

Application for Permanent Water Right Transfer



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

Part 1 of 5 – Minimum Requirements Checklist

This transfer application will be returned if Parts 1 through 5 and all required attachments are not completed and included.

For questions, please call (503) 986-0900, and ask for Transfer Section.

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

- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Transfer Application Map Checklist.
- Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the new online fee calculator at:
http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator.
- Part 4 – Completed Applicant Information and Signature.
- Part 5 – Information about Water Rights to be Transferred: **How many water rights are to be transferred? 2 List them here: 95195 & 95117**
Please include a separate Part 5 for each water right. (See instructions on page 6)
NOTE: A separate transfer application is required for each water right unless the criteria in OAR 690-380-3220 are met.

Attachments:

- Completed Transfer Application Map.
- Completed Evidence of Use Affidavit and supporting documentation.
- N/A Affidavit(s) of Consent from Landowner(s) (if the applicant does not own the land the water right is on.)
- N/A Supplemental Form D – For water rights served by or issued in the name of an irrigation district. Complete when the transfer applicant is not the irrigation district.
- N/A Oregon Water Resources Department’s Land Use Information Form with approval and signature from each local land use authority in which water is to be diverted, conveyed, and/or used. Not required if water is to be diverted, conveyed, and/or used only on federal lands or if **all** of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone.
- N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation.
- N/A Geologist Report for a change from a surface water point of diversion to a ground water point of appropriation (well), if the proposed well is more than 500’ from the surface water source and more than 1000’ upstream or downstream from the point of diversion. See OAR 690-380-2130 for requirements and applicability.

(For Staff Use Only)

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

<input type="checkbox"/> Application fee not enclosed/insufficient	<input type="checkbox"/> Map not included or incomplete
<input type="checkbox"/> Land Use Form not enclosed or incomplete	<input type="checkbox"/> Evidence of Use Form not enclosed or incomplete
<input type="checkbox"/> Additional signature(s) required	<input type="checkbox"/> Part _____ is incomplete

Other/Explanation _____

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

Part 2 of 5 – Transfer Application Map

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

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

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

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Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Andy Root/Rattlesnake Creek Land & Cattle, LLC		PHONE NO. 541-573-3615	ADDITIONAL CONTACT NO. 541-589-0107
ADDRESS 524 Hwy 20 N			FAX NO.
CITY Hines	STATE OR	ZIP 97738	E-MAIL andyroot@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.			

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

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

Explain in your own words what you propose to accomplish with this transfer application, and why:
Propose to add a well to the existing certificated rights in order to add more efficiency to the existing irrigation system by having a source closer to part of the place of use.

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

Check One Box

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

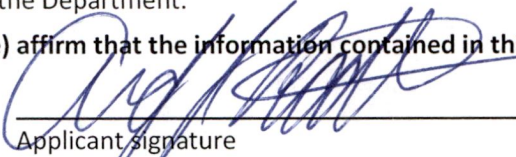
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By my signature below, I confirm that I understand:

- Prior to Department approval of the transfer application, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the water right is located, once per week for two consecutive weeks. If more than one qualifying newspaper is available, I suggest publishing the notice in the following newspaper: Burns Times Herald.
- Amendments to the application may only be made in response to the Department's Draft Preliminary Determination (DPD). The applicant will have a period of at least 30 days to amend the application to address any issues identified by the Department in the DPD, or to withdraw the application. Note that amendments may be subject to additional fees, pursuant to ORS 536.050.
- Failure to complete an approved change in place of use and/or change in character of use, will result in loss of the water right (OAR 690-380-6010).
- Refunds may only be granted upon request and, as set forth in ORS 536.050(4)(a), if the Director determines that a refund of all or part of a fee is appropriate in the interests of fairness to the public or necessary to correct an error of the Department.

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


Applicant signature

Andy Root, Member
Print Name (and Title if applicable)

4/17/23
Date

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

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

Check the following boxes that apply:

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

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

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

If a property sells, the certificated water right(s) located on the land belong to the new owner, unless a sale agreement or other document states otherwise. For more information see: https://www.oregon.gov/owrd/WRDFormsPDF/Transfer_Property_Transactions.pdf

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

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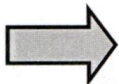
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Check here if any of the water rights proposed for transfer are or will be located within or served by an irrigation or other water district. (Tip: Complete and attach Supplemental Form D.)

IRRIGATION DISTRICT NAME	ADDRESS	
CITY	STATE	ZIP

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

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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

ENTITY NAME Harney County Planning	ADDRESS 360 N Alvord	
CITY Burns	STATE OR	ZIP 97720

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Part 5 of 5 – Water Right Information

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CERTIFICATE # 95195

Description of Water Delivery System

System capacity: **16.8** cubic feet per second (cfs) **OR**
 _____ gallons per minute (gpm)

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

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

POD/POA Name or Number	Is this POD/POA Authorized on the Certificate or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-___)	Twp	Rng	Sec	¼	¼	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 1879	22 S	32.5 E	33	NE	NW	2200	25' S & 600' W from N ¼ cor
2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 1912	22 S	32.5 E	33	NE	NW	2200	110' S & 665' W from N !/\$ cor
3	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 50457	22 S	32.5 E	33	NW	SE	2200	1365' N & 1365' W from SE cor
4	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 50241	22 S	32.5 E	34	NE	SW	2200	2710' S & 830' W from N ¼ cor
5	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 50668	22 S	32.5 E	34	SE	NE	2200	5' N & 830' W from E ¼ cor
6	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 50422	22 S	32.5 E	34	NW	NE	2200	1320' S & 1320' E from N ¼ cor
6A	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 52864	22 S	32.5 E	34	NW	NE	2200	1300' S & 1300' E from N ¼ cor
7	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 50890	22 S	32.5 E	33	NW	NW	2200	25' S & 45' E from NW cor
8	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 50362	22 S	32.5 E	32	NE	NE	2200	35' S & 1245' W from NE cor
9	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 50392	22 S	32.5 E	34	SE	SE	2200	1055' N & 130' W from SE cor
10	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 51682	22 S	32.5 E	33	SW	NE	2200	2505' S & 750' E from N ¼ cor
18	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 52018	22 S	32.5 E	33	NE	NW	2200	5' S & 1320' W from N ¼ cor
22	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 52481	22 S	32.5 E	33	NE	SW	2200	5' S & 1500' E from W ¼ cor

23	<input type="checkbox"/> Authorized	HARN 53076	22	S	32.5	E	33	NE	SE	2200	20' S & 95' E from W ¼ cor
	<input checked="" type="checkbox"/> Proposed										

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

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

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

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

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

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

Table 2. Description of Changes to Water Right Certificate # 95195

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	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date			
										APOA	22	S	32.5	E	29	NE	SW	1900		20.4	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	29	NW	SW	1900		27.7	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	29	SW	SW	1900		39.0	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	29	SE	SW	1900		39.9	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	29	SW	SE	1900		30.0	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	29	SE	SE	1900		30.0	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	30	SW	NE	1900		27.6	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	30	SE	NE	1900		10.3	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	30	SE	NW	1900	2	17.7	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	30	NE	SE	1900		20.2	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	31	NE	NE			5.3	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	31	NE	NE			1.7	IS	1-10, 18, 22-23	1998

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Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date	Twp		Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date			
										APOA	22	S	32.5	E	31	SE	NE			2.6	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	31	SE	NE			19.2	IS	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	31	NE	SE	300		33.1	IS	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	31	NW	SE			7.6	IS	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	31	SW	SE			3.7	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	31	SW	SE			4.3	IS	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	31	SE	SE			11.8	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	31	SE	SE			19.9	IS	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	32	NE	NE	2000		7.1	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	32	NW	NE			37.8	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	32	SW	NE			6.3	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	32	SW	NE			31.7	IS	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	32	SE	NE			8.7	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	32	NE	NW			6.2	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	32	NE	NW			27.5	IS	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	32	NW	NW			9.2	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	32	TACS NW	NW			24.6	IS	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	32	SW	NW			40.0	IS	1-10, 18, 22-23	1998

