



December 19, 2023

Kelly Starnes
Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, OR 97301

RE: Transfer Application T-14104 **Modification Request** in the name of Avion Water Company, Inc.

Dear Kelly:

Avion Water Company, Inc. (Avion) submitted Transfer Application T-14104 in October 2022 adding three points of appropriation authorized under water right Certificate 96354. Avion is requesting to modify Transfer Application T-14104 by including three additional points of appropriation and changing the place of use authorized under former Certificate 96354.

Included with this modification request are the modified pages of Transfer Application T-14104 with changes **marked with red text**. All additional required attachments are also included in the attached modification request. We understand an additional \$2,320 in application fees are required for this modification as well as a land use information form signed by Deschutes County. A check for the additional fees as well as a land use information form reviewed and signed by Deschutes County will be sent soon.

Please contact me if you have any questions. My phone number is 971-200-8545.

Sincerely,

A handwritten signature in blue ink, appearing to read "T. Grandy", is written over a light blue horizontal line.

Trevor Grandy, RG, CWRE
Project Hydrogeologist

Enclosures: Modified Pages and Attachments for Water Right Transfer Application T-14104

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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: <input checked="" type="checkbox"/> Place of Use <input type="checkbox"/> Character of Use <input checked="" type="checkbox"/> Point of Diversion/Appropriation Number of above boxes checked = <u>2</u> (2a) Subtract 1 from the number in line 2a = <u>1</u> (2b) <i>If only one change, this will be 0</i> Multiply line 2b by \$1090 and enter »	2	\$1,090
3	Number of water rights included in transfer <u>1</u> (3a) Subtract 1 from the number in 3a above: <u>0</u> (3b) <i>If only one water right this will be 0</i> Multiply line 3b by \$610 and enter »	3	0
4	Do you propose to add or change a well, or change from a surface water POD to a well? <input type="checkbox"/> No: enter 0 <input checked="" type="checkbox"/> Yes: enter \$480 for the 1 st well to be added or changed <u>480</u> (4a) Do you propose to add or change additional wells? <input type="checkbox"/> No: enter 0 <input checked="" type="checkbox"/> Yes: multiply the number of additional wells by \$410 <u>2,050</u> (4b) Add line 4a to line 4b and enter »	4	\$2,530
5	Do you propose to change the place of use or character of use? <input type="checkbox"/> No: enter 0 on line 5 <input checked="" type="checkbox"/> Yes: enter the cfs for the portions of the rights to be transferred (see below*): <u>0.67</u> (5a) Subtract 1.0 from the number in 5a above: <u>-0.33</u> (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 5c by \$410, then enter on line 5 »	5	0
6	Add entries on lines 1 through 5 above » » » » » » » » » » Subtotal:	6	\$4,980
7	Is this transfer: <input type="checkbox"/> necessary to complete a project funded by the Oregon Watershed Enhancement Board (OWEB) under ORS 541.932? <input type="checkbox"/> 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 » If no box is applicable, enter 0 on line 7 »	7	0
8	Subtract line 7 from line 6 » Transfer Fee:	8	\$2,660 \$4,980

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*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:

- For irrigation calculate cfs for each water right involved as follows:
 - Divide total authorized cfs by total acres in the water right (for C12345, 1.25 cfs ÷ 100 ac); then multiply by the number of acres to be transferred to get the transfer cfs ($1.25 \text{ cfs} \div 100 \text{ ac} \times 45 \text{ ac} = 0.56 \text{ cfs}$).
 - 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, $45.0 \text{ ac} \times 0.0125 \text{ cfs/ac} = 0.56 \text{ cfs}$)
- 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
2	Number of wells included in substitution _____ (2a) Subtract 1 from the number in 2a above: _____ (2b) <i>If only one well this will be 0</i> Multiply line 2b by \$480 and enter »	2	
3	Add entries on lines 1 through 2 above » » » » » » Fee for Substitution:	3	N/A

Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Avion Water Company, Inc. ATTN: Adam Jackson			PHONE NO. 541-382-5342	ADDITIONAL CONTACT NO.
ADDRESS 60813 Parrell Rd.			FAX NO.	
CITY Bend	STATE OR	ZIP 97702	E-MAIL jason@avionwater.com	
RECEIVED FEB 02 2024 OWRD				
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 GSI Water Solutions, ATTN: Zach Pike-Urlacher			PHONE NO. 541-753-0933	ADDITIONAL CONTACT NO.
ADDRESS 1600 SW Western Boulevard, Suite 240			FAX NO.	
CITY Corvallis	STATE OR	ZIP 97333	E-MAIL zpikeurlacher@gsiws.com	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.				

