

Application for Groundwater Registration Modification



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 Groundwater Registration Modification application will be returned if Parts 1 through 4 and all required attachments are not completed and included.
For questions, please call (503) 986-0900, and ask for Transfer Section.

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

RECEIVED
AUG 03 2008
OWRD

- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Application Map Checklist.
- Part 3 – Completed Applicant Information and Signature.
- Part 4 – Completed Groundwater Registration Modification Application – Groundwater Registration Information. (Only one Groundwater registration per application, unless the Groundwater registrations to be modified are layered).
- Completed Groundwater Registration Modification Application Map (Does not have to be prepared by a Certified Water Right Examiner).
- Groundwater registration modification fees – Amount enclosed: \$ **1,250.00**. (\$875.00 for a place of use change only; \$1,250.00 for any other change or combination).

Attachments:

- N/A Request for Assignment Form and statutory fee. This form needs to be completed if the applicant owns the land to which the registration is appurtenant and is **not** the registration certificate holder of record. The Request for Assignment Form is available at <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>.
Assignment is not needed for any person or entity who can demonstrate authorization to request recognition of a modification (e.g. legal representative, power of attorney, agent, etc.) **or** the applicant is named on the certificate of registration, or has been assigned to the certificate of registration.
- N/A Oregon Water Resources Department’s Land Use Information Form with approval and signature (or signed land use form receipt stub) from each local land use authority in which water is to be diverted, conveyed, and/or used. Not required if water is to be diverted, conveyed, and/or used only on federal lands or if **all** of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone.
- N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation.

(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"/> Assignment Form and fee not enclosed/insufficient
<input type="checkbox"/> Additional signature(s) required	<input type="checkbox"/> Part _____ is incomplete

Other/Explanation _____

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

14308

Part 2 of 4 – Groundwater Registration Modification Map Checklist

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

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

RECEIVED

AUG 02 2023

OWRD

- Permanent quality printed with dark ink on good quality paper.
- The size of the map can be 8½ x 11 inches, 8½ x 14 inches, 11 x 17 inches, or up to 30 x 30 inches. For 30 x 30 inch maps, one extra copy is required.
- A north arrow, a legend, and scale.
- The scale of the map must be: 1 inch = 400 feet, 1 inch = 1,320 feet, the scale of the county assessor map if the scale is not smaller than 1 inch = 1,320 feet, or a scale that has been pre-approved by the Department.
- Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines.
- Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
- Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads and railroads.
- Major water delivery system features from the point(s) of appropriation such as main pipelines, canals, and ditches.
- Existing place of use that includes hachuring, 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 registration is being changed, a separate hachuring is needed for the portion of the registration left unchanged.
- N/A If you are proposing a modification in place of use, show the proposed place of use with hachuring including 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 appropriation with distance and bearing or coordinates from a recognized survey corner.
- N/A If you are proposing a modification in point(s) of appropriation, 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°).

14308

Part 3 of 4 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Kit Johnston		PHONE NO. 971-241-2329	ADDITIONAL CONTACT NO.
ADDRESS 11320 SE Lafayette Hwy		FAX NO. AUG 02 2023	
CITY Dayton	STATE OR	ZIP 97114	E-MAIL kitjohnston@msn.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.			

RECEIVED

OWRD

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

AGENT/BUSINESS NAME Doann Hamilton/Pacific Hydro-Geology, Inc.		PHONE NO. (503) 632-5016	ADDITIONAL CONTACT NO. (503) 349-6946 (cell)
ADDRESS 18487 S. Valley Vista Road		FAX NO. (503) 632-5983	
CITY Mulino	STATE OR	ZIP 97042	E-MAIL phgdmh@gmail.com
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.			

Explain in your own words what you propose to accomplish with this modification; and why:
Authorized Well (YAMH 5465) is starting to pull sand so we are applying for a modification to add an existing well on our property (YAMH 3872, 53177) and propose to drill an additional well to supply our needs.

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

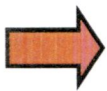
Check this box if this project is fully or partially funded by the American Recovery and Reinvestment Act. (Federal stimulus dollars)

(Check one box)

- By signing this application, I (we) understand that, upon receipt of the draft preliminary determination and prior to Department approval of the Groundwater modification, I (we) will be required to provide landownership information and evidence that I am authorized to pursue the modification as identified in OAR 690-382-0400(16)(a); **OR**
- I (we) 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 (we) affirm that the applicant is an entity with the authority to condemn property and is acquiring the property to which the Groundwater registration proposed for modification is appurtenant by condemnation and have attached supporting documentation.

