

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? 3** List them here: **40920, 40919, 46354**
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: ____/____/____

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Part 2 of 5 – Transfer Application Map

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

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°).

Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME BL DAVIS RANCH C-O BERK DAVIS AND ROGER DAVIS			PHONE NO. 541.861.9538	ADDITIONAL CONTACT NO.
ADDRESS P.O. Box 159				FAX NO.
CITY Adams	STATE OR	ZIP 97810	E-MAIL BFDATLD@HOTMAIL.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 William Porfily			PHONE NO. 541.561.7259	ADDITIONAL CONTACT NO.
ADDRESS P.O. Box 643				FAX NO.
CITY Stanfield	STATE OR	ZIP 97838	E-MAIL wporfily@gmail.com	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.				

Explain in your own words what you propose to accomplish with this transfer application, and why:

We are adding an additional well, Sandhollow well, as an addition appropriation to the three certificates that are currently irrigated from Morrison well.

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

Check One Box

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

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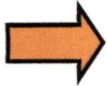
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By my signature below, I confirm that I understand:

- Prior to Department approval of the transfer application, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the water right is located, once per week for two consecutive weeks. If more than one qualifying newspaper is available, I suggest publishing the notice in the following newspaper: [East Oregonian](#).
- 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.



Berk Davis
Applicant signature

BL Davis Ranch c-o Berk Davis
Print Name (and Title if applicable)

6-19-23
Date

Roger Davis
Applicant signature

Roger Davis
Print Name (and Title if applicable)

6-19-23
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.

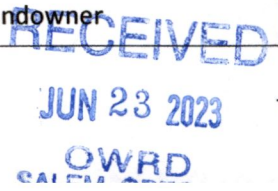
At this time, are the lands in this transfer application in the process of being sold? Yes No

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

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			

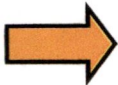


Check here if any of the water rights proposed for transfer are or will be located within or served by an irrigation or other water district. (Tip: Complete and attach Supplemental Form D.)

IRRIGATION DISTRICT NAME N/A	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 N/A	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 Umatilla County	ADDRESS 216 S.E. 4 th	
CITY Pendleton	STATE OR	ZIP 97838

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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Part 5 of 5 – Water Right Information

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

CERTIFICATE # 40920

Description of Water Delivery System

System capacity: 1.98 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. [Please refer to application map for description of delivery system](#)

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)
Morrison Well	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	UMAT 1435	3	N	34	E	4	SW	NW	2100	30 feet N & 70 feet E from E ¼ corner of section 5
Sandhollow Well	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	UMAT 6433 UMAT 1459	4	N	34	E	33	SW	SE	1230 0	1071 feet N & 962 feet E from the south ¼ corner of section 33
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed										
	<input type="checkbox"/> Authorized <input 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.

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 # 40920

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	3	N	34	E	5	NE	NE	20000	L1	40.4	IR	MORRISON WELL & SANDHOLLOW WELL	10/16/68
										APOA	3	N	34	E	5	NW	NE	20000	L2	41.0	IR	MORRISON WELL & SANDHOLLOW WELL	10/16/68
										APOA	3	N	34	E	5	SW	NE	20000		40.0	IR	MORRISON WELL & SANDHOLLOW WELL	10/16/68
										APOA	3	N	34	E	5	SE	NE	20000		36.32	IR	MORRISON WELL & SANDHOLLOW WELL	10/16/68
TOTAL ACRES:							TOTAL ACRES:						157.72										

Additional remarks: _____.

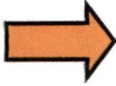
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For Place of Use or Character of Use Changes

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 # _____; N/A

Surface water primary Certificate # _____ .N/A

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For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # N/A

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 N/A

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
Morrison		UMAT 1435								
Sandhollow		UMAT 6433 UMAT 1459								

Part 5 of 5 – Water Right Information

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

CERTIFICATE # 40919

Description of Water Delivery System

System capacity: 2.0 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. [Please refer to application map for description of delivery system](#)

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)
Morrison Well	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	UMAT 1435	3	N	34	E	4	SW	NW	2100	30 feet N & 70 feet E from W ¼ corner of section 4
Sandhollow Well	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	UMAT 6433 UMAT 1459	4	N	34	E	33	SW	SE	1230 0	1071 feet N & 962 feet E from the south ¼ corner section 33
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed										
	<input type="checkbox"/> Authorized <input 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.

