Application for Permit Amendment

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OREGON WATER RESOURCES DEPARTMENT

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

Part 1 of 5 – Minimum Requirements Checklist

This 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.

	Check	all items included with this application. (N/A = Not Applicable)
\boxtimes		Part 1 – Completed Minimum Requirements Checklist.
\boxtimes		Part 2 – Completed Application Map Checklist.
\boxtimes		Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the new online fee calculator at: <u>http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator</u> .
\boxtimes		Part 4 – Completed Applicant Information and Signature.
		Part 5 – Information about Permits to be Amended: Number of permits to be amended: <u>1</u> List the Permits here: <u>G-17563 (Application G-18070)</u> 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 <u>https://www.oregon.gov/OWRD/Forms/Pages/default.aspx</u>). 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.
\boxtimes	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.
\boxtimes	N/A	Water Well Report/Well L og 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):
		Additional signature(s) required Part is incomplete Other/Explanation
	Revised 7	1/2021 Permit Amendment Application – Page 1 of 12 TACS

14488 -

Permit Amendment Application – Page 1 of 12

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

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.

\boxtimes	A north arrow, a legend, and so	cale.
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- 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 preapproved 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°).

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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)	1	\$1,360					
	Types of change proposed:Received by OWRD \square Place of Use \square Point of Diversion/AppropriationJUN 27 2024Number of above boxes checked = $2(2a)$ JUN 27 2024Subtract 1 from the number in line $2a = 1$ (2b) If only one change, this will be 0 \square Number of above boxes checked = $N = 1$ (2b) If only one change, this will be 0Multiply line 2b by \$1090 and enter >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>							
2		2	\$1,090					
3	Number of permits included in Permit Amendment <u>1 (3a)</u> Subtract 1 from the number in 3a: <u>0 (3b)</u> <i>If only one permit this will be 0</i> Multiply line 3b by \$610 and enter » » » » » » » » » » » » » » » » » » »	3	0					
	Do you propose to add or change a well, or change from a surface water POD to a well? No: enter 0 Xes: enter \$480 for the 1 st well to be added or changed $\frac{$480 (4a)}{}$							
4	Do you propose to add or change additional wells? No: enter 0 Yes: multiply the number of additional wells by \$410 (4b) Add line 4a to line 4b and enter » » » » » » » » » » » » » » » » » » »	4	\$480					
	Do you propose to change the place of use?							
	No: enter 0 on line 5							
	Yes: enter the cfs for the portions of the permits to be amended (see below*): 0.069 (5a) Subtract 1.0 from the number in 5a above: -0.931(5b)							
	If 5b is 0, enter 0 on line 5 » » » » » » » » » » » » » » » » » »							
	If 5b is greater than 0, round up to the nearest whole number: <u>6 (5c)</u> and multiply 5c							
5	by \$350, then enter on line 5 » » » » » » » » » » » » » » » » » »	5	\$0					
6	Add entries on lines 1 through 5 above » » » » » » » » » » » Subtotal:	6	\$2,930					
	Is this permit amendment: Is this permit amendment: necessary to complete a project funded by the Oregon Watershed Enhancement Board (OWEB) under ORS 541.932? endorsed in writing by ODFW as a change that will result in a net benefit to fish and 							
	wildlife habitat?							
7	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 » » » » » » » » » » » » » » » » » »	8	\$2,930					

*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).

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Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT	eceived b	h.	OWRD		
Baker Valley Farms Holdings, LLC	Attn: Ad	am Dolsen, Manager	(509) 961-6468	He	eceived r	y	0		
ADDRESS				FAX NO.	JUN 2	7	2024		
301 N 3RD STREET					3011 -				
CITY	STATE	ZIP	E-MAIL		Oslam		OB		
Yakima	WA	98901	adam@dolsenco.co	m	Salem	,	On		
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.									

Applicant Information

APPLICANT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.					
North Pines Holdings, LLC Att	n: Kenneth	(509) 406-1782							
ADDRESS				FAX NO.					
301 N 3 RD STREET									
CITY	STATE	ZIP	E-MAIL						
Yakima	WA	98901	KENW@DOLSENCO.COM						
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT									
ELECTRONICALLY. COPIES OF THE	FINAL ORD	R DOCUMENTS WILL	ALSO BE MAILED.						

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

AGENT/BUSINESS NAME			PHONE NO. ADDITIONAL CONTACT NO.				
Shonee Langford Schwabe, Will	iamson & N	Nyatt	(503) 540-4261				
ADDRESS				FAX NO.			
530 Center Street NE, Suite 730			1				
CITY	STATE	ZIP	E-MAIL	· · · · · · · · · · · · · · · · · · ·			
Salem	OR	97301	SLANGFORD@SCHWAI				
BY PROVIDING AN E-MAIL ADDRES	S, CONSENT	IS GIVEN TO RECEIVE	ALL CORRESPONDENC	E FROM THE DEPARTMENT			
ELECTRONICALLY. COPIES OF THE	INAL ORDE	R DOCUMENTS WILL A	LSO BE MAILED.				
Explain in your own words wh We are proposing to replace a move 5.5 acres of the authoriz	uthorized	Well 1 with a prop		amendment; and why: () sited in a different location and			
If you need additional space, con	tinue on a s	separate piece of pa	per and attach to the	e application as "Attachment 1".			
Check this box if this project stimulus dollars)	t is fully or	partially funded by	the American Reco	overy and Reinvestment Act. (Federal			
Is the applicant the permit hole	der of reco	rd? 🛛 Yes 🗌 No					
If NO, include either:							
A completed assignmen to the applicant(s), OR	t form (wit	h required statutor	y assignment fee), a	assigning all or a portion of the permit			
An affidavit of consent f permit.	rom the pe	ermit holder(s) of re	cord that gives peri	mission for the applicant to amend the			
Has the Completion ("C") Date	of the per	mit(s) in this applic	ation expired?	Yes 🔀 No			
If YES, this application will no	t be accept	ed by the Departm	ent.				
If NO, what are the completic	on dates of	the permit(s)? 10/	1/2031				
				tion is pending, the Department will Application is approved for the permit.			
				the processing of this Permit Amendme 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: _____
- I (we) affirm that the information contained in this application is true and accurate.

Adam Dolsen; Manager, Baker Valley Farms Holdings, Print Name (and Title if applicable) Kenneth Willms, Manager, North Pines Holdings, LLC Print Name (and Title if applicable) oplicant Signature

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	ADDRESS				
Baker Valley Irrigation District	3895 Tenth Street				
CITY	STATE	ZIP			
Baker City	OR 97814				

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	ADDRESS				
NA					
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	ADDRESS					
Baker County Planning Department	1995 3rd					
CITY	STATE	ZIP				
Baker City	OR	97814				

Received by OWRD

JUN 27 2024

1448

Permit Amendment Application - Page 5 of 12 Salem, OR

TACS

JUN 27 2024

Salem, OR

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 # G-17563

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.)

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)	Tv	Twp		ng	Sec	Sec ¼¼		Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Well 1	Authorized	NA – NOT DRILLED	9	s	40	E	23	NE	NW	400	1265 ft N and 1570 ft E from NW corner, Sec 23
Well 1A	Authorized Proposed	BAKE 52513	9	s	40	E	23	NE	NW	400	1050 ft S and 1590 ft E from NW corner, Sec 23
Well 2	Authorized Proposed	BAKE 53000	9	s	40	E	14	NE	sw	600	2180 ft N and 1550 ft E from NW corner, Sec 23
Well 3	Authorized Proposed	BAKE 53001	9	S	40	E	15	SE	NE	202	3800 ft N and 1110 ft W from NW corner, Sec 23

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

Place of Use (POU)

Point of Appropriation/Well (POA)

Point of Diversion (POD)

Additional Point of Appropriation (APOA)

Surface water POD to Ground Water POA (SW/GW)

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

Additional Point of Diversion (APOD)

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:

 \square

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

JUN 27 2024

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 # G-17563

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.)

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)	Тwp		Rng		Rng Sec		Sec ¼¼		¥ ¥		Measured Distances (from a recognized survey corner)
Well 1	Authorized	NA – NOT DRILLED	9	s	40	E	23	NE	NW	400	1265 ft N and 1570 ft E from NW corner, Sec 23		
Well 1A	Authorized	BAKE 52513	9	s	40	E	23	NE	NW	400	1050 ft S and 1590 ft E from NW corner, Sec 23		
Well 2	Authorized	BAKE 53000	9	s	40	E	14	NE	sw	600	2180 ft N and 1550 ft E from NW corner, Sec 23		
Well 3	Authorized	BAKE 53001	9	s	40	E	15	SE	NE	202	3800 ft N and 1110 ft W from NW corner, Sec 23		

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

Place of Use (POU)

Point of Appropriation/Well (POA)

Point of Diversion (POD)

Additional Point of Appropriation (APOA)

Additional Point of Diversion (APOD)

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? \boxtimes Yes $\ \square$ 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.