I understand that prior to Department approval of the groundwater registration modification, 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 groundwater registration 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 paper: McMinnville NewsRegister.

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



Kit Johnston
Applicant Signature

KIT JOHNSTON
Print Name and title if applicable

7/24/23
Date

Applicant Signature

Print Name and title if applicable

Date

Is the applicant the sole owner of the land on which the Groundwater registration modification or portion thereof, 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 Groundwater registration has been conveyed.*

Check the appropriate box, if applicable:

Check here if the Groundwater registration proposed for modification is or will be located within or served by an irrigation or other water district.

IRRIGATION DISTRICT NAME NA	ADDRESS	
CITY	STATE	ZIP

Check here if water for the Groundwater registration is supplied under a water service agreement or other contract with a federal agency or other entity.

ENTITY NAME NA	ADDRESS	
CITY	STATE	ZIP

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

ENTITY NAME Yamhill County	ADDRESS 525 NE 4th Street	
CITY McMinnville	STATE Oregon	ZIP 97128

ENTITY NAME NA	ADDRESS	
CITY	STATE	ZIP

RECEIVED
AUG 02 2023
OWRD

14308

Part 4 of 4 – Groundwater Registration Information

Please use a separate Part 4 for each registration being modified. See instructions on page 5, to copy and paste additional Part 4s, or to add additional rows to tables within the form.

Groundwater Registration # GR-1696 (Certificate # GR-1645)

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

(Note: If the POA name is not specified in the registration, assign it a name or number here.)

POA Name or Number	Is this POA Authorized by the registration or is it Proposed?	OWRD Well Log ID# (or Well ID Tag # L-___)	Twp		Rng		Sec	¼ ¼		Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Well	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	YAMH 5465	4	S	3	W	31	SE	SW	DLC 59	501 feet north and 1,772 feet east from the SW corner, Section 31.
Well 1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	YAMH 3872, 53177	4	S	3	W	31	SE	SW	DLC 59	200 feet north and 1,410 feet east from the SW corner, Section 31.
Well 2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	NA	4	S	3	W	31	SE	SW	DLC 59	665 feet north and 1,830 feet east from the SW corner, Section 31.
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed										

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

- | | |
|---|---|
| <input type="checkbox"/> Place of Use (POU) | <input checked="" type="checkbox"/> Point of Appropriation (well) (POA) |
| <input type="checkbox"/> Character of Use (USE) | <input type="checkbox"/> Additional Point of Appropriation (APOA) |

Will all of the proposed changes affect the entire Groundwater registration?

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

RECEIVED

AUG 02 2023

OWRD

14308

Please use and attach additional pages of Table 2 as needed.
See page 5 for instructions.

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

Table 2. Description of Modifications to Registration GR-1696 (Certificate # GR-1645)

List only the part of the registration that will be modified. For the acreage in each ¼ ¼, list the modification proposed. If more than one modification, specify the acreage associated with each modification. If more than one POA, specify the acreage associated with each POA.

AUTHORIZED (the "from" or "off" lands) The listing that appears in the registration BEFORE PROPOSED CHANGES List only that part or portion of the groundwater registration 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	Acre	Type of USE listed on Certificate	POA(s) (name or number from Table 1)	Priority Date		Twp	Rng	Sec	¼	¼	Tax Lot	Gvt Lot or DLC	Acre	New Type of USE	POA(s) to be used (from Table 1)	Priority Date				
4	S	3	W	31	SW	SW	1000	DLC 59	23.3	IR	Well	7-31-1951	POA	4	S	3	W	31	SW	SW	1000	DLC 59	23.3	IR	Wells 1&2	7-31-1951
4	S	3	W	31	SE	SW	1000	DLC 59	9.5	IR	Well	7-31-1951	POA	4	S	3	W	31	SE	SW	1000	DLC 59	9.5	IR	Wells 1&2	7-31-1951
							TOTAL ACRES		32.8												TOTAL ACRES		32.8			

Additional remarks: None.

4308

RECEIVED
AUG 02 2023
OWRD

Groundwater Registration # GR-1696 (Certificate # GR-1645)

For a modification in place of use or character of use: NA

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

If YES, list the other certificate, water use permit, or other Groundwater registration numbers:

Pursuant to OAR 690-382-0200, any "layered" water use, such as an irrigation right that is supplemental to a primary irrigation right proposed for transfer, must be concurrently transferred with the registration or be cancelled. Any change to a water right must be filed separately in a transfer application. Any change to a water use permit must be filed separately with a permit amendment. Any modification to a Groundwater registration on the "to" lands must be filed separately with a Groundwater registration modification.