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 # 40919

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			
3	N	34	E 4	NE NW	100	L3	40.0	IR	MORRISON WELL	10/16/68	APOA	3	N	34	E 4	NE NW	100	L3	40.0	IR	MORRISON WELL & SANDHOLLOW WELL	10/16/68	
3	N	34	E 4	NW NW	100	L4	38.9	IR	MORRISON WELL	10/16/68	APOA	3	N	34	E 4	NW NW	100	L4	38.9	IR	MORRISON WELL & SANDHOLLOW WELL	10/16/68	
3	N	34	E 4	SW NW	100		41.4	IR	MORRISON WELL	10/16/68	APOA	3	N	34	E 4	SW NW	100		41.4	IR	MORRISON WELL & SANDHOLLOW WELL	10/16/68	
3	N	34	E 4	SE NW	100		37.71	IR	MORRISON WELL	10/16/68	APOA	3	N	34	E 4	SE NW	100		37.71	IR	MORRISON WELL & SANDHOLLOW WELL	10/16/68	
TOTAL ACRES:						158.01						TOTAL ACRES:						158.01					

Additional remarks: _____.

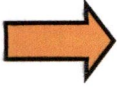
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For Place of Use or Character of Use Changes

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 # ;N/A

Surface water primary Certificate # N/A

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For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # N/A

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 N/A

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

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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 ATTACHED WELL LOGS		UMAT 1435 UMAT 6433 UMAT 1459								

Part 5 of 5 – Water Right Information

JUN 28 2020

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SALEM, OREGON

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

CERTIFICATE # 46354

Description of Water Delivery System

System capacity: 1.56 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. [Please refer to application map for description of delivery system](#)

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)
Morrison Well	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	UMAT 1435	3	N	34	E	4	SW	NW	2100	30 feet N & 50 feet E from E ¼ corner of section 4
Sandhollow Well	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	UMAT 6433 UMAT 1459	4	N	34	E	33	SW	SE	1230 0	1071 feet N & 962 feet E from the south ¼ corner of section 33
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed										
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed										

*Certificates 40920 & 40919 describe the location as this well as being 30 feet N & 70 feet E from NE corner of section 5

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"/> Additional Point of Diversion (APOD) | <input type="checkbox"/> Substitution (SUB) |
| <input type="checkbox"/> Surface Water POD to Ground Water POA (SW/GW) | <input checked="" type="checkbox"/> Additional Point of Appropriation (APOA) |

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.

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 # 46354

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	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	Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date			
										APOA	3	N	34	E	4	NE	SW	19000		40.8	IR	MORRISON WELL & SANDHOLLOW WELL	1/21/74
										APOA	3	N	34	E	4	NW	SW	19000		41.0	IR	MORRISON WELL & SANDHOLLOW WELL	1/21/74
										APOA	3	N	34	E	4	SW	SW	19000		41.6	IR	MORRISON WELL & SANDHOLLOW WELL	1/21/74
										APOA	3	N	34	E	4	SE	SW	19000		41.6	IR	MORRISON WELL & SANDHOLLOW WELL	1/21/74
TOTAL ACRES:							TOTAL ACRES:											165.0					

Additional remarks: _____.

