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 it | ems included with this application. (N/A = Not Applicable) |
| \boxtimes | Part 1 – Completed Minimum Requirements Checklist. |
| \boxtimes | Part 2 – Completed Transfer Application Map Checklist. OWRD SALEM, OREGON |
| \boxtimes | 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. |
| \boxtimes | 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: |
| \boxtimes | Completed Transfer Application Map. |
| \boxtimes | 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/ | 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 <u>all</u> 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/ | 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): Application for not englaced (insufficient Man not included or incomplete) |
| | Application fee not enclosed/insufficient Map not included or incomplete Evidence of Use Form not enclosed or incomplete Additional signature(s) required Part is incomplete Other/Explanation |
| | Staff: Date: |



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. \boxtimes Permanent quality printed with dark ink on good quality paper. X 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. X A north arrow, a legend, and scale. X 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. \boxtimes Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines. X Tax lot boundaries (property lines) are required. Tax lot numbers are recommended. \boxtimes Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads. \bowtie Major water delivery system features from the point(s) of diversion/appropriation such as main pipelines, canals, and ditches. \boxtimes 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. \boxtimes Existing point(s) of diversion or well(s) with distance and bearing or coordinates from a recognized survey corner. This information can be found in your water right certificate or permit. M N/A If you are proposing a change in point(s) of diversion or well(s), show the proposed location and label it clearly with distance and bearing or coordinates. If GPS coordinates are used, latitude-longitude coordinates may be expressed as either degrees-minutes-seconds with at least one digit after the decimal (example – 42°32′15.5") or degrees-decimal with five or more digits after the decimal (example – 42.53764°).

Part 3 of 5 - Fee Worksheet

| | FEE WORKSHEET for PERMANENT TRANSFER (except Substitution) | | | | | | | | | | |
|---|--|---|---------|--|--|--|--|--|--|--|--|
| 1 | Base Fee (includes one type of change to one water right for up to 1 cfs) | 1 | \$1,360 | | | | | | | | |
| 2 | Types of change proposed: Place of Use Character of Use Point of Diversion/Appropriation Number of above boxes checked = 1 (2a) Subtract 1 from the number in line 2a = 0 (2b) If only one change, this will be 0 Multiply line 2b by \$1090 and enter » » » » » » » » » » » » » » » » » » » | 2 | 0 | | | | | | | | |
| 2 | Number of water rights included in transfer 3 (3a) Subtract 1 from the number in 3a above: 2 (3b) If only one water right this will be 0 | 2 | U | | | | | | | | |
| 3 | Multiply line 3b by \$610 and enter » » » » » » » » » » » » » » » » » » » | 3 | 1220 | | | | | | | | |
| | Do you propose to add or change a well, or change from a surface water POD to a well? No: enter 0 Yes: enter \$480 for the 1st well to be added or changed 480 (4a) | | | | | | | | | | |
| 4 | Do you propose to add or change additional wells? No: enter 0 Yes: multiply the number of additional wells by \$410 410 (4b) Add line 4a to line 4b and enter » » » » » » » » » » » » » » » » » | 4 | 480 | | | | | | | | |
| | Do you propose to change the place of use or character of use? No: enter 0 on line 5 | | | | | | | | | | |
| | Yes: enter the cfs for the portions of the rights to be transferred (see below*): <u>0 (5a)</u> Subtract 1.0 from the number in 5a above:(5b) | | | | | | | | | | |
| | If 5b is 0 or less, enter 0 on line 5 » » » » » » » » » » » » » » » | | | | | | | | | | |
| _ | If 5b is greater than 0, round up to the nearest whole number:(5c) and multiply | | _ | | | | | | | | |
| 5 | 5c by \$410, then enter on line 5 » » » » » » » » » » » » » » » » » » | 5 | 0 | | | | | | | | |
| 6 | Add entries on lines 1 through 5 above » » » » » » » » Subtotal: | 6 | 3060.00 | | | | | | | | |
| | Is this transfer: necessary to complete a project funded by the Oregon Watershed Enhancement Board (OWEB) under ORS 541.932? endorsed in writing by ODFW as a change that will result in a net benefit to fish and wildlife habitat? | | | | | | | | | | |
| | If one or more boxes is checked, multiply line 6 by 0.5 and enter on line 7 » | | | | | | | | | | |
| 7 | If no box is applicable, enter 0 on line 7 » » » » » » » » » » » » » » » » » » | 7 | 0 | | | | | | | | |
| 8 | Subtract line 7 from line 6 » » » » » » » » » » » » » » » » Transfer Fee: | 8 | 3060.00 | | | | | | | | |

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

- 1. For irrigation calculate cfs for each water right involved as follows:
 - a. Divide total authorized cfs by total acres in the water right (for C12345, 1.25 cfs \div 100 ac); then multiply by the number of acres to be transferred to get the transfer cfs (x 45 ac= 0.56 cfs).
 - b. If the water right certificate does not list total cfs, but identifies the allowable use as 1/40 or 1/80 of a cfs per acre; multiply number of acres proposed for change by either 0.025 (1/40) or 0.0125 (1/80). (For C87654, 45.0 ac x 0.0125 cfs/ac = 0.56 cfs)
- 2. Add cfs for the portions of water rights on all the land included in the transfer; however **do not count cfs for supplemental rights on acreage for which you have already calculated the cfs fee for the primary right on the same land**. The fee should be assessed only once for each "on the ground" acre included in the transfer. (In this example, blank 5a would be only 0.56 cfs, since both rights serve the same 45.0 acres. Blank 5b would be 0 and Line 5 would then also become 0).

| | FEE WORKSHEET for SUBSTITUTION | | | | | | | | | | | | |
|---|---|---|----------|--|--|--|--|--|--|--|--|--|--|
| 1 | Base Fee (includes change to one well) | 1 | \$990.00 | | | | | | | | | | |
| | Number of wells included in substitution(2a) | | | | | | | | | | | | |
| | Subtract 1 from the number in 2a above:(2b) If only one well this will be 0 | | | | | | | | | | | | |
| 2 | Multiply line 2b by \$480 and enter » » » » » » » » » » » » » » | 2 | | | | | | | | | | | |
| 3 | Add entries on lines 1 through 2 above » » » » Fee for Substitution: | 3 | N/A | | | | | | | | | | |

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Part 4 of 5 – Applicant Information and Signature

Applicant Information

| APPLICANT/BUSINESS NAME | | PHONE NO. | ADDITIONAL CONTACT NO. | | | | | | | | | |
|-------------------------|---|-------------------|------------------------|-------------------------|--|--|--|--|--|--|--|--|
| BL DAVIS RANCH C-O BERK | DAVIS AND ROGER DA | 541.861.9538 | | | | | | | | | | |
| ADDRESS | | | FAX NO. | | | | | | | | | |
| P.O. Box 159 | | | | | | | | | | | | |
| CITY | STATE | ZIP | E-MAIL | | | | | | | | | |
| Adams | OR | 97810 | BFDATLD@HOTMAIL | .COM | | | | | | | | |
| BY PROVIDING AN E-MA | IL ADDRESS, CONSEN | IT IS GIVEN TO RI | CEIVE ALL CORRESPONDEN | ICE FROM THE DEPARTMENT | | | | | | | | |
| | 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 | | PHONE NO. | ADDITIONAL CONTACT NO. | |
|-----------------------|-------------------|-------------------|------------------------|------------------------|
| William Porfily | | 541.561.7259 | | |
| ADDRESS | | | | FAX NO. |
| P.O. Box 643 | | | | |
| CITY | STATE | ZIP | E-MAIL | |
| Stanfield | OR | 97838 | wporfily@gmail.c | om |
| BY PROVIDING AN E-MA | IL ADDRESS, CONSE | NT IS GIVEN TO RE | CEIVE ALL CORRESPONDEN | CE FROM THE DEPARTMENT |
| ELECTRONICALLY. COPIE | | | | |