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

- Well log(s) are attached for each well 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/)

RECEIVED
AUG 02 2023

AND/OR

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

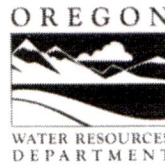
OWRD

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 adequate information is likely to delay the processing of your modification application until it is received. The information is necessary for the department to assess whether the proposed well(s) will access the same source aquifer as the authorized point(s) of appropriation (POA). The Department is prohibited by law from approving POA changes that do not access the same source aquifer.

Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well, OWRD Well ID Tag No. L-___	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well-specific rate (cfs or gpm). If less than full rate of water right
Well	Yes	YAMH 5465	See Well log YAMH 5465							Not less than full rate of registration
Well 1	Yes	YAMH 3872, 53177	See Well logs: YAMH 3872, 53177							
Well 2	No	NA	250 feet	10 inch	0 to 250	0 to 150	TBD	NA	Alluvial	

Land Use Information Form



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

Applicant(s): Kit Johnston

Mailing Address: 11320 SE Lafayette Hwy

City: Dayton

State: OR

Zip Code: 97114

Daytime Phone: 971-241-2329

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>4S</u>	<u>3W</u>	<u>31</u>	_____	<u>1000</u>	<u>EF 80/F 80</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>IR</u>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	_____

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

Yamhill county

RECEIVED
 AUG 02 2023

B. Description of Proposed Use

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

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

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

Estimated quantity of water needed: 0.22 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:

This Land Use Information Form is to accompany a Groundwater Registration Modification Application that proposes to change from the authorized well for Groundwater Registration GR-1696 to two other wells, one existing and the other to be drilled.

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

See bottom of Page 3. →

For Local Government Use Only

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

Please check the appropriate box below and provide the requested information

- Land uses to be served by the proposed water uses (including proposed construction) are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): 402.02(A) of the county zoning ordinance
- 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.

RECEIVED
AUG 02 2023
OWRD

Name: LANCE WOODS Title: SR. PLANNER
 Signature: [Signature] Phone: (503) 434-7516 Date: 7/24/2023
 Government Entity: TAMMILL COUNTY PLANNING DEPT.

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: _____

14308

STATE ENGINEER
Salem, Oregon

YAMHILL
5465

Well Record

STATE WELL NO. 4/3W-31P
COUNTY Yamhill
APPLICATION NO. GR-1696

GR- 1645

OWNER: Wilhelm A. Paulson MAILING ADDRESS: Rt. 1, Box 28

LOCATION OF WELL: Owner's No. _____ CITY AND STATE: Dayton, Oregon

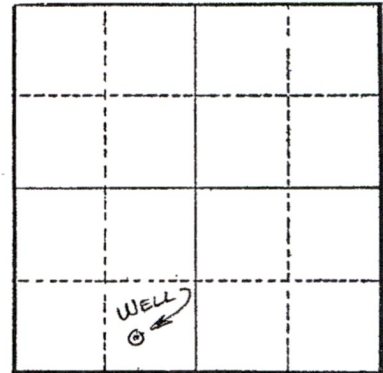
SE 1/4 SW 1/4 Sec. 31 T. 4 S., R. 3 W., W.M.

Bearing and distance from section or subdivision corner 501' N. & 1772' E. from SW cor. Sec. 31

Altitude at well 137'

TYPE OF WELL: Drilled Date Constructed 1951

Depth drilled 116' Depth cased 116'



Section 31

CASING RECORD:

8"

RECEIVED

AUG 02 2023

OWRD

FINISH:

48 perforations 12" x 1/4" 8" long from 84 to 90 ft.
96 perforations 12" x 1/4" 8" long from 105 to 116 ft.

AQUIFERS:

WATER LEVEL:

20'

PUMPING EQUIPMENT: Type Jacuzzi line shaft turbine H.P. 7 1/2
Capacity 130 G.P.M.

WELL TESTS:

Drawdown 90 ft. after _____ hours 130 G.P.M.
Drawdown _____ ft. after _____ hours _____ G.P.M.