Explain in your own words what you propose to accomplish with this transfer application, and why:
The applicant is proposing to add six new wells, Dyer 2, Dyer 3, China Hat 4, SCCE Well 1, SCCE Well 2, and SCCE Well 3 to Certificate 96354. The applicant is also proposing to add the SCCE service area to the place of use authorized under Certificate 96354. The Applicant is proposing to add SCCE Wells 1, 2, and 3 to a 0.67 cfs rate of the certificate.

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

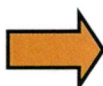
Check One Box

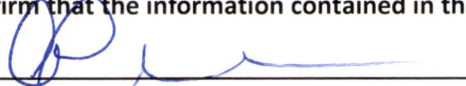
- By signing this application, I understand that, upon receipt of the draft preliminary determination and prior to Department approval of the transfer, I will be required to provide landownership information and evidence that I am authorized to pursue the transfer as identified in OAR 690-380-4010(5);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

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: The Bulletin.
- Amendments to the application may only be made in response to the Department’s Draft Preliminary Determination (DPD). The applicant will have a period of at least 30 days to amend the application to address any issues identified by the Department in the DPD, or to withdraw the application. Note that amendments may be subject to additional fees, pursuant to ORS 536.050.
- Failure to complete an approved change in place of use and/or change in character of use, will result in loss of the water right (OAR 690-380-6010).
- Refunds may only be granted upon request and, as set forth in ORS 536.050(4)(a), if the Director determines that a refund of all or part of a fee is appropriate in the interests of fairness to the public or necessary to correct an error of the Department.

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




 Applicant signature

Adam Jackson, Avion Water Company 12/21/2023
 Print Name (and Title if applicable) Date

Tekampe 2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	DESC 528 & DESC 58949	18	S	12	E	21	SE	NE		2240 feet South and 325 feet West from NE Corner, Section 21
Tekampe 1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	DESC 5659	18	S	12	E	21	SE	NE		2240 feet South and 310 feet West from NE Corner, Section 21
Sundance 2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	DESC 5725	18	S	13	E	31	NW	NE		1225 feet South and 1985 feet from NE Corner, Section 31
Dyer 1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	DESC 58007	17	S	12	E	14	NE	SE		1935 feet North and 1051 feet West from SE Corner, Section 14
Dyer 2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	DESC 62703	17	S	12	E	14	NE	SE	806	1930 feet North and 1150 feet West from SE Corner, Section 14
Dyer 3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	No well log — see table 3	17	S	12	E	14	NE	SE	806	1,920 feet North and 1155 feet West from SE Corner, Section 14
China Hat 4	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	No well log — see table 3	18	S	12	E	29	NE	NE	900	760 feet South and 840 feet West from NE Corner, Section 29
SCCE Well 1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	DESC 58167	14	S	11	E	17	SW	SW	100	1120 feet North and 650 feet East from SW Corner, Section 17
SCCE Well 2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	DESC 53193 DESC 58039	14	S	11	E	17	SW	SW	100	950 feet North and 695 feet East from SW Corner, Section 17
SCCE Well 3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	DESC 53194 DESC 59678	14	S	11	E	17	SW	SW	100	925 feet North and 630 feet East from SW Corner, Section 17

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

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

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

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

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

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

Table 2. Description of Changes to Water Right Certificate # 96354

List the change proposed for the acreage in each ¼ ¼. If more than one change is proposed, specify the acreage associated with each change.
If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.											Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.														
Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date	Twp		Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date						
EXAMPLE																										
2	S	9	E	15	NE	NW	100		15.0	Irrigation	POD #1 POD #2	1901	POU/POD	2	S	9	E	1	NW	NW	500	1	10.0		POD #5	1901
														2	S	9	E	2	SW	NW	500		5.0		POD #6	1901
<div style="text-align: center;"> <p>RECEIVED</p> <p>FEB 02 2024</p> <p>OWRD</p> </div>											APOA	<p style="text-align: center;">See Attachment A – Certificate 96354 and Attachment B - Transfer Application Maps</p>										N/A	<p>China Hat 1, China Hat 2, China Hat 3, Deschutes River Woods, Conestoga, Parrell Road, Riverbend 1, Riverbend 2, Riverbend 3, Tekampe 3, Tekampe 2, Tekampe 1, Sundance 2, Dyer 1, Dyer 2, Dyer 3, China Hat 4, SCCE Well 1, SCCE Well 2, SCCE Well 3</p>		May 18, 1992	
																										TOTAL ACRES: N/A