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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 # _____; N/A
 Surface water primary Certificate # N/A

For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # N/A

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 N/A

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 ATTACHE D WELL LOGS		UMAT 1435 UMAT 6433 UMAT 1459								

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Application for Water Right Transfer

Evidence of Use Affidavit



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

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

State of Oregon)
) ss
 County of UMATILLA)

I, BERK, in my capacity as AN OWNER,
 mailing address P.O. Box 159 ADAMS, OR, 97810
 telephone number (541)861-9538, being first duly sworn depose and say:

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 SALEM, OREGON

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)
40919	3	N	34	E	WM	4	NW	120	
46354	3	N	34	E	WM	4	SW	120	
40920	3	N	34	E	WM	5	NE	120	

OR

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

(continues on reverse side)

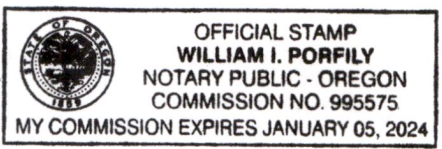
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3. The water right was used for: (e.g., crops, pasture, etc.): POTATOES, WHEAT, AND GRASS
4. I understand that if I do not attach one or more of the documents shown in the table below to support the above statements, my application will be considered incomplete.

Beulah Davis
Signature of Affiant

June 20, 2023
Date

Signed and sworn to (or affirmed) before me this 20 day of June, 2023.



William I. Porfily
Notary Public for Oregon
My Commission Expires: JAN 5, 2024

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

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2019 Google Earth Aerial Photo
Write a description for your map.

- Legend**
- Adams Skate Park
 - Center of section
 - Pratt Gardens -Event Venue



Google Earth

2000 ft

Land Use Information Form

Applicant(s): BL Davis Ranch c-o Burt Davis and Roger Davis

Mailing Address: P.O. Box 159

City: Adams

State: OR

Zip Code: 97810

Daytime Phone: 541.861.9538

A. Land and Location

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

Township	Range	Section	¼ ¼	Tax Lot #	Plan Designation (e.g., Rural Residential/RR-5)	Water to be:	Proposed Land Use:
<u>3 N</u>	<u>34 E</u>	<u>4</u>	<u>NW</u>	<u>200 & 100</u>	<u>EFU</u>	<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input type="checkbox"/> Used	<u>IRRIGATION</u>
<u>3 N</u>	<u>34 E</u>	<u>4</u>	<u>SW</u>	<u>19000</u>	<u>EFU</u>	<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input type="checkbox"/> Used	<u>IRRIGATION</u>
<u>3 N</u>	<u>34 E</u>	<u>5</u>	<u>NE</u>	<u>20000</u>	<u>EFU</u>	<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input type="checkbox"/> Used	<u>IRRIGATION</u>
<u>4 n</u>	<u>34 E</u>	<u>33</u>	<u>SW SE</u>	<u>12300</u>	<u>EFU</u>	<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input type="checkbox"/> Used	<u>SANDHOLLOW WELL IRRIG.</u>

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

Umatilla County

B. Description of Proposed Use

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

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

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

Estimated quantity of water needed: 5.94 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:

We are adding an additional well, Sandhollow well, as an addition appropriation to the three certificates that are currently irriga from Morrison well.

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 landuse 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): **UCDC 152.056(A)**

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: Megan Davchovski Title: Planning Manager
 Signature: Megan Davchovski Phone: 541-279-6252 Date: 5/30/2023
 Government Entity: Umatilla 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: _____

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JUN 23 2023

OWRD

STATE ENGINEER
Salem, Oregon

UMAT
6433

Well Record

STATE WELL NO. 3N/34-33Q
COUNTY Umatilla
APPLICATION NO. U-682

Sand Hollow well

OWNER: L. L. Rogers

MAILING ADDRESS: 311 N. Main St.

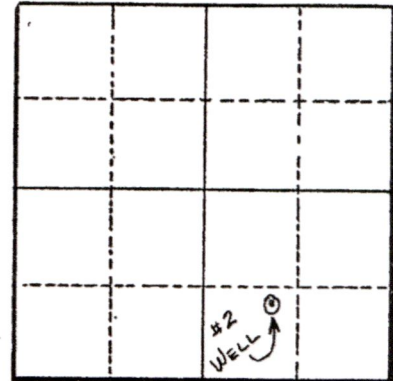
LOCATION OF WELL: Owner's No. Krebs #2

CITY AND STATE: Pendleton, Oregon

SW 1/4 SE 1/4 Sec. 33 T. 3 N. R. 34 E. W., W.M.