USE OF WATER Irrigation Temp. _____ °F., 19

SOURCE OF INFORMATION GR Record

DRILLER or DIGGER Wilcox

ADDITIONAL DATA:

Log _____ Water Level Measurements _____ Chemical Analysis _____ Aquifer Test _____

REMARKS:

Log: Top soil 0 to 2 ft.
Clay & silty clay 2 to 21 ft.
Blue clay 21 to 46 ft.
Silt 46 to 73 ft.
Fine black sand 73 to 76 ft.
Blue clay 76 to 84 ft.
Black sand 84 to 90 ft.
Blue clay 90 to 108 ft.
Sand & fine gravel 108 to 116 ft.
Irrigation of 41 acres.

14308

16

YAMH
 3872

45/3w/31

(1) OWNER: Well No. 1496
 Name KENNETH MCWAGON
 Address 12000 SE LAFAYETTE HWY
 City DAYTON St OR Zip 97114

(9) LOCATION OF WELL by legal description:
 County YAMHILL Lat. ' ' ' Long. ' ' '
 Township 4 S 5 Range 3 W WH.
 Section 31 SE 1/4 SW 1/4
 Tax Lot 5306 Lot 500 Block Subdivision
 Street Address of Well (or nearest Address)
 12000 SE LAFAYETTE HWY DAYTON, OR

(2) TYPE OF WORK: NEW WELL
 (3) DRILL METHOD: CABLE
 (4) PROPOSED USE: IRRIGATION

(10) STATIC WATER LEVEL:
 14 ft. below land surface. Date 04/27/95
 Artesian pressure lb per square in. Date

(5) BORE HOLE CONSTRUCTION:
 Special Construction Approval: NO Depth of Compl. Well 182 ft
 Explosives used NO Type Amount
 HOLE SEAL

Diam.	From	To	Material	From	To	Amount
16	0	30	BENTONITE	0	30	28 SAX
12	30	182				

 Seal placement method POURED/TAMPED
 Backfill: from ft to ft Material
 Gravel: from 30 ft to 182 ft Size 3/8" P

(11) WATER BEARING ZONES:
 Depth at which water was first found 145

From	To	Est Flow Rate	SWL
145	178	501	14

(6) CASING/LINER:

Diam.	From	To	Gauge	Material	Connection
Casing 8	+2	182	.25	STEEL	WELDED

 Liner
 Final Location of shoe(s) NO SHOE

(12) WELL LOG:

Material	Ground elevation 150		SWL
	From	To	
TOP SOIL	0	5	
BROWN CLAY	5	15	
LIGHT GRAY CLAY	15	21	
FIRM BLUE CLAY	21	101	
GREEN CLAY	101	130	
BLUE CLAY	130	145	
MEDIUM GRAVEL W/SOME SAND, LIGHT CLAY	145	178	14
BLUE CLAY	178	182	

 DAVE PAYSINGER
 BLUE WATER DRILLING CO.
 DAYTON, OR. 97114
 Date started 04/03/95 Completed 04/27/95

RECEIVED
 AUG 02 2023
 OWRD

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

From	To	Size	Number	Diam.	Material	Tele/pipe size	Casing/liner
158	178	6"	200				CASING

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

Yield GPM	Draw-down	Drill stem at	Time
501		180	1 hr.
501		180	3

 Temperature of water 52 Depth Artesian Flow Found
 Was water analysis done? NO By whom _____
 Reason for water not suitable for use
 Depth of strata 0

(unbonded) Water Well Constructor Certification: I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed _____ WWC Number _____
 Date _____
 (bonded) Water Well Constructor Certification: I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 Signed *David S. Paysinger* WWC Number 1438
 Date 04/27/95

14308

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765)

WELL I.D. # L 61014
START CARD # 153478

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

OWNER
Name

(1) **LAND OWNER** Well Number _____
Name KENNETH MONAGON
Address 12000 SE LAFAYETTE HWY
City DAYTON State OR Zip 97114

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

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

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

(5) **BORE HOLE CONSTRUCTION:** Not Changed.
Special Construction approval Yes No Depth of Completed Well _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	140	Cem/Bent	0	140	84 Sacks w/gel

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

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

PRV

(6) **CASING/LINER:**

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) **PERFORATIONS/SCREENS:**

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

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

Yield gal/min	Drawdown	Drill stem at	Time
120		140	1 hr.