Additional remarks: **Adding new points of appropriation, Dyer 2, Dyer 3, China Hat 4, SCCE Well 1, SCCE Well 2, & SCCE Well 3 as well as the SCCE service area to Certificate 96354. The Applicant is proposing to transfer a maximum combined rate of 0.67 cfs to the three SCCE wells and SCCE service area.**

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

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NOTE TO APPLICANTS

In order for your application to be processed by the Water Resources Department (WRD), this Land Use Information Form must be completed by a local government planning official in the jurisdiction(s) where your water right will be used and developed. The planning official may choose to complete the form while you wait, or return the receipt stub to you. Applications received by WRD without the Land Use Form or the receipt stub will be returned to you. Please be aware that your application will not be approved without land use approval.

This form is NOT required if:

- 1) Water is to be diverted, conveyed, and/or used only on federal lands; **OR**
- 2) The application is for a water right transfer, allocation of conserved water, exchange, permit amendment, or ground water registration modification, and **all** of the following apply:
 - a) The existing and proposed water use is located entirely within lands zoned for exclusive farm-use or within an irrigation district;
 - b) The application involves a change in place of use only;
 - c) The change does not involve the placement or modification of structures, including but not limited to water diversion, impoundment, distribution facilities, water wells and well houses; **and**
 - d) The application involves irrigation water uses only.

NOTE TO LOCAL GOVERNMENTS

The person presenting the attached Land Use Information Form is applying for or modifying a water right. The Water Resources Department (WRD) requires its applicants to obtain land-use information to be sure the water rights do not result in land uses that are incompatible with your comprehensive plan. Please complete the form or detach the receipt stub and return it to the applicant for inclusion in their water right application. You will receive notice once the applicant formally submits his or her request to the WRD. The notice will give more information about WRD's water rights process and provide additional comment opportunities. You will have 30 days from the date of the notice to complete the land-use form and return it to the WRD. If no land-use information is received from you within that 30-day period, the WRD may presume the land use associated with the proposed water right is compatible with your comprehensive plan. Your attention to this request for information is greatly appreciated by the Water Resources Department. If you have any questions concerning this form, please contact the WRD's Customer Service Group at 503-986-0801.

Land Use Information Form

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Applicant(s): **Avion Water Company, Inc. ATTN: Jason Wick**

Mailing Address: **60813 Parrell Rd.**

OWRD

City: **Bend** State: **OR** Zip Code: **97702** Daytime Phone: **(541)382-5342**

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:
See attached maps						<input checked="" type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used	Quasi-Municipal
17 S	12 E	14	NE SE	806 (Account number: 108825)		<input checked="" type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input type="checkbox"/> Used	Quasi-Municipal
18 S	12 E	29	NE NE	900 (Account number: 174686)		<input checked="" type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input type="checkbox"/> Used	Quasi-Municipal
14 S	11 E	17	SW SW	100 (Account number: 167282)		<input checked="" type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input type="checkbox"/> Used	Quasi-Municipal

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

Deschutes County

B. Description of Proposed Use

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

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

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

Estimated quantity of water needed: **11,305** 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:

The applicant is proposing to add six new wells, Dyer 2, Dyer 3, China Hat 4, SCCE Well 1, SCCE Well 2, and SCCE Well 3 to Certificate 96354. The applicant is also proposing to add the SCCE service area to the place of use authorized under Certificate 96354.

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. →

Land Use Information Form

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

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Applicant(s): **Avion Water Company, Inc. ATTN: Jason Wick**

Mailing Address: **60813 Parrell Rd.**

OWRD

City: **Bend**

State: **OR**

Zip Code: **97702**

Daytime Phone: **(541)382-5342**

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, 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:
See attached maps						<input checked="" type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used	Quasi-Municipal
17 S	12 E	14	NE SE	806 (Account number: 108825)		<input checked="" type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input type="checkbox"/> Used	Quasi-Municipal
18 S	12 E	29	NE NE	900 (Account number: 174686)		<input checked="" type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input type="checkbox"/> Used	Quasi-Municipal
14 S	11 E	17	SW SW	100 (Account number: 167282)		<input checked="" type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input type="checkbox"/> Used	Quasi-Municipal

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

Deschutes County

B. Description of Proposed Use

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

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

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

Estimated quantity of water needed: **11,305**
 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:

The applicant is proposing to add six new wells, Dyer 2, Dyer 3, China Hat 4, SCCE Well 1, SCCE Well 2, and SCCE Well 3 to Certificate 96354. The applicant is also proposing to add the SCCE service area to the place of use authorized under Certificate 96354.