Bearing and distance from section or subdivision

corner N. 47° 55' 30" E. 1439.3' from S¹ cor. Sec. 33.



Section 33

Altitude at well

TYPE OF WELL: Drilled Date Constructed 1951

Depth drilled 474' Depth cased

CASING RECORD:

10"

FINISH:

AQUIFERS:

WATER LEVEL:

10'

PUMPING EQUIPMENT: Type Jacuzzi 6 x 6 in. Turbine H.P. 20
Capacity 200 G.P.M.

WELL TESTS:	ft.	after	hours	G.P.M.
Drawdown <u>20</u>	<u>48</u>	<u>8:50 A.M.</u>	<u>200</u>	
Drawdown <u>57</u>	<u>90</u>	<u>9:15 A.M.</u>	<u>375</u>	G.P.M.
Drawdown <u>107</u>	<u>111</u>	<u>9:30 A.M.</u>	<u>325</u>	G.P.M.
		<u>10:35 A.M.</u>	<u>350</u>	G.P.M.
		<u>11:35 A.M.</u>	<u>370</u>	G.P.M.
		<u>12:35 P.M.</u>	<u>285</u>	

USE OF WATER Irrigation Temp. °F. 19

SOURCE OF INFORMATION U-682

DRILLER or DIGGER Geo. E. Scott

ADDITIONAL DATA:

Log Water Level Measurements Chemical Analysis Aquifer Test

REMARKS:

Irrigation of 186.55 acres.

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STATE ENGINEER
Salem, Oregon

State Well No. 3N/34-330
County Umatilla
Application No. U-682

Well Log

Owner: L. L. Rogers Owner's No. Krebs #2

Driller: Geo. E. Scott Date Drilled 1951

CHARACTER OF MATERIAL	(Feet below land surface)		Thickness (feet)
	From	To	
Soil	0	11	11
Broken basalt	11	20	9
Hard basalt rock	20	48	28
Softer basalt rock	48	78	30
Firm basalt rock	78	102	24
Black basalt rock	102	110	8
Reddish color rock	110	116	6
Reddish rock	116	123	7
Black basalt	123	130	7
Some water crystals	130	144	14
Black basalt	144	160	16
Black basalt (Crevice at 161 ft.)	160	190	30
Black basalt with crevices	190	270	80
Black basalt, harder with some water Water dropped from 10 to 14 ft. Crevice at 284', water would lift ahead of sand pump from 14' to 3' of top of casing.	270	282	12
Black basalt	282	290	8
Broken black basalt, tools ran irregular	290	292	2
Black basalt	292	330	38
At 330' water would pull over top with sand pump.			
Black basalt, some water crystals	330	355	25
Black basalt, no noticeable change in water	355	414	59

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SALEM, OREGON

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Sandhollo w well deepening
UMAT
 1459

NOTICE TO WATER WELL CONTRACTOR
 The original and first copy
 of this report are to be
 filed with the
 STATE ENGINEER, SALEM 10, OREGON
 within 30 days from the date
 of well completion.

STATE OF OREGON
WATER WELL REPORT
 (Please type or print)
 JUL 1 1963

State Well No. 3N/34-33G
 State Permit No. 0619

(1) OWNER:

Name Berkley L. Davis
 Address Adams, Oregon

(2) LOCATION OF WELL:

County Umatilla Driller's well number
SW 1/4 SE 1/4 Section 33 T. 3N R. 34 E.W.M.
 Bearing and distance from section or subdivision corner

(3) TYPE OF WORK (check):

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

(4) PROPOSED USE (check):

Domestic Industrial Municipal
 Irrigation Test Well Other

(5) TYPE OF WELL:

Rotary Driven
 Cable Jetted
 Dug Bored

(6) CASING INSTALLED:

Threaded Welded
 " Diam. from _____ ft. to _____ ft. Gage _____
 " Diam. from NONE ft. to _____ ft. Gage _____
 " Diam. from _____ ft. to _____ ft. Gage _____

(7) 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.
 _____ perforations from _____ ft. to _____ ft.