Pump Bailer Air Flowing Artesian

Temperature of water 52°F Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) **LOCATION OF WELL by legal description:**
County Yamhill Latitude _____ Longitude _____
Township 4S N or S Range 3W E or W. WM.
Section 31 SE 1/4 SW 1/4
Tax Lot 5306 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address)
12000 SE Lafayette Hwy, Dayton, Or 97114

(10) **STATIC WATER LEVEL:**
38' ft. below land surface. Date 10-21-02
Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**

Depth at which water was first found _____

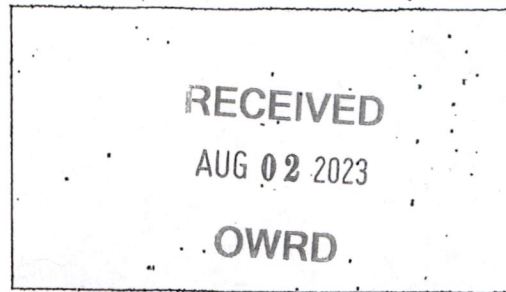
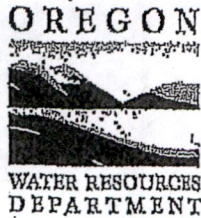
From	To	Estimated Flow Rate	SWL
RECEIVED AUG 29 2002			

(12) **WELL LOG:** Ground Elevation OWRD

Material	From	To	SWL
WELL REPAIR: Existing 8" casing was overdrilled from.	0	140'	
Seal & filter pack was removed (8" casing re-sealed from: Per water right permit requirements.)	0	140'	
Grout-Cement 84sks w/gel.	0	140'	
Well was redeveloped & air lift tested.			
RECEIVED OCT 29 2002 WATER RESOURCES DEPT SALEM, OREGON			

Date started 10-16-02 Completed 10-21-02
(unbonded) **Water Well Constructor Certification:**
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
Signed Meri Biggs WWC Number 1492 Date 10/25/02

(bonded) **Water Well Constructor Certification:**
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed [Signature] WWC Number 1266 Date 10/25/02



Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Kit Johnston 11320 SE Lafayette Hwy
Dayton OR 97114

Transaction Type: GR Mod

Fees Received: \$ 1750⁰⁰

Cash

Check

Check No. 10281

Name(s) on Check: Kit Johnson Farms

Thank you for your submission. Oregon Water Resources Department (Department) staff will review your submittal as soon as possible.

If your submission is determined to be complete, you will receive a receipt for the fees paid and an acknowledgement letter stating your submittal is complete.

If determined to be incomplete, your submission and the accompanying fees will be returned with an explanation of deficiencies that must be addressed in order for the submittal to be accepted.

If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.

Sincerely,

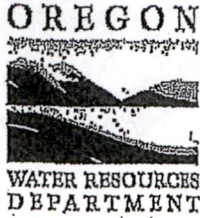
OWRD Customer Service Staff

Submission received by: Nick Reece
(Name of OWRD staff)

Instructions for OWRD staff:

- Complete this Submission Receipt and make two (2) copies. Place one copy with the check/cash; and place the other copy with the submission (i.e., the application or other document).
- Date-stamp all pages. (NOTE: Do not stamp check.)
- Give this original Submission Receipt to the applicant.
- Record Submission Receipt information on the "RECEIVED OVER THE COUNTER" log sheet.
- Fold and put one copy of the Submission Receipt with check/cash into the Safe slot. Place the other copy of the Submission Receipt with submission (application/other document) in the top drawer of filing cabinet.

14308



RECEIVED
AUG 02 2023
OWRD

Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Kit Johnston 11320 SE Lafayette Hwy
Dayton OR 97114

Transaction Type: GR Mod

Fees Received: \$ 1750⁰⁰

Cash Check; Check No. 10281

Name(s) on Check: Kit Johnson Farms

Thank you for your submission. Oregon Water Resources Department (Department) staff will review your submittal as soon as possible.

If your submission is determined to be complete, you will receive a receipt for the fees paid and an acknowledgement letter stating your submittal is complete.

If determined to be incomplete, your submission and the accompanying fees will be returned with an explanation of deficiencies that must be addressed in order for the submittal to be accepted.

If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.

Sincerely,
OWRD Customer Service Staff

Submission received by: Nick Reece
(Name of OWRD staff)

Instructions for OWRD staff:

- Complete this Submission Receipt and make two (2) copies. Place one copy with the check/cash; and place the other copy with the submission (i.e., the application or other document).
- Date-stamp all pages. (NOTE: Do not stamp check.)
- Give this original Submission Receipt to the applicant.
- Record Submission Receipt information on the "RECEIVED OVER THE COUNTER" log sheet.
- Fold and put one copy of the Submission Receipt with check/cash into the Safe slot. Place the other copy of the Submission Receipt with submission (application/other document) in the top drawer of filing cabinet.

