

December 15, 2025

VIA HAND DELIVERY

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

Received by OWRD

DEC 15 2025

Salem, OR

Re: ***Permanent Transfer Applications for Certificates 97555, 98758, 98687, and 98798***
Our File No. 57406-83078

To Whom It May Concern:

The purpose of this letter is to explain the relationship between the four individual permanent transfer applications submitted for Certificates 97555, 98758, 98687, and 98798 and to explain the background information relevant to the status of Certificates 98687 and 98798 as water uses subject to transfer.

First, the applicants for the four transfer applications are submitting these individual applications to ensure compliance with the Oregon Water Resources Department's ("Department") existing rules and to ensure maximum clarity for the Department as it reviews each transfer application. However, the applications are interconnected, and, taken together, they propose to effect various place of use "swaps" between different locations owned by the applicants. Notably, all the property to which the water rights are appurtenant is managed as part of a single operation by Mike and Sallie Peila. We are happy to answer any questions about the relationship between the applications should they arise during the Department's review.

Second, while all the water rights at issue in the four transfer applications constitute water uses subject to transfer under ORS 540.505(4), we expect that Certificates 98687 and 98798 will be replaced with new certificates shortly for the reasons explained below.

Certificates 98687 and 98798 are confirming certificates that resulted from transfer T-11751. Certified Water Rights Examiner Scott Montgomery submitted a claim of beneficial use ("COBU") for this transfer on March 15, 2024, six months ahead of the October 1, 2024, deadline for submission. OWRD approved the COBU and issued Certificates 98686 and 98798 on September 19, 2025. On October 7, 2025, the parties notified the Department that Certificate 98686 contained a scrivener's error. The Department issued a corrected certificate—Certificate 98687—on November 14, 2025 to correct the error. Shortly after that, Mr. Montgomery determined that the COBU had identified an incorrect point of appropriation, and he immediately emailed the Department to provide a revised COBU identifying the correct point of appropriation. On November 19, 2025, Kerry Kavanaugh confirmed receipt of the revised COBU and stated that the Department would prepare revised certificates to reflect the revised COBU. The Department is currently preparing new certificates to reflect the revised COBU, and we expect these will be completed soon.

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All the information in the transfer applications for current Certificates 98687 and 98798 reflects the revised COBU and the forthcoming replacement certificates. Given that OWRD has accepted the revised COBU and is working to issue new certificates that align with this COBU, these water right interests are the result of a transfer application for which the Department has issued an order approving the change under ORS 540.530 and for which a proper proof of completion of the change has been filed. As such, these water right interests are water uses subject to transfer pursuant to ORS 540.505(4)(d) and are appropriately filed with the Department.

Thank you for your time, and please do not hesitate to reach out with any questions.

Sincerely,

JORDAN RAMIS PC



Marika E. Sitz
Admitted in Oregon and Washington

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DEC 15 2025
Salem, OR

LOVRIEN Corie L * WRD

From: Marika E. Sitz <Marika.Sitz@jordanramis.com>
Sent: Tuesday, December 16, 2025 9:26 AM
To: WRD_DL_customerservice
Subject: Follow-up to phone call regarding Peila applications
Attachments: Well Logs for Peila Applications - Complete References.pdf

Hi Corie—

Per our call this morning, I have attached a set of reference well logs for the four transfer applications submitted yesterday around 1pm by Mike and Sallie Peila. The co-applicants for these applications are Triangle Eleven, Inc. (Mike and Sallie's entity) and Margarita and Jon White (Mike's sister and brother-in-law). The applications relate to water right certificates 98687, 98758, 98798, and 97555.

The four applications have a common cover letter that explains how they all interrelate. The applicable well logs for each POA that is proposed to be changed are already included in the four applications, but my intention was to also include the attached master well log document in each application for reference by the future caseworker. If you could ensure that this set of well logs is linked to each of the four transfer applications, I would greatly appreciate it.

Please let me know if you have any questions, and thank you for your time.

--Marika

Marika E. Sitz | Attorney
Direct: (541) 797-2078

JORDAN  **RAMIS**

360 SW Bond Street #510
Bend OR 97702

jordanramis.com | (888) 598-7070
Portland | Bend | Vancouver WA



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Application for
Permanent Water Right Transfer
Part 1 of 4 – Minimum Requirements Checklist



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

This transfer application will be returned if Parts 1 through 4 and all required attachments are not completed and included.

