Use Planning" <tierney.dutcher@umatillacounty.net>

Mon, Feb 8, 2021 at 4:00 PM

Umatilla County Dept. of Land Use Planning

Payment Receipt

KAREN ADAMS 30875 KLAUS DR HERMISTON OR 97838 541-922-4339 wadams56@gmail.com JAN 2 3 2023 OWRD

Your payment was successfully processed.

Thank you. Your payment has been received.

Resident Account:

OWARD Adams

Invoice:

C26268702

Payment Amount:

\$50.00

Service Fee:

\$1.50

Payment Total:

\$51.50

Payment Date:

02/08/2021

Card Number:

5..1426

Name on Card:

KAREN ADAMS

Card Type:

Mastercard

Authorization Code:

337825

Reference Number

C26268702P36075353

Comments:

Payment Origin:

Online Payment Terminal

LUC

LUC Type:

OWARD Adams

Thank you,

Umatilla County Dept. of Land Use Planning

Support: 541-278-6248

^{*} The service fee is non-refundable.

STATE OF OREGON

UMAT 58446

Page 1 of 1 WELL I.D. LABEL# L 138342

WATER SUPPLY WELL REPORT			STA	RT CARD	# 1048	310		
(as required by ORS 537.765 & OAR 690-205-0210)	8/10/2	020	ORIGI	NAL LOG	#			
(1) LAND OWNER Owner Well I.D.								
First Name WESLIE AND KAREN Last Name ADAMS		(9) LOCATIO	ON OF W	ELL (legal	descri	iption)		
Company	(County UMATILLA	Twp 5	.00 N	N/S F	Range 28.0	0 E	E/W WM
Address 30875 KLAUS RD	!	Sec 27 SW	/ 1/4 o	f the NE	1/4	Tax Lot	305	
City HERMISTON State OR Zip 97838 (2) TYPE OF WORK New Well Deepening Converse	rsion	Tax Map Number Lat Long				Lot		
Alteration (complete 2a & 10) Abandonment(com	ploto 50)	Lat°		or				DMS or DD
(2a) PRE-ALTERATION	ipiete 3a)	Long°	"	or				DMS or DD
Dia + From To Gauge Stl Plstc Wld Thrd	1.	Stree	t address of	well	Nearest a	ddress		
Casing:		30875 KLAUS R	D, HERMIS	TON, OR 978	38			
Material From To Amt sacks/lbs	L							
Seal:	—— I	(10) STATIC	WATER	LEVEL				
Rotary Air Rotary Mud Cable Auger Cable Mud	- 1			D	ate S	WL(psi)	+	SWL(ft)
Reverse Rotary Other		Existing Well	/ Pre-Altera				\perp	
		Completed W		8/3/2020 g Artesian?		ry Hole?	4	86
(4) PROPOSED USE Domestic Irrigation Community					_	, L		0.0
Industrial/ Commercial Livestock Dewatering	V	VATER BEARIN	G ZONES	_		s first fou		
Thermal Injection Other		SWL Date	From	To	Est Flow	SWL(psi) +	SWL(ft)
(5) BORE HOLE CONSTRUCTION Special Standard (Att	ttach copy)	7/28/2020	71	83	10			47
Depth of Completed Well 221.00 ft.		8/3/2020	213	221	100			86
BORE HOLE SEAL	sacks/			-3				
Dia From To Material From To Am 12 0 19 Bentonite 0 19 13							\perp	
12 0 19 Bentonite 0 19 13 10.5 19 98.5 Calculated 10.7								
7.5 98.5 221 Cement 80 98.5 8	SS	14) 18/21 1 1	20					
Calculated 3,2	27	11) WELL LO	JG	Ground Eleva	tion			
Tion was sear placed.	E		Material			From		To
★Other BENTONITE POURED		silt				0	_	2
Backfill placed from ft. to ft. Material		sand cemented gravel				35	-	35 54
Filter pack from ft. to ft. Material Size	11	gravel and brown	clav			54	_	56
Explosives used: Yes Type Amount	11	blue clay	ciaj			56		71
(5a) ABANDONMENT USING UNHYDRATED BENTONITI		vesicular basalt				71		75
Proposed Amount Actual Amount		vesicular/fracture				75	_	81
(6) CASING/LINER	11	fractured black ba	salt			81	_	83
Casing Liner Dia + From To Gauge Stl Plstc W	via Thra	black basalt fractured basalt				213	+	213
	셏 니 []	fractured basait	jan.	toro la Ina II I	lam Lad	213	+	221
	$\dashv \vdash \vdash \Vdash$			RECEIV				
RAHHHRAF	$\dashv \vdash \Vdash \Vdash$							
	$\dashv \vdash \vdash \Vdash$			AN 232	023	ļ	_	
Shoe Inside Outside Other Location of shoe(s) 98.5						-	+	
	·			OWRE		 	+	
(7) PERFORATIONS/SCREENS Perforations Method								
Screens Type Material		Date Started7/2	28/2020	Co	mnlete	d_8/3/202	0	
Perf/ Casing/ Screen Scrn/slot Slot # of	Tele/							
Screen Liner Dia From To width length slots	pipe size	(unbonded) Wat						-144
		I certify that the abandonment of						
		construction stand						
		the best of my kn	owledge and	belief.				
		License Number			Date			
(8) WELL TESTS: Minimum testing time is 1 hour		G:1						
Pump Bailer (•) Air Flowing Arte	tesian	Signed						
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)		(bonded) Water	Well Constr	uctor Certifi	cation			
100 220 1		I accept responsil						
		work performed o						
		performed during construction stand						
Temperature 59 °F Lab analysis Yes By				•		7 -5	" reage	und bellet.
Water quality concerns? Yes (describe below) TDS amount 220 From To Description Amount 0	ppm Units	License Number	1766		Date 8/1	10/2020		
- Total Total Tallouri		Signed BRANI	DON BROW	/N (E-filed)				
		Contact Info (opti			ldevelopi	ng.com		