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Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date		
										APOA	22	S	32.5	E	32	SE	NW		29.8	IS	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	32	NE	SW		22.8	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	32	NE	SW		3.1	IS	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	32	NW	SW		3.3	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	32	NW	SW		28.5	IS	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	32	SW	SW		23.6	IS	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	32	SE	SW		27.1	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	32	SE	SW		0.9	IS	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	32	NE	SE	2100	31.2	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	32	NW	SE		35.4	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	32	SW	SE		29.9	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	32	SE	SE		27.6	IR	1-10, 18, 22-23	1998

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Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date			
										APOA	22	S	32.5	E	33	NE	NE	2200		31.4	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	33	NW	NE			31.4	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	33	SW	NE			31.4	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	33	SE	NE			31.4	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	33	NE	NW			31.4	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	33	NW	NW			31.4	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	33	SW	NW			31.4	IR	1-10, 18, 22-23	1998
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										APOA	22	S	32.5	E	33	SE	SE			31.4	IR	1-10, 18, 22-23	1998

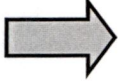
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For Place of Use or Character of Use Changes

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

If YES, list the certificate, water use permit, or ground water registration numbers: Rattlesnake Creek Decree

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

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

Ground water supplemental Permit or Certificate # _____;
Surface water primary Certificate # _____.

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For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # _____

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

Well log(s) are attached for each authorized and proposed well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map.

Tip: You may search for well logs on the Department’s web page at:
http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx

AND/OR

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

Table 3. Construction of Point(s) of Appropriation

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

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

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CERTIFICATE # 95197

Description of Water Delivery System

System capacity: **3.08** cubic feet per second (cfs) **OR**
 _____ gallons per minute (gpm)

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

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

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

POD/POA Name or Number	Is this POD/POA Authorized on the Certificate or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-___)	Twp	Rng	Sec	¼ ¼	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	SEE C-95195						
2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed							
3	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed							RECEIVED
4	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed							MAY 01 2023
5	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed							OWRD
6	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed							
6A	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed							
7	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed							
8	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed							
9	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed							
10	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed							
18	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed							
22	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed							
23	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed							

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

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

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

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

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

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

Table 2. Description of Changes to Water Right Certificate # 95197 (See C-95195)

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	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date			
										APOA	22	S	32.5	E	33	NE	SW			30.2	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	33	NW	SW			30.2	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	33	SW	SW			30.2	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	33	SE	SW			30.2	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	34	NE	SE			31.4	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	34	NW	SE			31.4	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	34	SW	SE			31.4	IR	1-10, 18, 22-23	1998
										APOA	22	S	32.5	E	34	SE	SE			31.4	IR	1-10, 18, 22-23	1998
TOTAL ACRES:							TOTAL ACRES:						246.4										

Additional remarks: Adding POA 23 to all POU.

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For Place of Use or Character of Use Changes

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

If YES, list the certificate, water use permit, or ground water registration numbers:_____.



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

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

Ground water supplemental Permit or Certificate # _____;
Surface water primary Certificate # _____.

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For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # _____

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

Well log(s) are attached for each authorized and proposed well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map.

Tip: You may search for well logs on the Department’s web page at:

http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx

AND/OR

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

Table 3. Construction of Point(s) of Appropriation

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

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

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

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Applicant(s): Rattlesnake Creek Land & Cattle Co., LLC /Andy Root

Mailing Address: 524 Hwy 20 N/

City: Hines

State: OR

Zip Code: 97738

Daytime Phone: 541-573-3615

A. Land and Location

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

Township	Range	Section	¼ ¼	Tax Lot #	Plan Designation (e.g., Rural Residential/RR-5)	Water to be:			Proposed Land Use:
22S	32.5E	29	S ¼	1900	<u>EFU</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	IRR
		30	SWNE		<u>EFU</u>	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	IRR
			SENE		<u>EFU</u>	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	IRR
			Lot 2		<u>EFU</u>	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	IRR
		31	E ½ NE		<u>EFU</u>	<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	IRR
			E ½ SE	300	<u>EFU</u>	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	IRR
			E 1/2 W ½ SE		<u>EFU</u>	<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	IRR
		32	N ½ NE	2000	<u>EFU</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	IRR
			S ½ NE	1900	<u>EFU</u>	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	IRR
			W 1/2		<u>EFU</u>	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	IRR
			W 1/2 SE	2100	<u>EFU</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	IRR
			E ½ SE	1900	<u>EFU</u>	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	IRR
		33	All	2200	<u>EFU</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	IRR
		34	W 1/2		<u>EFU</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	IRR
			E 1/2	2400	<u>EFU</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>IRR</u>

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

Harney

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: 19.88 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 _____

Briefly describe:

Propose to add a well to the existing certificated rights in order to add more efficiency to the existing irrigation having a source closer to part of the place of use.;

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

See bottom of Page 3. →

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For Local Government Use Only

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

Please check the appropriate box below and provide the requested information

- Land uses to be served by the proposed water uses (including proposed construction) are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): *HC 20 3.020 (EPRV-2)*
- 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.

Name: *Brandon McMullen* Title: *Planning Director*
 Signature: *[Signature]* Phone: *(521) 573-6655* Date: *4/13/2023*
 Government Entity: *Harvey County*

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

Receipt for Request for Land Use Information

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

Application for Water Right Transfer

Evidence of Use Affidavit



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

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State of Oregon)
) ss

County of HARNEY

I, ANDY ROOT, in my capacity as MANAGER OF RATTLESNAKE CREEK LAND & CATTLE CO, LLC,

mailing address 524 HWY 20 N, HINES, OR 97738

telephone number (541)573-3615, being first duly sworn depose and say:

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

- Personal observation Professional expertise

2. I attest that:

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

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

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

OR

- Confirming Certificate # 95195 & 95197 has been issued within the past five years; **OR**
- Part or all of the water right was leased instream at some time within the last five years. The instream lease number is: _____ (Note: If the entire right proposed for transfer was not leased, additional evidence of use is needed for the portion not leased instream.); **OR**
- The water right is not subject to forfeiture and documentation that a presumption of forfeiture for non-use would be rebutted under ORS 540.610(2) is attached. See attached confirming certificate 90309, which was issued on 5/11/2015, and attached printout of WRIS page for Transfer T-12359, which includes the same water & has been pending since 4/28/2016. Pursuant to ORS 540.610(2)(m), Certificate 90309 is not subject to forfeiture.
- Water has been used at the actual current point of diversion or appropriation for more than 10 years for Certificate # _____ (For Historic POD/POA Transfers)

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

4. I understand that if I do not attach one or more of the documents shown in the table below to support the above statements, my application will be considered incomplete. No documentation needed other than the attached copy of confirming certificate 90309 (issued in 2015) and WRIS printout demonstrating that this water has been included in a pending transfer application since 2016.



 Signature of Affiant

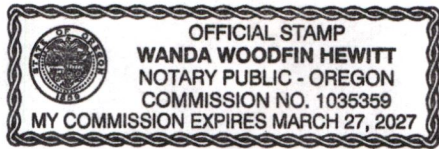
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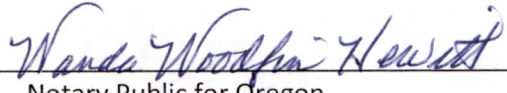
4/17/23

 Date

OWRD

Signed and sworn to (or affirmed) before me this 17th day of April, 2023.





