

Application for Permit Amendment

Part 1 of 5 – Minimum Requirements Checklist



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

This permit amendment application will be returned if Parts 1 through 5 and all required attachments are not completed and included.
 For questions, please call (503) 986-0900, and ask for Transfer Section.

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

- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Application Map Checklist.
- Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the new online fee calculator at: http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator.
- Part 4 – Completed Applicant Information and Signature.
- Part 5 – Information about Permits to be Amended: **Number of permits to be amended: 1**
List the Permits here: G-16338
 Please include a separate Part 5 for each permit. (See instructions on page 6)
- Completed Permit Amendment Application Map (Does not have to be prepared by a Certified Water Right Examiner).
- N/A Request for Assignment Form and statutory fee. The request for assignment form has to be completed if the applicant is **not** the permit holder of record and needs to be assigned to the permit; **or** the landowner of the proposed place of use is **not** the permit holder of record and needs to be assigned to the permit (the Request for Assignment Form is available online at <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>). Assignment is not needed if the applicant is the permit holder of record.
- N/A Affidavit(s) of Consent are required from all permit holder(s) of record if the permit is not assigned to the applicant **or** other permit holders of record that are not listed as applicants.
- 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.
- N/A Geologist Report for a change from a surface water point of diversion to a ground water point of appropriation (well), if the proposed well is more than 500 feet from the surface water source and more than 1000 feet upstream or downstream from the point of diversion. (ORS 540.531(2) or (3)).

(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"/> Part _____ is incomplete
<input type="checkbox"/> Additional signature(s) required	
Other/Explanation _____	
Staff: _____ 503- _____ Date: ____/____/____	

Part 2 of 5 – Permit Amendment Map Checklist

Your permit amendment 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.

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- N/A If **more than three** permits are involved, separate maps for each permit.
- 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 diversion/appropriation such as main pipelines, canals, and ditches.
- Existing place of use that includes separate hachuring for each water use permit, 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 permit is being changed, a separate hachuring is needed for the portion of the permit left unchanged.
- N/A If you are proposing a change in place of use, show the proposed place of use with hachuring that includes separate hachuring for each permit, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions.
- Existing point(s) of diversion or well(s) with distance and bearing or coordinates from a recognized survey corner. This information can be found in your water use permit.
- N/A If you are proposing a change in point(s) of diversion or well(s), show the proposed location and label it clearly with distance and bearing or coordinates. If GPS coordinates are used, latitude-longitude coordinates may be expressed as either degrees-minutes-seconds with at least one digit after the decimal (example – 42°32'15.5") or degrees-decimal with five or more digits after the decimal (example – 42.53764°).

Part 3 of 5 – Fee Worksheet

FEE WORKSHEET for PERMIT AMENDMENT				
1	Base Fee (includes one type of change to one permit for up to 1 cfs)	RECEIVED	1	\$1,360
	Types of change proposed: <input type="checkbox"/> Place of Use <input checked="" type="checkbox"/> Point of Diversion/Appropriation Number of above boxes checked = <u>1</u> (2a) Subtract 1 from the number in line 2a = <u>0</u> (2b) <i>If only one change, this will be 0</i>	FEB 23 2024 OWRD		
2	Multiply line 2b by \$1090 and enter »		2	\$0
3	Number of permits included in Permit Amendment <u>1</u> (3a) Subtract 1 from the number in 3a: <u>0</u> (3b) <i>If only one permit 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 checked="" type="checkbox"/> No: enter 0 <input type="checkbox"/> Yes: multiply the number of additional wells by \$410 <u>\$0</u> (4b) Add line 4a to line 4b and enter »		4	\$480
5	Do you propose to change the place of use? <input checked="" type="checkbox"/> No: enter 0 on line 5 <input type="checkbox"/> Yes: enter the cfs for the portions of the permits to be amended (see below*): _____ (5a) Subtract 1.0 from the number in 5a above: _____ (5b) If 5b is 0, enter 0 on line 5 » If 5b is greater than 0, round up to the nearest whole number: _____ (5c) and multiply 5c by \$350, then enter on line 5 »		5	\$0
6	Add entries on lines 1 through 5 above » » » » » » » » » » Subtotal:		6	\$1840
7	Is this permit amendment: <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	
8	Subtract line 7 from line 6 » » » » » » » » » » » » » » » » Permit Amendment Fee:		8	\$1840