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

| \boxtimes | 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. |
| | |



W. LEWY, UMEGUN

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

| | appropria | te in the interests o | of fairness to the public | or necessary to correct an e | rror |
|--|---|---|---|---|-----------------------|
| of the Department. I (we) affirm that the information of the Department of the Information of the Informati | of the land | BL Da Print Roger Print on which the wate | on is true and accurate ovis Ranch c-o Berk Dav Name (and Title if appliance) Davis Name (and Title if appliance) r right, or portion there and/or e-mail addresses | is $6-19-23$ cable) Date $6-19-23$ cable) Date of, proposed for transfer is | 3 |
| attach affidavits of consent (and i water right(s) were conveyed. | mailing and | I/or e-mail addresse: | s) from all landowners or | individuals/entities to which | the |
| Check the following boxes that o | apply: | | | | |
| sent to the applicant. The receiving landowner issued. Copies of notice Both the receiving land and correspondence sh At this time, are the lands in this lif YES, and you know who the | er will be re as and corre owner and ould be se as transfer a ne new lan | esponsible for comp espondence should applicant will be re nt to this landowne application in the produced downer will be, ple | pleting the proposed character be sent to this landown esponsible for completion and the applicant. Tocess of being sold? | ange(s) after the final order ner. on of change(s). Copies of no Yes \(\sum \) No ving landowner information | is otices table |
| Roger Davis Print Name (and Title if applicable) Date | | | | | |
| RECEIVING LANDOWNER NAME | | 1 | PHONE NO. | ADDITIONAL CONTACT NO. | |
| ADDRESS | | *************************************** | , | FAX NO. | 1 |
| CITY | STATE | ZIP | E-MAIL | | |
| Describe any special ownership | circumsta | nces: | | | |
| The confirming Certificate shall | be issued i | n the name of: | Applicant Receiving | ng Landowner | |

| Check here if any of the water right an irrigation or other water district. (T | | | | | | | |
|---|--|--------------------------------------|--|--|--|--|--|
| IRRIGATION DISTRICT NAME | ADDRESS | applementar rom b., | | | | | |
| N/A | ADDRESS | ADDRESS | | | | | |
| CITY | STATE | ZIP | | | | | |
| Check here if water for any of the | rights supplied under a wat | ter service agreement or other | | | | | |
| contract for stored water with a fe | | | | | | | |
| ENTITY NAME | ADDRESS | | | | | | |
| N/A | | | | | | | |
| CITY | STATE | ZIP | | | | | |
| | | | | | | | |
| To meet State Land Use Consistency R | Requirements, you must list | all county, city, municipal | | | | | |
| | | | | | | | |
| corporation, or tribal governments wi | | | | | | | |
| CORPORATION, OR TRIBAL GOVERNMENTS WIT | thin whose jurisdiction wat | | | | | | |
| CORPORATION, OR TRIBAL GOVERNMENTS WIT ENTITY NAME Umatilla County | thin whose jurisdiction wat | | | | | | |
| CORPORATION, OR TRIBAL GOVERNMENTS WITE ENTITY NAME Umatilla County CITY | ADDRESS 216 S.E. 4 th | er will be diverted, conveyed or use | | | | | |
| CORPORATION, OR TRIBAL GOVERNMENTS WITE ENTITY NAME Umatilla County CITY | ADDRESS 216 S.E. 4 th STATE | zip | | | | | |
| To meet State Land Use Consistency R corporation, or tribal governments with ENTITY NAME Umatilla County CITY Pendleton ENTITY NAME | ADDRESS 216 S.E. 4 th STATE | zip | | | | | |

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Part 5 of 5 – Water Right Information

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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.) Tax Is this POD/POA If POA, OWRD Lot, POD/POA **Measured Distances** Well Log ID# Authorized on DLC Name or (from a recognized the Certificate or (or Well ID 1/4 1/4 Twp Rng Sec or Number survey corner) is it Proposed? Tag # L-___) Gov't Lot **Authorized** 30 feet N & 70 feet E from Morrison 4 SW NW 2100 **UMAT 1435** 3 N 34 E Well E 1/4 corner of section 5 Proposed 1071 feet N & 962 feet E Authorized **UMAT 6433** 1230 Sandhollow 4 N 34 E 33 SW SE from the south 1/4 corner 0 Well N Proposed **UMAT 1459** of section 33 Authorized Proposed Authorized Proposed Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses): Place of Use (POU) Supplemental Use to Primary Use (S to P) Character of Use (USE) Point of Appropriation/Well (POA) Point of Diversion (POD) Additional Point of Appropriation (APOA) Substitution (SUB) Additional Point of Diversion (APOD) Surface Water POD to Ground Water Government Action POD (GOV)

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

| igwidz 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. |

POA (SW/GW)

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.

| | | | | | | | Proposed Changes (see | anges (see are made. | | | | | | | | | | S | | | | | | | |
|-----|-----|--|-----|-------|-------|-------|--------------------------|----------------------|---|-----------|------------------|-----------------------------------|----|----|----|----|-----|-----|-----|---------|----------------------|--------|-----------------------|---|------------------|
| Twp | Rng | | Sec | 14 14 | | | Gvt Lot or DLC | Acres | Type of USE listed on Certificate | POD(s) or | Priority Date | "CODES" from previous page) | Tv | vp | Rr | ng | Sec | 1/4 | 1/4 | 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 |
| | | | | | | | | | | | | АРОА | 3 | N | 34 | E | 5 | SE | NE | 20000 | | 36.32 | IR | MORRISON WELL & SANDHOLLOW WELL | 10/16/68 |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | TOTAL | L ACR | RES: | | | | | | | | | | | | то | TAL AC | RES: | 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? \square Yes \boxtimes 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 JUN 23 2023 |
| Identify the primary certificate to be cancelled. Certificate # N/A SALEM, OREGON |
| 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. |
| ble 3. Construction of Point(s) of Appropriation ny well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on |

Tal

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 aguifer 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

JUN 23 2023

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.