(8) SCREENS:

Well screen installed Yes No
 Manufacturer's Name _____ Model No. _____
 _____ Slot size _____ Set from _____ ft. to _____ ft.
 Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(9) CONSTRUCTION:

Well seal—Material used in seal NONE
 Depth of seal _____ ft. Was a packer used? _____
 Diameter of well bore to bottom of seal _____ in.
 Were any loose strata cemented off? Yes No Depth _____
 Was a drive shoe used? Yes No
 Was well gravel packed? Yes No Size of gravel: _____
 Gravel placed from _____ ft. to _____ ft.
 Did any strata contain unusable water? Yes No
 Type of water? _____ Depth of strata _____
 Method of sealing strata off _____

(10) WATER LEVELS:

Static level 65 ft. below land surface Date 7/10/63
 Artesian pressure _____ lbs. per square inch Date _____

(11) WELL TESTS:

Drawdown is amount water level is lowered below static level Palmore
 Was a pump test made? Yes No If yes, by whom? Athens, Ore
 Yield: 620 gal./min. with 177 ft. drawdown after 72 hrs.
 " " " " " "
 " " " " " "
 " " " " " "
 Bailer test gal./min. with _____ ft. drawdown after _____ hrs.
 Artesian flow _____ g.p.m. Date _____
 Temperature of water 70 Was a chemical analysis made? Yes No

(12) WELL LOG:

Diameter of well below casing _____
 Depth drilled 857 ft. Depth of completed well 1270 ft.
 Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
Black basalt	413	430
Black basalt & grey clay	430	435
Black basalt	435	480
Grey basalt	480	503
Porour basalt & clay	503	507
Black basalt	507	550
Grey basalt	550	565
Black basalt	565	615
Grey basalt	615	665
Black basalt	665	690
Black sticky clay & broken bas.	690	720
Black basalt	720	755
Grey basalt	755	825
Black basalt, clay seams	825	845
Grey basalt	845	951
Black basalt (lost cuttings)	951	995
Grey basalt	995	1002
Black basalt (lost cuttings)	1002	1020
Grey basalt	1020	1030
Black basalt (lost cuttings)	1030	1065
Grey basalt	1065	1085
Black basalt	1085	1100
Black basalt (no cuttings)	1100	1117
Pump tested—insufficient water		

Work started _____ 19 _____ Completed _____ 19 _____
 Date well drilling machine moved off of well _____ 19 _____

(13) PUMP:

Manufacturer's Name _____
 Type: _____ H.P. _____

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.

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 OWRD
 SALEM, OREGON
 NAME _____ (Person, firm or corporation) _____ (Type or print)
 Address _____
 Drilling Machine Operator's License No. _____
 [Signed] _____ (Water Well Contractor)
 Contractor's License No. _____ Date _____ 19 _____

NOTICE TO WATER WELL CONTRACTOR

The original and first copy of this report are to be filed with the

STATE ENGINEER, SALEM 10, OREGON within 30 days from the date of well completion.

WATER WELL REPORT

STATE OF OREGON

(Please type or print)

State Well No. _____

State Permit No. _____

(1) OWNER:

Name _____

Address _____

(2) LOCATION OF WELL:

County _____ Driller's well number _____

1/4 Section T. R. W.M.

Bearing and distance from section or subdivision corner _____

(3) TYPE OF WORK (check):

Well Deepening Reconditioning Abandonment
 bandonment, describe material and procedure in Item 12.