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

1. For irrigation calculate cfs for each permit involved as follows:
 - a. Divide total authorized cfs by total acres in the permit (*for S-12345, 1.25 cfs ÷ 100 ac*); then multiply by the number of acres to be changed to get the application cfs (*x 45 ac = 0.56 cfs*).
 - b. If the water right permit 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 S-87654, 45.0 ac x 0.0125 cfs/ac = 0.56 cfs*)
2. Add cfs for the portions of permits on all the land included in the application; however **do not count cfs for supplemental permits on acreage for which you have already calculated the cfs fee for the primary permit on the same land**. The fee should be assessed only once for each “on the ground” acre included in the application. (*In this example, blank 5a would be only 0.56 cfs, since both permits serve the same 45.0 acres. Blank 5b would be 0 and Line 5 would then also become 0*).

Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Matt Nonnemacher/GH20, Inc		PHONE NO. 541-573-1260	ADDITIONAL CONTACT NO.
ADDRESS 398 N Broadway Ave			FAX NO.
CITY Burns	STATE OR	ZIP 97720	E-MAIL nonnem@acw.com
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.			

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

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

Explain in your own words what you propose to accomplish with this permit amendment; and why:
Propose an additional well to help distribution & provide a backup source.

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)

Is the applicant the permit holder of record? Yes No

If NO, include either:

- A completed assignment form (with required statutory assignment fee), assigning all or a portion of the permit to the applicant(s), **OR**
- An affidavit of consent from the permit holder(s) of record that gives permission for the applicant to amend the permit.

Has the Completion ("C") Date of the permit(s) in this application expired? Yes No

If YES, this application will not be accepted by the Department.

If NO, what are the completion dates of the permit(s)? 10/1/2030

- If the permit completion date expires while the Permit Amendment Application is pending, the Department will not approve the Permit Amendment Application until an Extension of Time Application is approved for the permit.
- You may consider using the Reimbursement Authority process to expedite the processing of this Permit Amendment Application if the completion date of the permit expires within 6 months of the date of filing this application.

By my signature below, I confirm that I understand:

- Prior to Department approval of the permit amendment, 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 permit is located, once per week for two consecutive weeks. If more than one qualifying newspaper is available, I suggest publishing the notice in the following newspaper: Burns Herald

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


Applicant Signature

Matt Nonnemacher, President
Print Name (and Title if applicable)

2/12/24
Date

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Check one of the following:

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

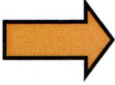
Check the appropriate box, if applicable:

- Check here if any of the permits proposed for amendment are 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 any of the permits supplied under a water service agreement or other contract for stored water 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 Harney County	ADDRESS 360 N Alvord	
CITY Burns	STATE OR	ZIP 97720

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Part 5 of 5 – Water Use Permit Information

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

PERMIT # 16338

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

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

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POD/POA Name or Number	Is this POD/POA Authorized by the permit or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-____)	Twp		Rng		Sec	¼ ¼		Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
#1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 295	23	S	30	E	14	SE	SW		1800' S & 1975' E from W ¼ cor, Sec 14
#2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 50578	23	S	30	E	14	NW	SW		1180' S & 40' E from W ¼ cor, Sec 14
#3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 296	23	S	30	E	14	SW	SE		530' N & 80' E from S ¼ cor, Sec 14
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed										

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

- | | |
|---|--|
| <input type="checkbox"/> Place of Use (POU) | <input type="checkbox"/> 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"/> Surface water POD to Ground Water POA (SW/GW) |

Will all of the proposed changes affect the entire water use permit?

- 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 permit to be changed.

For a change in place of use:

Does the permit holder of record own or control the land TO which the place of use is being moved?