| five years. Includ | 2.0 cubic feet gallons rent water deliv le information of ater at the authorized and in | per s per n very sy on the perized | econo ninuto stem pum place | e (gp or the ps, case of the | m) ne sy anals use. | stem s, pipe Please | lines, a | and sp to app | rinklers | some time within the sused to divert, conve |
|--|--|--|---|------------------------------------|---------------------------------|---------------------------|-----------|------------------|-----------------|--|
| Describe the cur five years. Include and apply the wadelivery system ble 1. Location of A ote: If the POD/POA Name or Is this POD Authorize the Certification of the Certificati | gallons rent water deliv le information of ater at the authorized and aname is not sp | per notes per no | ninut ystem pum I place | e (gp or the ps, case of the | m) ne sy anals use. | stem s, pipe Please | lines, a | and sp to app | rinklers | s used to divert, conve |
| five years. Include and apply the was delivery system. ble 1. Location of Apote: If the POD/POA Name or State of the Certification of | rent water deliving the information of atternation of atternation of atternation of atternation of atternation of atternation of attention of attent | ery sy on the orized | stem pum place | or the ps, case of the ps | ne sy anals use. (s) o | s, pipe Please | lines, a | and sp to app | rinklers | s used to divert, conve |
| five years. Include and apply the was delivery system. ble 1. Location of Apote: If the POD/POA Name or State of the Certification of | rent water deliving the information of atternation of atternation of atternation of atternation of atternation of atternation of attention of attent | ery sy on the orized | stem pum place | or the ps, case of the ps | ne sy anals use. (s) o | s, pipe Please | lines, a | and sp to app | rinklers | s used to divert, conve |
| five years. Include and apply the was delivery system. ble 1. Location of Apote: If the POD/POA Name or State of the Certification of | e information of ater at the authorized and in a name is not sp | on the orized | pum place | ps, cae of u | analsuse. | s, pipe Please | lines, a | and sp to app | rinklers | s used to divert, conve |
| delivery system Die 1. Location of A Die: If the POD/POA Name or Name or Authorize the Certific | authorized and land is not sp | Propo | sed F | Point | (s) o | | | | <u>olicatio</u> | n map for description |
| ble 1. Location of A ote: If the POD/POA POD/POA Name or Is this POD Authorize the Certifica | name is not sp | - | | | | f Dive | rsion l | | | |
| POD/POA Name or Name or | name is not sp | - | | | | f Dive | rsion (| | | |
| POD/POA Name or Name or | name is not sp | - | | | | | . JIVII I | POD) | or App | ropriation (POA) |
| Name or Authorize | /POA If POA, OWR | | | | ertif | cate, a | | | | |
| Name or Authorize | POA If POA, OWR | | | | | | | | Tax | |
| Name or the Certifica | d on Well Log ID | | | | | | | | Lot, DLC | Measured Distances |
| Mullipel | ate or (or Well ID | | Twp | R | ng | Sec | 1/4 | 1/4 | or | (from a recognized survey corner) |
| is it Propo | sed? Tag # L |) | | | | | | | Gov't Lot | Survey cornery |
| Norrison Author Well Propos | UMAT 143 | 5 3 | N | 34 | E | 4 | SW | NW | 2100 | 30 feet N & 70 feet E fro W 1/4 corner of section 4 |
| ndhollow Author | ized UMAT 643 | | | | _ | | | | 1230 | 1071 feet N & 962 feet E |
| Well Propos | ed UMAT 145 | 9 4 | N | 34 | E | 33 | SW | SE | 0 | from the south ¼ corner section 33 |
| Author | ized | | | | | | | | | |
| Propos | | | | | | | | | | |
| Author | | | | | | | | | | |
| Propos | ed | \perp | | | | | | | | |

⊠ No

Complete all of Table 2 to describe the portion of the water right to be changed.

"CODES" listed above to describe the proposed changes.

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.

| | Т | | | _ | nat ap | pear | s on th | ne cer | tificate | | s) POSED CHA II be changed | | Proposed Changes (see | | | | The | listir | | | uld app | | FTER F | on" lands PROPOSE | D CHANGES | 5 |
|----|----|-----|---|-----|--------|------|---------|----------------------|----------|---|---|--------------|-----------------------------|----|----|----|-----|--------|-----|-----|---------|----------------------|--------|----------------------|---|------------------|
| Tv | γp | Rnį | g | Sec | 1/4 | 1/4 | Tax Lo | Gvt Lot or DLC | Acres | Type of USE listed on Certificate | POD(s) or POA(s) (name or number from Table 1) | Date | "CODES" from previous page) | Tv | vp | Rı | ng | Sec | 1/4 | 1/4 | 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 | 10/16/6 8 | 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 | 10/16/6 8 | 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 | 10/16/6 8 | 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 | 10/16/6 8 | APOA | 3 | N | 34 | E | 4 | SE | NW | 100 | | 37.71 | IR | MORRISON WELL & SANDHOLLOW WELL | 10/16/68 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | , | | | | | то | TAL AC | RES: | 158.01 | | | | | | | | | | | то | TAL ACI | RES: | 158.01 | | | |

Additional remarks:_____

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Permanent Transfer Application Form – Page 11 of 15

TACS

F

| For Pla | ace of Use or Character of Use Changes | |
|---------------|--|-----------------------|
| | there other water right certificates, water use permits or ground water reg the "from" or the "to" lands? \Box Yes $igtriangle$ No | istrations associated |
| If YE | S, list the certificate, water use permit, or ground water registration number | ers: |
| a pri to a | uant to ORS 540.510, any "layered" water use such as an irrigation right th mary right proposed for transfer must be included in the transfer or be car ground water registration must be filed separately in a ground water registication. | ncelled. Any change |
| For Su | bstitution (ground water supplemental irrigation will be substituted for su irrigation) | rface water primary |
| | und water supplemental Permit or Certificate # <u>;N/A</u> ace water primary Certificate # <u>N/A</u> | RECEIVED |
| For a | change from Supplemental Irrigation Use to Primary Irrigation Use | |
| Iden | tify the primary certificate to be cancelled. Certificate # N/A | OWRD SALEM, OREGON |
| For a | change in point(s) of appropriation (well(s)) or additional point(s) o | opriation: |
| | Well log(s) are attached for each authorized and proposed well(s) that are associated with the corresponding well(s) in Table 1 above and on the accomap. 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 | O/OR N/A | |
| | Describe the construction of the authorized and proposed well(s) in Table do not have a well log. For <i>proposed wells not yet constructed or built</i> , proestimate" for each requested information element in the table. The Department | ovide "a best |

Table 3. Construction of Point(s) of Appropriation

assembling the information necessary to complete Table 3.

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 aguifer 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.

you consult a licensed well driller, geologist, or certified water right examiner to assist with

| 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 | | | | | | | | |

JUN 28 2023

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.