(4) PROPOSED USE (check):

Domestic Industrial Municipal Irrigation Test Well Other

(5) TYPE OF WELL:

Rotary Cable Dug Driven Jetted Bored

(6) CASING INSTALLED:

Threaded Welded

" Diam. from _____ ft. to _____ ft. Gage _____

" Diam. from _____ ft. to _____ ft. Gage _____

" Diam. from _____ ft. to _____ ft. Gage _____

(7) 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.

perforations from _____ ft. to _____ ft.

(8) SCREENS:

Well screen installed Yes No

Manufacturer's Name _____

Model No. _____

Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(9) CONSTRUCTION:

Well seal—Material used in seal _____

Depth of seal _____ ft. Was a packer used? _____

Diameter of well bore to bottom of seal _____ in.

Were any loose strata cemented off? Yes No Depth _____

Was a drive shoe used? Yes No

Was well gravel packed? Yes No Size of gravel: _____

Gravel placed from _____ ft. to _____ ft.

Did any strata contain unusable water? Yes No

Type of water? _____ Depth of strata _____

Method of sealing strata off _____

(10) WATER LEVELS:

Static level _____ ft. below land surface Date _____

Artesian pressure _____ lbs. per square inch Date _____

(11) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? Yes No If yes, by whom? _____

Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.

" " " " " "

" " " " " "

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

Artesian flow _____ g.p.m. Date _____

Temperature of water _____ Was a chemical analysis made? Yes No

(12) WELL LOG:

Diameter of well below casing _____

Depth drilled _____ ft. Depth of completed well _____ ft.

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
Black basalt	1117	1135
Grey basalt	1135	1230
Soft grey basalt (lost cuttings)	1230	1240
Grey basalt hard	1240	1255
no cuttings from	1255	1270
got black cuttings at bottom		

Old well to 413' is 10"

from 413' to 1270 is 8"

RECEIVED
 JUN 23 2023
 OWRD
 SALEM, OREGON

Work started Dec 18 19 62 Completed July 12 19 63

Date well drilling machine moved off of well 7/15/63 19

(13) PUMP:

Manufacturer's Name _____

Type: _____ H.P. _____

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 D. K. SMITH (Type or print)

Address Route # 3 Walla Walla, Washington

Drilling Machine Operator's License No. 204

[Signed] D. K. Smith (Water Well Contractor)

Contractor's License No. 204 Date 7/22/63, 19

NOTICE TO WATER WELL CONTRACTOR

The original and first copy of this report are to be filed with the

RECEIVED STATE ENGINEER SALEM OREGON OCT 30 1968

WATER WELL REPORT

Morrison Well

bcc

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

STATE OF OREGON (Please type or print) (Do not write above this line)

State Well No. 3N/34-4 State Permit No. 6-6408

9-4735, G-4647, G-4648

(1) OWNER:

Name EL. DAVIS RANCH Inc. Address Adams, Oregon

UMAT 1435

(2) TYPE OF WORK (check):

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

(3) TYPE OF WELL:

Rotary [] Driven [] Cable [X] Jetted [] Dug [] Bored []

(4) PROPOSED USE (check):

Domestic [] Industrial [] Municipal [] Irrigation [X] Test Well [] Other []

CASING INSTALLED:

16" Diam. from 0 ft. to 90 ft. Gage Standard

PERFORATIONS:

Perforated? [] Yes [X] No.

Type of perforator used

Size of perforations in. by in. perforations from ft. to ft.

(7) SCREENS:

Well screen installed? [] Yes [X] No

Manufacturer's Name Type Model No. Diam. Slot size Set from ft. to ft.

(8) WATER LEVEL: Completed well.

Static level 140 ft. below land surface Date 10/2/68

(9) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? [X] Yes [] No If yes, by whom? Athena, Ore. 837 gal./min. with 337 ft. drawdown after 6 hrs.

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

Artesian flow g.p.m. Date

Temperature of water 74 Was a chemical analysis made? [] Yes [X] No

(10) CONSTRUCTION:

Well seal-Material used Cement grout Depth of seal 0-90 ft. Diameter of well bore to bottom of seal 20 in. Were any loose strata cemented off? [] Yes [X] No Depth

(11) LOCATION OF WELL:

County Umatilla Driller's well number SW 1/4 NW 1/4 Section 4 T. 3N R. 34E W.M.