Received by OWRD JUN 27 2024 Salem, OR 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-17563

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.

				g tha	t app	ears	on the CHAN	certif NGES		nds) DRE PROPC will be char		Proposed			1	Гhe	listir			ld appe			nds) DSED CHANG	iES
T٧	vp	Rı	ng	Sec	74	¥4	Tax Lot		Acres (if applicable)	POD(s) or POA(s) (name or number from Table 1)	Priority Date	Changes (see "CODES" from previous page)	T۱	vp	Rı	ng	Sec	1/4	1⁄4	Tax Lot	Gvt Lot or DLC		POD(s) or POA(s) to be used (from Table 1)	Priority Date
												EXAMP	LE											
2	s	9	E	15	NE	NW	100		15.0	POD #1 POD #2		POU/POD	2	s	9	E	15	NW	NW	100	1	10.0	POD #5	
"	"	u	"	u	"	"	"	"	EXAMPLE	"		u	2	S	9	E	15	SW	NW	200		5.0	POD #6	
9	S	40	E	10	sw	NE	1400		39.4	WELLS 1, 2 & 3	5/1/ 2015	РОА	9	S	40	E	10	sw	NE	1400		39.4	WELLS 1A, 2 & 3	5/1/2015
"	"	"	"	"	NE	SE	"		40.0	u	u	u	9	S	40	E	10	NE	SE	1400		40.0	WELLS 1A, 2 & 3	5/1/2015
"	"	"	"	"	NW	SE	"		40.0	u	u	"	9	S	40	E	10	NW	SE	1400		40.0	WELLS 1A, 2 & 3	5/1/2015
"	"	"	"	"	sw	SE	"		39.0	"	"	"	9	S	40	E	10	sw	SE	1400		39.0	WELLS 1A, 2 & 3	5/1/2015
"	"	"	"	"	SE	SE	u		40.0	u	"	"	9	S	40	E	10	SE	SE	1400		40.0	WELLS 1A, 2 & 3	5/1/2015
"	"	"	"	11	NE	NE	100		40.0	u	u	u	9	S	40	E	11	NE	NE	100		40.0	WELLS 1A, 2 & 3	5/1/2015
"	"	"	"	"	NW	NE	300		31.5	u	"	"	9	S	40	E	11	NW	NE	300		31.5	WELLS 1A, 2 & 3	5/1/2015
u	"	"	"	"	sw	NE	300		40.0	u	u	u	9	S	40	E	11	sw	NE	300		40.0	WELLS 1A, 2 & 3	5/1/2015

Additional remarks:

Recieved 6/28/24

14488 -

Revised 7/1/2021

Permit Amendment Application – Page 8 of 12

TACS

		AUTHORIZED (the "from" or "off" lands) he listing that appears on the certificate BEFORE PROPOSE CHANGES st only that part or portion of the water right that will be change POD(s) or POD(s) or									Proposed			2							AFTER PR	PERMIT G-17 OPOSED CH		
T۱	wp	R	ng	Sec	1/4	1⁄4	Tax Lot	6.000000000000000000000000000000000000	Acres (if applicable)	POD(s) or POA(s) (name or number from Table 1)	Priority Date	Changes (see "CODES" from previous page)	Τv	vp	Rr	ng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date
9	s	40	E	11	SE	NE	100		40.0	WELLS 1, 2 & 3	5/1/ 2015	POA	9	S	40	E	11	SE	NE	100		40.0	WELLS 1A, 2 & 3	5/1/2015
"	"	"	"	"	NE	NW	400		40.0	u	u	u	9	s	40	E	11	NE	NW	400		40.0	WELLS 1A, 2 & 3	5/1/2015
"	"	"	"	"	sw	NW	u		40.0	u	"	"	9	s	40	E	11	sw	NW	400		40.0	WELLS 1A, 2 & 3	5/1/2015
"	"	"	"	"	SE	NW	u		40.0	u	"	u	9	s	40	E	11	SE	NW	400		40.0	WELLS 1A, 2 & 3	5/1/2015
"	"	"	"	"	NE	sw	"		40.0	u	"	"	9	s	40	E	11	NE	sw	400		40.0	WELLS 1A, 2 & 3	5/1/2015
u	"	"	"	"	NW	sw	"		40.0	"	u	"	9	s	40	E	11	NW	sw	400	-3	40.0	WELLS 1A, 2 & 3	5/1/2015
"	"	"	"	"	sw	sw	u	-	40.0	u	u	u	9	s	40	E	11	sw	sw	400		40.0	WELLS 1A, 2 & 3	5/1/2015
9	s	40	E	11	SE	sw	400		40.0	"	u	POU/POA	9	s	40	E	11	SE	sw	400		34.5	WELLS 1A, 2 & 3	5/1/2015
"	"	"	"	11	NE	SE	100		39.6	"	u	POA	9	s	40	E	11	NE	SE	100		39.6	WELLS 1A, 2 & 3	5/1/2015
"	"	"	u	"	NW	SE	300	- 	39.6	u	u	"	9	s	40	E	11	NW	SE	300		39.6	WELLS 1A, 2 & 3	5/1/2015
"	"	"	"	14	NW	NE	600	127	20.0	u	u	"	9	s	40	E	14	NW	NE	600		20.0	WELLS 1A, 2 & 3	5/1/2015
"	"	"	"	"	sw	NE			15.0	u	u	"	9	s	40	E	14	sw	NE	600		15.0	WELLS 1A, 2 & 3	5/1/2015
u	"	"	"	u	NE	NW	200, 300, 400 & 500		40.0	"	u	"	9	s	40	E	14	NE	NW	200, 300, 400, 500 & 600		40.0	WELLS 1A, 2 & 3	5/1/2015

Revised 7/1/2021

Permit Amendment Application – Page 9 of 12

TACS

		AUTHORIZED (the "from" or "off" lands) the listing that appears on the certificate BEFORE PROPOSED CHANGES tooly that part or portion of the water right that will be changed. POD(s) or POA(s)							ficate BEF	ORE PROPC		Proposed										AFTER PR	PERMIT G-17 ROPOSED CH	
T۱	wp	R	ng	Sec	1/4	1⁄4	Tax Lot	Gvt Lot or DLC	Acres (if applicable)		Priority Date	Changes (see "CODES" from previous page)	T۱	wp	R	ng	Sec	1/4	1⁄4	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date
9	S	40	E	14	NW	NW	600		37.5	WELLS 1, 2 & 3	5/1/ 2015	РОА	9	S	40	E	14	NW	NW	600		37.5	WELLS 1A, 2 & 3	5/1/2015
"	u	u	u	"	sw	NW	"		40.0	"	"	u	9	S	40	E	14	sw	NW	600		40.0	WELLS 1A, 2 & 3	5/1/2015
"	u	"	u	"	SE	NW	"	<u>.</u>	36.0	u	"	"	9	s	40	E	14	SE	NW	600		36.0	WELLS 1A, 2 & 3	5/1/2015
u	u	u	u	"	NE	sw	u		7.9	u	"	"	9	s	40	E	14	NE	sw	600		7.9	WELLS 1A, 2 & 3	5/1/2015
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"	u	"	u	"	SE	sw	u		6.5	u	u	"	9	s	40	E	14	SE	sw	600		6.5	WELLS 1A, 2 & 3	5/1/2015
"	"	"	"	15	NE	NE	202		37.0	u	u	"	9	s	40	E	15	NE	NE	202		37.0	WELLS 1A, 2 & 3	5/1/2015
										in the second second		POU, POA	9	s	40	E	15	sw	NE	202		5.5	WELLS 1A, 2 & 3	5/1/2015
9	S	40	E	15	SE	NE	202		9.6	WELLS 1, 2 & 3	5/1/ 2015	POA	9	s	40	E	15	SE	NE	202		9.6	WELLS 1A, 2 & 3	5/1/2015
"	"	"	u	"	SE	NW	u		5.0	u	u	u	9	s	40	E	15	SE	NW	202	-	5.0	WELLS 1A, 2 & 3	5/1/2015
"	u	"	u	u	NE	sw	u		8.5	u	u	u	9	s	40	E	15	NE	sw	202	6	8.5	WELLS 1A, 2 & 3	5/1/2015
"	"	"	"	u	SE	sw	u		10.5	"	u	u	9	s	40	E	15	SE	sw	202	- 3	10.5	WELLS 1A, 2 & 3	5/1/2015
"	"	"	"	"	NE	SE	u		25.9	u	u	"	9	s	40	E	15	NE	SE	202		25.9	WELLS 1A, 2 & 3	5/1/2015