 Notary Public for Oregon

My Commission Expires: March 27, 2027

Supporting Documents	Examples
<input checked="" type="checkbox"/> Copy of a water right certificate that has been issued within the last five years. (not a remaining right certificate)	Copy of confirming water right certificate that shows issue date See attached copies of certificate & WRIS page indicating this water has been included in a pending transfer application since 2016 and is therefore not subject to forfeiture.
<input type="checkbox"/> Copies of receipts from sales of irrigated crops or for expenditures related to use of water	<ul style="list-style-type: none"> ● Power usage records for pumps associated with irrigation use ● Fertilizer or seed bills related to irrigated crops ● Farmers Co-op sales receipt
<input type="checkbox"/> Records such as FSA crop reports, irrigation district records, NRCS farm management plan, or records of other water suppliers	<ul style="list-style-type: none"> ● District assessment records for water delivered ● Crop reports submitted under a federal loan agreement ● Beneficial use reports from district ● IRS Farm Usage Deduction Report ● Agricultural Stabilization Plan ● CREP Report
<input type="checkbox"/> Aerial photos containing sufficient detail to establish location and date of photograph	<p>Multiple photos can be submitted to resolve different areas of a water right. If the photograph does not print with a "date stamp" or without the source being identified, the date of the photograph and source should be added.</p> <p>Sources for aerial photos: OSU – www.oregonexplorer.info/imagery OWRD – www.wrd.state.or.us Google Earth – earth.google.com TerraServer – www.terraserver.com</p>
<input type="checkbox"/> Approved Lease establishing beneficial use within the last 5 years	Copy of instream lease or lease number

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STATE OF OREGON
COUNTY OF HARNEY
CERTIFICATE OF WATER RIGHT

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THIS CERTIFICATE ISSUED TO

ANDY ROOT
524 HWY 20 N
HINES OR 97738

confirms the right to the use of water perfected under the terms of Permit G-18090. The amount of water used to which this right is entitled is limited to the amount used beneficially, and shall not exceed the amount specified, or its equivalent in the case of rotation, measured at the point of diversion from the source. The specific limits and conditions of the use are listed below.

APPLICATION FILE NUMBER: G-14678

SOURCE OF WATER: THIRTEEN WELLS IN RATTLESNAKE CREEK BASIN

PURPOSE or USE: IRRIGATION OF 1292.4 ACRES AND SUPPLEMENTAL IRRIGATION OF 295.5 ACRES

MAXIMUM RATE: 16.8 CUBIC FEET PER SECOND (CFS) IN ANY COMBINATION BETWEEN THE WELLS;
FURTHER LIMITED TO 1.49 CFS FROM WELL 1, 0.75 CFS FROM WELL 2, 1.35 CFS FROM WELL 3, 1.67 CFS
FROM WELL 4, 1.09 CFS FROM WELL 5, 1.02 CFS FROM WELL 6, 0.34 CFS FROM WELL 6A, 1.03 CFS FROM
WELL 7, 2.06 CFS FROM WELL 8, 1.01 CFS FROM WELL 9, 2.04 CFS FROM WELL 10, 1.71 CFS FROM WELL 18
AND 3.13 CFS FROM WELL 22

PERIOD OF USE: APRIL 1 THROUGH SEPTEMBER 30

DATE OF PRIORITY: FEBRUARY 2, 1998

The wells are located as follows:

Twp	Rng	Mer	Sec	Q-Q	Measured Distances
22 S	32.5 E	WM	33	NE NW	WELL 1 (ORIGINAL) - 25 FEET SOUTH AND 660 FEET WEST FROM N1/4 CORNER, SECTION 33
22 S	32.5 E	WM	33	NE NW	WELL 2 (ORIGINAL) - 110 FEET SOUTH AND 665 FEET WEST FROM N1/4 CORNER, SECTION 33
22 S	32.5 E	WM	33	NW SE	WELL 3 (ORIGINAL) - 1365 FEET NORTH AND 1365 FEET WEST FROM SE CORNER, SECTION 33
22 S	32.5 E	WM	34	NE SW	WELL 4 (ORIGINAL) - 2710 FEET SOUTH AND 830 FEET WEST FROM N1/4 CORNER, SECTION 34
22 S	32.5 E	WM	34	SE NE	WELL 5 (ORIGINAL) - 5 FEET NORTH AND 830 FEET WEST FROM E1/4 CORNER, SECTION 34

NOTICE OF RIGHT TO PETITION FOR RECONSIDERATION OR JUDICIAL REVIEW

This is an order in other than a contested case. This order is subject to judicial review under ORS 183.484 and ORS 536.075. Any petition for judicial review must be filed within the 60-day time period specified by ORS 183.484(2). Pursuant to ORS 183.484, ORS 536.075 and OAR 137-004-0080, you may petition for judicial review and petition the Director for reconsideration of this order. A petition for reconsideration may be granted or denied by the Director, and if no action is taken within 60 days following the date the petition was filed, the petition shall be deemed denied. In addition, under ORS 537.260 any person with an application, permit or water right certificate subsequent in priority may jointly or severally contest the issuance of the certificate within three months after issuance of the certificate.

Twp	Rng	Mer	Sec	Q-Q	Measured Distances
22 S	32.5 E	WM	34	NW NE	WELL 6 (ORIGINAL) - 1320 FEET SOUTH AND 1320 FEET EAST FROM N1/4 CORNER, SECTION 34
22 S	32.5 E	WM	34	NW NE	WELL 6A (ADDITIONAL) - 1300 FEET SOUTH AND 1300 FEET EAST FROM N1/4 CORNER, SECTION 34
22 S	32.5 E	WM	33	NW NW	WELL 7 (ORIGINAL) - 25 FEET SOUTH AND 45 FEET EAST FROM NW CORNER, SECTION 33
22 S	32.5 E	WM	32	NE NE	WELL 8 (ORIGINAL) - 35 FEET SOUTH AND 1245 FEET WEST FROM NE CORNER, SECTION 32
22 S	32.5 E	WM	34	SE SE	WELL 9 (ORIGINAL) - 1055 FEET NORTH AND 130 FEET WEST FROM SE CORNER, SECTION 34
22 S	32.5 E	WM	33	SW NE	WELL 10 (ORIGINAL) - 2605 FEET SOUTH AND 750 FEET EAST FROM N1/4 CORNER, SECTION 33
22 S	32.5 E	WM	33	NE NW	WELL 18 (ORIGINAL) - 5 FEET SOUTH AND 1320 FEET WEST FROM N1/4 CORNER, SECTION 33
22 S	32.5 E	WM	33	NE SW	WELL 22 (ADDITIONAL) - 5 FEET SOUTH AND 1500 FEET EAST FROM W1/4 CORNER, SECTION 33

The amount of water used for irrigation under this right, together with the amount secured under any other right existing for the same lands, is limited to a diversion of ONE-EIGHTIETH of one cubic foot per second (or its equivalent) and 3.0 acre-feet for each acre irrigated during the irrigation season of each year.

A description of the place of use is as follows:

IRRIGATION						
Twp	Rng	Mer	Sec	Q-Q	GLot	Acres
22 S	32.5 E	WM	29	NE SW		20.4
22 S	32.5 E	WM	29	NW SW		27.7
22 S	32.5 E	WM	29	SW SW		39.0
22 S	32.5 E	WM	29	SE SW		39.9
22 S	32.5 E	WM	29	SW SE		30.0
22 S	32.5 E	WM	29	SE SE		30.0
22 S	32.5 E	WM	30	SW NE		27.6
22 S	32.5 E	WM	30	SE NE		10.3
22 S	32.5 E	WM	30	SE NW	2	17.7
22 S	32.5 E	WM	30	NE SE		20.2
22 S	32.5 E	WM	31	NE NE		5.3
22 S	32.5 E	WM	31	SE NE		2.6
22 S	32.5 E	WM	31	SW SE		3.7
22 S	32.5 E	WM	31	SE SE		11.8
22 S	32.5 E	WM	32	NE NE		7.1
22 S	32.5 E	WM	32	NW NE		37.8
22 S	32.5 E	WM	32	SW NE		6.3
22 S	32.5 E	WM	32	SE NE		8.7
22 S	32.5 E	WM	32	NE NW		6.2
22 S	32.5 E	WM	32	NW NW		9.2
22 S	32.5 E	WM	32	NE SW		22.8
22 S	32.5 E	WM	32	NW SW		3.3
22 S	32.5 E	WM	32	SE SW		27.1
22 S	32.5 E	WM	32	NE SE		31.2
22 S	32.5 E	WM	32	NW SE		35.4
22 S	32.5 E	WM	32	SW SE		29.9
22 S	32.5 E	WM	32	SE SE		27.6
22 S	32.5 E	WM	33	NE NE		31.4
22 S	32.5 E	WM	33	NW NE		31.4