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. →

14104 -

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): DCC 18.60.020(A), 18.60.020(B)
- 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:	
<u>Conditional Use Permit or Administrative Determination</u> <u>See attached comments.</u>	<u>DCC 18.16.030(A)</u> <u>DCC 18.40.030(x)</u>	<input checked="" type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
	RECEIVED	<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
	FEB 02 2024	<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
	OWRD	<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.

See attached comments

Name: Audrey Stuart Title: Associate Planner
 Signature: _____ Phone: 541-388-6679 Date: 1/25/24
 Government Entity: Deschutes County

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



Receipt for Request for Land Use Information

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



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247-23-000828-PS

Location: See attached maps; within the Avion Water Company service boundary.

Request: The applicant has requested a Land Use Compatibility Statement (LUCS) to amend Certificate 96354, which is a permit for quasi-municipal water use. The applicant proposes to amend the existing permit to add six new wells to the point of appropriation, which are summarized in the table below.

Well	Approximate Location	Zoning Designation
Dyer 2	Assessor's Map 17-12-14	Exclusive Farm Use
Dyer 3	Assessor's Map 17-12-14	Exclusive Farm Use
China Hat 4	Assessor's Map 18-12-29	Rural Residential
SCCE Well1	Assessor's Map 14-11-17	Exclusive Farm Use
SCCE Well 2	Assessor's Map 14-11-17	Exclusive Farm Use
SCCE Well 3	Assessor's Map 14-11-17	Exclusive Farm Use

The applicant is also proposing to add the SCCE (Squaw Creek Canyon Estates) service area to the place of use authorized under Certificate 96354.

Staff notes a similar request was reviewed through Deschutes County file 247-19-000197-PS. The current review is specific to a modification of Transfer permit T-14104, to increase the point of appropriation from the three wells that were reviewed through 247-19-000197-PS to the six wells listed above.

Land Use Compatibility Statement: This LUCS only reviews the amendment of Certificate 96354 for quasi-municipal water use, as detailed above. The area that is proposed to be added to the place of use is located within three zoning designations—Rural Residential (RR10), Exclusive Farm Use (EFU), and Forest Use (F2). A single-family dwelling is permitted outright in the RR10 Zone pursuant to DCC 18.60.020(A), and requires a Conditional Use Permit or other approval in the EFU Zone and F2 Zone. No new construction or infrastructure is being reviewed through this LUCS.

The applicant does not propose to establish any new structures or land uses within Deschutes County as part of this LUCS. To the extent other uses or structures are included on the OWRD LUCS application sheet, this LUCS does not review or approve those uses. This LUCS does not review or approve:

- Construction of buildings or fencing,

- Earthmoving or construction in floodplains,
- Earthmoving, construction, or vegetation changes in wetlands,
- Surface mining, and/or
- Other primary or accessory uses regulated by the Deschutes County Code

Each of the listed uses would require separate land use permits and/or building permits, which are not covered by this LUCS.

For more information, please contact the Planning Division office at 541-388-6560.

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

08-12-2007

WELL LABEL # L 91141

START CARD # 1001485

(1) LAND OWNER Owner Well I.D.

First Name RON Last Name REMUND
Company
Address PO BOX 760
City SISTERS State OR Zip 97759

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)
Depth of Completed Well 844.00 ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, lbs. Rows show cement seal details for different diameters.

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

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: [] Yes Type Amount

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Shows casing and liner specifications.

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

(7) PERFORATIONS/SCREENS

Perforations Method Air Perf
Screens Type Material

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

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

Table with columns: Pump/Bailer/Air/Flowing Artesian, Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Shows test results.

Temperature 53 °F Lab analysis [] Yes By

Water quality concerns? [] Yes (describe below)

Table with columns: From, To, Description, Amount, Units. Shows water quality data.

(9) LOCATION OF WELL (legal description)

County Deschutes Twp 14.00 S N/S Range 11.00 E E/W WM
Sec 17 SW 1/4 of the SW 1/4 Tax Lot 2017
Tax Map Number Lot
Lat " or 44.35235000 DMS or DD
Long " or -121.45120000 DMS or DD
[] Street address of well [] Nearest address

MT WEIWRD

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Shows static water level data for existing and completed wells.