Revised 7/1/2021

Permit Amendment Application – Page 10 of 12 TACS

14488 -

		AUTHORIZED (the "from" or "off" lands) e listing that appears on the certificate BEFORE PROPOSED CHANGES conly that part or portion of the water right that will be changed POD(s) or POA(s)							icate BEF	ORE PROPC		Proposed							•			AFTER PR	PERMIT G-17	
	wp		Ing	Sec		3⁄4	Tax Lot	Gvt Lot or	Acres (if applicable)	POD(s) or POA(s) (name or	Priority Date	Changes (see "CODES" from previous page)	Τ\	wp	Rı	ng	Sec	1/4	1⁄4	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date
9	s	40	E	15	NW	SE	202		31.0	WELLS 1, 2 & 3	5/1/ 2015	POA	9	s	40	E	15	NW	SE	202	-	31.0	WELLS 1A, 2 & 3	5/1/2015
"	u	"	"	"	sw	SE	u		40.0	"	"	u	9	s	40	E	15	sw	SE	202		40.0	WELLS 1A, 2 & 3	5/1/2015
"	"	"	"	"	SE	SE	u	-	40.0	u	"	u	9	s	40	E	15	SE	SE	202		40.0	WELLS 1A, 2 & 3	5/1/2015
"	"	"	"	22	NE	NE	400		24.6	u	u	u	9	s	40	E	22	NE	NE	400	-	24.6	WELLS 1A, 2 & 3	5/1/2015
"	"	"	"	"	NW	NE	u		23.2	u	"	"	9	s	40	E	22	NW	NE	400		23.2	WELLS 1A, 2 & 3	5/1/2015
"	"	"	"	"	NE	NW	"	-	7.0	"	"	u	9	s	40	E	22	NE	NW	400		7.0	WELLS 1A, 2 & 3	5/1/2015
"	"	"	"	23	NW	NW	u		21.2	"	u	u	9	s	40	E	23	NW	NW	400		21.2	WELLS 1A, 2 & 3	5/1/2015
"	"	"	"	"	sw	NW	"		30.4	"	"	u	9	s	40	E	23	sw	NW	400		30.4	WELLS 1A, 2 & 3	5/1/2015
"	"	u	"	"	SE	NW	"	-	30.3	"	u	u	9	s	40	E	23	SE	NW	400		30.3	WELLS 1A, 2 & 3	5/1/2015
"	"	"	"	"	NE	sw	"	-	28.4	u	"	u	9	s	40	E	23	NE	sw	400	1 (1 <mark>2)</mark> (1)	28.4	WELLS 1A, 2 & 3	5/1/2015
"	"	"	"	"	NW	sw	"	-	28.4	"	u	"	9	s	40	E	23	NW	sw	400		28.4	WELLS 1A, 2 & 3	5/1/2015
		92	1			тот	AL ACR	ES	1,393.0	78									Т	OTAL AC	RES	1,393.0		1

JUN 27 2024

Permit # G-17563

Salem, OR Salem,

If YES, list the other certificate, permit, or ground water registration numbers: **Certificates 62254, 73405, 73599, 73610, 73999 and 85936**.

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	ls 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). <u>If</u> less than full rate of water right
Well 1A	Yes	L-107434	105 ft	16 in	+2 to 528	0 to 528 ft	528 to 705	126	basalt	
Well 2	Yes	L-126991	685 ft	16 in	+2 to 610	0 to 610 ft	610 to 685	19	basalt	
Well 3	Yes	L-126993	480 ft	16 in	+2 to 455	0 to 455 ft	455 to 480	17	basalt	

Land Use Information Form



Oregon Water Resources Department 725 Summer Street NE, Suite A JUN 27 2024 Salem, Oregon 97301-1266 (503) 986-0900 Salem, OR www.oregon.gov/OWRD

NAME				PHONE
Baker Valley Farms Holdings, LLC	Attn: A	dam Dols	en &	(509) 961-6468
North Pines Holdings, LLC Attn: Ke	nneth V	Villms		
MAILING ADDRESS				
301 N 3 rd Street				
CITY	STATE	ZIP	EMAIL	
Yakima	WA	98901	adam@dolsenco.com	

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	Ya Ya	Tax Lot #	Plan Designation (e.g., Rural Residential/RR-5)		Water to be:		Proposed Land Use:
See						Diverted	Conveyed	Used Used	
Attached						Diverted	Conveyed	Used Used	
List						Diverted	Conveyed	Used Used	
						Diverted	Conveyed	Used	

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

Baker County

NOTE: A separate Land Use Information Form must be completed and submitted for <u>each</u> county and city, as applicable.

B. Description of Proposed Use

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

 Permit to Use or Store Water Water Right Transfer Limited Water Use License Exchange of Water 	Permit Amendment or Ground Water Registration Modification Allocation of Conserved Water
Source of water: 🗌 Reservoir/Pond 🛛 🛛 Ground Water	Surface Water (name)
Estimated quantity of water needed: <u>6.68</u>	feet per second 🗌 gallons per minute 🗌 acre-feet
Intended use of water: Irrigation Commercial	Industrial Domestic for household(s)
Briefly describe:	
We are requesting Oregon Water Resources Department proposed well (Well 1A) in a different location and move	

Note to applicant: For new water right applications only, if the Land Use Information Form cannot be completed while you wait, please have a local government representative sign the receipt on the bottom of page 4 and include it with the application filed with the Oregon Water Resources Department.

14488

JUN 27 2024

ATTACHMENT TO:

Salem, OR

Oregon Water Resources Department Land Use Information Form

Applicant Name: Baker Valley Farms Holdings, LLC & North Pines Holdings, LLC

A. Land and Location

10

Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), or used. 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	1/4 1/4	Tax Lot #	Plan designation	Water to be:	Proposed Land Use:
9 S	40 E	10	SW NE	1400		Diverted Conveyed Used	No Change
9 S	40 E	10	SE 1/4	1400		Diverted Conveyed Used	No Change
9 S	40 E	11	NE 1/4	100 & 300		Diverted Conveyed Used	No Change
9 S	40 E	11	NE NW	400		Diverted Conveyed Used	No Change
9 S	40 E	11	SW NW	400		Diverted Conveyed Used	No Change
9 S	40 E	11	SE NW	400		Diverted Conveyed Used	No Change
9 S	40 E	11	SW 1/4	400		Diverted Conveyed Used	No Change
9 S	40 E	11	NE SE	100		Diverted Conveyed Used	No Change
9 S	40 E	11	NW SE	300		Diverted Conveyed Used	No Change
9 S	40 E	14	NW NE	600		Diverted Conveyed Used	No Change
9 S	40 E	14	SW NE	600		Diverted Conveyed Used	No Change
9 S	40 E	14	W ½	200,300, 400 & 600		Diverted Conveyed Used	No Change
9 S	40 E	15	NE NE	202		Diverted Conveyed Used	No Change
9 S	40 E	15	SW NE	202		Diverted Conveyed Used	Irrigation
9 S	40 E	15	SE NE	202		Diverted Conveyed Used	No Change
9 S	40 E	15	SE NW	202		Diverted Conveyed Used	No Change
9 S	40 E	15	NE SW	202		Diverted Conveyed Used	No Change
9 S	40 E	15	SE SW	202		Diverted Conveyed Used	No Change
9 S	40 E	15	SE 1/4	202		Diverted Conveyed Used	No Change
9 S	40 E	22	NE NE	400		Diverted Conveyed Used	No Change
9 S	40 E	22	NW NE	400		Diverted Conveyed Used	No Change
9 S	40 E	22	NE NW	400		Diverted Conveyed Used	No Change
9 S	40 E	23	NE NW	400		Diverted Conveyed Used	No Change
9 S	40 E	23	NW NW	400		Diverted Conveyed Used	No Change
9 S	40 E	23	SW NW	400		Diverted Conveyed Used	No Change
9 S	40 E	23	SE NW	400		Diverted Conveyed Used	No Change
9 S	40 E	23	NW SW	400		Diverted Conveyed Used	No Change
9 S	40 E	23	NE SW	400		Diverted Conveyed Used	No Change