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IRRIGATION						
Twp	Rng	Mer	Sec	Q-Q	GLot	Acres
22 S	32.5 E	WM	33	SW NE		31.4
22 S	32.5 E	WM	33	SE NE		31.4
22 S	32.5 E	WM	33	NE NW		31.4
22 S	32.5 E	WM	33	NW NW		31.4
22 S	32.5 E	WM	33	SW NW		31.4
22 S	32.5 E	WM	33	SE NW		31.4
22 S	32.5 E	WM	33	NE SE		31.4
22 S	32.5 E	WM	33	NW SE		31.4
22 S	32.5 E	WM	33	SW SE		31.4
22 S	32.5 E	WM	33	SE SE		31.4
22 S	32.5 E	WM	34	NE NE		31.4
22 S	32.5 E	WM	34	NW NE		31.4
22 S	32.5 E	WM	34	SW NE		31.4
22 S	32.5 E	WM	34	SE NE		31.4
22 S	32.5 E	WM	34	NE NW		31.4
22 S	32.5 E	WM	34	NW NW		31.4
22 S	32.5 E	WM	34	SW NW		31.4
22 S	32.5 E	WM	34	SE NW		31.4
22 S	32.5 E	WM	34	NE SW		31.4
22 S	32.5 E	WM	34	NW SW		31.4
22 S	32.5 E	WM	34	SW SW		31.4
22 S	32.5 E	WM	34	SE SW		31.4

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SUPPLEMENTAL IRRIGATION					
Twp	Rng	Mer	Sec	Q-Q	Acres
22 S	32.5 E	WM	31	NE NE	1.7
22 S	32.5 E	WM	31	SE NE	19.2
22 S	32.5 E	WM	31	NE SE	33.1
22 S	32.5 E	WM	31	NW SE	7.6
22 S	32.5 E	WM	31	SW SE	4.3
22 S	32.5 E	WM	31	SE SE	19.9
22 S	32.5 E	WM	32	SW NE	31.7
22 S	32.5 E	WM	32	NE NW	27.5
22 S	32.5 E	WM	32	NW NW	24.6
22 S	32.5 E	WM	32	SW NW	31.5
22 S	32.5 E	WM	32	SW NW	8.5
22 S	32.5 E	WM	32	SE NW	29.8
22 S	32.5 E	WM	32	NE SW	3.1
22 S	32.5 E	WM	32	NW SW	28.5
22 S	32.5 E	WM	32	SW SW	23.6
22 S	32.5 E	WM	32	SE SW	0.9

The combined quantity of water diverted at the new points of appropriation (Wells 6A and 22) together with that diverted at the old points of appropriation (Wells 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 18), shall not exceed the quantity of water lawfully available at the original points of appropriation.

Measurement, recording and reporting conditions:

- A. The water user shall maintain the totalizing flow meter or other suitable measuring device approved by the Director in good working order at each point of appropriation, shall keep a complete record of the amount of water used each month, and shall submit a report which includes the recorded water use measurements to the

Department annually or more frequently as may be required by the Director. Further, the Director may require the water user to report general water-use information, including the place and nature of use of water under the right.

- B. The water user shall allow the watermaster access to the meter or measuring device; provided however, where the meter or measuring device is located within a private structure, the watermaster shall request access upon reasonable notice.

The water user shall monitor and report the impact of water use under this right in accordance with the approved water level monitoring plan on file with the Department. If a well listed on this right (or replacement well) displays a total static water-level decline of 25 or more feet over any period of years, as compared to the reference level stipulated in the plan, then the water user shall discontinue use of, or reduce the rate or volume of withdrawal from, the well(s). Such action shall be taken until the water level recovers to above the 25-foot decline level or until the Department determines, based on the water user's and/or the Department's data and analysis, that no action is necessary because the aquifer in question can sustain the observed declines without adversely impacting the resource or senior water rights. The water user shall in no instance allow excessive decline, as defined in Commission rules, to occur within the aquifer as a result of use under this right.

If substantial interference with a senior water right occurs due to withdrawal of water from any well listed on this right, then use of water from the well(s) shall be discontinued or reduced and/or the schedule of withdrawal shall be regulated until or unless the Department approves or implements an alternative administrative action to mitigate the interference. The Department encourages junior and senior appropriators to jointly develop plans to mitigate interferences.

This right is limited to any deficiency in the available supply of any prior right existing for the same land.

The wells shall be maintained in accordance with the General Standards for the Construction and Maintenance of Water Wells in Oregon. The works shall be equipped with a usable access port, and may also include an air line and pressure gauge adequate to determine the water level elevation in the well at all times.

The Director may require water level or pump test results every ten years.

Failure to comply with any of the provisions of this right may result in action including, but not limited to, restrictions on the use, civil penalties, or cancellation of the right.

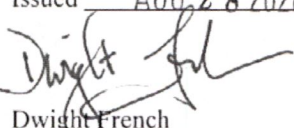
This right is for the beneficial use of water without waste. The water user is advised that new regulations may require the use of best practical technologies or conservation practices to achieve this end.

By law, the land use associated with this water use must be in compliance with statewide land-use goals and any local acknowledged land-use plan.

The use of water shall be limited when it interferes with any prior surface or ground water rights.

The right to the use of the water for the above purpose is restricted to beneficial use on the place of use described.

Issued AUG 28 2020


Dwight French
Water Right Services Division Administrator, for
Thomas M. Byler, Director
Oregon Water Resources Department

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STATE OF OREGON

RECEIVED

COUNTY OF HARNEY

MAY 01 2023

CERTIFICATE OF WATER RIGHT

OWRD

THIS CERTIFICATE ISSUED TO

ANDY ROOT
524 HWY 20 N
HINES OR 97738

confirms the right to the use of water perfected under the terms of Permit G-18091. The amount of water used to which this right is entitled is limited to the amount used beneficially, and shall not exceed the amount specified, or its equivalent in the case of rotation, measured at the point of diversion from the source. The specific limits and conditions of the use are listed below.

APPLICATION FILE NUMBER: G-14888

SOURCE OF WATER: THIRTEEN WELLS IN RATTLESNAKE CREEK BASIN

PURPOSE or USE: IRRIGATION OF 246.4 ACRES

MAXIMUM RATE: 3.08 CUBIC FEET PER SECOND (CFS) IN ANY COMBINATION BETWEEN THE WELLS; FURTHER LIMITED TO 1.49 CFS FROM WELL 1, 0.75 CFS FROM WELL 2, 1.35 CFS FROM WELL 3, 1.67 CFS FROM WELL 4, 1.09 CFS FROM WELL 5, 1.02 CFS FROM WELL 6, 0.34 CFS FROM WELL 6A, 1.03 CFS FROM WELL 7, 2.06 CFS FROM WELL 8, 1.01 CFS FROM WELL 9, 2.04 CFS FROM WELL 10, 1.71 CFS FROM WELL 18 AND 3.13 CFS FROM WELL 22

PERIOD OF USE: MARCH 1 TO OCTOBER 15

DATE OF PRIORITY: DECEMBER 22, 1998 FOR 3.0 CFS AND MARCH 12, 1999 FOR 0.08 CFS

The wells are located as follows:

Twp	Rng	Mer	Sec	Q-Q	Measured Distances
22 S	32.5 E	WM	33	NE NW	WELL 1 (ORIGINAL) - 25 FEET SOUTH AND 660 FEET WEST FROM N1/4 CORNER, SECTION 33
22 S	32.5 E	WM	33	NE NW	WELL 2 (ORIGINAL) - 110 FEET SOUTH AND 665 FEET WEST FROM N1/4 CORNER, SECTION 33
22 S	32.5 E	WM	33	NW SE	WELL 3 (ORIGINAL) - 1365 FEET NORTH AND 1365 FEET WEST FROM SE CORNER, SECTION 33
22 S	32.5 E	WM	34	NE SW	WELL 4 (ORIGINAL) - 2710 FEET SOUTH AND 830 FEET WEST FROM N1/4 CORNER, SECTION 34
22 S	32.5 E	WM	34	SE NE	WELL 5 (ORIGINAL) - 5 FEET NORTH AND 830 FEET WEST FROM E1/4 CORNER, SECTION 34

NOTICE OF RIGHT TO PETITION FOR RECONSIDERATION OR JUDICIAL REVIEW

This is an order in other than a contested case. This order is subject to judicial review under ORS 183.484 and ORS 536.075. Any petition for judicial review must be filed within the 60-day time period specified by ORS 183.484(2). Pursuant to ORS 183.484, ORS 536.075 and OAR 137-004-0080, you may petition for judicial review and petition the Director for reconsideration of this order. A petition for reconsideration may be granted or denied by the Director, and if no action is taken within 60 days following the date the petition was filed, the petition shall be deemed denied. In addition, under ORS 537.260 any person with an application, permit or water right certificate subsequent in priority may jointly or severally contest the issuance of the certificate within three months after issuance of the certificate.

Twp	Rng	Mer	Sec	Q-Q	Measured Distances
22 S	32.5 E	WM	34	NW NE	WELL 6 (ORIGINAL) - 1320 FEET SOUTH AND 1320 FEET EAST FROM N1/4 CORNER, SECTION 34
22 S	32.5 E	WM	34	NW NE	WELL 6A (ADDITIONAL) - 1300 FEET SOUTH AND 1300 FEET EAST FROM N1/4 CORNER, SECTION 34
22 S	32.5 E	WM	33	NW NW	WELL 7 (ORIGINAL) - 25 FEET SOUTH AND 45 FEET EAST FROM NW CORNER, SECTION 33
22 S	32.5 E	WM	32	NE NE	WELL 8 (ORIGINAL) - 35 FEET SOUTH AND 1245 FEET WEST FROM NE CORNER, SECTION 32
22 S	32.5 E	WM	34	SE SE	WELL 9 (ORIGINAL) - 1055 FEET NORTH AND 130 FEET WEST FROM SE CORNER, SECTION 34
22 S	32.5 E	WM	33	SW NE	WELL 10 (ORIGINAL) - 2605 FEET SOUTH AND 750 FEET EAST FROM N1/4 CORNER, SECTION 33
22 S	32.5 E	WM	33	NE NW	WELL 18 (ORIGINAL) - 5 FEET SOUTH AND 1320 FEET WEST FROM N1/4 CORNER, SECTION 33
22 S	32.5 E	WM	33	NE SW	WELL 22 (ADDITIONAL) - 5 FEET SOUTH AND 1500 FEET EAST FROM W1/4 CORNER, SECTION 33

The amount of water used for irrigation under this right, together with the amount secured under any other right existing for the same lands, is limited to a diversion of ONE-EIGHTIETH of one cubic feet per second (or its equivalent) and 3.0 acre-feet for each acre irrigated during the irrigation season of each year.

A description of the place of use is as follows:

Twp	Rng	Mer	Sec	Q-Q	Acres
22 S	32.5 E	WM	33	NE SW	30.2
22 S	32.5 E	WM	33	NW SW	30.2
22 S	32.5 E	WM	33	SW SW	30.2
22 S	32.5 E	WM	33	SE SW	30.2
22 S	32.5 E	WM	34	NE SE	31.4
22 S	32.5 E	WM	34	NW SE	31.4
22 S	32.5 E	WM	34	SW SE	31.4
22 S	32.5 E	WM	34	SE SE	31.4

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The combined quantity of water diverted at the new points of appropriation (Wells 6A and 22) together with that diverted at the old points of appropriation (Wells 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 18), shall not exceed the quantity of water lawfully available at the original points of appropriation.

Measurement, recording and reporting conditions:

- A. The water user shall maintain the totalizing flow meter or other suitable measuring device approved by the Director in good working order at each point of appropriation, shall keep a complete record of the amount of water used each month, and shall submit a report which includes the recorded water use measurements to the Department annually or more frequently as may be required by the Director. Further, the Director may require the water user to report general water-use information, including the place and nature of use of water under the right.
- B. The water user shall allow the watermaster access to the meter or measuring device; provided however, where the meter or measuring device is located within a private structure, the watermaster shall request access upon reasonable notice.

In the event of a request for a change in point of appropriation, an additional point of appropriation or alteration of the appropriation facility associated with this authorized diversion, the quantity of water allowed herein, together with any other right, shall not exceed the capacity of the facility at the time of perfection of this right.

If substantial interference with a senior water right occurs due to withdrawal of water from any well listed on this right, then use of water from the well(s) shall be discontinued or reduced and/or the schedule of withdrawal shall be regulated until or unless the Department approves or implements an alternative administrative action to mitigate the interference. The Department encourages junior and senior appropriators to jointly develop plans to mitigate interferences.

The wells shall be maintained in accordance with the General Standards for the Construction and Maintenance of Water Wells in Oregon. The works shall be equipped with a usable access port, and may also include an air line and pressure gauge adequate to determine the water level elevation in the well at all times.

The Director may require water level or pump test results every ten years.

Failure to comply with any of the provisions of this right may result in action including, but not limited to, restrictions on the use, civil penalties, or cancellation of the right.

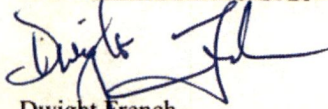
This right is for the beneficial use of water without waste. The water user is advised that new regulations may require the use of best practical technologies or conservation practices to achieve this end.

By law, the land use associated with this water use must be in compliance with statewide land-use goals and any local acknowledged land-use plan.

The use of water shall be limited when it interferes with any prior surface or ground water rights.

The right to the use of the water for the above purpose is restricted to beneficial use on the place of use described.

Issued OCT 02 2020

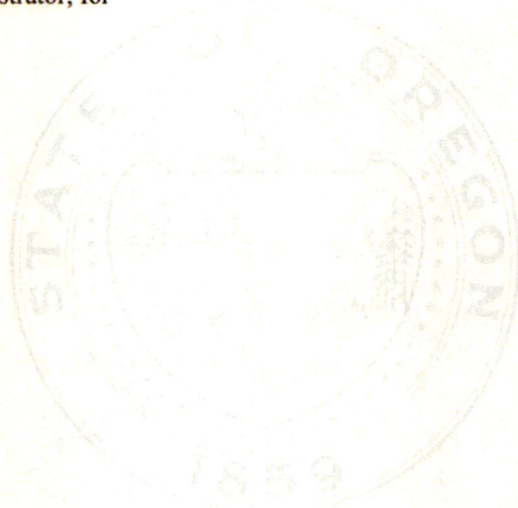


Dwight French
Water Right Services Division Administrator, for
Thomas M. Byler, Director
Oregon Water Resources Department

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#10

Horn 1879

22S/32E/33ba

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

HORN 1879

(START CARD) # 20911

(1) OWNER:

Name ANDY ROOT Well Number: 2
Address Green Valley Ranch Riley Ave
City BURNS State Oregon Zip 97720

(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

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 500'
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	30'	Cement	0	30'	
14"	30'	500'				

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 _____

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing	12"	+18'	100.6'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner	None				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 100.6'

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
		None				<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing
 Artesian
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____

500GPM - 240'			1 hr.
			8 hrs

Temperature of water 57° Depth Artesian Flow Found _____

Was a water analysis done? Yes By whom _____

Did any strata contain water not suitable for intended use? Too little

Salty Muddy Odor Colored Other _____

Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County HARNEY Latitude _____ Longitude _____
Township 22S or S, Range 32 1/2 E E or W, WM.
Section 33 NE 1/4 NW 1/4
Tax Lot 2200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Hwy 20

(10) STATIC WATER LEVEL:

14' ft. below land surface. Date 4-13-91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 14'

From	To	Estimated Flow Rate	SWL
14'	30'	30 GPM	14'
200'	209'	200 GPM	14'
460'	475'	400 GPM	

(12) WELL LOG:

Ground elevation 4200'

Material	From	To	SWL
Top Soil (sandy)	0	5	
sand stone	5	9	
clay Brown	9	35	
Green clay	35	200	
Clay stone	200	260	
Gray clay	260	300	
clay with sand	300	360	
clay with coarse sand	360	400	
clay + coarse sand	400	460	
Gray clay	460	500	

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Date started 3-20-91 Completed 4-13-91

(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.

