

Application for Permanent Water Right Transfer



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

Part 1 of 5 – Minimum Requirements Checklist

This transfer application will be returned if Parts 1 through 5 and all required attachments are not completed and included.

For questions, please call (503) 986-0900, and ask for Transfer Section.

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

- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Transfer 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 Water Rights to be Transferred: **How many water rights are to be transferred? 1 List them here: 97073**
Please include a separate Part 5 for each water right. (See instructions on page 6)
NOTE: A separate transfer application is required for each water right unless the criteria in OAR 690-380-3220 are met.

Attachments:

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- Completed Transfer Application Map.
- Completed Evidence of Use Affidavit and supporting documentation.
- N/A Affidavit(s) of Consent from Landowner(s) (if the applicant does not own the land the water right is on.)
- N/A Supplemental Form D – For water rights served by or issued in the name of an irrigation district. Complete when the transfer applicant is not the irrigation district.
- N/A Oregon Water Resources Department’s Land Use Information Form with approval and signature from each local land use authority in which water is to be diverted, conveyed, and/or used. Not required if water is to be diverted, conveyed, and/or used only on federal lands or if **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’ from the surface water source and more than 1000’ upstream or downstream from the point of diversion. See OAR 690-380-2130 for requirements and applicability.

(For Staff Use Only)

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- | | |
|--|--|
| <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"/> Evidence of Use Form not enclosed or incomplete |
| <input type="checkbox"/> Additional signature(s) required | <input type="checkbox"/> Part _____ is incomplete |

Other/Explanation _____

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

Part 2 of 5 – Transfer Application Map

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

Please be sure that the transfer application map you submit includes all the required items and matches the existing water right map. Check all boxes that apply.

- N/A Certified Water Right Examiner (CWRE) Stamp and Original Signature. For a list of CWREs, see http://apps.wrd.state.or.us/apps/wr/cwre_license_view/. CWRE stamp and signature are not required for substitutions.
- N/A If **more than three** water rights are involved, separate maps are needed for each water right.
 - 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 Final Proof/Claim of Beneficial Use Map (the map used when the permit was certificated), the scale of the county assessor map if the scale is not smaller than 1 inch = 1,320 feet, or a scale that has been pre-approved by the Department.
 - 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 right, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions. If less than the entirety of the water right is being changed, a separate hachuring is needed for lands left unchanged.
- N/A Proposed place of use that includes separate hachuring for each water right, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions.
 - Existing point(s) of diversion or well(s) with distance and bearing or coordinates from a recognized survey corner. This information can be found in your water right certificate or permit.
- 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 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Andy Root		PHONE NO. 541-589-0107	ADDITIONAL CONTACT NO.
ADDRESS 524 Hwy 20 N			FAX NO.
CITY Hines	STATE OR	ZIP 97738	E-MAIL andyroot@gmail.com
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.			

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 transfer application, and why:
Moving water rights to location with better ground for farming & replace & or add wells.

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

Check One Box

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

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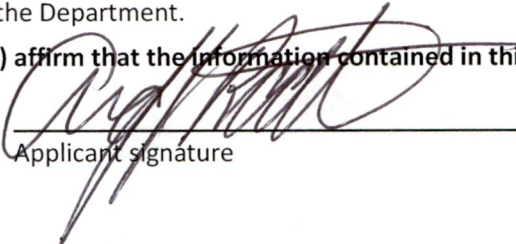
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By my signature below, I confirm that I understand:

- Prior to Department approval of the transfer application, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the water right is located, once per week for two consecutive weeks. If more than one qualifying newspaper is available, I suggest publishing the notice in the following newspaper: Burns Herald.
- Amendments to the application may only be made in response to the Department's Draft Preliminary Determination (DPD). The applicant will have a period of at least 30 days to amend the application to address any issues identified by the Department in the DPD, or to withdraw the application. Note that amendments may be subject to additional fees, pursuant to ORS 536.050.
- Failure to complete an approved change in place of use and/or change in character of use, will result in loss of the water right (OAR 690-380-6010).
- Refunds may only be granted upon request and, as set forth in ORS 536.050(4)(a), if the Director determines that a refund of all or part of a fee is appropriate in the interests of fairness to the public or necessary to correct an error of the Department.

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


Applicant signature

Andy Root, Member
Print Name (and Title if applicable)

5/22/23
Date

Is the applicant the sole owner of the land on which the water right, or portion thereof, proposed for transfer is located? Yes No*

**If NO, include signatures of all deeded landowners (and mailing and/or e-mail addresses if different than the applicant's) or attach affidavits of consent (and mailing and/or e-mail addresses) from all landowners or individuals/entities to which the water right(s) were conveyed.*

Check the following boxes that apply:

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

At this time, are the lands in this transfer application in the process of being sold? Yes No

If YES, and you know who the new landowner will be, please complete the receiving landowner information table below. If you do not know who the new landowner will be, then a request for assignment will have to be filed for at a later date.