Yes No

If NO, the landowner of the land TO which the place of use is being **moved must be assigned to the permit as a permit holder of record** by submitting a completed Request for Assignment form and the required statutory fee for an assignment.

Is the proposed place of use contiguous to the authorized place of use? Yes No

The permitted place of use can be moved only to lands that are contiguous to the authorized place of use **unless** the change to non-contiguous lands is in furtherance of mitigation or conservation efforts undertaken for the purposes of benefiting a species listed as sensitive, threatened, or endangered under ORS 496.171 to 496.192 or the federal Endangered Species Act of 1973 (16 U.S.C. 1531 to 1544), as determined by the listing agency. Contiguous land being either adjacent land or land separated from the land to which a permit is authorized by roads, utility corridors, irrigation ditches or publicly owned rights of way.

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

Table 2. Description of Changes to Water Use Permit # G-16338

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 (if applicable)	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 (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date	
EXAMPLE																			
									APOA	23	S	30	E	14	NW	SW		#1, #2 & #3	2007
									APOA	23	S	30	E	14	NE	SW		#1, #2 & #3	2007
									APOA	23	S	30	E	14	SE	SW		#1, #2 & #3	2007
									APOA	23	S	30	E	14	NW	SE		#1, #2 & #3	2007
									APOA	23	S	30	E	14	SW	SE		#1, #2 & #3	2007
TOTAL ACRES										TOTAL ACRES									

Additional remarks: _____.

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

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



If the permit(s) are for irrigation or supplemental irrigation use, other water rights existing on the same land for irrigation that are subject to transfer must either change concurrently or be cancelled. Any change to a water right certificate or ground water registration must be filed separately in a water right transfer application or ground water registration modification application, respectively.

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

- Well log(s) are attached for each authorized and proposed well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map. (Tip: You may search for well logs on the Department's web page at: http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx)

AND/OR

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

Table 3. Construction of Point(s) of Appropriation

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

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

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Land Use Information Form



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

Applicant(s): GH20, Inc, Matt Nonnemacher, President

Mailing Address: 398 N Broadway Ave

City: Burns

State: OR

Zip Code: 97720

Daytime Phone: 541-573-1260

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:
23S	30E	14	NW SW		Residential	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>QM</u>
23S	30E	14	NE SW		Residential	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>QM</u>
23S	30E	14	SE SW		Residential	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>QM</u>
23S	30E	14	NW SE		Residential	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>QM</u>
23S	30E	14	SW SE		Residential	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>QM</u>

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

Harney

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B. Description of Proposed Use

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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: 1.0 cubic feet per second gallons per minute acre-feet

Intended use of water: Irrigation Commercial Industrial Domestic for _____ household(s)
 Municipal Quasi-Municipal Instream Other _____

Briefly describe:

Propose an additional well to help distribution & provide a backup source.

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): HCC 3.90

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
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued

Local governments are invited to express special land-use concerns or make recommendations to the Water Resources Department regarding this proposed use of water below, or on a separate sheet.

Name: Brandon McMillon Title: Planning Director

Signature: [Signature] Phone: (911) 573-6605 Date: 1/17/24

Government Entity: Harney 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: _____

SEP 25 2000

STATE OF OREGON WATER SUPPLY WELL REPORT WATER RESOURCES DEPT SALEM, OREGON

WELL I.D. # L39239 START CARD # 130089

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

(1) OWNER: Well Number Name Floyd Garland Address 398 N Broadway City Burns State OR Zip 97720

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

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

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 405 ft. Explosives used [] Yes [X] No Type Amount

Table with columns: HOLE Diameter, SEAL From, To, Material, From, To, Sacks or pounds. Row 1: 14, 0, 18, bentonite, 0, 18, 18sacks. Row 2: 10, 18, 405

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

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Casing: 10, +1, 59.250, [X], [], [X], []. Liner: [], [], [], [], [], [], [], []

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Material, Tele/pipe size, Casing, Liner. All cells are empty.

(8) WELL TESTS: Minimum testing time is 1 hour [] Pump [X] Bailer [] Air [] Flowing Artesian Yield gal/min 30 Drawdown 0 Drill stem at Time 1 hr.