Page 1 of 1

14488 =

JUN 27 2024

For Local Government Use Only

Salem, OR

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 use(s), including proposed construction, are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): 13020410.02(4)

Land uses to be served by the proposed water use(s), 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-U	se Approval:
		ObtainedDenied	 Being Pursued Not Being Pursued
		 Obtained Denied 	 Being Pursued Not Being Pursued
		 Obtained Denied 	 Being Pursued Not Being Pursued
		 Obtained Denied 	 Being Pursued Not Being Pursued

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

Name:Pau	J. King	Title: Planning Tech
Signature:	en	
Governmental Entity:	Baker City - County Planning	Phone: <u>541</u> 6357 8555 8219 PJk
	Receipt Acknowledging Request	for Land Use Information
this form while the appl have 30 days from the o Oregon Water Resource for a new permit to use	rm and return it to the applicant. For new wat licant waits, you may complete this receipt an date of OWRD's Public Notice of the applicatio es Department. Please note while OWRD can a	ter right applications <u>only</u> , if you are unable to complete d return it to the applicant. If you sign the receipt, you will n to submit the completed Land Use Information Form to accept a signed receipt as part of intake for an application ation Form is required for all other applications.
Staff Name:		Title:
Staff Signature:		Date:
Governmental Entity:		Phone:

Land Use Information Form — Page 4 of 4 14488 –

Last Revised: 10/2023

	KE 52513	3	WELL				Page 1 of
STATE OF OREGON				I.D. LABE ART CAR			and the second
WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)	8/13/201	6			1050	183	
		.0	URIC	SINAL LO	G #	L	
I) LAND OWNER Owner Well I.D First Name Last Name							
Company MOOSE CREEK INVESTMENTS LLC			ION OF V			-	
Address PO BOX 361			Twp				E E/W V
City KETCHUM State ID Zip 83340	Sec	25	NE 1/4	of the SW	1/4	Tax Lot 40	0
	Conversion Tax	Map Numh	er			Lot 400	D140 D
Alteration (complete 2a & 10) Abandonme			712 87				DMS or D
a) PRE-ALTERATION		ng //7 °	reet address o	" or	Nearest a	ddrace	_ DMS or D
Dia + From To Gauge Stl Plste Wid T Casing:		152 SUNSE		i wen (• Nearest a	uuress	
Material From To Ami sacks/lbs		KER, OR	I LANI.				
Seal:							
B) DRILL METHOD) STATI	C WATEF	RLEVEL			
Rotary Air Rotary Mud Cable Auger Cable	Mud	Fristing W	ell / Pre-Alter	ration	Date SV	WL(psi) +	SWL(ft)
Reverse Rotary Other	-	Completed		4/21/	2016		126
PROPOSED USE Domestic XIrrigation Comm	unity		Flown	ng Artesian"		y Hole"	120
Industrial/ Commericial Livestock Dewatering	1	TER BEAR	ING ZONES	Der	th water wa	s first found	565 00
Thermal Injection Other		WI Date	From	То		SWL(pst)	
5) BORE HOLE CONSTRUCTION Special Standard		4-21	627	705	1500	i	(0 4
Depth of Completed Well 705.00 ft.	(Attach copy)	1-21	624	405	1300		120
BORE HOLE SEAL	sacks						
Dia From To Material From To	Amt lbs	N					-
20 0 528 Cement w/5% Bentonit () 528	and a construction of the second seco						
15 528 705 Calculat	ed 25066						
Calculat	ed (11)) WELL	LOG	Ground Ele	vation 35	70.00	
How was seal placed Method A B X C	DE		Material			From	То
Other	ligh	nt brown silt				0	80
Backfill placed from ft to ft Material		k grey silt	- 1.			80	100
Filter pack from ft_to ft_Material	Jin. C	yish brown s nt gray clay	stit			100	173
Explosives used. Yes Type Amount		k brown silt				174	230
a) ABANDONMENT USING UNHYDRATED BENT		y silt				230	350
Proposed Amount Actual Amount		enish brown	the second state of the local state of the second state of the sec			350	380
) CASING/LINER	l dard		nd, gtz and ba	salt grains		<u>380</u> 390	390
Casing Liner Dia + From To Gauge Stl F	iste Wid Ihrd Light	k brown silt nt olive gree				430	430 440
		k brown silt	and the second se			440	450
		k olive greet	n clay			450	470
		e green silt	Re	ceived	by Ow	FL470	510
		ve green clay ise basali	stone	11.151 0	7 2024	510 520	520 560
Shoe Inside Outside Other Location of shoet	1	shtly vesicul	ar basalt	JUN 2	7 2024	560	627
Temp casing Yes Dia From To	FT.	weathered	vesicular basa	lt		627	640
PERFORATIONS/SCREENS	ves	icular basalt		Salem	, OR	640	705
Perforations Method				0000	,		
Screens Type RECEIVED BY OWR	Dat	te Started	4/10/2016	(Completed	4/21/2016	
Perf/ Casing/Screen Scrn/slot Slot Screen Liner Dia From To width length	# of Tele/	honded) W	ater Well Co	nstructor (ertification		
Screen Liner Dia From To width length	STOLD PIPE SILLE		he work pe				ng. alteration.
			of this well				
			andards Mai		ind informat	ion reported a	above are true
SALEM, OR			knowledge an		D		
		ense Numb	er		Date		
) WELL TESTS: Minimum testing time is 1 hour	Sig	gned					
	ing Artesian		11: 11 0				
Yield gal/min Drawdown Drill stem/Pump depth Durat			er Well Cons				
100	1.44		sibility for the on this well			-	
		,	ing this time	-			
Temperature 65 °F Lab analysis Yes By			indards This			0	
Water guality concerns? Yes (describe below) TDS amount	Lic	ense Numbe	er 1937		Date 8/1	3/2016	
From To Description Am	ount Units	mad			-		
	Cor	nact into (o	ptional)				
ORIGINAL - WATE	ER RESOURCES DEPAR	TMENT					

\$

ORIGINAL - WATER RESOURCES DEPARTMENT THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version 14488 - WELL 1A