| | | | | CE | RTI | ICA | TE # <u>46</u> | <u> </u> | | | | |
|------------------------------------|---|--------------------------------|------------|---------------------------|-------|---------------|--------------------------|-------------------|----------------------------|-------------------------------|--|--|
| Descri | ption of Water | Delivery Sys | tem | | | | | | | | | |
| System | capacity: 1.5 | 6 cubic feet p | er s | ecor | d (c | fs) O | R | | | | | |
| | | gallons pe | er m | inute | e (gp | m) | | | | | | |
| five ye and ap <u>delive</u> | ars. Include info ply the water a ry system | ormation on t t the authori | the zed | pum _l place | ps, c | anals use. | s, pipe <u>Please</u> | lines, a | and sp to app | rinklers olicatio | some time within the last sused to divert, convey, n map for description of ropriation (POA) | |
| (Note: If the | POD/POA nam | e is not spec | ified | on t | he c | ertifi | icate, a | assign | it a na | me or i | number here.) | |
| POD/POA Name or Number | Name or Number | | | | | | | | | | | |
| Morrison Well | Authorized 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 | ☐ Authorized ☐ 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 | |
| | Authorized Proposed Authorized | | | | H t | his w | | | | | be the location as et E from NE corner | |
| | Proposed | | | | | | | | | | | |
| Check | Place of Use Character of Additional Po | (POU) Use (USE) oint of Divers | ion | (APC |)D) | | S F S | Supple Point c | menta of Appr oution | I Use to ropriati (SUB) | ed in parentheses): o Primary Use (S to P) on/Well (POA) Appropriation (APOA) | |
| \A/ill al | Will all of the proposed changes affect the entire water right? | | | | | | | | | | | |
| | | _ | | | | | | _ | n of T | ahle 2 c | on the next nage. 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 CHANG List only that part or portion of the water right that will be changed. | | | | | | Proposed Changes (see | | | | Γhe | listir | | | uld ap | | FTER F | n" land: PROPOS | s) ED CHANGES | 5 | | | | | |
|-----|--|-----|-----|------|-----|---------|--------------------------|-------|---|---|------|-----------------------------|----|----|--------|----|--------|--------------------|------------------|---------|----------------------|-------|-----------------------|---|------------------|
| Twp | Rng | 1 5 | Sec | 74 W | 4 | Tax Lot | Gvt Lot or DLC | Acres | Type of USE listed on Certificate | POD(s) or POA(s) (name or number from Table 1) | Date | "CODES" from previous page) | Tw | γp | Rr | ng | Sec | 1/4 | 14 | 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 | 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 |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | тот | AL ACI | RES: | | | | | | | | | | | | ТО | TAL AC | RES: | 165.0 | | | |

Additional remarks:_____

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OWAD SALEM, OREGON

14267-

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Permanent Transfer Application Form – Page 14 of 15

TACS

| F | 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? \square Yes \boxtimes 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 |
| F | 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 |
| F | For a change from Supplemental Irrigation Use to Primary Irrigation Use |
| | Identify the primary certificate to be cancelled. Certificate # $\frac{N/A}{}$ |
| F | 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. |
| Ar | ble 3. Construction of Point(s) of Appropriation ny well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the ecompanying application map. Failure to provide the information will delay the processing of your transfer |

T

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 | | UMAT 1435 | | | | | | | | |
| ATTACHE | | UMAT 6433 | | | | | | | | |
| D WELL | | UMAT 1459 | | | | | | | | |
| LOGS | | | | | | | | | | |
| | | | | | | | | | | |

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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 o | f Oregon | | |) | SS | | | | | DEOF | |
|------------------|--------------------------------|----------------|----------------|---------|----------|----------|------------|----------------------|---------------------|---|-------|
| County | of UMATILLA) | | | , | 33 | | | | | RECEIVED JUN 28 2023 | - 120 |
| I, <u>Berk</u> , | in my capacity | as AN | OWNER | , | | | | | | | |
| mailing | address P.O. E | 30x 159 | 9 ADAM | s, OR, | 97810 | | | | | SALEM, OREGON | |
| telepho | one number (<u>5</u> | <u>41</u>)861 | <u>-9538</u> , | being | first dı | ıly swor | n depos | e and say: | | and the same of the | |
| 1. | My knowledg | e of th | e exer | cise or | status | of the v | vater rig | ht is based or | n (check one): | | |
| | □ Person | nal ob | servati | ion | | | Profess | ional experti | se | | |
| 2. | I attest that: | | | | | | | | | | |
| | | | | _ | ne prev | ious fiv | e years o | on the entire | place of use fo | or | |
| | Certif | icate # | ‡ | ; OR | | | | | | | |
| | My kı | nowled | dge is s | pecific | to the | use of v | water at | the following | | nin the last five years: | |
| | Certificate # | Tow | nship | Ra | nge | Mer | Sec | 1/4 1/4 | Gov't Lot or DLC | Acres (if applicable) | |
| | 40919 | 3 | N | 34 | E | WM | 4 | NW | | 120 | |
| | 46354 | 3 | N | 34 | Е | WM | 4 | SW | | 120 | |
| | 40920 | 3 | N | 34 | Е | WM | 5 | NE | | 120 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| OR | | | | | | | | | | | |
| | Confirming Co | ertifica | ite# | ha | s beer | issued | within t | he past five y | ears; OR | | |
| | instream leas | e num | ber is: | | (Note: | If the e | ntire rigl | nt proposed f | | years. The eased instream.); OR | |
| | The water rig would be reb | | - | | | | | ntation that a | a presumption | of forfeiture for non-us | e |
| | Water has be 10 years for 0 | | | | | | | | opriation for r | nore than | |

Evidence of Use Affidavit - Page 1 of 2

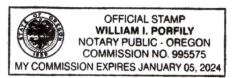
14267 -

- 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.

Bullet Jang
Signature of Affiant

June 20, 2013
Date

Signed and sworn to (or affirmed) before me this 26 day of $\sqrt{20}$, 2023.



William J. Confedent Notary Public for Oregon

My Commission Expires: Jan 5, 2024

| Supporting Documents | Examples |
|--|--|
| 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 |
| Copies of receipts from sales of irrigated crops or for expenditures related to use of water | Power usage records for pumps associated with irrigation use Fertilizer or seed bills related to irrigated crops |
| Records such as FSA crop reports, irrigation | Farmers Co-op sales receipt District assessment records for water delivered |
| district records, NRCS farm management plan, or records of other water suppliers | Crop reports submitted under a federal loan agreement Beneficial use reports from district |
| | IRS Farm Usage Deduction Report |
| | Agricultural Stabilization PlanCREP Report |
| Aerial photos containing sufficient detail to establish location and date of photograph | 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. |
| | Sources for aerial photos: OSU –www.oregonexplorer.info/imagery OWRD – www.wrd.state.or.us Google Earth – earth.google.com TerraServer – www.terraserver.com |
| Approved Lease establishing beneficial use within the last 5 years | Copy of instream lease or lease number RECEIVED |

14267 -

JUN 23 2023 OWRD SALEM, OREGON



Land Use Information Form



OREGON Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900

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 | 14 14 | Tax Lot # | Plan Designation (e.g., Rural Residential/RR-5) | | Water to be: | | Proposed Land Use: |
|-------------|---|------------|------------------|----------------------------------|--|---------------|--------------|--------------|---------------------------|
| 3 N | 34 E | 4 | <u>NW</u> | 200 & 100 | EFU | Diverted | Conveyed | Used | IRRIGATION |
| 3 N | 34 E | 4 | <u>sw</u> | 19000 | EFU | Diverted | Conveyed | Used | IRRIGATION |
| 3 N | 34 E | <u>5</u> | <u>NE</u> | 20000 | EPV | Diverted | Conveyed | Used | IRRIGATION |
| <u>4 n</u> | <u>34 E</u> | 33 | SW SE | 12300 | EFU | Diverted | Conveyed | Used | SANDHOLLOW WELL IRRIG. |
| Umatilla | | ties where | water is pro | oposed to be d | iverted, conveyed, an | d/or used or | developed: | | |
| Type of ap | ption of Pr plication to it to Use or S | be filed w | ith the Wate | er Resources D Right Transfer | | t Amendment | or Ground Wa | ter Registra | ation Modification |
| | ed Water Use water: | | | ition of Conserve | ed Water Exchai | nge of Water | _ | | |
| Estimated | quantity of | water nee | ded: <u>5.94</u> | cubic | feet per second | gallons per r | ninute 🔲 | acre-feet | |
| Intended u | ise of water | | ation [| Commercial Quasi-Municip | Industrial | | estic for | househo | ld(s) |
| Briefly des | cribe: | | | | | | | | |
| | adding an a orrison wel | | l well, Sand | hollow well, | as an addition appro | opriation to | the three co | ertificates | that are currently i |
| | | | | *********** | ***** | | ************ | | 20 |

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.