Oregon Water Resources Department Groundwater Information System

Groundwater Site: UMAT 56288

Main

@ Help

Return

Contact Us

Site Identification

(Click to Collapse...)

GW LogID: UMAT 56288 Well Log Database

GW Well Tag Number: 95691 Tag Verified on Well: No Site Type: WELL

Primary Use:

Unused Status: Site Source Organization:

Site Source OWRD: Established By: woodyj1 Established Date: 01/11/2016

Bonded Company: LARRY BURD WELL DRILLING

Stage: COMPLETE

Location

(Click to Collapse...)

Latitude/Longitude

Latitude: 45.88650515

Horiz. Error: 500.00 Longitude: -119.28897035 Datum: WGS1984

Lat/Long Source: WR GR TRAN MAP

Location

TRSQQ: WM 5.00N28.00E27SENE

Tax Map: 5N2827A000305

Taxlot:

24 Quad: HERMISTON Basin: 7 - Umatilla County: Umatilla WM District: 5

WM Region: NC LSD Elev: 496.27 Accy: 1.00 Datum: NAVD1988

Elev Source: LIDAR

Groundwater Mapping Tool



Water Rights

(Click to Expand...)

Well Construction History

(Click to Collapse...)

Well Construction History

Well Log id	Well Log	Work Type	Startcard	Well Tag	Owner Name	First Water	Max Case. Diam.	Max Case. Depth.	Max Seal Depth.	Max De
UMAT 56288	<u>Log</u>	NEW	1006273	95691	HOOT ROYER	35.00	8			

Well Log	<u>Aquifer</u>	Ag at Max Depth	System Aquifer	Regional USGS Aquifer
UMAT 56288	Late Tertiary Basalt Aq	Late Tertiary Basalt Aq	Late Tertiary Basalt Aquifers	

Well Test

No data matches search criteria.

RECEIVED

Lithology

(Click to Expand...)

JAN 23 2023

Measured Water Level

(Click to Collapse...)

Records/Page: 20

Find

Measured Water Level

OWRD

Date	<u>Time</u>	Water Level (BLSD)	WL Elev (ft AMSL)	Organization	OWRD	Method	<u>Status</u>	MP Height
4/1/2020		163.50	332.77	PUMP INSTALLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.50
3/20/2019		122.10	374.17	PUMP INSTALLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.50
3/20/2018		123.00	373.27	PUMP INSTALLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.00
3/21/2017		129.80	366.47	PUMP INSTALLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	2.00
3/7/2016		127.50	368.77	PUMP INSTALLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.50
2/23/2015		118.00	378.27	PUMP INSTALLER	PERMIT CONDITION PROGRAM	OTHER	STATIC	2.00
8/20/2014		202.17	294.10	PUMP INSTALLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.00

Stratigraphy

(Click to Expand...)

Available Data

(Click to Expand...)

Other Documents/Images

(Click to Expand...)