If a property sells, the certificated water right(s) located on the land belong to the new owner, unless a sale agreement or other document states otherwise. For more information see: https://www.oregon.gov/owrd/WRDFormsPDF/Transfer_Property_Transactions.pdf

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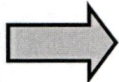
RECEIVING LANDOWNER NAME			PHONE NO.	ADDITIONAL CONTACT NO.
NA				
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	
Describe any special ownership circumstances:				
The confirming Certificate shall be issued in the name of: <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Receiving Landowner				

Check here if any of the water rights proposed for transfer are or will be located within or served by an irrigation or other water district. **(Tip: Complete and attach Supplemental Form D.)**

IRRIGATION DISTRICT NAME NA	ADDRESS	
CITY	STATE	ZIP

Check here if water for any of the rights 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 county, city, municipal corporation, or tribal governments 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 Right Information

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

CERTIFICATE # 97073

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Description of Water Delivery System

System capacity: **6.10** cubic feet per second (cfs) **OR**
 _____ gallons per minute (gpm)

Describe the current water delivery system or the system that was in place at some time within the last five years. Include information on the pumps, canals, pipelines, and sprinklers used to divert, convey, and apply the water at the authorized place of use. **Water is pumped from the authorized points of appropriation and conveyed to a center pivot sprinkler that irrigates the place of use.**

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

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

POD/POA Name or Number	Is this POD/POA Authorized on the Certificate 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)
#4	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	UNBUILT	23	S	33	E	3	NE	NW	400	1235' S & 2420' E from NW cor, Sec 3
#5	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	UNBUILT	23	S	33	E	3	NE	SW	400	2720' S & 2410' E from NW cor, Sec 3
#1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 52029/ 52644	22	S	33	E	34	SE	SW	2200	500' N & 2320' E from sw COR, Sec 34
#2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 52411	23	S	33	E	3	SW	SW	400	425' N & 1130' E from SW cor, Sec 3
#3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 52498	23	S	33	E	3	SE	SW	402	140' N & 3515' E from SW cor, Sec 3
#1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 52111	24	S	33	E	9	NE	NE	2500	1070' S & 1030' W from NE cor, Sec 9
#3	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 988	24	S	33	E	9	SE	SE	2500	3960' S & 1310' W from NE cor, Sec 9
#4	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 1006	24	S	33	E	15	SW	NW	3400	1275' S & 1230' E from NW cor, Sec 15
#5	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	UNBUILT	24	S	33	E	14	SE	SW	800	1315' N & 1445' E from SW cor, Sec 14
#6	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 2065	24	S	33	E	14	SE	NW	300	1364' S & 1410' E from NW cor, Sec 14
#7	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 50201	24	S	33	E	14	NE	NW	300	30' S & 2590' E from NW cor, Sec 14

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

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

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

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

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

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

Table 2. Description of Changes to Water Right Certificate # 97073

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.

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.											Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.														
Twp	Rng	Sec	¼	¼	Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp	Rng	Sec	¼	¼	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date				
24	S	34	E	9	NE	NE	2500		30.5	IR	3-7	1998	POU/POA/ APOA	22	S	33	E	34	NW	NE	2200		6.4	IR	1-5	1998
24	S	34	E	9	NW	NE	2500		30.5	IR	3-7	1998	POU/POA/ APOA	22	S	33	E	34	SW	NE	2200		8.3	IR	1-5	1998
24	S	34	E	9	SW	NE	2500		30.5	IR	3-7	1998	POU/POA/ APOA	22	S	33	E	34	NE	NW	2200		10.9	IR	1-5	1998
24	S	34	E	9	SE	NE	2500		30.5	IR	3-7	1998	POU/POA/ APOA	22	S	33	E	34	SE	NW	2200		12.4	IR	1-5	1998
24	S	34	E	10	NE	NE	2600		30.5	IR	3-7	1998	POU/POA/ APOA	22	S	33	E	34	NE	SW	2200		7.0	IR	1-5	1998
24	S	34	E	10	NW	NE	2600		30.5	IR	3-7	1998	POU/POA/ APOA	22	S	33	E	34	NW	SW	2200		8.0	IR	1-5	1998
24	S	34	E	10	SW	NE	2600		30.5	IR	3-7	1998	POU/POA/ APOA	22	S	33	E	34	SW	SW	2200		9.4	IR	1-5	1998
24	S	34	E	10	SE	NE	2600		30.5	IR	3-7	1998	POU/POA/ APOA	22	S	33	E	34	SE	SW	2200		8.0	IR	1-5	1998

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24	S	34	E	10	NE	NW	2600		30.5	IR	3-7	1998	POU/POA/APOA	23	S	33	E	3	NE	NW	400	3	6.3	IR	1-5	1998
24	S	34	E	10	NW	NW	2600		30.5	IR	3-7	1998	POU/POA/APOA	23	S	33	E	3	NW	NW	400	4	6.2	IR	1-5	1998
24	S	34	E	10	SW	NW	2600		30.5	IR	3-7	1998	POU/POA/APOA	23	S	33	E	3	SW	NW	400		10.1	IR	1-5	1998
24	S	34	E	10	SE	NW	2600		30.5	IR	3-7	1998	POU/POA/APOA	23	S	33	E	3	SE	NW	400		8.5	IR	1-5	1998
24	S	34	E	15	NE	NW	3500		30.5	IR	3-7	1998	POU/POA/APOA	23	S	33	E	3	NE	SW	400		5.8	IR	1-5	1998
24	S	34	E	15	NW	NW	3500		30.5	IR	3-7	1998	POU/POA/APOA	23	S	33	E	3	NW	SW	400		5.8	IR	1-5	1998
24	S	34	E	15	SW	NW	3500		30.5	IR	3-7	1998	POU/POA/APOA	23	S	33	E	3	SW	SW	400		4.9	IR	1-5	1998
24	S	34	E	15	SE	NW	3500		30.5	IR	3-7	1998	POU/POA/APOA	23	S	33	E	3	SE	SW	400		4.0	IR	1-5	1998
													POU/POA/APOA	24	S	33	E	9	NE	NE	2500		30.5	IR	1,3-7	1998
													POU/POA/APOA	24	S	33	E	9	NW	NE	2500		30.5	IR	1,3-7	1998
													POU/POA/APOA	24	S	33	E	9	SW	NE	2500		30.5	IR	1,3-7	1998
													POU/POA/APOA	24	S	33	E	9	SE	NE	2500		30.5	IR	1,3-7	1998
													POU/POA/APOA	24	S	33	E	10	NE	NW	2600		30.5	IR	1,3-7	1998
													POU/POA/APOA	24	S	33	E	10	NW	NW	2600		30.5	IR	1,3-7	1998