Land Use Information Form - Page 1 of 3

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Revised 2/8/2010

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 a | nd provide the requested information | | |
|--|--|-------------------|------------------------|
| Land uses to be served by the proposed wat by your comprehensive plan. Cite applicable | | allowed outrigh | t or are not regulated |
| | er uses (including proposed construction) inv | | v land-use approvals |
| Land uses to be served by the proposed wat | ocumentation of applicable land-use approva | Is which have alr | eady been obtained. |
| Paccet of Action/land-use decision and acce | ompanying findings are sufficient.) If approval | s have been obt | ained but all appeal |
| periods have not ended, check "Being purs | | | |
| Type of Land-Use Approval Needed | | T | |
| (e.g., plan amendments, rezones, conditional-use | Cite Most Significant, Applicable Plan Policies & Ordinance Section References | Land-l | Use Approval: |
| permits, etc.) | Ordinance Section Neter Cines | | 1_ |
| | | Obtained | Being Pursued |
| | | Denied | Not Being Pursued |
| | | Obtained | Being Pursued |
| | | Denied | ☐ Not Being Pursued |
| | | | |
| | | Obtained | Being Pursued |
| | | Denied | Not Being Pursued |
| | | Obtained | Being Pursued |
| | | Denied | Not Being Pursued |
| | | Obtained | Being Pursued |
| | | | Not Being Pursued |
| | | Denied | Not being Pursued |
| Local governments are invited to express special governments are invited to express special regarding this proposed use of water below, or | | ns to the Water | Resources Departmer |
| Name: Megan Davchers | Title: | lanning | Manager |
| Signature: Megn Davener | Sle Phone: 541-279- | 6252Date: | 5 30 2023 |
| Government Entity: WMMILA CO | inty | | |
| Note to local government representative: Ple sign the receipt, you will have 30 days from the Information Form or WRD may presume the lacomprehensive plans. | Water Resources Department's notice date t | to return the con | npleted Land Use |
| Pacair | ot for Request for Land Use Information | | 100 |
| Receip | to nequest for tand ose information | Z11 | |
| Applicant name: | | | |

Land Use Information Form - Page 2 of 3

______ Phone:_____ Date: ____

Signature: ____

Revised 2/8/2010

City or County:_____ Staff contact: _____

JUN 23 2023

WR / FS

14267-

| STATE ENGINEER Salem, Oregon | UMAT 6433 SANDA | Well | Record | | WELL NO3 | |
|---|---|------------------------|---------------------------------|-------------------|--|---|
| | Carly | Mow We | 11 | | ATION NO | |
| OWNER: L. L. Ros | >/400 170 gers | | ADDRESS: . | 311 N. Mai | n St. | |
| LOCATION OF WELL | | | | Pendleton, | Oregon | |
| SW_1/4SE_1/4 Sec | 33 т3Х ^N ., | R. 34 XX., | W.M. | | | 7 |
| Bearing and distance from | om section or sub | division | | | | |
| corner N. 41°55' 30"E | . 1439.3' from | st cor. s | ec33. | | | 1 |
| *************************************** | ATT # | | | | | 4 |
| | ***************************** | | | | | 1 |
| Altitude at well | *************************************** | | | | *2 0 | - |
| TYPE OF WELL:Dri | lled. Date Cons | structed19 | 51 | | Merch | _ |
| Depth drilled 4141 | Depth case | edb | *********** | Section | 33 | _ |
| CASING RECORD: | | | | | | |
| FINISH: | | | | | | |
| AQUIFERS: | | | | | | |
| WATER LEVEL: | | | | | | |
| PUMPING EQUIPMEN Capacity 200 | T: Type Jacu G.P.M. | zzi 6 x 6 : | in. Turbine | | Н.Р. | 20 |
| WELL TESTS: 20 Drawdown 48 | <i>C</i> , <i>C</i> , | 8:50 A.M. | | 200 | | |
| Drawdown 48 | ft. after | 9:15 A.M. 9:30 A.M. | hours | 375 325 | | G.P.M. |
| Drawdown | ft. after | 10:35 A.M. | hours | 325 350 310 | ********************** | G.P.M. |
| USE OF WATER SOURCE OF INFORMA | Irrigation | | Temp | F | | , 19 |
| DRILLER or DIGGER ADDITIONAL DATA: | Geo. E. | | ******************************* | | | *************************************** |
| | evel Messuremen | nta | Chamical Ana | 1 | A | |

Irrigation of 186.55 acres.

REMARKS:

14267-

JUN 23 2023
OWRD
SALEM, OREGON

STATE ENGINEER Salem, Oregon

| State | Well No. | 3N/34-33Q |
|-------|-----------|-----------|
| Count | ty Umat | tilla |
| Appli | cation No | TL682 |

Well Log

| Owner: L. L. Rogers | | Owner's No | Krebs #2 |
|--|----------------|---------------|---------------------|
| Driller: Geo. E. Scott | Date Drill | ed195 | 1 |
| CHARACTER OF MATERIAL | (Feet below | land surface) | Thickness (feet) |
| | From | 10 | (1662) |
| Soil | 0 | 11 | يد |
| Broken basalt | 11 | 20 | 9 |
| Hard basalt rock | 20 | 48 | 28 |
| Softer basalt rock | 48 | 78 | 30 |
| Firm basalt rock | 78 | 1.02 | 24 |
| Black basalt rock | 102 | 110 | 8 |
| Reddish color rock | 110 | 116 | 6 |
| Reddish rock | 116 | 123 | 7 |
| lack basalt | 123 | 130 | 7 |
| Some water cyrstals | 130 | 744 | 14 |
| Black basalt | 744 | 160 | 16 |
| Black basalt (Crevice at 161 ft.) | 160 | 190 | 30 |
| Black basalt with crevices | 190 | 270 | 80 |
| Black basalt, harder with some water | 270 | 282 | 12 |
| Water dropped from 10 to 14 ft. Crevice at 284, water would lift ahead of sand pump fr | om 141 to 31 o | f top of cast | ing. |
| 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 cyrstals | 330 | 355 | 25 |
| Black basalt, no noticeable change in water | 355 | 414 | 59 |
| RECEIVED | | | |
| JUN 23 2023 | | | |
| SALEM, OREGON | | 1.4 | |

14267-

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.