WATER BEARING ZONES Depth water was first found 616

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Shows water bearing zones data.

(11) WELL LOG

Table with columns: Material, From, To, Ground Elevation. Shows well log details including sand, cinders, and gravel layers.

Date Started 07-13-2007 Completed 08-01-2007

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards.

License Number 758 Date 08-12-2007
Electronically Filed
Signed THOMAS R PECK (E-filed)

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above.

License Number 1720 Date 08-12-2007
Electronically Filed
Signed JACK ABBAS (E-filed)
Contact Info (optional)

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL			sacks/ Amt	lbs
Dia	From	To	Material	From	To		

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

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

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

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

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

Water Bearing Zones

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)

(11) WELL LOG

Material	From	To
Sandstone	460	485
Basalt	485	495
Lava Broken Layers	495	520
Conglomerate	520	555
Lava Clay Seams	555	590
Crevices Hard	590	616
Lava Broken Caving	616	628
Soft	628	655
Hard	655	680
Cinders Red Lava	680	686
Lava Gray	686	700
Sandstone	700	739
Basalt Clay Seams	739	754
Cinders Basalt Black	754	788
Lava Hard	788	799
Cinders Lava Red	799	807
Basalt Vesicular	807	844

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Comments/Remarks

2 yards sand grout 120 feet - 185 feet
 4 1/2 yards sand grout 190 feet - 430 feet
 2 yards sand grout 435 feet - 480 feet
 4 yards sand grout 370 feet - 440 feet
 3 yards sand grout 440 feet - 500 feet
 4 yards sand grout 400 feet - 530 feet

STATE OF OREGON
Water Supply Well Report

(as required by ORS 537.765)

DESC53193

Received Date:

Well ID Tag # L **42966**

Start Card # **128830**

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

(1) Owner Well Number: _____
 Name: **RON REMUND**
 Street: **PO BOX 760**
 City: **SISTERS** State: **OR** Zip Code: **97759**

(2) Type of Work
 New Alter (Recondition) Alter (Repair)
 Deepening Abandonment

(3) Drill Method
 Rotary Air Rotary Mud Cable Auger
 Other: _____

(4) Proposed Use
 Domestic Community Industrial Irrigation Injection
 Livestock Thermal Other: _____

(5) Bore Hole Construction
 Special Standards: Depth of completed well: **605.00 ft.**
 Explosives Used: Amount: _____ Type: _____

Hole			Seal			Sacks/lbs
Diameter	From	To	Mtrl	From	To	
12.00	0.00	78.00	CE	0.00	78.00	4512
8.00	78.00	605.00				

How was seal placed? **C** Other: _____
 Back fill placed from: _____ Material: _____
 Filter pack from: _____ Size: _____

(6) Casing / Liner

Csng/ Liner	Diameter	From	To	Gauge	Mtrl	Weld	Thrd	Shoe at	Shoe used
C	8.00	2.00	78.00	.250	S	X			
L	6.00	-5.00	600.00	.188	S	X			

(7) Perforation / Screens

Perforations: _____ Csng/
 Mtrl From To Width Height #Slots Dia. t/pSize Lnr Method

S	585.00	605.00	0.13	3.00	216	6.00	L	MACHINE
----------	---------------	---------------	-------------	-------------	------------	-------------	----------	----------------

Screens: _____
 Mtrl From To S Size #Slots Dia. t/pSize Type Gauge

(8) Well Tests (Minimum testing time is one hour)

Type	Yield	Units	Drawdown	Stem at	Duration
A	10.00	G		600.00	1.00

Temperature of Water: **53 F**
 Was water analysis done? Depth of artesian flow: _____
 by whom? _____
 Did any strata contain water unsuitable for use? Too Little Salty
 Muddy Odor Colored other: _____
 Depth of strata: _____

(9) Location of Hole by legal description
 County: **DESC** Latitude: _____ Longitude: _____
 Township: **14.00 S** Range: **11.00 E**
 Section: **17 SWSW** Lot: _____ Block: _____
 Tax Lot: **2017** Subdivision: _____
 Street Address of Well (or nearest address):
MNT VIEW RD
 MAP, with location identified, must be attached.