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For Place of Use or Character of Use Changes

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

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

Pursuant to ORS 540.510, any “layered” water use such as an irrigation right that is supplemental to a primary right proposed for transfer must be included in the transfer or be cancelled. Any change to a ground water registration must be filed separately in a ground water registration modification application.

For Substitution (ground water supplemental irrigation will be substituted for surface water primary irrigation)

Ground water supplemental Permit or Certificate # _____;
Surface water primary Certificate # _____.

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For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # _____

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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										
#4	No	NA	800'	12"	+1 to -800'	0 to -48'	-120 to -160'	25'	Clay	

#5	No	NA	800'	12"	+1 to -800'	0 to -48'	-120 to -160'	25'	Clay	
#5	No	NA	700'	12"	+1 to -700'	0 to -20'	NA	50'	Clay	

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Application for Water Right Transfer

Evidence of Use Affidavit



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

Please print legibly or type. Be as specific as possible. Attach additional pages if you need more spacing. Supporting documentation must be attached.

State of Oregon)
) ss
 County of _____)

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I, ANDY ROOT, in my capacity as OWNER,
 mailing address 524 HIGHWAY 20N, HINES, OR 97738
 telephone number (541)573-3615, being first duly sworn depose and say:

1. My knowledge of the exercise or status of the water right is based on (check one):

- Personal observation Professional expertise

2. I attest that:

Water was used during the previous five years on the **entire** place of use for Certificate # _____; **OR**

My knowledge is specific to the use of water at the following locations within the last five years:

Certificate #	Township	Range	Mer	Sec	¼ ¼	Gov't Lot or DLC	Acres (if applicable)

OR

- Confirming Certificate # 97073 has been issued within the past five years; **OR**
- Part or all of the water right was leased instream at some time within the last five years. The instream lease number is: _____ (Note: If the entire right proposed for transfer was not leased, additional evidence of use is needed for the portion not leased instream.); **OR**
- The water right is not subject to forfeiture and documentation that a presumption of forfeiture for non-use would be rebutted under ORS 540.610(2) is attached.
- Water has been used at the actual current point of diversion or appropriation for more than 10 years for Certificate # _____ (For Historic POD/POA Transfers)

(continues on reverse side)

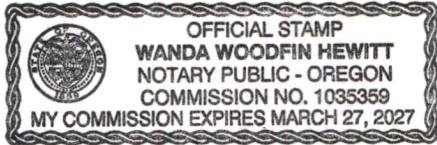
3. The water right was used for: (e.g., crops, pasture, etc.): CROPS

4. I understand that if I do not attach one or more of the documents shown in the table below to support the above statements, my application will be considered incomplete.

[Signature]
 Signature of Affiant

5/22/23
 Date

Signed and sworn to (or affirmed) before me this 22 day of May, 2023



[Signature]
 Notary Public for Oregon

My Commission Expires: March 27, 2027

Supporting Documents	Examples
<input checked="" type="checkbox"/> Copy of a water right certificate that has been issued within the last five years. (not a remaining right certificate)	Copy of confirming water right certificate that shows issue date
<input type="checkbox"/> Copies of receipts from sales of irrigated crops or for expenditures related to use of water	<ul style="list-style-type: none"> • Power usage records for pumps associated with irrigation use • Fertilizer or seed bills related to irrigated crops • Farmers Co-op sales receipt
<input type="checkbox"/> Records such as FSA crop reports, irrigation district records, NRCS farm management plan, or records of other water suppliers	<ul style="list-style-type: none"> • District assessment records for water delivered • Crop reports submitted under a federal loan agreement • Beneficial use reports from district • IRS Farm Usage Deduction Report • Agricultural Stabilization Plan • CREP Report
<input type="checkbox"/> Aerial photos containing sufficient detail to establish location and date of photograph	<p>Multiple photos can be submitted to resolve different areas of a water right. If the photograph does not print with a "date stamp" or without the source being identified, the date of the photograph and source should be added.</p> <p>Sources for aerial photos: OSU – www.oregonexplorer.info/imagery OWRD – www.wrd.state.or.us Google Earth – earth.google.com TerraServer – www.terra-server.com</p>
<input type="checkbox"/> Approved Lease establishing beneficial use within the last 5 years	Copy of instream lease or lease number

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STATE OF OREGON
COUNTY OF HARNEY
CERTIFICATE OF WATER RIGHT

RECEIVED

JUN 02 2023

OWRD

THIS CERTIFICATE ISSUED TO

ANDY ROOT
524 HWY 20 N
HINES OR 97738

confirms the right to the use of water perfected under the terms of Permit G-13645. The amount of water used to which this right is entitled is limited to the amount used beneficially, and shall not exceed the amount specified, or its equivalent in the case of rotation, measured at the point of diversion from the source. The specific limits and conditions of the use are listed below.