Temperature of water 59 Depth Artesian Flow Found Was a water analysis done? No [] Yes By whom Did any strata contain water not suitable for intended use? [] Too little [] Salty [] Muddy [] Odor [] Colored [] Other Depth of strata:

(9) LOCATION OF WELL by legal description: County Harney Latitude Longitude Township 23S N or S Range 30E E or W. WM. Section 14 NW 1/4 SW 1/4 Tax Lot 800 Lot Block Subdivision Street Address of Well (or nearest address) King Ave Garland Estates

(10) STATIC WATER LEVEL: 375 ft. below land surface. Date 9-18-00 Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Depth at which water was first found 380

Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 380, 403, 200, 375

(12) WELL LOG: Ground Elevation

Table with columns: Material, From, To, SWL. Rows: sandy loam topsoil (0-2), sandstone brn (2-60), rock brn (60-182), sandstone grey/cinders blk (182-220), cinders blk/clay brn/pumice (220-260), multi colored cinders clay (260-300), cinders red (300-314), rock blk (hard) (314-370), cinders/clay red (370-380), cinders red w/b (380-395), no cuttings (395-403), rock blk (hard) (403-405)

Date started 8-21-00 Completed 9-18-00 OWRD

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

(bonded) Water Well Constructor Certification: I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief. WWC Number 1424 Signed Timothy K. Riley Date 9-21-00

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OWRD

FOR WATER RESOURCES DEPARTMENT USE ONLY

Date Postmarked

8-22-00

W 130087

39906

Date Hand-Delivered

WRD Receipt

Date Fee Received

8-24-00

Watermaster Initials

Check No.

3891

START CARD

NOTICE OF BEGINNING OF WELL CONSTRUCTION

(as required by ORS 537.762)

This form must be completed and the original copy mailed or delivered to the Water Resources Department, 158 12th St. NE, Salem, OR 97310, for all new well construction, or conversion of an existing hole not previously used to seek water. This original copy must be mailed or delivered no later than the day construction or conversion work begins. A \$75 fee shall accompany the original copy for all new well construction and conversion (make checks payable to the Water Resources Department). Notices meeting the submittal requirements but received without the required fee will not be accepted as properly and timely filed. In addition, the constructor shall provide the "Watermaster Copy" of this notice to the office of the district watermaster within which the well is being constructed, altered, converted or abandoned using one of the following options: (a) by regular mail no later than three (3) calendar days (72 hours) prior to commencement of work; or, (b) by hand delivery, during regular office hours, no later than the day work is commenced; or, (c) by FAX no later than the day work is commenced. If method (c) is used, the original "Watermaster Copy" of this notice shall also be mailed or delivered to the office of the district watermaster no later than the day work is commenced. The Water Resources Commission has authority to impose civil penalties for failure to submit the required \$75 fee with the start card and for failure to submit cards prior to beginning of alteration, conversion or abandonment work.

RECEIVED

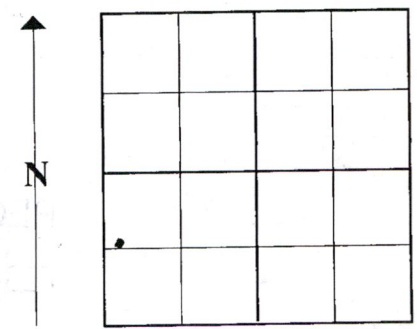
Owner's name and mailing address: Floyd H. GARLAND 398 N. BROADWAY BURNS, OREGON 97720
Home Phone: 541-573-2171
Work Phone: _____
AUG 24 2000 WATER RESOURCES DEPT. SALEM, OREGON

Check type of work: Fee Required: New Construction Conversion No Fee Required: Alteration (Repair/Recondition) Deepening Abandonment Original Start Card Number _____

Proposed Commencement Date: 8-21-00
Existing or Proposed Well Depth: 350 Diameter: 10" Original Well I.D. Label Number: _____

Check Use: Domestic Public System (Community) Industrial Irrigation Monitoring Thermal Injection Other Subdivision

Proposed Well Location: County Harney Township: 23 S. Range: 30 E Section: 14
North or South East or West



- N.W. 1/4 of S.W. 1/4 of above section.
- Street Address of well location (or directions if not assigned): King Avenue, Garland Acres
- Tax-lot number of well location: 800
- Attach map with location identified. (See reverse for approved maps)
- Show well location within 1/4, 1/4 of section grid at left.