14308

MONEY SLIP

DATE: <u>8-2-23</u>	RECEIPT #: <u>141306</u>
---------------------	--------------------------

RECEIVED FROM: <u>Kit Johnston.</u> <u>Farm Account</u>	APPLICATION
	PERMIT
	TRANSFER

CASH	CHECK #	OTHER (IDENTIFY)	
<input type="checkbox"/>	<input checked="" type="checkbox"/> <u>10281</u>	<input type="checkbox"/>	TOTAL REC'D \$ <u>1,250.00</u>

1083 TREASURY	4170 MISC CASH ACCT.
----------------------	-----------------------------

0407 COPIES		\$
OTHER: (IDENTIFY)		\$

0243 Instream Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

1083 TREASURY	4270 WRD OPERATING ACCT.
----------------------	---------------------------------

MISCELLANEOUS		
0407 COPY & TAPE FEES		\$
0410 RESEARCH FEES		\$
0408 MISC REVENUE (IDENTIFY)	_____	\$
TC162 DEPOSIT LIAB. (IDENTIFY)	_____	\$
0240 EXTENSION OF TIME	_____	\$

WATER RIGHTS		
0201 SURFACE WATER	EXAM FEE	
0203 GROUND WATER	\$	
0205 TRANSFER	\$	
		RECORD FEE
		0202 \$
		0204 \$

WELL CONSTRUCTION		
0218 WELL DRILL CONSTRUCTOR	EXAM FEE	
LANDOWNER'S PERMIT	\$	
OTHER (IDENTIFY)	_____	
		RECORD FEE
		0219 \$
		0220 \$

0607 TREASURY	0467 HYDROELECTRIC
----------------------	---------------------------

0233 POWER LICENSE FEE (FW/WRD)		LIC NUMBER	
0231 HYDRO LICENSE FEE (FW/WRD)		\$	
		\$	
HYDRO APPLICATION			\$

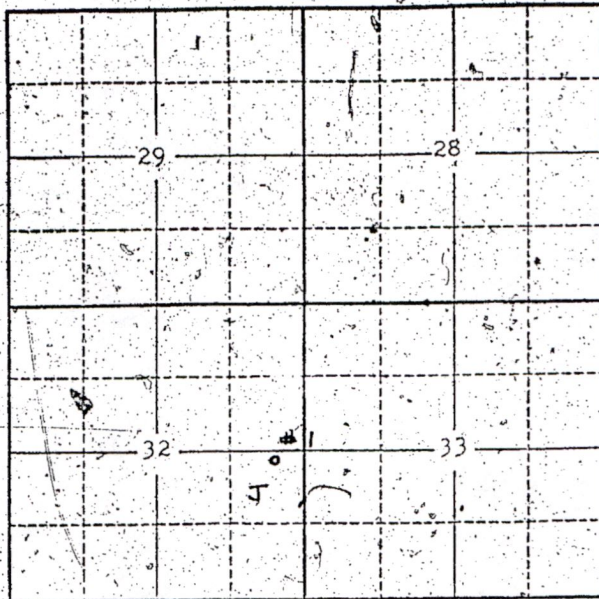
SPECIAL INSTRUCTIONS:

**RECEIVED
OVER THE COUNTER**

RETURN TO APPLICANT -- LETTER ATTACHED

14308

Township 2 North Range 13 East, W.M.
North



Locate well and acreage of irrigated land on plat.
Scale: 2" = 1 Mile

STATE OF OREGON

County of Wasco } ss.

PRESIDENT OF CHEWATH IRRIGATION COOPERATIVE, Inc.
I, GEORGE N. McDONALD, being first duly sworn, do hereby certify that I have read the foregoing Registration Statement and that all of the items therein contained are true to the best of my knowledge and belief.

Geo. N. McDonald President
(Signature of Registrant)

Subscribed and sworn to before me this 22nd day of May, 1958.

My commission expires January 15, 1962
Donald E. Hsieh (Notary Public)

(SEAL)

CERTIFICATE OF REGISTRATION

STATE OF OREGON

County of Marion } ss.

This is to certify that the foregoing Registration Statement was received in the office of the State Engineer on the 11th day of October, 1961, at 8:00 o'clock A. M. and has been duly recorded in said office in Book No. 17 of Registration Statements on page GR-4110

Witness my hand this 30th day of October, 1961

Lewis A. Stanley
(State Engineer)

\$ 22.00

By GR-4110 (Deputy) 14308
GR

If log of well is not available, give name and address of driller.

11. Infiltration Trench: Covered or open

Dimensions: Length ft. Minimum depth ft. Maximum depth ft.