APPLICATION FILE NUMBER: G-14819

SOURCE OF WATER: FIVE WELLS IN MALHEUR LAKE BASIN

PURPOSE OR USE: IRRIGATION OF 488.0 ACRES

MAXIMUM RATE: NOT TO EXCEED A MAXIMUM CUMULATIVE TOTAL OF 6.10 CUBIC FEET PER SECOND (CFS), BEING 1.78 CFS FROM WELL 3, 1.45 CFS FROM WELL 4, 1.50 CFS FROM WELL 5, 1.86 CFS FROM WELL 6, AND 2.92 CFS FROM WELL 7

PERIOD OF USE: APRIL 1 THROUGH OCTOBER 1

DATE OF PRIORITY: AUGUST 10, 1998

POINTS OF APPROPRIATION LOCATION:

Twp	Rng	Mer	Sec	Q-Q	Measured Distances
24 S	33 E	WM	9	SE SE	WELL 3 - 3960 FEET SOUTH AND 1310 FEET WEST FROM NE CORNER, SECTION 9
24 S	33 E	WM	15	NE NE	WELL 4 - 1275 FEET SOUTH AND 1230 FEET WEST FROM NE CORNER, SECTION 15
24 S	33 E	WM	14	SE SW	WELL 5 - 1310 FEET NORTH AND 1425 FEET EAST FROM SW CORNER, SECTION 14
24 S	33 E	WM	14	SE NW	WELL 6 - 1364 FEET SOUTH AND 1410 FEET EAST FROM NW CORNER, SECTION 14
24 S	33 E	WM	14	NE NW	WELL 7 - 30 FEET SOUTH AND 2590 FEET EAST FROM NW CORNER, SECTION 14

NOTICE OF RIGHT TO PETITION FOR RECONSIDERATION OR JUDICIAL REVIEW

This is an order in other than a contested case. This order is subject to judicial review under ORS 183.484 and ORS 536.075. Any petition for judicial review must be filed within the 60-day time period specified by ORS 183.484(2). Pursuant to ORS 183.484, ORS 536.075 and OAR 137-004-0080, you may petition for judicial review and petition the Director for reconsideration of this order. A petition for reconsideration may be granted or denied by the Director, and if no action is taken within 60 days following the date the petition was filed, the petition shall be deemed denied. In addition, under ORS 537.260 any person with an application, permit or water right certificate subsequent in priority may jointly or severally contest the issuance of the certificate within three months after issuance of the certificate.

The amount of water used for irrigation under this right, together with the amount secured under any other right existing for the same lands, is limited to a diversion of ONE-EIGHTIETH of one cubic foot per second (or its equivalent) and 3.0 acre-feet per acre for each acre irrigated during the irrigation season of each year.

THE PLACE OF USE IS LOCATED AS FOLLOWS:

Twp	Rng	Mer	Sec	Q-Q	Acres
24 S	33 E	WM	9	NE NE	30.5
24 S	33 E	WM	9	NW NE	30.5
24 S	33 E	WM	9	SW NE	30.5
24 S	33 E	WM	9	SE NE	30.5
24 S	33 E	WM	10	NE NE	30.5
24 S	33 E	WM	10	NW NE	30.5
24 S	33 E	WM	10	SW NE	30.5
24 S	33 E	WM	10	SE NE	30.5
24 S	33 E	WM	10	NE NW	30.5
24 S	33 E	WM	10	NW NW	30.5
24 S	33 E	WM	10	SW NW	30.5
24 S	33 E	WM	10	SE NW	30.5
24 S	33 E	WM	15	NE NW	30.5
24 S	33 E	WM	15	NW NW	30.5
24 S	33 E	WM	15	SW NW	30.5
24 S	33 E	WM	15	SE NW	30.5

Measurement, recording and reporting conditions:

- A. The water user shall maintain the meter or other suitable measuring device approved by the Director in good working order, shall keep a complete record of the amount of water used each month, and shall submit a report which includes the recorded water use measurements to the Department annually or more frequently as may be required by the Director. Further, the Director may require the water user to report general water use information, including the place and nature of use of water under the right.
- B. The water user shall allow the watermaster access to the meter or measuring device; provided however, where the meter or measuring device is located within a private structure, the watermaster shall request access upon reasonable notice.

If substantial interference with a senior water right occurs due to withdrawal of water from any well listed on this right, then use of water from the well(s) shall be discontinued or reduced and/or the schedule of withdrawal shall be regulated until or unless the Department approves or implements an alternative administrative action to mitigate the interference. The Department encourages junior and senior appropriators to jointly develop plans to mitigate interferences.

The wells shall be maintained in accordance with the General Standards for the Construction and Maintenance of Water Wells in Oregon. The works shall be equipped with a usable access port, and may also include an air line and pressure gauge adequate to determine the water level elevation in the well at all times.

The Director may require water level or pump test results every ten years.

Failure to comply with any of the provisions of this right may result in action including, but not limited to, restrictions on the use, civil penalties, or cancellation of the right.

This right is for the beneficial use of water without waste. The water user is advised that new regulations may require the use of best practical technologies or conservation practices to achieve this end.

By law, the land use associated with this water use must be in compliance with statewide land-use goals and any local acknowledged land-use plan.

The use of water shall be limited when it interferes with any prior surface or ground water rights.

The right to the use of the water for the above purpose is restricted to beneficial use on the place of use described.