(2a) PRE-LTATION Casing	Amenaea 5/23/2024			WELLID LAREL	# 1 12(0)	0.1	
Startistic Strike Strike Strike and AR 698-205-5210 5/21/2024 ORIGINAL LOG # (1) LAND OWNER Over Well LD (9) LOCATION OF WELL (legal description) Compare Startes AS 100, DDNC, LL2 (9) LOCATION OF WELL (legal description) Compare Startes AS 100, DDNC, LL2 (9) LOCATION OF WELL (legal description) Compare Startes AS 100, DDNC, LL2 (9) LOCATION OF WELL (legal description) Compare Startes AS 100, DDNC, LL2 (9) LOCATION OF WELL (legal description) Caster Startes AS 100, DDNC, LL2 (9) LOCATION OF WELL (legal description) Caster Startes AS 100, DDNC, LL2 (9) LOCATION OF WELL (legal description) Caster Startes AS 100, DDNC, LL2 (9) LOCATION OF WELL (legal description) Caster Startes AS 100, DDNC, LL2 (9) LOCATION OF WELL (legal description) Caster Startes AS 100, DDNC, LL2 (9) LOCATION OF WELL (legal description) Caster Startes AS 100, DDNC, LL2 (9) LOCATION STARTES CONSTRUCTION Startes TLANE BARKE (TY) OR 97814 Start Barkemonic To Mane Startes	STATE OF OREGON	BAKE 5	53000				
(a) LAND OWNER Great & ST. 358 and DAR 605-Br. 2010 () LAND OWNER Great & ST. 358 and DAR 605-Br. 2010 () LAND OWNER Great & ST. 358 and DAR 605-Br. 2010 () LAND OWNER Great & ST. 358 and DAR 605-Br. 2010 () LAND OWNER Great & ST. 358 and DAR 605-Br. 2010 () LAND OWNER Great & ST. 358 () LAND OWNER GREAT ()	' WATER SUPPLY WELL REPORT		-)29	
(1) LAND OWNER Overal Well LD (1) LAND OWNER Overal Well LD (1) Company BARER VALLEY FARMS RUDING, LAC (2) MARKE VALLEY FARMS RUDING, LAC (2) TYPE OF WORK Save MA (3) DELL MORE Deve MA (4) DEVELLE MA Save MA (5) DEVEL HOL	(as required by ORS 537,545 & 537,765 and OAR 690-205-0210)	5/21/20	24	ORIGINAL LOG	#		
Compare SARER VALLEY TARMS HUDDING, LLC Compare SARER VALLEY TARMS HUDDING, LLC Conversion Address NO BORK Cast With Dispective Cast Notes Cast With State Notes Cast With Notes Notes <							
Computs BAKER VALLEY FARMS ROLDING.LLC Computs BAKER VALLEY FARMS ROLDING.LLC Computs BAKER VALLEY FARMS ROLDING.LLC Computs BAKER VALLEY FARMS ROLDING.LLC Cast Address OP BOX T28: State WA Zip 9000 Cast and Cast OW MAX State WA Zip 9000 Cast and Cast OW MAX State WA Zip 9000 Cast and Cast OW MAX State WA Zip 9000 Cast and Cast OW Cast Advanced OW MAX State WA Zip 9000 Cast and Cast OW Cast Advanced OW Cast	First Name COLLIN Last Name GERRATT	() LOCATI	ON OF WELL (lega	l descri	ption)	
Address OP (0X) 1726 Op (0X) Tay Implementation of the set	Company BAKER VALLEY FARMS HOLDING, LLC						E E/W WM
City TYPE OF WORK State "A". Lot _ During _ Conversion I. Alternation _ Conversion I. Alternation _ Conversion I. Alternation _ Conversion	Address PO BOX 1726						
(2) TYPE OF WORK Now Well Despending Conversion (2) TYPE OF WORK Nome Well Despending Conversion (2) TYPE OF WORK Yes Yes Yes Yes Despending Conversion (2) TYPE OF WORK Yes Yes Yes Yes Yes Despending Conversion (2) TYPE OF WORK Yes	City YAKIMA State WA Zip 98907	56	sc <u>14</u>	1/4 of the		Lat	
(2a) PRE-AITERATION Consigned in the image of the		version	ix Map Number	" ~ 44 77002	700	L01	DMS or DD
Date Firm To Gauge State Sta		omplete 5a)	it	or <u>44.77993</u>	/09		DMS or DD
Date Firm To Gauge State Sta		L	ong	or -11/./82	38600	1.1	_ DMS of DD
Material From To Ansi: sate/The Sett Image: Setter in the set of the set	Dia + From To Gauge Stl Plstc Wld Thrd		Joue	ter address of wen	Acarest a	laress	
set:		2	0564 SUNSET	LANE BAKER CITY. OF	9/814		
(3) DELL'METEON							
Boary Arr Reverse Roury Other Cable Auger Cable Auger Cable Auger Cable		(1	III) STATIC	WATER LEVEL			
Betweene Roun Other (4) PROPOSED USE Domestic Xirrgation Community Industrial Omercial Once Devise An advantage of the second of the sec					ate SV	WL(psi) +	SWL(ft)
(4) PROPOSED USE Domestic ∑ Irrigation ○ Community (4) PROPOSED USE Domestic ∑ Irrigation ○ Community (5) BORE HOLE CONSTRUCTION Deviations (5) BORE HOLE CONSTRUCTION Special Standard ○ (Attorn copy) (6) Domestic Well (\$50.00 n (7) Depth of Completed Well (\$50.00 n (8) WELL (Comment of the Community Statistic Comment of the Community (1) WELL LOG Ground Elevation (4) Prom To Americal (5) BORE HOLE CONSTRUCTION Special Standard (Attach copy) (4) Prom To Americal (5) BORE HOLE CONSTRUCTION Special Standard Cataliated (4) Prom To To (5) BORE HOLE CONSTRUCTION To To (5) BORE HOLE CONSTRUCTION Exploring Line (Community) To (5) Adaption (The Community) To To (6) Casing Line (The To To To (6) CASING/LINE (Community) Actual Amount Statistic (Clave							
(1) WELL TESTS: Minimum testing time is 1 hour (1) WELL TESTS: Minimum testing time is 1 hour (2) Well LESTS: Minimum testing time is 1 hour (2) Well LESTS: Minimum testing time is 1 hour (2) Well LESTS: Minimum testing time is 1 hour (2) Well LESTS: Minimum testing time is 1 hour (3) WELL TESTS: Minimum testing time is 1 hour (4) Well LESTS: Minimum testing time is 1 hour (4) Well LESTS: Minimum testing time is 1 hour (4) Well LESTS: Minimum testing time is 1 hour (4) Well LESTS: Minimum testing time is 1 hour (4) Well LESTS: Minimum testing time is 1 hour (4) Well LESTS: Minimum testing time is 1 hour (4) Well LESTS: Minimum testing time is 1 hour (4) Well LESTS: Minimum testing time is 1 hour (4) Well LESTS: Minimum testing time is 1 hour (5) Well LESTS: Minimum testing time is 1 hour (4) Well LESTS: Minimum testing time is 1 hour (5) Well LESTS: Minimum testing time is 1 hour (4) Well LESTS: Minimum testing time is 1 hour (4) Well LESTS: Minimum testing time is 1 hour (4) Well Gas/max (4) Hour Hour Height Duration thr (5) Well LESTS: Minimum testing time is 1 hour (4) Well Gas/max (4) Hour Hour Height Duration thr (5) Well Gas/max (5) Hour Hour Heigh	Reverse Rotary Other		Completed V	121.012			19
□ Industrial Commencial Livestock □ Deviations Matterial Depth water was first found de9200 (5) BORE HOLE CONSTRUCTION Special Standard (Attach copy) SWL Date From To Est Flow SWL(psi) + SW (5) BORE HOLE Completed Weil (950.00 n. SEAL sake SwL Date From To Est Flow SWL(psi) + SW (2) 15:2023 34:9 0:00	(4) PROPOSED USE Domestic X Irrigation Community	y I		Flowing Artesian?	Dr	y Hole?	
Starting injectuan Other (5) BORE HOLE CONSTRUCTION Special Standard (Attach copy) Date for Completed Well (08500) ft Starting injectuan O 16 20 16 20 Calculated Calculated 16 20 Start Placement method[] A [] B [] C [] D [] C [] C [] C [] C [] C [] C		1	ATER BEARIN	NG ZONES Depth	water wa	s first found	649.00
(5) BORE HOLE CONSTRUCTION Special Standard Attach oppy BORE HOLE CONSTRUCTION Special Standard Attach oppy Bore From Completed Well (#55.00) ft Bore From Completed Well (#55.00) Completed Well (#55.00) Seal placement methodig A B B C D B E Completed Well (#55.00) Completed Well (#55.00) Seal placement methodig A B B C D B E To method B A Bernow Class Stepped Attached From Seal placement methodig A B B C D D E Completed From To method B A Stepped Attached From Seal placement methodig A B B C D D M E To method B A Stepped Attached From Stepped Attached From Seal placement methodig A B B C D D M E To method B A Stepped Attached From Stepped Attached From Seal placement methodig A B B D D D M E To method B A Stepped Attached B B Stepped Attached B B Seal placement methodig A B Prom To method B A Stepped Attached B B Stepped Attached B B Stepped Attached B B Prom </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
Depth of Completed Well 08500 R. BORE HOLE SEAL vacks Dia From To Am Dia From To Am bit Dia From To Am bit Dia Dia Dia Calculated Image: Calculated Image: Calculated Statistic deform It.u R. Maternal Size Filter pack from It.u R. Maternal Size Statistic deform It.u R. Maternal Size Brown Clays Mit Sand Streaks 30 Brown Clays Brown Clays Brown Clays Mit Sand Streaks 95 1 Brown Clays Mit Sand Streaks 95 1 Brown Clays Mit Sand Streaks 95 1 Brown Clays Mit Sand Streaks 95							
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16 0						+	
is 20 610 Calculated i6 010 685 Calculated Set placement method[X] A □ B □ C □ D □ E □ Other Calculated Material From Filter pack from ft to ft Material Size Scal Placement Begin Date 12/5/2023 Begin Time [00 00 (6) CASING/LINER Date ft Material From (a) ABANDONMENT USING UNHYDRATED BENTONITE Brown Stand Streaks 35 Discown Clays 95 1 (b) CASING/LINER Casing if Yes 200							