Sandhollo w well 9

WATER WELL REPORT

STATE OF OREGON

(Please type or print)

1903 W 68 m

| | | | | *************************************** |
|--|--|---|---------------|---|
| (1) OWNER: | STATE IN LIGHT | (11) WELL TESTS: Drawdown is amount lowered below static | water level | is |
| Name Berkley L. Davis | - T- 198 | Was a pump test made? Yes No If yes, by who | om? then | a, Ores |
| Address Adams, Oregon | | Yield:620 gal./min. with ft. drawdo | | |
| | | " " " | | " |
| (2) LOCATION OF WELL: | | 11 25 26 | | 39 |
| County Umatilla Driller's well | II number | Bailer test gal./min. with ft. drawdo | wn after | hrs. |
| | 5N R.34 Ew.M. | Artesian flow g.p.m. Date | | |
| Bearing and distance from section or subdivis | | Temperature of water 70 Was a chemical analysis | made 3 🔲 Y | es No |
| | The state of the s | (12) WELL LOG: Diameter of well below | | |
| | - A - A - A - A - A - A - A - A - A - A | Depth drilled 857 plameter of well below ft. Depth of completed | _ | ^ 4 |
| | 4 | | | Management of the last of the |
| | | Formation: Describe by color, character, size of mater show thickness of aquifers and the kind and nature of stratum penetrated, with at least one entry for each | the materi | al in each |
| | | | | |
| (2) TWDE OF WORK (about) | | MATERIAL | FROM | TO |
| (3) TYPE OF WORK (check): | 4W | Black balsalt | 413 | 430 |
| v Well ☐ Deepening Recombandonment, describe material and proceed | ditioning Abandon Dure in Item 12 | Black basalt & grey clay Black basalt | 430 | 435 |
| | T 110111 12. | Grey basalt | 435 | 480 |
| (4) PROPOSED USE (check): | (5) TYPE OF WELL: | Porour basalt & clay | 480 503 | 503 |
| Domestic Industrial Municipal | Rotary Driven | Black basalt | - | 507 |
| Irrigation Test Well Other | Cable A Jetted Dug Bored | Grey baselt | 507 | 550 |
| | | Black basalt | 550 | 565 |
| (6) CASING INSTALLED: The | readed [] Welded [] | Grey basalt | 565 | 615 |
| "Diam. fromft. to | | Black basalt | 615 | 665 |
| " Diam. fron NONE ft. to | ft. Gage | Black stikky clay & broken bas. | | 690 |
| " Diam. from ft. to | ft. Gage | Black basalt | 690 | 720 |
| (7) PERFORATIONS: Per | foretado El Vica de Sa | Grey basalt | 720 | 755 |
| Type of perforator used | forated? Tyes A.No | Black basalt, clqy soams | 755 823 | 825 |
| | for the same of th | Grey basalt | 845 | 845 |
| Size of perforations in. by perforations from | | Black basalt (lost cuttings) | 851 | 951 995 |
| perforations from | | Grey basalt | 995 | 1002 |
| perforations from | | Black basalt (lost cuttings) | 1002 | 1020 |
| perforations from | | Grey basalt | 1020 | 1030 |
| perforations from | | Black basalt (lost outtings) | 1030 | 1065 |
| | | Grey basalt | 1065 | 1085 |
| (8) SCREENS: Well screen ins | stalled 🗆 Yes 🗳 No | Black baselt | 1085 | 1100 |
| Manufacturer's Name | *************************************** | Black basalt (no cuttings) | 1100 | 1117 |
| · Mo | | Pump tested- ensufficient water | | |
| Slot size Set from | | Work started 19 . Completed | | 19 |
| Diam Slot size Set from | ft. to ft. | Date well drilling machine moved off of well | | 19 |
| (9) CONSTRUCTION: | | (13) PUMP: | 1# | |
| Well seal—Material used in seal | | Manufacturer's Name / 14 5 Sheet | | L |
| Depth of sealft. Was a pa | cker used? | 1010 | H.P | |
| Diameter of well bore to bottom of seal | | | | - |
| Were any loose strata cemented off? 🗆 Yes 🦅 | No Depth | Water Well Contractor's Certification: | | |
| Was a drive shoe used? Yes No | | This well was drilled under my jurisdiction | and this r | eport is |
| Was well gravel packed? 🗌 Yes 🌋 No Size | | true to the best of my knowledge and belief | COCI | 115 |
| Gravel placed from ft. to | | NAME | | VED |
| Did any strata contain unusable water? 🔲 Ye | es 🗆 No | NAME (Person, firm or corporation) | Type or print | 0000 |
| Type of water? Depth of s | trata | Address | UN 23 | ZUZ3 |
| Method of sealing strata off | A | Drilling Machine Operator's Tierra Ma | OWP | F) . |
| (10) WATER LEVELS: | | Drilling Machine Operator's License No. | LEM, OR | EGON |
| | surface Date 7/10/63 | [Signed] | | - WOIN |
| | re inch Date | (Water Well Contractor) | | |
| ios. per squa | Le men Mate | Contractor's License No Date | | . 19 |

The original and first copy of this report are to be filed with the WATER WELL REPORT STATE OF OREGON State Well No. .. STATE ENGINEER, SALEM 10, OREGON within 30 days from the date of well completion. State Permit No. (1) OWNER: Drawdown is amount water level is lowered below static level (11) WELL TESTS: ----Name Was a pump test made? [] Yes [] No If yes, by whom? Address gal./min. with ft, drawdown after hrs. ,, 23 (2) LOCATION OF WELL: Bailer test gal./min. with ft. drawdown after hrs. County Driller's well number Artesian flow g.p.m. Date 14 Section T. W.M. Temperature of water Was a chemical analysis made? ☐ Yes ☐ No Bearing and distance from section or subdivision corner (12) WELL LOG: Diameter of well below casing .. ft. Depth of completed well Depth drilled 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 1117 1135 Black basalt (3) TYPE OF WORK (check): 1135 1230 v Well □ Grey basalt Deepening [Reconditioning [Abandon [bandonment, describe material and procedure in Item 12. Soft grey basalt (lost cuttings 1230 1240 Grey basalt hard 1240 1855 (5) TYPE OF WELL: (4) PROPOSED USE (check): no cuttings from 1255 1270 Rotary Driven Domestic | Industrial | Municipal | got black cuttings at bottom Jetted Irrigation [Test Well [Other Bored Dug Old well to 413' is 10" (6) CASING INSTALLED: Threaded [from 413' to 1270 is 8" " Diam, from _____ ft. to ____ ft. Gage " Diam. from _____ft. to____ .." Diam. from ___ ft. to____ (7) PERFORATIONS: Perforated? | Yes | No Type of perforator used Size of perforations in. by perforations from ft. to perforations from perforations from perforations from ft. to perforations from (8) SCREENS: Well screen installed ☐ Yes ☐ No Manufacturer's Name Slot size Set from _____ ft. to ____ 19 62. Completed July 12 Work started Dec 18 19 63 Slot size Set from __ _ft. to Date well drilling machine moved off of well (9) CONSTRUCTION: (13) PUMP: Well seal-Material used in seal ... Manufacturer's Name ... ft. Was a packer used? H.P. Diameter of well bore to bottom of seal Water Well Contractor's Certification: Were any loose strata cemented off? ☐ Yes ☐ No Depth . This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Was a drive shoe used? ☐ Yes ☐ No Was well gravel packed? Yes No Size of gravel: .. Gravel placed from ft. to..... NAME D. K. SMITH (Person, firm or corporation) (Type or print) Did any strata contain unusable water?