(10) Static Water Level
 Feet below land surface: **498.0** Date: **07 / 14 / 2000**
 Artesian Pressure: _____ Date: _____

(11) Water Bearing Zones

Depth at which water was first found: **590.00 ft.**

From	To	est Flow	swl
590.00	605.00	10.00	498

(12) Well Log Ground Elevation: _____

Material	From	To	swl
LOAM BROKEN LAVA	0.00	3.00	
LAVA BROWN	3.00	10.00	
LAVA GRAY FRAC LAYERS	10.00	42.00	
CINDERS RED	42.00	51.00	
LAVA RED	51.00	70.00	
SANDSTONE	70.00	88.00	
SAND BRN FINE GRAVELS	88.00	104.00	
SANDSTONE	104.00	175.00	
LAVA BROWN	175.00	235.00	
SANDSTONE CONGLOMERATE	235.00	260.00	
LAVA BROWN GRAY LAYERS	260.00	335.00	
LAVA RED/CINDERS	335.00	350.00	
LAVA BROWN	350.00	475.00	
LAVA GRAY	475.00	525.00	
LAVA SOFT	525.00	540.00	
SANDSTONE CINDERS	540.00	588.00	
LAVA/BASALT BROKEN	588.00	605.00	498

Date Started: **07 / 12 / 2000** Date Completed: **07 / 14 / 2000**

(unbonded) Water Well Constructor Certification:
 I certify that the work I perform on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to the best knowledge and belief.
 Signed by: **THOMAS R PECK** WWC #: **758**

(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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed by: **JACK ABBAS** WWC #: **1720**
ABBAS WELL DRILLING CO Phone: **541-548-2787**

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Amendment
STATE OF OREGON

DESC 58039

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

06-05-2007

WELL LABEL # L 42966

START CARD # 1001144

(1) LAND OWNER Owner Well I.D. _____
First Name RON Last Name REMUND
Company _____
Address PO BOX 760
City SISTERS State OR Zip 97759

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 690.00 ft.

BORE HOLE SEAL

Dia	From	To	Material	From	To	Amt	sacks/ lbs
6	605	690					

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

Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								

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

(7) PERFORATIONS/SCREENS

Perf/ Screen	Casing/ Liner	Screen	Method	Material		
Dia	From	To	width	length	# of slots	Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 20 Drawdown _____ Drill stem/Pump depth 690 Duration (hr) 1

Temperature 53 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Deschutes Twp 14.00 S N/S Range 11.00 E E/W WM
Sec 17 SW 1/4 of the SW 1/4 Tax Lot 2017
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

MNT VEIWRD

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	06-04-2007		496
			498

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
06-04-2007	605	690	20		498

(11) WELL LOG

Material	From	To
LAVA BASALT BROKEN	605	615
FRACTURED BASALT	615	627
BROWN CONGLOMERATE	627	642
RED SANDSTONE CONGLOMERATE	642	664
FRACTURED BASALT GRAY	664	690

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Date Started 06-04-2007 Completed 06-04-2007

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

License Number 1852 Date 06-05-2007
Electronically Filed
Signed JEB W ABBAS (E-filed)

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

License Number 1720 Date 06-05-2007
Electronically Filed
Signed JACK ABBAS (E-filed)
Contact Info (optional)

Amendment DESC 53194

STATE OF OREGON
Water Supply Well Report

(as required by ORS 537.755)

DESC

Received Date:

Well ID Tag # L 42967

Start Card # 128831

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

(1) Owner Well Number: _____
 Name: RON REMUND
 Street: PO BOX 760
 City: SISTERS State: OR Zip Code: 97769

(2) Type of Work
 New Alter (Recondition) Alter (Repair)
 Deepening Abandonment

(3) Drill Method
 Rotary Air Rotary Mud Cable Auger
 Other: _____

(4) Proposed Use
 Domestic Community Industrial Irrigation Injection
 Livestock Thermal Other: _____

(5) Bore Hole Construction
 Special Standards: Depth of completed well: 621.00 ft.
 Explosives Used: Amount: _____ Type: _____

Hole Diameter	From		To		Mtrl	Seal		Sacks/lbs
	From	To	From	To		From	To	
12	0	138			CE	0	138	5700
8	138	626						

How was seal placed? C Other: _____
 Back fill placed from: _____ Material: _____
 Filter pack from: _____ Size: _____

(6) Casing / Liner

Casing/Liner	Diameter	From	To	Gauge	Mtrl	Weld	Thrd	Shoe at	Shoe used
C	8	2	138	.250	S	X			
L	6	6	626	.188	S	X			