Bottom width ft. Discharge g.p.m. Date of test

12. Tunnel: Type of lining

Dimensions:
(Length, course, and cross sectional size)

Position of water bearing stratum with reference to portal of tunnel

Log of tunnel: (Preceding table for log of well may be used, if desired. Give footage from portal and character of materials, as pertinent.)

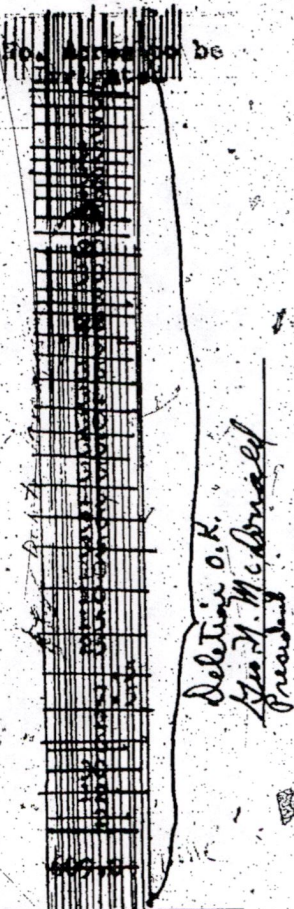
13. Pumping Equipment:

(a) Pump PEERLESS Capacity 1000 g.p.m.
(Make, type and size)

(b) Motor 100 hp Electric
(Type and horsepower)

14. Location of area irrigated or to be irrigated, or place of use if for purposes other than irrigation.

Township	Range	Section	Forty-acre Tract	No. Acres to be
2N	13E	29	NW SW	
2N	13E	29	SW SW	
2N	13E	29	NE SW	
2N	13E	29	SE SW	
2N	13E	29	NW SE	
2N	13E	29	SW SE	
2N	13E	29	NE SE	
2N	13E	29	SE SE	
2N	13E	29	SW SW	
2N	13E	32	NE NW	
2N	13E	32	SE NW	
2N	13E	32	NW NE	
2N	13E	32	SW NE	
2N	13E	32	NE NE	
2N	13E	32	SE NE	
2N	13E	32	NW SE	
2N	13E	32	SW SE	
2N	13E	32	NE SE	
2N	13E	32	SE SE	
2N	13E	33	NW NW	
2N	13E	33	SW SW	
2N	13E	33	SE SW	
2N	13E	33	NE NW	
2N	13E	33	SE SW	
1N	13E	5	NE NE	
1N	13E	4	NW NW	
1N	13E	4	NE NW	
1E	13E	4	SE NE	



This registration Statement is not to be considered in any way a waiver of any rights under previous applications, or a waiver of any other rights. This statement is, in addition to and supplemental to all other applications on file.

15. If the ground water supply is supplemental to an existing water supply, identification of any application for a permit, permit, certificate or adjudicated right to appropriate water made or held by the registrant.
Permit No? U-184, Application No. U-209; and Permit No. G-294, and File No. G-33

8. Casing: (Give diameter, commercial specifications and depth below ground surface of each casing size.)

16 inch diameter from 0 to 13 feet
 inch diameter from to feet
 inch diameter from to feet
 inch diameter from to feet

Describe and show depth of shoe, plug, adapter, liner or other details:

9. Perforated Casings or Screens:

..... from to
 (Number per foot and size of perforations, or describe screen)
 from to
 from to
 from to

10. Log of Well: (Describe each stratum or formation clearly, indicate if water bearing, and give thickness and depth as indicated.)

LOG OF WELL NO. 1

1 - 10 feet.	Sandy soil
10 - 45 feet	Very hard grey rock (Fine cutting)
45 - 60 feet	Porous rock
60 - 63 feet	Grey Solid rock
63 - 69 feet	Porous black rock
69 - 71 feet	Grey hard rock
71 - 75 feet	Porous black rock
75 - 78 feet	Hard grey rock
78 - 82 feet	Porous black rock
82 - 85 feet	Grey hard rock
85 - 90 feet	Yellow and blue clay. Black rock and trace of gravel
90 - 96 feet	Black rock
96 - 105 feet	Blue clay, black and white rock
105 - 162 feet	Traces of blue clay, grey and black and white rock
162 - 169 feet	Traces of blue clay, black, porous rock; traces of pyrite of iron.
169 - 181 ft.	Red porous rock, and pyrite of iron
181 - 188 feet	Grey porous rock and pyrite of iron
188 - 190 feet	Red and black rock. Trace of pyrite iron.
190 - 192 feet	Hard grey rock
192 - 203 feet	Very hard red and grey rock
203 - 237 feet	Very hard grey rock
237 - 248 feet	Porous water bearing red and black rock. Solid pieces of pyrite of iron, water crystals, and water sediments.
248 - 251 feet	Red and black very fine cutting rock.
251 - 258 feet	Grey hard rock.