- View Hydrograph

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

02-11-2009

WELL LABEL # L	95691	
START CARD#	1006273	1

(1) LAND OWNER Owner Well I.D.	(9) LOCATION OF WELL (legal description)
First Name HOOT Last Name ROYER	County Umatilla Twp 5.00 N N/S Range 28.00 E E/W WM
Company	Sec <u>27 SE</u> 1/4 of the <u>NE</u> 1/4 Tax Lot <u>305</u>
Address 78668 POWERLINE RD	Tax Map Number Lot
City HERMISTON State OR Zip 97838	Lat ° "or DMS or DD
	Long Omega DMS or DD
	Street address of well Nearest address
Alteration (repair/recondition) Abandonment	81180 SAGEBRUSH LN
(3) DRILL METHOD	61160 SAGEBRUSH EN
Rotary Air Rotary Mud Cable Auger Cable Mud	(10) STATIC WATER LEVEL
Reverse Rotary Other	Date SwL(psi) + SwL(it)
(4) PROPOSED USE Domestic Irrigation Community	Existing Well / Predeepening
Industrial/ Commercial Livestock Dewatering	Completed Well 02-10-2009 130
Thermal Injection Other	Flowing Artesian? Dry Hole?
	WATER BEARING ZONES Depth water was first found 35
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy)	SWL Date From To Est Flow SWL(psi) + SWL(ft)
Depth of Completed Well <u>283.00</u> ft.	02-09-2009 35 50 10 25
BORE HOLE SEAL sacks/ Dia From To Material From To Amt lbs	02-10-2009 210 245 50
	02-10-2009 270 283 250 30
12 0 18 Bentonite 0 18 16 S 10 18 78 Cement 65 78 5 S	
7.5 78 283 Centent 0.5 78 3	(1) WELLLOC
	(11) WELL LOG Ground Elevation
How was seal placed: Method A B C D E	Material From To
Other POURED BENTONITE	SAND 0 35
Backfill placed from ft. to ft. Material	GRAVEL 35 50 GREEN CLAY 50 68
Filter pack from ft. to ft. Material Size	GREEN CLAY 50 68 BLACK BASALT - 68 210
Explosives used: Yes Type Amount	BLACK BASALT W/GREEN CLAYSTONE 210 230
(C) CASINC/LINED	BROWN BASALT W/GREEN CLAYSTONE 230 245
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	BLACK BASALT 245 270
	BROWN BASALT W/GREEN CLAYSTONE 270 283
	RECEIVED
	Com
Shoe Inside Outside Other Location of shoe(s) 78	JAN 2 3 2023
Temp casing Yes Dia From To	ONIT 2 0 2023
(7) PERFORATIONS/SCREENS	OVACO
Perforations Method	OWRD
Screens Type Material	
Perf/S Casing/ Screen Scrn/slot Slot # of Tele/	D. Co. 1
creen Liner Dia From To width length slots pipe size	Date Started 02-09-2009 Completed 02-10-2009
	(unbonded) Water Well Constructor Certification
	I certify that the work I performed on the construction, deepening, alteration, or
	abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to
	the best of my knowledge and belief.
(I) YURY I TERCITO 25 1 1 1 1 1 1 1 1	
(8) WELL TESTS: Minimum testing time is 1 hour	License Number 1735 Date 02-11-2009 Electronically Filed
Pump Bailer • Air Flowing Artesian	
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	Signed <u>CHAD COURTNEY (E-filed)</u>
300 283 1	(bonded) Water Well Constructor Certification
75 183 1	I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work
Temperature 61 °F Lab analysis Yes By	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.
Water quality concerns?	License Number 544 Date 02-11-2009
	Electronically Filed
	Signed LARRY BURD (E-filed) 1 4 1 5 7 Contact Info (optional)

Permit Amendment Application Checklist

Checked by Stary

Date \-25-2023

App # G-15011
Permit # G-18749

Permit Amendments are authorized for changes in POD/POA, APOD/APOA, or POU.

(If OF	ζ, c	heck box to left; if not, fill in the blank)
	1.	Is the name of the Permit Amendment applicant the same as the Water Right Permit holder(s) of record?
		If not, one of the following must be included with the application:
		 a) An affidavit of consent from all Permit holder(s) or the other Permit holders that have not signed the Permit Amendment application form, consenting to the proposed Permit Amendment application; OR,
		b) A completed Request for Assignment form (and statutory fee) to move all (or portion) of the permit into the Permit Amendment applicant's name.
		If not, what is missing?
D	2.	Page 1 of application: Are all attachments that have been checked actually included?
		If not, what is missing?
D	3.	Are fees included and correct? Fee Paid: \$\\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		If not, the correct fee would be:, so the amount missing is:
	4.	Part 4 of application: Have all the applicants listed at the top of the page signed at the bottom?
		If not, whose signature is missing?
Z	5.	Are the Permit completion date(s) current? If the Permit completion date has expired, we CANNOT accept the application.
	6.	If all #1-#5 boxes on this checklist are checked (with no remaining deficiencies identified), accept the application. Put this check sheet in the transfer folder.
		If #1, #2, #3, #4 or #5 on this checklist is deficient, the application CANNOT be accepted. It should be returned and the deficiencies listed in the "staff" section at the bottom of Application Page 1 , unless the applicant or agent can resolve the deficiencies within 2-3 days.