WWC Number 142

Signed _____ Date _____

(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. Work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my belief.

WWC Number _____

Signed Joe Valentin Date 4

For Official Use Only:

Received Date: _____	County Well Log ID # <u>Harn 1879</u>	Well Identification Tag # <u>35539</u>
----------------------	--	---

WELL IDENTIFICATION APPLICATION FORM

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BUYER/CURRENT WELL OWNER:

Name: Andy Root

Mailing Address: HC 73 174 Harney Road

City: Burns State: OR Zip: 97720 Phone: (541) 493-3645

JUL 01 1999
WATER RESOURCES DEPT.
SALEM, OREGON

WELL LOCATION:

County: Harney Owner's Well Number: #7

Township: 22 or S, Range: 32 1/2 E or W, Section: 30 SW 1/4 NE 1/4

Tax Lot Number: 1900 Type of Well: water supply IRR monitoring _____

Street Address of Well (if different from above): _____

WELL INFORMATION: (do not complete remainder of application if well log is available)

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: Joe Valentine

Name of Owner at Time of Construction: _____

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: Yes No: _____

If Yes: Application #: G-14678 Permit #: G-13539 Certificate #: _____

Please Return Completed Form to:

Lisa Juul
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

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

HARN 50457
FEB - 2 1998
HARN 50457

(START CARD) # 67723

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

WATER RESOURCES DEPT.
SALEM, OREGON 3

(1) OWNER: Well Number 3

Name ANDY ROOT
Address W 673, 174 HARNEY RD.
City URNS State OR Zip 97720

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

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 425 ft.
Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	(Sacks or pounds)	
20"	0	22'	CEMENT	0	22'	32	

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 _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 14"	41'	160'	250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
NONE							

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
1400	160'		1 hr.

Temperature of water 56 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Harney Latitude _____ Longitude _____
Township 22 N or S Range 32 1/2 E or W WM.
Section 33 SE 1/4 SE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
30 ft. below land surface. Date 7-28-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 30

From	To	Estimated Flow Rate	SWL
30	31	5 GPM	30
91	92	40 GPM	30
397	409	1000 GPM	30

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top soil - sandy	0	5'	
GRAY CLAY	5'	73'	30
BLUE CLAY	73'	91'	30
SAND STONE	91'	238'	30
BLUE CLAY	238'	312'	30
SAND STONE	312'	397'	30
FINE SAND W/ GRAVEL	397'	409'	30
GRAY CLAY	409'	425'	30

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Date started _____ Completed _____

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
WWC Number _____
Signed _____ Date _____

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1435
Signed Joe Volante Date 7-28-95

For Official Use Only:

Received Date: _____

County Well Log ID #

Well Identification Tag #

"HARNEY 50457"

35537

WELL IDENTIFICATION APPLICATION FORM

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JUL 01 1999
WATER RESOURCES DEPT.
SALEM, OREGON

BUYER/CURRENT WELL OWNER:

Name: Andy Root

Mailing Address: HC 73 174 Harney Road

City: Burns State: OR Zip: 97720 Phone: (541) 493-3645

WELL LOCATION:

County: Harney Owner's Well Number: # 3

Township: 22 N or S, Range: 32 1/2 E or W, Section: 33 SE 1/4 SE 1/4

Tax Lot Number: 2200 Type of Well: water supply LR monitoring

Street Address of Well (if different from above): _____

WELL INFORMATION: (do not complete remainder of application if well log is available)

Start Card Number: 67723 Approx. Construction Date: _____

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Well Constructor: _____

MAY 01 2023

Name of Owner at Time of Construction: _____

OWRD

Well Depth (in feet): _____ State Well ID #: _____

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: Yes No: _____

If Yes: Application #: G-14678 Permit #: G-13539 Certificate #: _____

Please Return Completed Form to:

Lisa Juul
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

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DEC 15 1997

MAY 01 2023

harn
50241

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

WATER RESOURCES DEPT. WELL I.D. # L 16814
SALEM, OREGON START CARD # 098474

OWRD

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

(1) OWNER: Well Number _____
Name Andy Root
Address PO Box 3
City Burns State OR Zip 97720

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

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 450 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds	
Diameter	From	To	Material	From	To		
18	0	19	bentonite	0	18	20	sacks

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

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing: 14	+1	120	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations		Method		Material	
From	To	Slot size	Type	Tele/pipe size	Casing
					<input type="checkbox"/>

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

<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian Time
100	2		1 hr.

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

(9) LOCATION OF WELL by legal description:
County Harney Latitude _____ Longitude _____
Township 22S N or S Range 32 1/2 E E or W. WM.
Section 34 NE 1/4 SW 1/4
Tax Lot 2200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Hwy 20 W

(10) STATIC WATER LEVEL:
25 ft. below land surface. Date 12-3-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 160

From	To	Estimated Flow Rate	SWL
160	410	1000	25

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
sandy loom topsoil	0	1	
clay sand coarse	1	7	
clay brn hard	7	20	
clay brn soft	20	32	
clay grey	32	70	
clay green gravel fine	70	160	
pumice clay brn	160	175	
clay green	175	220	
conglomerate brn	220	243	
clay pink	243	250	
conglomerate brn	250	275	
pumice hard	275	289	
sandstone brn	289	360	
rock brn	360	378	
green conglomerate	378	410	
clay green pumice	410	430	
clay green	430	450	

Date started 11-25-97 Completed 12-3-97

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
WWC Number _____
Signed _____ Date _____

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1424
Signed Timothy K. Rieby Date 12-5-97

14232

WATER WELL REPORT
STATE OF OREGON

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50668

State Well No. 201 5412/59

FEB - 2 1998

State Permit No. 0

WATER RESOURCES DEPT.
SALEM, OREGON

1) OWNER:

Name AMY ROOT
Address HC 73, 174 HARNES, R.I.
City Burns State OR 97730

2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Air Driven
Rotary Mud Dug
Cable Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other
Thermal: Withdrawal Reinjection

(5) CASING INSTALLED:

Steel Plastic
Threaded Welded
12" Diam. from + 1 ft. to 159 ft. Gauge 250
" Diam. from ft. to ft. Gauge

LINER INSTALLED:

" Diam. from ft. to ft. Gauge

(6) PERFORATIONS:

Perforated? Yes No
Type of perforator used
Size of perforations in. by in.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

(7) SCREENS:

Well screen installed? Yes No
Manufacturer's Name
Type Model No.
Diam. Slot Size Set from ft. to ft.
Diam. Slot Size Set from ft. to ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom? OWNER
800 gal./min. with 160 ft. drawdown after 10 hrs.
Air test gal./min. with drill stem at ft. hrs.
Bailer test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m.
Temperature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Special standards: Yes No
Well seal—Material used Cement
Well sealed from land surface to 2.0 ft.
Diameter of well bore to bottom of seal 15 in.
Diameter of well bore below seal 12 in.
Number of sacks of cement used in well seal 34 sacks
How was cement grout placed? Grout pumped to top of casing with grout pipe
Was pump installed? Yes Type Turbine HP 75 Depth 140 ft.
Was a drive shoe used? Yes No Plugs NO Size: location ft.
Did any strata contain unusable water? Yes No
Type of Water? depth of strata
Method of sealing strata off
Was well gravel packed? Yes No Size of gravel: ft.
Gravel placed from ft. to ft.