16 610 683		59080 P					
Seei Jakeem method [] A [] B] C [] D [] C Other Material From To Backfill placed fromft toft. MaterialSize Brown Clays Ground Elevation Filter pack fromft. toft. MaterialSize Brown Clays Ground Elevation Seei Placement Begin Date 12/5/2023Regin Time [00] 00 Brown Clays Ground Elevation (5a) ABANDONNENT USING UNHYDRATED BENTONTE Berown Clays With Sand StreaksSize 35 i Brown Clays With Sand StreaksSize 35 i (6) CASING/LINER Casing Linerft =Actual Amount Brown Clays With Sand Streaks20 =							
Backfill placed from ft. to ft. Material Size Filter pack from ft. to ft. Material Size Seal Placement Begin Date 12/5/2023 Begin Time [00 Dot (5a) ABANDONMENT USING UNHYDRATED BENTONTIE Brown Clays 33 District Size Propeed Amount Actual Amount In Brown Clays District Size (6) CASING/LINER Actual Amount Casing Liner District Size District Size District Size Shoe Inside XIOuside Other Location of shoets I District Size Distris Distris District Size		(1	1) WELL L	Ground Eleva	ation		
Backfill placed from ft. to ft. Material Size Filter pack from ft. to ft. Material Size Seal Placement Begin Date 12/5/2023 Begin Time [00 Dot (5a) ABANDONMENT USING UNHYDRATED BENTONTIE Brown Clays 33 District Size Propeed Amount Actual Amount In Brown Clays District Size (6) CASING/LINER Actual Amount Casing Liner District Size District Size District Size Shoe Inside XIOuside Other Location of shoets I District Size Distris Distris District Size	Seai placement method 🔀 A 🛛 B 🗍 C 🗍 D 🗍 E Other			Material		From	То
Filter pack from ft. to ft. Material Size Explosives used Type CEMENT Amount fn. Seal Placement Begin Date 12/5/2023 Begin Time [00 100 (5a) ABANDONMENT USING UNHYDRATED BENTONITE Actual Amount Brown Clays 95 (6) CASING/LINER Actual Amount Brown Clays 95 155 (6) CASING/LINER 16 2 010 375 200 <td></td> <td>т </td> <td>op Soil</td> <td></td> <td></td> <td>0</td> <td>5</td>		т	op Soil			0	5
Explosives used Type CEMENT Amount 16 Seal Placement Begin Date 12/5/2023 Begin Time [00 00 (5a) ABANDONMENT USING UNHYDRATED BENTONITE Brown Clays 95 1 Propose Amount Actual Amount Brown Clays 95 1 (6) CASING/LINER Casing Liner Dia From To Gauge Stl Pisc Wid Brown Clays 95 1 (6) CASING/LINER In 2 610 375 Im X 200 3 (7) PERFORATIONS/SCREENS Perforations Method Screen Struyce Maternal Screen Struyce Maternal Screen Struyce Maternal Screen Struyce Maternal Screen Struyce Screen Struyce Screen Struyce Maternal Screen Struyce Screen Struyce Screen Struyce Maternal Screen Struyce Screen Struction Screen Struction Screen Struction Screen Struction Struction Certification Screen Struction Struction Struction Certification Screen Struction Struction Struction Struction Certification Screen Struction Structio						5	22
Seal Placement Begin Date 12/5/2023 Begin Time 100 00 (5a) ABANDONMENT USING UNHYDRATED BENTONITE Brown Clays With Sand Streaks 95 Proposed Amount Actual Amount 95 (6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plst: Wid Thrd Image: Clays With Sand Streaks 97 10 210 Image: Clays With Sand Streaks 97 10 210 210 Image: Clays With Sand Streaks 97 210 </td <td></td> <td>E</td> <td>Frown Sandy Cl</td> <td>ays</td> <td></td> <td></td> <td>30</td>		E	Frown Sandy Cl	ays			30
(5a) ABANDONMENT USING UNHYDRATED BENTONITE Proposed Amount (6) CASING/LINER Casing Liner Dia (6) CASING/LINER Casing Liner Dia (7) PERFORATIONS/SCREENS Perforations Method Screen Liner Dia Perfor Casing Screen Screen S Type Screen Liner Dia Yield gal/min Drawdom Drill stem/Pump depth Temperature 64 °F Lab analysis [Yes By Water guality concerns* Yes (describe below) TDS amount 290 ppm Yield gal/min Description Amount Date 5/21/2024 Signed TRINTY VILLINES (E-filed) Construction dates reported above the best of my knowledge and belief License Number 1943 Date 5/21/2024 Signed TRINTY VILLINES (E-filed) Construction standards. Stareifold Maternal From Description	Seal Placement Begin Date 12/5/2022 Begin Time Ioo	100	and the second se				35
(a) ADACUDINTENT CURLENCE (Anount Proposed Amount (b) CASING/LINER Cashing Liner Dia From To Gauge Stl Plate Wild Three (c) CASING/LINER Cashing Liner Dia From To Gauge Stl Plate Wild Three (c) CASING/LINER (c) Cashing Liner Dia (c) CASING/LINER (c) Cashing Liner Dia (c) Cashing Liner Dia From To Gauge Stl Plate Wild Three (c) Cashing Liner Dia (c) Cashing Liner Dia (c) Cashing Liner Dia From To Gauge Stl Plate Wild Stand Streaks (c) Cashing Liner Dia (c) Other Location of shoe(s) Temp cashing X Yes Dia 24 From + (x) 2 (c) PERFORATIONS/SCREENS Ferorations Method Screens Type Material Perf Cashing Screen Dia From To wridth length slots pipe size (d) WELL TESTS: Minimum testing time is 1 hour (c) Material Scale and bilef (e) Out dia gl/min Date S/21/2024 (d) Wet gal/min Drawdown Drill scenyburg depth Duration (hr) (d) Out dia Streens Park Brown Sitty Clays (e) Wet Liner Dia F Lab analysis (Yes By Wet gala/min Park Mown Drill scenyburg depth Duration (hr) (d) Out dia Streens		E		ith Sand Streaks			95
Impose Anomin Actual Annount (6) CASINC/LINER Casing Liner Dia + From To Gauge Still Plate, Wild Three Hard Black Clays Blue Sandy Clays 200 210 Hard Black Clays UN 2.7 2024 271 2 Blue Sandy Clays 308	(5a) ABANDONMENT USING UNHYDRATED BENTONI					105	135
Casing Liner Dia + From To Gauge Still Plate Wild Thrd Marcel Back Clays UN 2.7 2.0 2.10	Proposed Amount Actual Amount		Frown Clays Wi	th Sand Streaks	OWF	10 155	210
Casing Liner Dia + From To Gauge Still Plate Wild Thrd Image: Still of the state	(6) CASING/LINER		Blue Sandy Clay			210	271
Billack Sandy Clays 290 Shee Inside Other Location of shoe(s) Temp casing Yes Dia 24 From + 2 0 Temp casing Yes Dia 24 From + 2 0 0 Perforations Method Streem	Casing Liner Dia + From To Gauge Stl Plstc	wid inra		¹⁵ ILINI 2.7	2024		290
Bite Silty Clays Salem, OR 350 350 Shoe Inside Outside Other Location of shoe(s) Imade Blue Clays 393 44 Temp casing Yes Dia 24 From + 2 To 20 (7) PERFORATIONS/SCREENS Screens Specifications 570 520 Screens Type Material Green Clays 570 520 Screens Type Material 100 593 60 Screens Type Material 100 60 End Date 12/1 (B) WELL TESTS: Minimum testing time is 1 hour Image Size 100 Image Size 100 Yeld gal/min Drawdown Drill stem/Pump depth Duration (hr) Icense Number 1943 Date 5/21/2024 Signed TRINITY VILLINES (E-filed) Icense Number 1943 Date 5/21/2024 Signed TRINITY VILLINES (E-filed) (banded vite quality concerns'' Yes (describe below) TDS amount 290 ppm This report is true to the best of my knowledge and License Number 1943 Date 5/21/2024 Signed TRINITY VILLINES (E-filed) Conta	\bullet 16 \times 2 610 $.375$ \bullet O	X		JUN #	LULI	290	308
Shoe Inside Outer Location of shoe(s) Temp casing Yes Dia 24 From + 2 To 20 (7) PERFORATIONS/SCREENS 933 44 Screens Type Material 570 570 Perforations Method 570 570 570 570 Screens Type Material 593 60 Screen Liner Dia From To width length slots pipe size (8) WELL TESTS: Minimum testing time is 1 hour Outonded) Outonded) Date 5/21/2024 Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) Date 5/21/2024 Signed TRINITY VILLINES (E-filed) Ioanstruction dates reported above performed on this well during the construction dates reported above performed during the sum construction standards. This report is true to the best of my knowledge at License Number 1943 Date 5/21/2024 Signed TRINITY VILLINES (E-filed) Contact Info (optional) Date 5/21/2024 Signed TRINITY VILLINES (E-filed) Contact Info (optional) Date 5/21/2024			Dark Brown Silt		00-	308	350
Shoe Inside Ourside Other Location of shoe(s) Iemp casing Yes Dia 24 From + 2 To 20 (7) PERFORATIONS/SCREENS 529 529 Perforations Method 570 52 Screens Type Material 570 52 Perforations Method 570 52 Screens Type Material 593 62 Screen Liner Dia From To width length slots pipe size Imbodied Material forein f			lue Silty Clays	Salem,	UK		393
Shoe Inside Other Location of shoe(s) Temp casing Yes Dia 24 From + 2 To 20 (7) PERFORATIONS/SCREENS Streems Streem Strem Strem <td></td> <td></td> <td></td> <td>and the second second</td> <td></td> <td></td> <td>427</td>				and the second			427