Issued **APR 28 2023**




Dwight French
Water Right Services Division Administrator, for
Douglas E. Woodcock, Acting Director
Oregon Water Resources Department

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Land Use Information Form

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OWRD

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



Applicant(s): Andy Root

Mailing Address: 524 Highway 20N

City: Hines

State: OR

Zip Code: 97738

Daytime Phone: (541) 573-3615

A. Land and Location

Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), and/or used or developed. Applicants for municipal use, or irrigation uses within irrigation districts may substitute existing and proposed service-area boundaries for the tax-lot information requested below.

Township	Range	Section	¼ ¼	Tax Lot #	Plan Designation (e.g., Rural Residential/RR-5)	Water to be:			Proposed Land Use:
<u>22S</u>	<u>33E</u>	<u>34</u>	_____	<u>2200</u>	<u>EFRU-1</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>farming</u>
<u>23S</u>	<u>33E</u>	<u>3</u>	_____	<u>400</u>	<u>EFRU-1</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>farming</u>
<u>23S</u>	<u>33E</u>	<u>9</u>	<u>NE 1/4</u>	<u>2500</u>	<u>EFRU-1</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>farming</u>
<u>23S</u>	<u>33E</u>	<u>14</u>	<u>SW 1/4</u>	<u>400</u>	<u>EFRU-1</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	<u>farming</u>

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

Harney

B. Description of Proposed Use

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

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

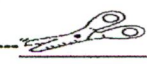
Source of water: Reservoir/Pond Ground Water Surface Water (name) _____

Estimated quantity of water needed: 1.2 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:

Moving rights from unproductive pivot field about a mile NE'ly to better farm ground.



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): HC20 3.00 / EFD-1
- 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: Broaden McMullen Title: Planning Director
 Signature: [Signature] Phone: (511) 573-6653 Date: 5/17/2023
 Government Entity: Harvey 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: _____

14261-

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

HARN 52029
 HARN 52029

WELL I.D. LABEL# 113531
 START CARD # 1022550
 ORIGINAL LOG #

4/9/2014

(1) LAND OWNER

Owner Well I.D. _____
 First Name KENNY Last Name BENTZ
 Company _____
 Address 68281 CRANE BUCHANAN RD
 City BURNS State OR Zip 97720

(2) TYPE OF WORK

New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION

Dia + From To Gauge Stl Plstc Wld Thrld
 Casing:
 Material From To Amt sacks/lbs
 Seal:

(3) DRILL METHOD

Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE

Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION

Depth of Completed Well 165.00 ft. Special Standard (Attach copy)

BORE HOLE

Dia	From	To	Material	From	To	Amt	sacks/ lbs
20	0	48	Bentonite Chips	0	18	30	S
16	48	165	Cement	18	48	20	S

SEAL

How was seal placed: Method A B C D E

Other BENT FROM SURFACE

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrld

 16 2 119 .250
 Shoe Inside Outside Other Location of shoe(s) 119
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

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

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

Pump Bailer Air Flowing Artesian
 Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
200 160 2

Temperature 55 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount
 From To Description Amount Units

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 22.00 S N/S Range 33.00 E E/W W/M
 Sec 34 SE 1/4 of the SW 1/4 Tax Lot 2200
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

2 MILES S/OF BUCHANAN STORE ON WESTSIDE OF ROAD ABOUT 1/4 MILE OFF ROA

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)
 Existing Well / Pre-Alteration _____
 Completed Well 3/21/2014 _____ 16
 Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 24

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
3/19/2014	24	27	30		7
3/21/2014	124	144	200		16

(11) WELL LOG

Ground Elevation 4215.00

Material	From	To
clay dark brown	0	12
sandy soft clay brown	12	21
sandstone brown	21	27
clay brown	27	48
sandy clay brown	48	124
cemented sand & gravel W/B	124	144
clay grey	144	165

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JUN 02 2023

SALEM, OR

Date Started 3/19/2014

Complete 3/21/2014

(unbonded) Water Well Constructor Certification

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

License Number 1896

Date 4/1/2014

Signed TONY HACKETT (E-filed)

(bonded) Water Well Constructor Certification

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

License Number 1899

Date 4/9/2014

Signed SAM P KINGREY (E-filed)

Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version

14261-

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

HARN 52684
10/31/2017

WELL I.D. LABEL# L 125491
START CARD # 1036661
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D. _____
First Name _____ Last Name _____
Company BLM
Address 1220 SW 3RD AVE., 12TH FLOOR
City PORTLAND State OR Zip 97402

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

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing: _____
Material From To Amt sacks/lbs
Seal: _____

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 358.00 ft.
BORE HOLE
Dia From To Material SEAL From To Amt sacks/lbs
10 0 21 Bentonite Chips 0 21 11 S
8 21 277.5 Calculated 9.58
6 277.5 358 Calculated

How was seal placed: Method A B C D E
 Other POURED AND TAMPED
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

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

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
6 2.5 277.5 .250
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____
Perf/ Casing/ Screen Dia From To Scrn/slot width Slot length # of slots Tele/ pipe size
Screen Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
0 357 1
Temperature _____ °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County HARNEY Twp 32.00 S N/S Range 33.00 E E/W WM
Sec 31 SE 1/4 of the SW 1/4 Tax Lot BLM
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
MOON HILL RD.. OFF STEENS LOOP RD.