(10) LOCATION OF WELL:

County HARNEY Driller's well number
N-W 1/4 SE 1/4 Section 34 T. 22 S. R. 32 1/2 E W.M.
Tax Lot # 24-00 Lot Blk Subdivision
Address at well location: Cow Cr Road
3/4 mile North of Hwy 20

(11) WATER LEVEL: Completed well.

Depth at which water was first found 28 ft.
Static level 28 ft. below land surface. Date 3-28-91
Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing 12"
Depth drilled 750 ft. Depth of completed well 750 ft.
Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
TOP SOIL	0	2	
Gray Clay	2	46	29
SANDSTONE	46	154	
Green Clay	154	491	
Brown Clay	491	537	
Green Clay	537	691	
Blue Clay	691	736	
SMALL GRAVEL WITH SAND	736	742	29
Green Clay	742	750	29

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OWRD

Work started 2-28-91 Completed 3-28-91
Date well drilling machine moved off of well 3-29-91

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] _____ Date _____, 19____
(Drilling Machine Operator)

Drilling Machine Operator's License No.

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Name AMY ROOT
(Person, firm or corporation) (Type or print)

Address _____
[Signed] Larry Root
(Water Well Contractor)

Contractor's License No. 291 Date 3-28, 1991

NOTICE TO WATER WELL CONTRACTOR

WATER RESOURCES DEPARTMENT,
SALEM, OREGON 97310

SP 12658-690

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 128438
START CARD # 114670

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

(1) OWNER: Well Number _____
Name Andy Root
Address PO Box 946
City Burns State OR Zip 97720

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

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 40 ft.
Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
18	0	18	cement	0	18	1 1/2 yards	
12	18	400					

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 _____

Diameter	From	To	Gauge				Casing	Liner
			Steel	Plastic	Welded	Threaded		
Casing: 12	+1	80	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

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

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

Pump Bailer Air Flowing
Yield gal/min 500 Drawdown 165 Drill stem at 185 Time 6 hr.

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

(9) LOCATION OF WELL by legal description:
County Harney Latitude _____ Longitude _____
Township 22S N or S Range 32E E or W. WM.
Section 34 NW 1/4 NE 1/4
Tax Lot 2400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Cow Creek Rd

(10) STATIC WATER LEVEL:
18 ft. below land surface. Date 4-30-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 35

From	To	Estimated Flow Rate	SWL
112	298	400	18
303	330	100	18

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
topsoil clay loam	0	2	
clay brn	2	30	
clay grey	30	35	
sand clay (caving)	35	41	18
clay grey	41	53	
sand (caving)	53	70	18
clay green	70	112	
conglomerate brn	112	298	18
clay grey	298	303	
pumice grey	303	330	18
clay green	330	400	18

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OWRD

Date started 4-20-99 Completed 4-30-99

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
WWC Number _____
Signed _____ Date _____

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1424
Signed Timothy K. Riley Date 5-11-99

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STATE OF OREGON

WATER SUPPLY WELL REPORT APR 19 2004

(as required by ORS 537.765)

WELL I.D. # L 51625
START CARD # W 129278

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

(1) LAND OWNER SALEM, OREGON
Name Agdy Leaf
Address P.O. Box 3
City Buena State OR Zip 97780

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 400 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
18	0	30	Cement + Bent	0	30	4 yds
14	30	400				

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 _____

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	14	72	78	2 1/2	OR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

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

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

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

Yield gal/min	Drawdown	Drill stem at	Time
500	300	400	1 hr.

Temperature of water 68 Depth Artesian Flow Found _____
Was a water analysis done? No Yes By whom _____
Did any strata contain water not suitable for intended use? No Too little
 Salty Muddy Odor Colored Other _____
Depth of strata _____

(9) LOCATION OF WELL by legal description:
County Harney Latitude _____ Longitude _____
Township 22 S N or S Range 32 1/2 E For W. WM
Section 32 NE 1/4 NE 1/4
Tax Lot 2000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Hy 19 E
Buena, OR 97780

(10) STATIC WATER LEVEL:
100 ft. below land surface. Date 7-1-02
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
330	370	500 +	100

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	7	-
Grey clay	7	17	-
Sand	17	26	-
Brown Green			
Grey + Blue			
clay stone	26	330	60
Dark Grey	330	390	
clay w. pebbles			100
+ Voids	35		
Blue clay	390	400	100

Date started 6-28-02 Completed 7-1-02

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
WWC Number _____ Date _____

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed Daniel D. Leaf WWC Number 1521 Date 7-1-02

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STATE OF OREGON WATER SUPPLY WELL REPORT NOV 23 1998

WELL I.D. # L 121297 START CARD # 114679

MAY 01 2023

Instructions for completing this report are on the reverse side of this form.

SALEM, OREGON Well Number

OWRD

(1) OWNER:

Name Andy Root Address PO Box 3 City Burns State OR Zip 97720

(2) TYPE OF WORK

New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable Auger Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 40.5 ft. Explosives used Yes No Type Amount

Table with columns: HOLE Diameter, SEAL From, To, Material, From, To, Sacks or pounds. Row 1: 16, +1, 150, cement, 0, 37, 8 yards. Row 2: 14, 150, 405.

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

(6) CASING/LINER:

Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Casing: 16, +1, 80, 250. Liner: empty.

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

Table with columns: From, To, Slot size, Number, Diameter, Material, Casing, Liner. Includes rows for Perforations and Screens.

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

Table with columns: Pump/Bailer/Air/Artesian, Yield gal/min, Drawdown, Drill stem at, Time. Row 1: 3600, 77, 120, 1 hr.

Temperature of water 58 Depth Artesian Flow Found

Was a water analysis done? Yes By whom

Did any strata contain water not suitable for intended use? Too little

Salty Muddy Odor Colored Other

Depth of strata:

(9) LOCATION OF WELL by legal description:

County Harney Latitude Longitude Township 22S N or S Range 32 1/2 E E or W. WM. Section 32 NE 1/4 NE 1/4 Tax Lot 2000 Lot Block Subdivision Street Address of Well (or nearest address) Hwy 20 E

(10) STATIC WATER LEVEL:

43 ft. below land surface. Date 10-19-98 Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found 32

Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 32, 65, 100, 32. Row 2: 185, 405, 3600, 43.

(12) WELL LOG:

Ground Elevation

Table with columns: Material, From, To, SWL. Lists various soil types and depths from 0 to 405 ft.

Date started 9-25-98 Completed 10-19-98

(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 water supply well construction standards.

Signed Timothy K. Riley Date 11-18-98 WWC Number 1424

(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.

Signed Timothy K. Riley Date 11-18-98 WWC Number 1424

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 28434
START CARD # 114685

MAY 01 2023

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

(1) OWNER: Well Number _____
Name Andy Root

Address PO Box 3
City Burns State OR Zip 97720

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

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 42.5 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
18	0	18	cement	0	18	20 sacks
14	18	42.5				

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 _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing: 14	+1	78	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

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

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

<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
750	180	200	6 hr.

Temperature of water 55 Depth Artesian Flow Found _____
Was a water analysis done? No Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description: **OWRD**
County Harney Latitude _____ Longitude _____
Township 22S N or S Range 32 1/2 E E or W. WM.
Section 34 SE 1/4 SE 1/4
Tax Lot 2400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Cow Creek Rd

(10) STATIC WATER LEVEL:
_____ 20 ft. below land surface. Date 2-20-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 30

From	To	Estimated Flow Rate	SWL
30	55	50	18
90	405	750	20

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
topsoil clay loam	0	1	
clay brn	1	4	
sand med	4	10	
clay brn	10	22	
clay blk	22	30	
sand/clay, blk	30	38	18
clay grey	38	44	18
sand med	44	55	18
clay grey	55	72	18
clay green	72	90	18
claystone green soft	90	150	20
clay grey	150	170	20
clay, green/claystone	170	285	20
pumice grey	285	300	20
conglomerate brn	300	365	20
broken rock /clay	365	405	20
clay brn (sticky)	405	425	20

Date started 2-4-99 Completed 2-20-99

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
WWC Number _____
Signed _____ Date _____

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1424
Signed Timothy K. Riley Date 2-23-99

14232

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HARN 51682

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

12-22-2009

WELL LABEL # L 102504

START CARD # 1008916

(1) LAND OWNER Owner Well I.D. Twin Sheds

First Name Andy Last Name Root
Company Rattlesnake Ranch
Address 524 N Hwy 20
City Burns State or Zip 97720

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)
Depth of Completed Well 410.00 ft.