Yes

No Address Route# 3 Walla Walla, Washington Type of water? Depth of strata Method of sealing strata off Drilling Machine Operator's License No. (10) WATER LEVELS: Static level ft. below land surface Date Contractor's License No. 204 Date 7/82/63 19 Artesian pressure lbs. per square inch Date

NOTICE TO WATER WELL CONTRACTOR

NOTICE TO WATER WELL CONTRACTOR Morrison well-The original and fire of this report are WATER WELL REPORT State Well No. 3N/3 filed with the Oved Cash STATE OF OREGON STATE ENGINEER, SALEM. (Please type or print) (Do not write above this line) 6-6468 within 30 days from the dat State Permit No. . of well compost.ATE ENGINEER G-4647 G-4648 (11) LOCATION OF WELL: (1) OWNER: Name BL. DAVIS RANCH Inc. Driller's well number County Umatilla 'Address Adams, Oregon 570 14 NW 14 Section 4 T. 3N R. 242 34R Bearing and distance from section or subdivision corner (2) TYPE OF WORK (check): New Well Deepening [Reconditioning [Abandon [7] If abandonment, describe material and procedure in Item 12. (3) TYPE OF WELL: (4) PROPOSED USE (check): (12) WELL LOG: Diameter of well below casing Driven [] Domestic | Industrial | Municipal | ft. Depth of completed weil 1680REGO at. Depth drilled 1680 Cable Jetted Irrigation Test Well | Other Dug Bored [Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, CASING INSTALLED: Threaded | Welded with at least one entry for each change of formation. Report each change 16 " Diam. from O XX ft. to 90 ft. GagStandard in position of Static Water Level as drilling proceeds. Note drilling rates. ft. to ft. Gage ... MATERIAL From ..." Diam, from ft. to ft. Gage Top soil 0 43 Hard brown clay PERFORATIONS: Perforated? | Yes No. Broken brown basalt, hard clay43 90 Type of perforator used 99 Black basalt 90 Size of perforations in. by 112 Red Clay& broken rock 99 136 perforations from . Black basalt 112 136 perforations from 155 145 Gra y basalt Gray& blue clay/broken rock ... perforations from ... 155 170 perforations from ... 170 200 Gray basalt perforations from _____ ft. to _ Black basalt 200 240 Broken black/blue clay 240 290 (7) SCREENS: Well screen installed? Yes No 290 302 Gray basalt Manufacturer's Name 302 351 Broken black basalt Model No. . Type Gray basalt 351 366 Set from Broken black pasalt 366 370 Diam. Slot size Set from ft. to ft. Gray basalt/gray clay , cavey 370 532 Black basalt (8) WATER LEVEL: Completed well. 532 542 ft. below land surface Date 10/2/68 Brown basalt 542-583 123 Static level 140 Porous black baselt 583 605 ian pressure lbs. per square inch Date Brown basalt 605 640 Drawdown is amount water level is lowered below static level at his re (9) WELL TESTS: Black basaltoporous& blue clay 640 652 Was a pump test made? Yes I No If yes, by whom? Athena, Ore. 69 ray basalt Work started 19 Completed 10/26 337ft. drawdown after 6 Viald: 887 gal./min. with Date well drilling machine moved off of well 353 910 ** Contra 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 gal./min. with Bailer test ft. drawdown after hrs. Artesian flow g.p.m. Date Date 10/25 1968 Temperature of water 74 Was a chemical analysis made?

Yes 1 No [Signed] (10) CONSTRUCTION: Drilling Machine Operator's License No. 54 Well seal-Material used ... Cement grout Water Well Contractor's Certification: 20 This well was drilled under my jurisdiction and this report is Diameter of well bore to bottom of seal ..

NAME D. K. "Don" Smith

(Person, firm or corporation)

P. O. Box 179 Walla Walls, Wash.

[Signed] (Water Well Contractor)

Contractor's License No 204 Date

true to the best of my knowledge and belief.

(USE ADDITIONAL SHEETS IF NECESSARY)

Were any loose strata cemented off? 🗆 Yes 🖺 No Depth ..

depth of strata

Size of gravel: .

Did any strata contain unusable water?

Yes No

Was a drive shoe used? AYes I No

Was well gravel packed? ☐ Yes 🚡 No

Type of water?

Method of sealing strata off

(Type or print)

JUN 28 2023

WATER WELL REPORT

| filed with the | |
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| WATER WELL CONTRACTOR | OTADITOR |

Gravel placed from ...

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| | | | | 1 | TO THE PARTY PARTY OF THE PARTY |
|---|---|-----------|---|----------|--|
| | | (TOP) | ed] | ugici | Was well gravel packed? Yes No Size of gravel: |
| | | | LF | -131 | Method of sealing strata off |
| | | | ss | Addre | Type of water? depth of strata |
| | | | | | Did any strata contain unusable water? |
| | e or print) | qvT) | (Person, firm or corporation) | MAN | Was a drive shoe used? |
| | | .Is | o the best of my knowledge and belie | true t | Were any loose strata cemented off? \[\text{Yes} \text{INo} \] Depth |
| d frogs | nd this r | | ds well was drilled under my jurisdi | | Dismeter of well bore to bottom of seal |
| | : | | Well Contractor's Certification: | Water | Depth of seal |
| | | | ng Machine Operator's License No. | unia. | Well seal—Material used |
| | | | | THE C | (10) CONSTRUCTION: |
| 6T " | | ənea | ed] (Drilling Machine Operator) | ugici | Temperature of water Was a chemical analysis made? Temperature of water |
| 01 | | atad | | | |
| rıλ pes | ron ənı | a are a | used and information reported abov ledge and belief. | CTPTT | |
| | | | is well was constructed under my di | | Bailer test gal,/min. with ft. drawdown after hrs. |
| | | | ng Machine Operator's Certification: | illia | и и и |
| 61 | | | vell drilling machine moved off of well | Date w | |
| | | D2 | | | : gal./min. with it. drawdown after hrs. |
| 61 | CETT | | | | Was a pump test made? 🗆 Kes 🗆 Mo II yes, by whom? |
| ZGT | 1172 1122 | 1136 | gray basalt basalt/green clay | | / |
| | 1120 | OIII | e prown/black clay | - 7 | (6) MEIT LECLE: Drawdown is smonut water level is |
| | OIII | 060T | pesalt /green clay | | ian pressure hbs: per square inch Date |
| 163 | 1080 | 0401 | beselt gray & blue clay | | etatic level M Below land surface Date |
| gut | OLOT | TOOL | passit transfer to proceed | | (8) WATER LEVEL: Conspected well. |
| | TOOT | | reck, brown rock/blue clay | a man | |
| | FIOI | TOOD | besalt | | Diam. Elot size Set from at to t |
| | 1000 | 086 | poscji u prown/black-blue clay | | Thism. Glot size size total |
| 121 | 086 | 096 | n gray dasalt | | Type Model No. |
| 78T | | | n black basalt (lost cuttin | | Manufacturer's Name |
| | 076 | 726 | basalt, med. hard | | (7) SCREENS: Well streen installed? 16s Nb |
| | 738 | 923 | n brown/black-blue clay | | th of th from from from the formal from the first of the |
| | 922 | 216 | basit, hard | | theriorations from the total t |
| | 216 | T68 | basalt Med. Hard | Cray | Dertorations from the to the to |
| | 168 | 888 | n black basalt/blue clay | Broke | Deriorations from |
| | 888 | 815 | bran .baM tlassd | Cray | the perforations from mort another to the perforations from the performance of the perfor |
| | | | uced to 12" hole at 815ft | (Red | Size of perforations in. by in. |
| 911 | 815 | 987 | tlesso yesed n | | |
| | 987 | 277 | n dark gray baselt | Broke | Type of perforator used Type of perforator used |
| | 277 | 794 | ish green, day elsy&cavey | | PERFORATIONS: Perforated IN Yes No. |
| | 38 4 | 969 | en gray basslt | Aora | " Diam, from tt. to tt. to tt. Gage |
| TMS | oΥ | morg | MATERIAL | | " Diam. from tr. to to tt, to Gage |
| | | | tion of Static Water Level as drilling pro | | "Diam, from It, to It, Gage |
| _ | | | now thickness and nature of each stratus t least one entry for each change of form | | CASING INSTALLED: Thresded [Welded [|
| | | | tion: Describe color, texture, grain size a | Forma | |
| IJ | | llew bete | drilled ft. Depth of comple | mdact | Cable Jetted Domestic Intigation Test Well Other |
| | S uj | elow cas | MEIT FOG: Dismeter of well b | | Rotary [] Driven [] |
| | | | | | (3) TYPE OF WELL: (4) PROPOSED USE (check): |
| | | | | | If abandonment, describe material and procedure in Item 12. |
| | | | | | Well Deepening Reconditioning Abandon |
| | | 19u100 | g and distance from section or subdivision | Bearin | (S) LXBE OF WORK (check): |
| M.W | | я. | T. T. Section 7. | | Address STATE ENGINEER STATE ENGINEER OUT 30 1968 |
| | | | | County | Name Name |
| | | | LOCATION OF WELL: | | (I) OMNEE: SALE ENGINE |
| | | | - I IAM AU RULLVJUI | (11) | (I) OMNEE: STATE OCT 30 1968 |
| | | | | | |
| *************************************** | *************************************** | | is line) State Permit Mo | above th | within 30 days from the feet of the mot write |