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well _____
Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found _____
SWL Date From To Est Flow SWL(psi) + SWL(ft)

(11) WELL LOG Ground Elevation 8400.00

Material	From	To
topsoil	0	2
sand black w/basalt boulders	2	16
basalt grey hard	16	33
basalt boulders w/brown clay	33	43
basalt broken weathered w/clay red/brown	43	103
basalt broken weathered w/cinders grey	103	163
clay brown w/cinders grey	163	188
basalt broken weath.w/clay&cinders grey	188	234
basalt drk. grey fract. hard	234	241
basalt brkn.weath.w cinders greyyredyello	241	275
basalt fract.,w/weathered seams	275	289
basalt brkn.weath.w.cinders greyyredye low	289	358

Date Started 10/11/2017 Completed 10/21/2017

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

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
License Number 1965 Date 10/31/2017
Signed NEIL LEE (E-filed)
Contact Info (optional) leedrilling2014@gmail.com

14261-

HARN 52411

WELL ID. # L _____

(1) LAND OWNER Well Number _____
 Name Horney Valley Land Co.
 Address Box 716
 City Hines State OR Zip 97738

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

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

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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 755 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds
Diameter	From To	Material	From To	
16"				

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

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

(6) CASING/LINER:

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

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

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tubo/pipe size	Casing	Liner
0	1660					<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian
 Yield gal/min Drawdown Drill stem at Time 1 hr.

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

(9) LOCATION OF WELL by legal description:
 County Horney Latitude _____ Longitude _____
 Township 23 S N or S Range 33 E E or W. WM.
 Section 3 SE 1/4 SW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
15 ft. below land surface. Date 7/28/77
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
The application for permit 6-7837 was filed after the well was drilled.			
No well log was submitted (per survey on 10/31/1990) by K. Kemp			
Location corrected on application attached to old survey notes			
RECEIVED			
JUN 02 2023			
OWRD			

Date started 4/28/1977 Completed 7/28/1977
 Treasure Valley Drilling Co.

SOURCE OF DATA/INFO Water Right Application File 6-8346

COMPILED BY: Halley Barnett
Groundwater Section

DATE: 8/5/2015

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

HARN 52498
4/28/2016

WELL I.D. LABEL# L 118170
 START CARD # 1027576
 ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. _____
 First Name MARK Last Name OWENS
 Company BADGER VENTURES, LLC
 Address P O BOX 746
 City CRANE State OR Zip 97732

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

(2a) PRE-ALTERATION
 Casing: Dia + From To Gauge Stl Plstc Wld Thrd
 Material From To Amt sacks/lbs
 Seal: _____

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 108.00 ft.

BORE HOLE			SEAL			Amt	Sacks/lbs
Dia	From	To	Material	From	To		
20	0	45	Bentonite Chips	0	11	34	S
16	45	420				Calculated	11.11
			Cement	11	45	55	S
						Calculated	20.19

How was seal placed: Method A B C D E
 Other BENT POURED FROM S
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 0 ft. to 108 ft. Material PEA GRAV Size pea gravel
 Explosives used: Yes Type _____ Amount _____

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

(6) CASING/LINER
 Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
 Shoe Inside Outside Other Location of shoe(s) 218
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type V-wire Material St. St.
 Perf/ Casing/ Screen
 Screen Liner Dia From To Scrn/slot Slot # of Tele/
 Screen Liner 10 68 108 width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
 200 _____ 107 _____ 8 _____
 Temperature 60 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount
 From To Description Amount Units

(9) LOCATION OF WELL (legal description)
 County HARNEY Twp 23.00 S N/S Range 33.00 E E/W WM
 Sec 3 NW 1/4 of the NE 1/4 Tax Lot 00402
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

1/4 MILE WEST OF THE CORNER THAT'S APPROXIMATELY 3 MILES SOUTH OF BUCH

(10) STATIC WATER LEVEL
 Date SWL (psi) + SWL (ft)
 Existing Well / Pre-Alteration _____
 Completed Well 4/6/2016 _____ 11
 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 13.00

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
4/1/2016	13	21		10	13
4/1/2016	31	35		10	13
4/1/2016	55	109		500	11

(11) WELL LOG Ground Elevation _____

Material	From	To
top soil with gravel brown	0	4
sandy clay brown	4	13
sand & gravel brown	13	21
sandy clay brown	21	31
sand fine brown	31	39
clay brown	39	55
conglomerate of sand, gravel & clay	55	109
clay brown	109	193
clay grey	193	245
clay brown	245	280
clay blue	280	420

Date Started 8/12/2015 Completed 4/5/2016

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

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed during this time in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 License Number 1899 Date 4/26/2016
 Signed SAM P KINGREY (E-filed)
 Contact Info (optional) _____

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

HARN 52111

10/15/2014

WELL I.D. LABEL# L 115032
START CARD # 1024302
ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D.
First Name Last Name
Company SECOND OREGON RANCH
Address PO BOX 883
City CRANE State OR Zip 97732

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

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing: [] [] [] [] [] [] [] []
Material From To Amt sacks/lbs
Seal: [] [] [] [] [] [] [] []

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

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

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)
Depth of Completed Well 463.00 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, lbs. Row 1: 18, 0, 20, Bentonite Chips, 0, 20, 35, S. Row 2: 14, 20, 463, , , , , .