(7) Perforation / Screens
 Perforations:

Mtrl	From	To	Width	Height	#Slots	Dia.	UpSize	Casing/Liner	Method
S	586	626	0.125	3.00	432	6		L	MACHINE

 Screens:

Mtrl	From	To	S Size	#Slots	Dia.	UpSize	Type	Gauge

(8) Well Tests (Minimum testing time is one hour)

Type	Yield	Units	Drawdown	Stem at	Duration
A	20.0	G		620	1.00

Temperature of Water: 63.00 F
 Was water analysis done? Depth of artesian by whom?
 Did any strata contain water unsuitable for use? Too Little Salty
 Muddy Odor Colored other: _____
 Depth of strata: _____

(9) Location of Hole by legal description
 County: DESC Latitude: _____ Longitude: _____
 Township: 14.00 S Range: 11.00 E
 Section: 17 SWSW Lot: _____ Block: _____
 Tax Lot: 2017 Subdivision: _____
 Street Address of Well (or nearest address):
 MNT VIEW RD
 MAP, with location identified, must be attached.

(10) Static Water Level
 Feet below land surface: 601.00 Date: 07 / 20 / 2000
 Artesian Pressure: _____ Date: _____

(11) Water Bearing Zones
 Depth at which water was first found: 590.00 ft.
 From _____ To _____ est Flow swl
 590 625 2061m 501

(12) Well Log Ground Elevation: _____

Material	From	To	swl
BROKEN LAVA LOAM	0	3	
LAVA BROWN FRAC LAYERS	43	3	
RED LAVA/CINDERS	43	56	
SANDSTONE	66	96	
LAVA BROWN GRAY LAYERS	96	190	
LAVA BROWN	190	220	
SANDSTOEN BROWN	220	228	
LAVA BROWN	228	345	
LAVA RED/CINDERS	346	460	
LAVA HARD	480	490	
LAVA BROWN	490	609	
LAVA/BASALT	609	642	
LAVA RED	642	661	
SANDSTONE	661	685	
LAVA/BASALT BROKEN	686	825	601

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Date Started: 07 / 17 / 2000 Date Completed: 07 / 20 / 2000

(unbonded) Water Well Constructor Certification:
 I certify that the work I perform on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to the best knowledge and belief.
 Signed by: THOMAS R PECK MWC # 768

(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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed by: JACK ABBAS MWC # 1720
 ABBAS WELL DRILLING CO Phone: 641-648-2787

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WATER RESOURCES
SALEM, OREGON

14104 -

STATE OF OREGON
Water Supply Well Report

(as required by ORS 537.765)

DESC 53194

DESC

Received Date:

Well ID Tag # L

Start Card # 128831

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

(1) Owner Well Number _____
 Name: RON REMUND
 Street: PO BOX 780
 City: SISTERS State OR Zip Code: 97759

(2) Type of Work
 New Alter (Recondition) Alter (Repair)
 Deepening Abandonment

(3) Drill Method
 Rotary Air Rotary Mud Cable Auger
 Other: _____

(4) Proposed Use
 Domestic Community Industrial Irrigation Injection
 Livestock Thermal Other: _____

(5) Bore Hole Construction
 Special Standards: Depth of completed well 621.00 ft.
 Explosives Used. Amount _____ Type: _____

Hole		Seal	
Diameter	From To	Mtrl	From To
12	0 138	CE	0 138
8	138 625		

Sacks/lbs: 5700
 How was seal placed? C Other: _____
 Back fill placed from: _____ Material: _____
 Filter pack from: _____ Size: _____

(6) Casing / Liner

Casing/Liner	Diameter	From	To	Gauge	Mtrl	Weld	Thrd	Shoe at	Shoe used
C	8	2	138	.260	S	X			
L	8	6	625	.188	S	X			

(7) Perforation / Screens

Perforations:
 Mtrl From To Width Height #Slots Dia. /tpSize Casing/Liner Method
 S 586 625 0.125 3.00 432 6 L MACHINE

Screens:
 Mtrl From To S Size #Slots Dia. /tpSize Type Gauge

(8) Well Tests (Minimum testing time is one hour)

Type	Yield	Units	Drawdown	Stem at	Duration
A	40.00	G		620	1.00

Temperature of Water: 53.00 F
 Was water analysis done? Depth of artesian flow: _____
 by whom?
 Did any strata contain water unsuitable for use? Too Little Salty
 Muddy Odor Colored other: _____
 Depth of strata: _____

(9) Location of Hole by legal description
 County DESC Latitude: _____ Longitude: _____
 Township: 14.00 S Range 11.00 E
 Section: 17 SWSW Lot: _____ Block: _____
 Tax Lot: 2017 Subdivision: _____
 Street Address of Well (or nearest address):
 MNT VIEW RD
 MAP, with location identified, must be attached.