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

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

[X] Other poured dry and tam

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: [] Yes Type Amount

(6) CASING/LINER

Table with columns: Casing Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes a diagram of casing connections.

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

Temp casing [] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method
Screens Type Material

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

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

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

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

Table with 4 columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Values: 500, 100, 1.

Temperature 58 °F Lab analysis [] Yes By

Water quality concerns? [] Yes (describe below)

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

(9) LOCATION OF WELL (legal description)

County Harney Twp 22.00 S N/S Range 32 50 E E/W WM
Sec 35 SW 1/4 of the NE 1/4 Tax Lot 2200
Tax Map Number Lot
Lat 0 0 " or DMS or DD
Long 0 0 " or DMS or DD
[] Street address of well [X] Nearest address

72163 Rattlesnake Road

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)

Table with columns: Existing Well / Predeepening, Completed Well, Date, SWL(psi), SWL(ft). Values: 12-04-2009, 60.

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 60

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Values: 12-04-2009, 60, 410, 500, 60.

(11) WELL LOG

Ground Elevation

Table with columns: Material, From, To. Lists soil types like topsoil, sandy loam, claybrown, etc.

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WATER RESOURCES DEPT
SALEM, OREGON

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MAY 01 2023

OWRD

Date Started 12-02-2009 Completed 12-04-2009

(unbonded) Water Well Constructor Certification

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

License Number Date

Electronically Filed

Signed

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 1424 Date 12-22-2009

Electronically Filed

Signed TIMOTHY K RILEY (E-filed)

Contact Info (optional)

HARN 51682

NESE	NWSW	NESW	NWSE	NESE	NWSW
29		28			27
SESE	SWSW	SESW	SWSE	SESE	SWSW
NENE	NWNW	NENW	NWNE	NENE	NWNW

TAXLOT 2200

22 S 32 1/2 E

SENE	SWNW	SENW	SWNE	SENE	SWNW
32		33			34
NESE	NWSW	NESW	NWSE	NESE	NWSW

Andy Root
 EXEMPT WELL: HARN 51682

X
 Well Located at:
 43.62067; -118.77546

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MAR 09 2011

WATER RESOURCES DEPT
SALEM, OREGON

SENE	NWNW	4	NENW	23 S 32 1/2 E	NWNE	NENE	NWNW
SENE	SWNW						

14232

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

HARN 52018
2/4/2014

WELL I.D. LABEL# 113433
START CARD # 1022046
ORIGINAL LOG #

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

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

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)
Depth of Completed Well 335.00 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 POURED & TAMPED
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: [] Yes Type Amount

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

(6) CASING/LINER
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 Material
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
[] Pump [] Bailer [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
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County HARNEY Twp 22.00 S N/S Range 32.50 E E/W WM
Sec 33 NE 1/4 of the NW 1/4 Tax Lot 2200
Tax Map Number Lot
Lat " ' " or DMS or DD
Long " ' " or DMS or DD
[] Street address of well [] Nearest address
72163 RATTLESNAKE RD
BURNS, OREGON

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well 1/27/2014 62
Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 62.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
1/27/2014 62 335 1000 62

(11) WELL LOG Ground Elevation
Material From To
Clay loom topsoil 0 2
Clay Brown 2 10
Clay Grey 10 35
Course Sand/small gravel 35 62
clay Green w/ Small gravel 62 78
Claystone Green 78 165
Claystone Green w/pumice grey 165 195
Pumice 195 265
Claystone Green 265 295
Claystone Green Broken 295 300
Claystone Brown w/black sandstone fractu 300 320
Claystone Grey Hard 320 335

Date Started 1/22/2014 Complete 1/27/2014

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
License Number Date MAY 01 2023
Signed OWRD

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
License Number 1424 Date 2/4/2014
Signed TIMOTHY K RILEY (E-filed)
Contact Info (optional) Tim Riley 541-573-5695

HARN 53076

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

WELL I.D. LABEL# L 146875
 START CARD # 218764
 ORIGINAL LOG # _____

(1) **LAND OWNER** Owner Well I.D. _____
 First Name Andy Last Name Roof
 Company ACW Inc
 Address 524 N Hwy 20
 City Hines State OR Zip 97738

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

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

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

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

(5) **BORE HOLE CONSTRUCTION** Special Standard (Attach copy)
 Depth of Completed Well 594 ft.

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amt sacks/lbs
16"	0	96	Bentonite	0	96	160 5
12"	96	594				Calculated
						Calculated

How was seal placed: Method A B C D E
 Other pour and tagged
 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

<input checked="" type="checkbox"/>	<input type="checkbox"/>	12"	<input checked="" type="checkbox"/>	1	99	0.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	-----	-------------------------------------	---	----	------	-------------------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------

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

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

Perf/S	Casing/Screen	Screen/Slot	Slot	# of	Tele/			
green	Liner	Dia	From	To	width	length	slots	pipe size

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
2,200	108	240	12 hrs
	54		

 Temperature 55 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 245 ppm
 From _____ To _____ Description _____ Amount _____ Units _____

(9) **LOCATION OF WELL (legal description)** HARN 53076
 County HARNEY Twp 22S N/S Range 32SE E/W WM
 Sec 33 NE 1/4 of the SW 1/4 Tax Lot 2200
 Tax Map Number 5065 Lot _____
 Lat 43° 02' 55" or _____ DMS or DD
 Long -118° 08' 109" or _____ DMS or DD
 Street address of well Nearest address

off Hwy 20, Burns OR

(10) **STATIC WATER LEVEL**

Existing Well / Pre-Alteration	Date	SWL (psi)	+ SWL (ft)
Completed Well	9/2/22		128 ft.

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 13'

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
9/2/22	13'	594'	2200		138 ft.
9/2/22	128	590	2200		128

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

Material	From	To
Top soil	0	6
Sand + gravel	6	14
Brown clay	14	136
Green "	136	590

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Date Started 9/20/2022 Completed 9/2/2022
 (unbonded) Water Well Constructor Certification OWRD Rep
 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 Landowner
 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 _____ Date 2/11/2023
 Signed Andy Roof
 Contact info (optional) _____

S 20'

S 33/34

W 95'

from 1/4 COR

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ALL POINTS
ENGINEERING & SURVEYING, INC.
P.O. Box 767
Terrebonne, Oregon 97760

TRANSMITTAL

To:
Oregon Water Resources Department
725 Summer St. NE Suite A
Salem, OR 97301-1266

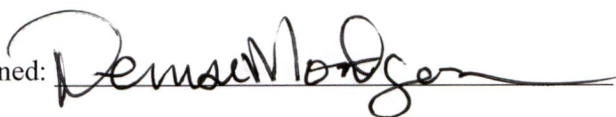
Date:04/26/2023
Attention: Transfers
Re:

Prints Plans Map/Plat Specifications Change order Other

]Attached is a Water Right Transfer on C-95195 & 95197 for Andy Root.

Copies	No.	Description
1	1	Application for Transfer (19 sheets letter bond)
1	2	Application Map (1 sheet letter bond)
1	3	Land Use Form (3 sheets letter bond)
1	4	Evidence of Use Affidavit w/supporting docs ((9 sheets letter bond)
1	5	Well logs (16 sheets letter bond)
1	6	Check for \$2450

Thanks, and if you have questions please don't hesitate to call (541) 548-5833.

Signed: 

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