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

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: [] Yes Type Amount

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

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

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type Material
Perf/ Casing/ Screen Scrn/slot Slot # of Tel/
Screen Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
[] Pump [] Bailer [X] Air [] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
600 250 1

Temperature 60 °F Lab analysis [] Yes By
Water quality concerns? [] Yes (describe below) TDS amount
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County HARNEY Twp 24.00 S N/S Range 33.00 E E/W WM
Sec 9 NE 1/4 of the NE 1/4 Tax Lot 2500
Tax Map Number Lot
Lat ' " or " or " DMS or DD
Long ' " or " or " DMS or DD
[] Street address of well [] Nearest address
67114 QUINCY ROAD
BURNS, OR

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well 9/19/2014 94
Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 94.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
9/19/2014 94 463 600 94

(11) WELL LOG Ground Elevation
Material From To
TOPSOIL - SILTY LOAM 0 3
CLAY - SANDY BROWN 3 14
CLAY - BROWN 14 23
CLAY - GRAY 23 57
GRAVEL - MEDIUM/CLAY BALLS - GRAY 57 71
CLAY W/CLAYSTONE - GRAY 71 77
GRAVEL - MEDIUM/CLAY BALLS - GRAY 77 86
CLAY - GRAY W STREAKS OF BROWN 86 275
PUMICE W/CLAYSTONE - BLUE 275 294
SANDSTONE - GRAY/GREEN W/PUMICE 294 457
CLAY - GRAY 457 463

Date Started 9/11/2014 Complete 9/19/2014

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

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
License Number 1424 Date 10/15/2014
Signed TIMOTHY K RILEY (E-filed)
Contact Info (optional) TIMOTHY RILEY 541-573-5695

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.

RECEIVED
WATER WELL REPORT
STATE OF OREGON
(Please type or print)
JUL 5 1978
(Do not write above this line)
WATER RESOURCES DEPT
SALEM, OREGON

State Well No. 24S33E-9dc
State Permit No. _____

(1) OWNER:

Name Mr. Walter Kleiner
Address 1725- 89th, N.E.
Bellvue, Wash. 98004

(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
10" Diam. from 0 ft. to 432' ft. Gage .250
" Diam. from _____ ft. to _____ ft. Gage _____
" Diam. from _____ ft. to _____ ft. Gage _____

PERFORATIONS:

Perforated? Yes No.
Type of perforator used factory louvered
Size of perforations 1/8 in. by 2 1/2 in.
8,640 perforations from 240' ft. to 432' 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) WELL TESTS:

Drawdown is amount water level is lowered below static level
well to be tested at later date.
Was a pump test made? Yes No If yes, by whom?
Yield: gal./min. with ft. drawdown after hrs.
" " " " " "
" " " " " "
Bailer test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m.

(9) CONSTRUCTION:

Well seal—Material used cement grout
Well sealed from land surface to 18' ft.
Diameter of well bore to bottom of seal 29" in.
Diameter of well bore below seal 29" in.
Number of sacks of cement used in well seal 7 sacks
Number of sacks of bentonite used in well seal _____ sacks
Brand name of bentonite _____
Number of pounds of bentonite per 100 gallons
of water _____ lbs./100 gals.
Was a drive shoe used? Yes No Plugs _____ Size: location _____ ft.
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: 3/8 _____
Gravel placed from 18' ft. to 435' ft.

(10) LOCATION OF WELL:

County Harney Driller's well number _____
S.W. 1/4 s.e. 1/4 Section 9 T. 24/S. R-33-e W.M.
Bearing and distance from section or subdivision corner
300' due south of center of the s.e. 1/4 of
sec. #9 t-24-s/r-33-e.

(11) WATER LEVEL: Completed well.

Depth at which water was first found 67' ft.
Static level 25' ft. below land surface. Date 6/30/78
Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing 29"
Depth drilled ~~436~~ 436 ft. Depth of completed well 432' 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 and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
top soil	0	4	
sand (hard)	4	12	
tan&blue clay	12	67	
black sandstone	67	74	
black/gray/green clays	74	282	
gray sandstone	282	289	
med. sand& gravel	289	294	
green sandstone&pumis	294	303	
gray sandstone	303	311	
sandstone & pumis	311	327	
green claystone&pumis	327	346	
gray sandstone & pumis	346	370	
black sandstone&claystone	370	413	
green claystone	413	420	
green sandstone&pumis	420	436	
blue&green clay	436	436	

Work started 6/29/ 1978 Completed 6/30/78 19
Date well drilling machine moved off of well 6/30/ 1978

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] [Signature] Date 6/30 78
(Drilling Machine Operator)
Drilling Machine Operator's License No. 1026

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 WATER WELL
(Person, firm or corporation) (Type or print)
Address Box 50, Bickham, OR
[Signed] [Signature]
Water Well Contractor
Contractor's License No. 659 Date 6/30/ 78

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STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

WATER RESOURCES DEPT. (START CARD) # W-63737
SALEM, OREGON

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

(1) OWNER:

Name Walter McEwen
Address BOX 905
City Burns State OR Zip 97720

(2) TYPE OF WORK

New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 492 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
20	0	230	PT Con	0	230	3 YARDS
16	230	492				

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

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

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
	16	+2	230	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 230

(7) PERFORATIONS/SCREENS:

From		To		Slot size	Number	Material Diameter	Tele/pipe size	Casing	Liner
Method	Type	Method	Type						
<input type="checkbox"/>	Perforations	<input type="checkbox"/>	Screens						

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

Yield gal/min	Drawdown	Drill stem at	Time
1300	130'		12 min.