Temp casing Xives Dia 24 From + X 2 To 20 (7) PERFORATIONS/SCREENS Perforations Method		1	and the second			+	451
(7) PERFORATIONS/SCREENS Perforations Method Screens Type Perf Casing/Screen Screen Liner Dia Dia From To width end end Perforations Screen Sing/Screen Screen Liner Dia Dia From Vield gal/min Trawdown Prill stem/Pump Bailer Out 590 Signed TRINITY VILLINES (E-filed) (bonded) Water Well Constructor Certification I accept responsibility for the construction, deepening, alteration, or at work performed on this well use in compliance with Oregon water su construction standards. Material Signed Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 1000 590 Signed TRINITY VILLINES (E-filed) Water quality concerns? Yes (describe below) TDS amount 290 ppm Water quality concerns? Yes (describe below) TDS amount 290 ppm License Number 1943 Date 5/21/2024 Signed TRINITY VILLINES (E-filed) Construc			and the second se	ays			529
(7) PERFORATIONS/SCREENS Perforations Method Screens Type Material Perf? Casing/Screen Scr/slot Screen Liner Dia Pief Sorticution Screen Liner Dia Prom To width length Sorticution Begin Date Sorticution Begin Date Image: Screen Liner Dia From To width length Sorticution Begin Date Image: Screen Liner Dia Screen Liner Dia Sorticution Begin Date Sorticution Sorticution Sorticution Sorticution Sorticution Sorticution Sorticution Sorticution Sorticution	Temp casing Yes Dia 24 From $+X$ 2 To 20						570 593
Perforations Method	(7) PERFORATIONS/SCREENS	1					610
Screens Type Material Perf? Casing/Screen Scrm/slot Slot # of Telev Screen Liner Dia From To width length slots pipe size Image: Screen Liner Dia From To width length slots pipe size Image: Screen Liner Dia From To width length slots pipe size Image: Screen Liner Dia From To width length slots pipe size Image: Screen Liner Dia From Form Slots pipe size Image: Screen Liner Screen Liner Screen Liner Gent Date 12/1 Image: Screen Liner Dia Form Form Slots pipe size Slots pipe size Screen Liner Gent Date 12/1 Image: Screen Liner Dia Screen Liner Gent Date 12/1 Gent Date 12/1 Image: Screen Liner Gent Date Form Form Form Form Form Form Form Form Form Form <td></td> <td> lc</td> <td>onstruction</td> <td></td> <td></td> <td></td> <td></td>		lc	onstruction				
Streen Liner Dia From To width length slots pipe size Image: Streen Liner Image: Dia From To width length slots pipe size Image: Streen Liner Image: Dia From To width length slots pipe size Image: Streen Liner Image: Dia		В	egin Date 11/	9/2023 Begin Time 08	00	End Da	ite 12/14/2023
Site Dia 110m 10 within Length Dia 110m 10 Dia	Some store		unbonded) W	ater Well Constructor Ce	rtification)	
(8) WELL TESTS: Minimum testing time is 1 hour	Screen Liner Dia From 10 width length slots						ing, alteration, o
(8) WELL TESTS: Minimum testing time is 1 hour Oate 5/21/2024 Pump Bailer Air Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 1000 590 5.5 Temperature 64 °F Lab analysis Yes By Water guality concerns? Yes (describe below) TDS amount 290 ppm From To Description Amount Amount Amount Units Signed TRINITY VILLINES (E-filed) Construction standards. The constructor Certification I accept responsibility for the construction dates reported above the best of my knowledge at License Number 1943 Date 5/21/2024 Signed TRINITY VILLINES (E-filed) Construction standards. Temperature 64 °F Lab analysis Yes By Construction standards. Mater guality concerns? Yes (describe below) TDS amount 290 ppm Date 5/21/2024 Signed TRINITY VILLINES (E-filed) Contact Info (optional) Date 5/21/2024			abandonment c	of this well is in compli	ance with	h Oregon w	ater supply wel
(8) WELL TESTS: Minimum testing time is 1 hour Iter of the state of the stat			construction sta	ndards. Materials used an	d informa	tion reported	above are true to
(8) WELL TESTS: Minimum testing time is 1 hour Signed <u>TRINITY VILLINES (E-filed)</u> Pump Bailer Air Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 1000 590 5.5 Imperature 64 °F Lab analysis Yes By Water quality concerns? Yes (describe below) TDS amount 290 ppm ppm From To Description Amount Units Signed TRINITY VILLINES (E-filed) Date 5/21/2024							
(8) WELL TESTS: Minimum testing time is 1 hour Signed <u>TRINITY VILLINES (E-filed)</u> Pump Bailer Air Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 1000 590 5.5 Imperature 64 °F Lab analysis Yes By Water quality concerns? Yes (describe below) TDS amount 290 ppm ppm From To Description Amount Units Signed TRINITY VILLINES (E-filed) Date 5/21/2024			License Numbe	r 1943	Date	5/21/2024	
Pump Bailer Air Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 1000 590 5.5 Image: Signed Contraction I accept responsibility for the construction, deepening, alteration, or all work performed on this well during the construction dates reported above performed during this time is in compliance with Oregon water seconstruction standards. This report is true to the best of my knowledge at License Number 1943 Water quality concerns? Yes (describe below) TDS amount 290 ppm From To Description Amount Units Signed Contact Info (optional) Dig Well Idaho, LLC	(8) WELL TESTS: Minimum testing time is 1 hour						
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 1000 590 5.5 1000 590 5.5 1000 590 5.5 1000 590 5.5 1000 590 5.5 1000 590 5.5 1000 590 5.5 1000 590 5.5 1000 590 5.5 1000 590 5.5 11000 590 5.5 11000 590 5.5 11000 590 5.5 11000 590 5.5 11000 590 5.5 11000 590 5.5 11000 590 5.5 11000 Fe Lab analysis Yes By Water guality concerns? Yes (describe below) TDS amount 290 ppm From To Description Amount Units Signed TRINITY VILLINES (E-filed) Contact Info (optional) Dig Well Idaho, LLC		Artesian	Signed TRIN	NITY VILLINES (E-filed)			
1000 590 5.5 1000 590 5.5 I accept responsibility for the construction, deepening, alteration, or at work performed on this well during the construction dates reported above performed during this time is in compliance with Oregon water is construction standards. This report is true to the best of my knowledge at License Number 1943 Water quality concerns? Yes (describe below) TDS amount 290 ppm From To Description Amount Units Signed TRINITY VILLINES (E-filed) Contact Info (optional) Dig Well Idaho, LLC			honded) Wate	r Well Constructor Certif	ication		
work performed on this well during the construction dates reported above performed during this time is in compliance with Oregon water is construction standards. This report is true to the best of my knowledge at License Number 1943 Water quality concerns? Yes (describe below) TDS amount 290 ppm Too Description Amount Units From To Description Amount Units Signed TRINITY VILLINES (E-filed) Contact Info (optional) Dig Well Idaho, LLC		(****				ing alteration	n, or abandonme
Temperature 64 °F Lab analysis Yes By	570 5.5		work performed	on this well during the cor	struction	dates reported	d above. All wo
Temperature 64 °F Lab analysis Yes By construction standards. This report is true to the best of my knowledge a Water quality concerns? Yes (describe below) TDS amount 290 ppm ppm License Number 1943 Date 5/21/2024 From To Description Amount Units Signed TRINITY VILLINES (E-filed) Contact Info (optional) Dig Well Idaho, LLC			performed durin	ng this time is in compl	iance wit	h Oregon wa	ater supply we
Water quality concerns? Yes (describe below) TDS amount 290 ppm From To License Number 1943 Date 5/21/2024 Signed TRINITY VILLINES (E-filed) Contact Info (optional) Dig Well Idaho, LLC	Temperature 64 °F Lab analycic Voc Ry		construction star	ndards. This report is true	to the best	of my knowl	ledge and belief.
From To Description Amount Units Signed <u>TRINITY VILLINES (E-filed)</u> Contact Info (optional) <u>Dig Well Idaho, LLC</u>		ppm	License Numbe	1 1043	Date 5/	21/2024	
Contact Info (optional) Dig Well Idaho, LLC	From To Description Amount			1775	512		
			Signed TRIN	ITY VILLINES (E-filed)			
			Contact Info (or	otional) Dig Well Idaho, L.	LC		
ORIGINAL - WATER RESOURCES DEPARTMENT THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS PF404 P618 WELL 2	ORIGINAL - WATER R	ESOURCES DEF	ARTMENT	DAVOOR BOARD-DOVO			