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OWRD

We hereby certify that we have read the back of this form and that the information provided is accurate to the best of our knowledge.

Floyd H. Garland Owner/Agent License No. 1424
Timothy K. Poley Bonded Water/Monitor Well Constructor
Aug 21, 2000 Date Signed Western Drilling Co Company 8-21-00 Date Signed

OWNER PLEASE NOTE: This is not a water right application. The owner is responsible for obtaining a water right through the Water Resources Department, if required. The Oregon Health Division requires plans to be submitted and approved prior to construction if the well is to be used as a public system.

ADDITIONAL IMPORTANT INFORMATION ON BACK.

THIS COPY, WITH ACCOMPANYING FEE, TO WATER RESOURCES DEPARTMENT IN SALEM.

RECEIVED

OCT 18 1965

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the STATE ENGINEER, SALEM, OREGON 97310 within 30 days from the date of well completion.

WATER WELL REPORT
STATE ENGINEER
SALEM, OREGON

Handwritten: Harney 295

State Well No. 23/30-14 G

State Permit No.

(1) OWNER:
Name Floyd H. Garland
Address Burns, Oregon

(11) WELL TESTS:
Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No
Yield: gal./min. with ft. drawdown after hrs.

(2) LOCATION OF WELL:
County Harney Driller's well number
SW 1/4 SE 1/4 Section 14 T. 23S R. 30E W.M.

(12) WELL LOG:
Diameter of well below casing
Depth drilled 260 ft. Depth of completed well 260 ft.
Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

(3) TYPE OF WORK (check):
Well [X] Deepening [] Reconditioning [] Abandon []

Table with columns MATERIAL, FROM, TO. Rows include Top Soil, Hard Soil, Clay & Boulders, Sand Stone, Volcanic Rock, Pumice, Cinders, Med Gravel, Red Cinders, Hard Rock.

(4) PROPOSED USE (check):
Domestic [X] Industrial [] Municipal []
Irrigation [] Test Well [] Other []

(5) TYPE OF WELL:
Rotary [] Driven []
Cable [X] Jetted []
Dug [] Bored []

(6) CASING INSTALLED:
6" Diam. from 0 ft. to 260 ft. Gage .250

(7) PERFORATIONS:
Perforated? [X] Yes [] No
Type of perforator used Torch
Size of perforations 3/8 in. by 4 in.

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OWRD

(8) SCREENS:
Well screen installed? [] Yes [X] No
Manufacturer's Name
Model No.

Work started 10-6-65 1965. Completed 10-15-65 1965
Date well drilling machine moved off of well 10-15-65 19

(9) CONSTRUCTION:
Well seal—Material used in seal Bentonite
Depth of seal 20 ft. Was a packer used? YES
Diameter of well bore to bottom of seal 8 in.

(13) PUMP:
Manufacturer's Name
Type: H.P.

Water Well Contractor's Certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME Western Drilling Co.
Address Burns, Oregon
Drilling Machine Operator's License No. 379
[Signed] J.W. McAlister (Water Well Contractor)
Contractor's License No. 426 Date 10-15-65, 1965

(10) WATER LEVELS:
Static level 150 ft. below land surface Date, 10-15-65
Artesian pressure lbs. per square inch Date



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

Application for
Well ID Number

Do not complete if the well already has a Well Identification Number.