(12) WELL LOG:

Diameter of well below casing 16" Depth drilled 1680 ft. Depth of completed well 1680 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated.

Table with columns: MATERIAL, From, To, SWL. Rows include Top soil, Hard brown clay, Broken brown basalt, Black basalt, Red Clay & broken rock, Gray basalt, Gray & blue clay/broken rock, Gray basalt, Black basalt, Broken black/blue clay, Gray basalt, Broken black basalt, Gray basalt, Gray basalt/gray clay, cavey, Black basalt, Brown basalt, Porous black basalt, Brown basalt, Black basalt/porous & blue clay, Gray basalt.

Work started 10/26 1967 Completed 10/2 1968 Date well drilling machine moved off of well 10/17 1968

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] [Signature] Date 10/25, 1968 (Drilling Machine Operator)

Drilling Machine Operator's License No. 545

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 D. K. "Don" Smith (Person, firm or corporation) (Type or print)

Address P. O. Box 179 Walla Walla, Wash.

[Signed] [Signature] (Water Well Contractor)

Contractor's License No. 204 Date 10/28, 1968

NOTICE TO WATER WELL CONTRACTOR

The original and first copy of this report are to be filed with the

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

RECEIVED
OCT 30 1988
STATE ENGINEER
SALEM OREGON

WATER WELL REPORT

STATE OF OREGON

(Please type or print)
(Do not write above this line)

State Permit No. _____

SALEM, OREGON
OCT 31 1988
3N/34-4 E

(1) OWNER:

Name _____

Address _____

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Driven Bored Cable Jetted Municipal Domestic Industrial Irrigation Test Well Other

CASING INSTALLED:

Threaded Welded

" Diam. from _____ ft. to _____ ft. Gage _____

" Diam. from _____ ft. to _____ ft. Gage _____

" Diam. from _____ ft. to _____ ft. Gage _____

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.

perforations from _____ ft. to _____ ft.

(7) SCREENS:

Well screen installed? Yes No

Manufacturer's Name _____

Type _____

Slot size _____

Set from _____ ft. to _____ ft.

Set from _____ ft. to _____ ft.

(8) WATER LEVEL: Completed well.

Station level _____

ft. below land surface Date _____

ft. per square inch Date _____

Drawdown is amount water level is lowered below static level

Was a pump test made? Yes No If yes, by whom? _____

gal./min. with _____ ft. drawdown after _____ hrs.

gal./min. with _____ ft. drawdown after _____ hrs.

gal./min. with _____ ft. drawdown after _____ hrs.

gal./min. with _____ ft. drawdown after _____ hrs.

Artesian flow _____ g.p.m. Date _____

Temperature of water _____ Was a chemical analysis made? Yes No

(10) CONSTRUCTION:

Well seal—Material used _____

Depth of seal _____ ft.

Diameter of well bore to bottom of seal _____ in.

Were any loose strata cemented off? Yes No Depth _____

Was a drive shoe used? Yes No

Did any strata contain unusable water? Yes No

Type of water? _____ depth of strata _____

Method of sealing strata off _____

Was well gravel packed? Yes No Size of gravel: _____

Gravel placed from _____ ft. to _____ ft.

(USE ADDITIONAL SHEETS IF NECESSARY)

14267-

Contractor's License No. _____ Date _____, 19____

(Water Well Contractor) _____ [Signed] _____

Address _____

(Person, firm or corporation) _____ (Type or print)

NAME _____

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Water Well Contractor's Certification: _____