RECEIVED
OCT 27 1981
STATE ENGINEER
SALEM, OREGON

Registration No. GR. 1645
Certificate No. GR. 4110

Registration Statement

OF CLAIMANT OF RIGHT TO APPROPRIATE GROUND WATER

TO THE STATE ENGINEER OF OREGON:

I, CHENOWETH IRRIGATION COOPERATIVE, Inc.
of P. O. Box No. 800 County of Wasco
(Mailing address)

State of Oregon, do hereby make application for a certificate of registration as evidence of a right to appropriate ground water.

- 1. Source from which water is withdrawn is Pump well
(Flowing well, pump well, infiltration trench, or tunnel)
- 2. Location is: One Mile Westerly of The Dalles, Oregon
(Approximate distance and direction from nearest city or town)

and is more particularly described as follows:

(a) 375 feet South and 350 feet West of the one quarter corner
(Give distance and bearing to corner of section or other legal subdivision)
being within NE $\frac{1}{4}$ of the SE $\frac{1}{4}$ of Sec. 32, Twp. 2 North, Rge. 13 East, W.M.
(Smallest legal subdivision) (N. or S.) (E. or W.)

or (b) within limits of recorded platted property, town or city:
in Lot _____, Block _____ of _____
(Name of plat or addition)

County of _____
(If within city or town, give name)

3. Construction Work was begun on Late 1946; was completed on September 30, 1957
(Date) (Date)

and the ground water claimed was first used for the purposes set out below on Late 1946,
(Date)
since which time the water has been used continuously
(Continuously or intermittently)
from 1946 to 1958
(Date) (Date)

4. Quantity of water claimed and used is 1999 500 gallons per minute; _____ acre feet per year.

5. Purpose or Purposes for which water is used Group Domestic, irrigation, municipal, etc.
D.K. G. H. Mc D.
~~and industrial use~~
(Domestic, irrigation, municipal, manufacturing, industrial, etc.)

6. Description of Well: Depth 258 feet. Type Drilled
(Dug or drilled)
diameter 16 inches. Elevation of ground at well site approx. 158 feet, mean sea level.
(As near as known)
Depth to water table 80-90 feet.

7. Capacity of Well: 950 g.p.m. with about 1 feet drawdown.
_____ g.p.m. with _____ feet drawdown.

Date of test Late 1946

If Flowing Well: Measured discharge _____ g.p.m. on _____
(Date)

Shut-in pressure at ground surface _____ lbs. per sq. in. on _____
(Date)

Water is controlled by _____
(Cap, valve, etc.)

14308

Groundwater Registration Modification Application Intake Checklist

Transfer # T-14308

Reviewer Corie Date 8/2/2023	Type of Change(s) Proposed: <input type="checkbox"/> POU <input checked="" type="checkbox"/> POA <input type="checkbox"/> APOA <input type="checkbox"/> USE
Calculated Fee \$1250 - fee will be either \$875 or \$1250	Fee Received \$1250
Groundwater Registration: GR-1645	
Notes: Assignment has already been filed and accepted.	

Application: OAR 690-382-0300			
THE GROUNDWATER REGISTRATION <u>MUST</u> BE IN THE APPLICANT'S NAME or A REQUEST FOR ASSIGNMENT <u>MUST</u> ACCOMPANY THE GR-MOD APPLICATION			
1.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Have ALL of the applicant's signed and dated the application? If no, whose signature is missing?
2.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Part 5 of application: Does the information match the description of the explanation on Part 4 of the application?
3.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> N/A
Assignment?			

Map Requirements: OAR 690-380-3100			
4.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	The map included meets the mapping requirements?
5.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A
Map Waiver? The map waiver must be issued by the Department			
Notes: Directional flows of creek missing.			

Attachments: OAR 690-382-0300; OAR 690-382-0400				
6.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Land Use Form included and signed by the County?
7.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Well logs included?	
10.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	For change in POU within Umatilla County, Supplemental Form U included?

<input checked="" type="checkbox"/>	Application complete: no deficiencies identified, assign a T-number and put this checklist in T-folder.
<input type="checkbox"/>	Application DEFICIENT: DO NOT accept - return to applicant with letter explaining deficiencies identified.

14308