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State Permit No. .

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| filed with the STATE STATE ENGINEER, SALEM, OREGINATE Within 30 days from the date of well completion. | WELL REPORT OF OREGON e type or print) rite above this line) |
|--|--|
| (1) OWNER: SALEM SALEM CALER 'Address | (11) LOCA |
| Name | County |
| Address | 34 |
| | Bearing and dis |
| (2) TYPE OF WORK (check): | |
| New Well Deepening Reconditioning Abandon | |
| If abandonment, describe material and procedure in Item 12. | |
| (3) TYPE OF WELL: (4) PROPOSED USE (check): | (19) TEFF |
| Rotary Driven Domestic Industrial Municipal | (12) WELL |
| Dug | Depth drilled |
| | Formation: Des |
| CASING INSTALLED: Threaded □ Welded □ | with at least on |
| " Diam. from ft. to ft. Gage | |
| " Diam. from ft. to ft. Gage | 1 |
| " Diam. from ft. to ft. Gage | Gray basa |
| PERFORATIONS: Perforeted? T Ves. T No. | Porous bla |
| Type of perforator used | Dark gray |
| | Porous bla |
| Size of perforations in. by in. | - Dork erey |
| perforations from ft. to | ft. Porous bla |
| perforations from ft. to | 1 |
| perforations from ft. to | ft. Gray basal |
| perforations from ft. to | ft. Broken por |
| perforations from ft. to | ft. Gray basal |
| (7) SCREENS: Well screen installed? Yes No | |
| Manufacturer's Name | |
| Type Model No. | |
| Diam. Slot size Set from ft. to | |
| | Ma De MAT |
| Diam. Slot size Set from ft. to ft. | n. |
| (8) WATER LEVEL: Completed well. | Then p |
| ft. below land surface Date | of 16 |
| ian pressure lbs. per square inch Date | |
| | |
| (9) WELL TESTS: Drawdown is amount water level is lowered below static level | 3 |
| Was a pump test made? ☐ Yes ☐ No If yes, by whom? | |
| 771-1-1 | work started 1 |
| as distributed that the same of the same o | Date well drilling |
| | |
| . " " " " | |
| Bailer test gal./min. with ft. drawdown after h | rs. This well v |

g.p.m. Date

depth of strata

ft. to .

Was a chemical analysis made? ☐ Yes ☐ No

Artesian flow

Depth of seal

Type of water?

Gravel placed from ..

Method of sealing strata off

Temperature of water

(10) CONSTRUCTION: Well seal-Material used

Diameter of well bore to bottom of seal

Was a drive shoe used? ☐ Yes ☐ No

Was well gravel packed? ☐ Yes ☐ No

Were any loose strata cemented off?

Yes

No Depth .

Did any strata contain unusable water?

Yes

No

| (11) LOCATION OF WELL | : | | | |
|---|-----------------------|------------|-----------|---|
| County Drille | r's well n | umber | | |
| ¼ ¼ Section | T. | R. | | W.M. |
| Bearing and distance from section or | subdivisio | on corner | | |
| | | | | |
| | | | | |
| | | | | |
| (12) WELL LOG: Diamete | r of well | below cas | ing | *************************************** |
| Depth drilled ft. Depth | of comp | leted well | ŀ | ft. |
| Formation: Describe color, texture, | grain size | and struc | ture of r | naterials; |
| and show thickness and nature of e with at least one entry for each chan | | | | |
| in position of Static Water Level as | | | | |
| MATERIAL | | From | То | SWL |
| Gray basa;t | | 1145 | 1180 | |
| Porous black basalt | | 1180 | 1200 | 147 |
| Dark gray basalt | | 1200 | 1298 | 145 |
| Porous black rock/clay | | 1298 | | 143 |
| Dark gray bashlt/some cl Porous black basalt (los | - PV | 1310 | 1345 | |
| cuttin | | 7945 | **** | 140 |
| Gray basalt | 1881 | | | 142 |
| Broken porous black rock | <u> </u> | 1 | 1580 | 140 |
| Gray basalt. Med hard | | | 1680 | |
| | | 1000 | T-000 | |
| | | | | |
| | | | | |
| | | - | | |
| N. B. Well was tested i | rom de | pth o | 500 | |
| Pumped 500GPM | Test | pump r | 78.S | |
| Then pulled and well of 1680 feet | WAS C | rilled | l to d | opth - |
| 01 1000 1662 | · | <u> </u> | | |
| | | 1 | | |
| | | | | |
| | | | | |
| Work started 10/26 167 | Complet | ted 10/2 | /68 | 19 |
| Date well drilling machine moved off | | 10/7/6 | 1 | 19 |
| Drilling Machine Operator's Certification This well was constructed under rials used and information report knowledge and belief. | ler my d | irect sup | ervision | . Mate- my best |
| [Signed] (Drilling Machine Oper | ator) | Date | | ., 19 |
| Drilling Machine Operator's Lice | nse No. | | | *********** |
| This well was drilled under not true to the best of my knowledge NAME (Person, firm or corporation) | ny jurisd and beli | ef. | | |
| Address | •••••• | •••••• | | |
| [Signed](Water V | Vell Contra | ctor) | ••••• | |
| Contractor's License No. | | | | 10 |