Drilling Machine Operator's License No. _____

(Drilling Machine Operator) _____ Date _____, 19____ [Signed] _____

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

Drilling Machine Operator's Certification: _____

Date well drilling machine moved off of well _____, 19____

Work started	Completed	19	19
Gray basalt	1031	1070	175
Red, black, brown rock/blue clay	1014	1031	
Gray basalt	1000	1014	
Broken brown/black-blue clay	980	1000	
Broken gray basalt	960	980	151
Broken black basalt/lost cutting	940-960	960	127
Broken gray basalt	927	940	
Gray basalt, med. hard	927	927	
Broken brown/black-blue clay	923	927	
Gray basalt, hard	913	923	
Gray basalt med. hard	891	913	
Broken black basalt/blue clay	888	891	
Gray basalt med. hard	815	888	
(Reduced to 12" hole at 815ft.)			
Broken black basalt	786	815	116
Broken dark gray basalt	775	786	
Brownish green, dry clay/cavey	764	775	
Broken gray basalt	695	764	785

MATERIAL

From _____ To _____

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 as drilling proceeds. Note drilling rates.

Depth drilled _____ ft.

Diameter of well below casing _____ ft.

(12) WELL LOG:

Bearing and distance from section or subdivision corner _____

County _____

Driller's well number _____

1/4 Section _____ T. _____ R. _____ W.M. _____

(11) LOCATION OF WELL:

RECEIVED

JUN 23 2023

OWRD SALEM Well No. 32/34-4 E

NOTICE TO WATER WELL CONTRACTOR

The original and first copy of this report are to be filed with the

WATER WELL REPORT

STATE OF OREGON

(Please type or print)

Do not write above this line

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

State Permit No.

RECEIVED OCT 30 1968 STATE ENGINEER SALEM OREGON

(1) OWNER:

Name

Address

(2) TYPE OF WORK (check):

New Well [] Deepening [] Reconditioning [] Abandon []

If abandonment, describe material and procedure in item 12.

(3) TYPE OF WELL:

Rotary [] Driven [] Cable [] Jetted [] Dug [] Bored []

(4) PROPOSED USE (check):

Domestic [] Industrial [] Municipal [] Irrigation [] Test Well [] Other []

CASING INSTALLED:

Threaded [] Welded []

" Diam. from ft. to ft. Gage

" Diam. from ft. to ft. Gage

" Diam. from ft. to ft. Gage

PERFORATIONS:

Perforated? [] Yes [] No.

Type of perforator used

Table with columns: Size of perforations, in. by, in., 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) WATER LEVEL: Completed well.

Level ft. below land surface Date

Static pressure lbs. per square inch Date

(9) WELL TESTS:

Drawdown is amount water level is lowered below static level.

Was a pump test made? [] Yes [] No If yes, by whom?

Flow: gal./min. with ft. drawdown after hrs.

" " " " " "

" " " " " "

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

Artesian flow g.p.m. Date

Temperature of water Was a chemical analysis made? [] Yes [] No

(10) CONSTRUCTION:

Well seal—Material used

Depth of seal ft.

Diameter of well bore to bottom of seal in.

Were any loose strata cemented off? [] Yes [] No Depth

Was a drive shoe used? [] Yes [] No

Did any strata contain unusable water? [] Yes [] No.

Type of water? depth of strata

Method of sealing strata off

Was well gravel packed? [] Yes [] No Size of gravel:

Gravel placed from ft. to ft.

(11) LOCATION OF WELL:

County Driller's well number

1/4 1/4 Section T. R. W.M.

Bearing and distance from section or subdivision corner

(12) WELL LOG:

Diameter of well below casing

Depth drilled ft. Depth of completed well 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 as drilling proceeds. Note drilling rates.

Table with columns: MATERIAL, From, To, SWL. Rows include Gray basalt, Porous black basalt, Dark gray basalt, etc.

N. B. Well was tested from depth of 500'

Pumped 500GPM/ Test pump was Then pulled and well was drilled to depth of 1680 feet

Work started 10/26 1967 Completed 10/2/68 19

Date well drilling machine moved off of well 10/7/68 19

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] (Drilling Machine Operator) Date, 19

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 (Person, firm or corporation) (Type or print)

Address

[Signed] (Water Well Contractor)

Contractor's License No. Date, 19