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AUG 24 2017

WATER RESOURCES DEPT
SALEM, OREGON

I. OWNER INFORMATION

Current Owner Name (please print): Floyd Garland

Mailing Address: PO BOX 339

City, State, Zip: Burns, OR 97720

Mail Well ID Tag to: [] SAME AS ABOVE [] In Care Of (C/O)

Name & Address:

City, State, Zip:

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OWRD

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 23S (North / South) Range: 30E (East / West) Section: 14

Tax Lot: 900 County Harney SW 1/4 SE 1/4

GPS Coordinates: 43.57235, -119.08923

Street Address of Well, City: W King Ave

If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): irrigation well converted to observation well 06/2017

Date Well Constructed (or property built): 8/9/1967 Total Well Depth: 305' Casing Diameter: 14"

Owner at time the well was constructed (if known): Floyd Garland

Other Information:

SUBMITTED BY (please print): Darrick E. Boschmann (OWRD Groundwater Section)

PHONE: 503-986-0853

EMAIL &/or FAX: darrick.e.boschmann@oregon.gov

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

8-24-17

Well Log Number:

HARN 296

Well Identification #:

L-95071

NOTICE TO WATER WELL CONTRACTOR
The original and first copy
of this report are to be
filed with the
STATE ENGINEER, SALEM, OREGON 97310
within 30 days from the date
of well completion.

14413 -

HARN 296
WATER WELL REPORT

Lower Well

RECEIVED
AUG 15 1967
STATE ENGINEER
SALEM, OREGON

Harn
296
G-4281

State Well No. 23/30-14 G
State Permit No. _____

(1) OWNER:

Name Floyd H. Garland
Address Burns, Oregon 97720

(2) TYPE OF WORK (check):

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

(3) TYPE OF WELL:

Rotary Driven
Cable Jetted
Dug Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

CASING INSTALLED:

Threaded Welded
14" Diam. from 0 ft. to 140 ft. Gage .025
" Diam. from _____ ft. to _____ ft. Gage _____
" Diam. from _____ ft. to _____ ft. Gage _____

PERFORATIONS:

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

(7) SCREENS:

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

(8) WATER LEVEL: Completed well.

Static level 100 ft. below land surface Date 8-9-67
Artesian pressure _____ lbs. per square inch Date _____

(9) WELL TESTS:

Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom? Driller
Yield: 1000 gal./min. with 105 ft. drawdown after 7 hrs.
" " " " " "
" " " " " "
Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? Yes No

(10) CONSTRUCTION:

Well seal—Material used Concrete
Depth of seal 25' ft.
Diameter of well bore to bottom of seal 20 in.
Were any loose strata cemented off? Yes No Depth _____
Was a drive shoe used? Yes No
Did any strata contain unusable water? Yes No
Type of water? _____ depth of strata _____
Method of sealing strata off _____
Was well gravel packed? Yes No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.

(11) LOCATION OF WELL:

County Harney Driller's well number _____
SW $\frac{1}{4}$ SE $\frac{1}{4}$ Section 14 T. 23 R. 30 W.M.
Bearing and distance from section or subdivision corner _____

(12) WELL LOG:

Diameter of well below casing 14
Depth drilled 305 ft. Depth of completed well 305 ft.
Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level as drilling proceeds. Note drilling rates.

MATERIAL	From	To	SWL
Top soil	0	3	
Clay and gravel	3	38	
Clay and boulders	38	85	
Pumice	85	100	
Hard red volcanic rock	100	109	105
Mixed colored cinders	109	142	105
Hard red volcanic rock	142	165	105
Red cinders	165	190	100
Pumice	190	215	100
Hard black rock (very hard)	215	268	100
Red cinders	268	288	100
Hard black rock (very hard)	288	305	100

L95071

43,57239 - 119.08927

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Work started July 25, 1967 Completed 8-9- 19 67
Date well drilling machine moved off of well 8-10- 19 67

Drilling Machine Operator's Certification:

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

[Signed] J. W. McAlister Date 8-12-1967
(Drilling Machine Operator)

Drilling Machine Operator's License No. 385

Water Well Contractor's Certification:

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

NAME Western Drilling Co. (Type or print)
(Person, firm or corporation)

Address P.O. Box 751 Burns, Oregon 97720

[Signed] J. W. McAlister
(Water Well Contractor)

Contractor's License No. 426 Date 8-12-1967