Temperature of water 57 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County HARNEY Latitude _____ Longitude _____
Township 245 N or S Range 33E E or W. WM.
Section 14 SE 1/4 NW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

28 ft. below land surface. Date 1-6-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
300	481	1000 +	28

(12) WELL LOG:

Material	Water From	To	SWL
Sandy soil	0	3	
Tan clay	3	35	
Black clay + silt	35	117	
Black sand	117	150	
sandstone	150	158	
soft gray clay	158	212	
gray silt	212	221	
gray sandstone	221	231	
green claystone	231	257	
gray sandstone	257	292	
broken brown claystone	292	300	
sandstone gray	300	351	
green claystone + gravel	351	400	
gray sandstone	400	416	
green claystone	416	433	
Broken Brown Rock	433	455	
green claystone	455	472	
gray sandstone	472	481	
green claystone	481	492	

Date started 12-13-94 Completed 1-6-95

(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 1532
Signed PERRY STORHAUD Date 1-6-95

(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 544
Signed Jerry Burt Date 1-6-95

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Page 1 of 2

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WELL ID L013800

STATE OF OREGON
WATER WELL REPORT

(as required by ORS 537.765)

SEP 25 1997

(START CARD) # 98353

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

(1) OWNER:

Well Number _____
Name Walter Mc caley estate
Address PO Box 95
City Burns State OREGON 97720

(2) TYPE OF WORK

New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable Auger
 Other _____

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 577 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
20	0	24	POR CPM	0	90	71 Sacks
17 1/2	24	218				
15	218	577				

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

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

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16'	+3	218	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

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

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian	Time
1500	65'		<input type="checkbox"/>	7 min

Temperature of water 59° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

WATER RESOURCES DEPT
LOCATION OF WELL by legal description:

County Harney Latitude _____ Longitude _____
Township 24 1/2 N or S Range 33 E or W. WM.
Section 14 SE 1/4 NW 1/4
Tax lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

40 ft. below land surface. Date 9/19/97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 24 Feet

From	To	Estimated Flow Rate	SWL
24	28	20 Gpm	23
164	173	75 Gpm	23
184	189	150 Gpm	23
189	192	300+ Gpm	23

(12) WELL LOG:

Material	From	To	SWL
SOIL	0	2	
Brown clay	2	24	
Grey clay	24	142	
Green sand stone	142	164	
Grey clay soft	164	173	
Green sand stone	173	184	
Clay stone Green	184	189	
Green sand stone	189	230	
Cement gravel	230	240	
Sand stone Green	240	259	
Green clay stone Hard	259	264	
Sand stone	264	344	
Black sinder	344	344	
Sand stone	344	350	
Clay stone	350	361	
Sand stone	361	376	
Brown clay + gravel	376	379	
Clay stone	379	430	
Clay + Gravel	430	434	
Clay stone	434	439	

Date started 8-1-97 Completed 8-19-97

(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 1663
Signed Clayton Bowman Date 9-19-97

(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 544
Signed Larry Bunde Date 9-19-97

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STATE OF OREGON WATER WELL REPORT (as required by ORS 537.765)

SEP 25 1997 (START CARD) # 98353

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

WATER RESOURCES DEPT.

(1) OWNER: Well Number _____

Name Walter M. Ewen
Address PO Box 95
City Burns State OR Zip 97720

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

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

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

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

Table with columns: HOLE Diameter, SEAL Material, From, To, Sacks or pounds

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

[] Other

Backfill placed from _____ ft. to _____ ft. Material _____

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

(6) CASING/LINER:

Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Table with columns: From, To, Slot size, Number, Diameter, Material, Casing, Liner

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

Table with columns: Pump, Bailer, Air, Flowing Artesian, Yield gal/min, Drawdown, Drill stem at, Time

Temperature of water _____ Depth Artesian Flow Found _____

Was a water analysis done? [] Yes By whom _____

Did any strata contain water not suitable for intended use? [] Too little

[] Salty [] Muddy [] Odor [] Colored [] Other _____

Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Harney Latitude _____ Longitude _____
Township _____ N or S Range _____ E or W. WM. _____
Section _____ 1/4 _____ 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

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

Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG:
Ground Elevation _____

Table with columns: Material, From, To, SWL

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Date started _____ Completed _____

(unbonded) Water Well Constructor Certification:

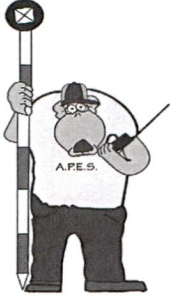
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

WWC Number 1663
Signed Anthony Bowman Date 9-19-97

(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 544
Signed Larry Bunde Date 9-19-97



**ALL POINTS
ENGINEERING & SURVEYING, INC.**
P.O. Box 767 (CRR)
Terrebonne, Oregon 97760

TRANSMITTAL

To: Oregon Water Resources Dept
725 Summer St NE, Suite A
Salem, OR 97301-1266

Date: 05/29/2023
Attention: Transfers
RE: Applications for Transfer

Prints Plans Plat Specifications.

Attached is an Application for Transfer on C-97073 for Andy Root.

If you have any questions please don't hesitate to call or email me.

Copies	No.	Description
1	1	App for Transfer (13 pages letter bond)
1	2	Transfer Map (2 pages bond)
1	3	Evid of Use Affidavit w/supporting doc (4 pages letter bond)
1	4	Land Use Form (2 pages letter bond)
1	5	Well logs (11 pages letter bond)
1	6	Check for \$5800

Signed: *Danise Martgen*

RECEIVED

JUN 02 2023

OWRD

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