WATER SUPPLY WELL REPORT - continuation page

BAKE 53000

WELL I.D. LABEL# L 126991 START CARD # 1072029

5/21/2024

ORIGINAL LOG

(2a) PRE-ALTERATION	Water Quality Concerns		T for the
Dia + From To Gauge Stl Plstc Wld Thrd	From To Description	Amount	Units
Material From To Amt sacks/lbs			
			+
		1	
	(10) STATIC WATER LEVEL		
(5) BORE HOLE CONSTRUCTION	SWL Date From To Est Flow	SWL(psi) +	SWL(ft)
BORE HOLE SEAL sacks/ Dia From To Material From To Amt lbs			
Dia From To Material From To Amt Ibs			
Calculated			
Calculated			
Calculated			
Calculated	(11) WELL LOG		
FILTER PACK	Material	From	То
From To Material Size	Green Basalts	610	649
	Green Fractured Basalts	649	681
	Solid Green Basalts	681	685
6) CASING/LINER			
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd			
	Received b	V OWRU	
	TIEGOTTO		
	JUN 27	2024	
	5017-		
		OR	
	Salem,	Un	
λ			
(7) PERFORATIONS/SCREENS		-	
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/			
Screen Liner Dia From To width length slots pipe size			
]]		
	Name of person(s) who assisted with construction and	Trainee License	e # / Helper #
	Assistant Name Type		#
(8) WELL TESTS: Minimum testing time is 1 hour			
	Comments/Remarks		
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	None		

STATE OF OREGON	BAKE	53001	WELL I.D. LABEI	# L 12699	93	I AKC I UI J
WATER SUPPLY WELL REPORT	DAIL	55001	START CARD			
(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)	5/21	/2024	ORIGINAL LOG			
(1) LAND OWNER Owner Well LD.	JAL		UNIONAL LUU	The second secon		
First Name ADAM Last Name DOLSEN						
Company BAKER VALLEY HOLDING, LLC			ION OF WELL (lega	-		
Address PO BOX 1726			Twp 9.00 S			
City YAKIMA State WA Zip 98907		Sec 15 8	SE 1/4 of the NE	1/4	Tax Lot 20)2
(2) TYPE OF WORK X New Well Deepening Conve	ersion	Tax Map Numbe	er' or _44.78484		Lot	
Alteration (complete 2a & 10) Abandonment(con	mplete 5a)	Lat	" or _44.78484	000		DMS or DD
(2a) PRE-ALTERATION	inpiece su)	Long°	" or _117.792	90000		DMS or DD
Dia + From To Gauge Stl Plstc Wld Thrd			eet address of well		dress	
		20564 SUNSET	LANE BAKER CITY. OF	2 97814		
Material From To Ami sacks/lbs						
(3) DRILL METHOD		(10) STATIC	WATER LEVEL			
Rotary Air Rotary Mud Cable Auger Cable Mud		(10) STATIC		ate SW	/L(psi) +	SWL(ft)
Reverse Rotary Other		Existing We	ell / Pre-Alteration			
		Completed	Well 4/1/202			17
(4) PROPOSED USE Domestic Irrigation Community			Flowing Artesian?	Dry	Hole?	
Industrial/ Commercial Livestock Dewatering		WATER BEARI	NG ZONES Depth	water was	first found	255.00
Thermal Injection Other		SWL Date				+ SWL(ft)
(5) BORE HOLE CONSTRUCTION Special Standard (A			, , , , , , , , , , , , , , , , , , , ,			
Depth of Completed Well <u>480.00</u> ft	(ttach copy)	5.21.2021	255 270			17
BORE HOLE SEAL	sacks/	4/1/2024	458 480	1000		17
Dia From To Material From To At	sacks/ mt ibs					
	490 P					
20 20 455 Calculated						
16 455 480		(11) WELL I	00			
Calculated		(11) WELL L	Ground Eleva	ation		
Seal placement method A B C D C COther:			Material		From	То
Backfill placed from ft. to ft. Material		Top Soil			0	3
Filter pack from ft. to ft. Material Size		Brown Sands			3	15
Explosives used: Type Amount		Brown Clays			15	18
Seal Placement Begin Date 3/26/2024 Begin Time 10 0	0	Gravels Brown Sandy Cl	21/6		18	<u>20</u> 45
(5a) ABANDONMENT USING UNHYDRATED BENTONIT	F	Grey Clays	ays		45	50
Proposed Amount Actual Amount		the second	lays With Sand Streaks		50	71
		Grey Sandy Clay			71	92
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc V	Vid Thed	Hard Grey Clays			92	110
A C Cuuge ou rite		Dark Brown San	ays Received	by A	A/DIL	129
				by U		155
		Blue Sandy Clay		27 2024	155	170
		Grey Clays & Si Grey Sands	Ity Sands	c 204	170	188
		Hard Blue Sands	tone		198	255
Shoe Inside Outside Other Location of shoe(s)		Brown Sandston	0-1	n. OR	255	270
Temp casing Yes Dia 24 From $+$ X 3 To 20	0	Basalts			270	340
(7) PERFORATIONS/SCREENS		Grey Clays			340	345
Perforations Method		Hard Basalts Wi	th Fractures		345	360
Screens Type Material		Construction Begin Date 1/3	/2024 Begin Time 08	00	End Da	te 4/1/2024
Perf/ Casing/ Screen Scrn/slot Slot # of	Tele/			1		4/1/2024
Screen Liner Dia From To width length slots	pipe size		ter Well Constructor Cer			
			e work I performed on the			0
			f this well is in compliandards. Materials used and			
			nowledge and belief.	mormatic	in reported	
	+	License Number	0	Date		
(8) WELL TESTS: Minimum testing time is 1 hour						
		Signed				
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr 1000 460 6	r)	,	Well Constructor Certifi			
460 6			ibility for the construction on this well during the cons			
			g this time is in complia		1	
Temperature 64 °F Lab analysis Yes By			dards This report is true to		0	
Water guality concerns? Ves (describe below) TDS amount 290	0000				-	-
	<u>ppm</u> Units	License Number	1943	Date 5/21	/2024	
		Signed TRINI	TY VILLINES (E-filed)			
		Contact Info (op)				
ORIGINAL - WATER RES THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES I	OURCES D	EPARTMENT	1 4 4 0 0	0.5		
THE REPORT MUST BE SUBMITTED TO THE WATER RESOURCES I	DEPAKIM	ENI WITHIN 30	DAISOL OT MAL BIO	OE	WELL 3	

WATER SUPPLY WELL REPORT continuation page

То

From

(2a) PRE-ALTERATION

+

Material

From

Dia

BAKE 53001

WELL I.D. LABEL# L 126993 START CARD # 1072404

5/21/2024

From

ORIGINAL LOG #

Water Quality Concerns

То

Description

Amount Units

(5) BORE HOLE CONSTRUCTION

BORE HOLE		SEAL	<i>.</i>		sacks
Dia From To	Material	From	То	Amt	lbs
		0	Calculated		
		0	Calculated		
		(Calculated		
		(alculated		

То

Gauge Stl Plstc Wld Thrd

Amt sacks/lbs

FILTER PACK

From	То	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	То	Gauge	Stl	Plstc	Wld	Thrd
						\cup	\cup		

(7) PERFORATIONS/SCREENS

Casing/ Liner	From	То	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

Drawdown Drill stem/Pump depth

Duration (hr)

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

(11) WELL LOG

Material	From	То
Fractured Basalts	360	440
Hard Basalts	440	458
Fractured Basalts	458	480
		-
		-
		-
Received by OWRD		-
1111 07 2024		
JUN 27 2024		-
		-
Salem, OR		_
		-
		-
		-
		-
Name of person(s) who assisted with construction	and Trainee Licer	se # / Helper #
	Туре	#
Comments/Remarks		

Comments/Remarks