(10) Static Water Level
 Feet below land surface: 601.00 Date: 07 / 20 / 2000
 Artesian Pressure: _____ Date: _____

(11) Water Bearing Zones
 Depth at which water was first found: 690.00 ft.
 From _____ To _____ est Flow _____ swf

(12) Well Log Ground Elevation: _____

Material	From	To	swf
BROKEN LAVA LOAM	0	3	
LAVA BROWN FRAC LAYERS	43	3	
RED LAVA/CINDERS	43	65	
SANDSTONE	65	95	
LAVA BROWN GRAY LAYERS	95	190	
LAVA BROWN	190	220	
SANDSTONE BROWN	220	228	
LAVA BROWN	228	346	
LAVA RED/CINDERS	346	480	
LAVA HARD	460	490	
LAVA BROWN	490	509	
LAVA/BASALT	509	542	
LAVA RED	542	551	
SANDSTONE	551	585	
LAVA/BASALT BROKEN	585	625	501

Date Started: 07 / 17 / 2000 Date Completed: 07 / 20 / 2000

(unbonded) Water Well Constructor Certification:
 I certify that the work I perform on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to the best knowledge and belief.
 Signed by: THOMAS R PECK MWC # 768

(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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed by: JACK ABBAS MWC # 1720
 ABBAS WELL DRILLING CO Phone 641-648-2787

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

DESC 59678

WELL I.D. LABEL# L 42967
START CARD # 1019198
ORIGINAL LOG # DESCHUTES 53194

5/7/2013

(1) LAND OWNER
Owner Well I.D.
First Name RON Last Name REMUND
Company
Address PO BOX 760
City SISTERS State OR Zip 97759

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

(2a) PRE-ALTERATION
Casing: Dia + From To Gauge Stl Plstc Wld Thrd
8 [x] 2 138 .250 [x] [] [] []
Material From To Amt sacks/lbs
Seal: Cement 0 138 5700 Pounds

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

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

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 750.00 ft.
Special Standard [] (Attach copy)

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Row 1: 8, 0, 750, [], [], [], []

How was seal placed: Method [] A [] B [] C [] D [] E []
[X] Other DID NOT DISTURB

Backfill placed from [] ft. to [] ft. Material []

Filter pack from [] ft. to [] ft. Material [] Size []

Explosives used: [] Yes Type [] Amount []

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

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
[] [x] 6 [] 2 750 .188 [x] [] [] []
Shoe [] Inside [] Outside [] Other Location of shoe(s) []
Temp casing [] Yes Dia [] From [] To []

(7) PERFORATIONS/SCREENS
Perforations Method MACHINE
Screens Type [] Material []
Perf/ Casing/ Screen Serrn/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size
Perf Liner 6 710 750 .125 3 456 []

(8) WELL TESTS: Minimum testing time is 1 hour
Pump [] Bailer [] Air [x] Flowing Artesian []
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
200 [] 750 2 []

Table with columns: From, To, Description, Amount, Units. Row 1: [], [], [], [], []

(9) LOCATION OF WELL (legal description)
County DESCHUTES Twp 14.00 S N/S Range 11.00 E E/W WM
Sec 17 SW 1/4 of the SW 1/4 Tax Lot 2017
Tax Map Number [] Lot []
Lat [] " or [] DMS or DD
Long [] " or [] DMS or DD
Street address of well [] Nearest address []
MT VIEW RD

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration 4/25/2013 [] 525
Completed Well 5/2/2013 [] 525
Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES
Depth water was first found 626.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
4/29/2013 626 750 200 [] 525

(11) WELL LOG
Ground Elevation []
Material From To
NONE 0 626
LAVA BASALT BROKEN 626 705
SANDSTONE 705 725
BASALT BROKEN 725 750

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Date Started 4/25/2013 Complete 5/2/2013

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
License Number 758 Date 5/7/2013
Signed THOMAS R PECK (E-filed)

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
License Number 1720 Date 5/7/2013
Signed JACK ABBAS (E-filed)
Contact Info (optional) []