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

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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 – Completed Applicant Information and Signature.
- ☒ Part 4 – Information about Water Rights to be Transferred: **How many water rights are to be transferred? 1 List them here: 98687**

Please include a separate Part 4 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.

- ☒ **Application Fee** - payable by check to the Oregon Water Resources Department, the online fee calculator is located:
https://apps.wrd.state.or.us/apps/wr/wr_transfer_calculator/permanent_transfer.aspx

Attachments:

- ☒ 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):

- | | |
|--|--|
| ☐ Application fee not enclosed/insufficient | ☐ Map not included or incomplete |
| ☐ Land Use Form not enclosed or incomplete | ☐ Evidence of Use Form not enclosed or incomplete |
| ☐ Additional signature(s) required | ☐ Part ____ is incomplete |

Other/Explanation _____

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

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Part 2 of 4 – 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°).

Part 3 of 4 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Mike & Sallie Peila			PHONE NO. 541-589-0207	ADDITIONAL CONTACT NO.
ADDRESS PO Box 537			FAX NO.	
CITY Hines	STATE OR	ZIP 97738	E-MAIL peilafam@gmail.com	
APPLICANT/BUSINESS NAME Jon & Margarita White			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS PO BOX 813			FAX NO.	
CITY HINES	STATE OR	ZIP 97738	E-MAIL	
APPLICANT/BUSINESS NAME Triangle Eleven, Inc., an Oregon corporation Mike Peila, President Sallie Peila, Secretary			PHONE NO. 541-589-0207	ADDITIONAL CONTACT NO.
ADDRESS PO Box 537			FAX NO.	
CITY Hines	STATE OR	ZIP 97738	E-MAIL peilafam@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.				

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

AGENT/BUSINESS NAME Scott D Montgomery/All Points Engr & Surveying, Inc			PHONE NO. 541-548-5833	ADDITIONAL CONTACT NO. 541-420-0401
ADDRESS PO Box 767			FAX NO. 844-223-9878	
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:
 Propose to rearrange place of use to prioritize area under pivot sprinklers & add points of appropriation to increase flexibility to irrigate place of use.
 If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1".

Check One Box

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

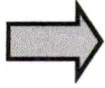
By my signature below, I confirm that I understand:

- Prior to Department approval of the transfer application, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the water right is located, once per week for two consecutive weeks. If more than one qualifying newspaper is available, I suggest publishing the notice in the following newspaper: Burns Times 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.



John Michael Peila III **John Michael Peila III** 12-15-25
Applicant signature Print Name (and Title if applicable) Date

Sallie M Peila **Sallie M. Peila** 12-15-25
Applicant signature Print Name (and Title if applicable) Date

John Michael Peila III **Triangle Eleven, Inc. an Oregon corporation**
Applicant signature **John Michael Peila III, President** 12-15-25
PRES, Print Name (and Title if applicable) Date

Sallie M Peila, Sec. **Triangle Eleven, Inc. an Oregon corporation**
Applicant signature **Sallie M. Peila, Secretary** 12-15-25
Print Name (and Title if applicable) Date

Jonathon Frank White **Jonathon Frank White** 12-15-25
Applicant signature Print Name (and Title if applicable) Date

Margarita Eileen White **Margarita Eileen White** 12-15-25
Applicant signature Print Name (and Title if applicable) Date

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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

RECEIVING LANDOWNER NAME NA			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS			FAX NO.	
CITY	STATE	ZIP	E-MAIL	
Describe any special ownership circumstances:				

The confirming Certificate shall be issued in the name of:	Applicant	Receiving Landowner
--	-----------	---------------------

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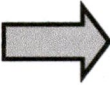
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☐ Check here if any of the water rights proposed for transfer are or will be located within or served by an irrigation or other water district. (Tip: Complete and attach Supplemental Form D.)

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 4 of 4 – Water Right Information
CERTIFICATE _____

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Description of Water Delivery System

System capacity: 7.13 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 wells and conveyed into the existing flood irrigation system.**

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)
#1	☒ Authorized ☐ Proposed	HARN 841/842	24 S	30 E	24	SW	NE	2101	2450' S & 630' W from E 1/16 cor, Sec 13 & 24
#2	☒ Authorized ☐ Proposed	HARN 844	24 S	30 E	26	SE	SE	2200	2270' S & 6110' W from E 1/4 cor, Sec 25
#3	☒ Authorized ☐ Proposed	HARN 51332	24 S	30 E	36	NE	SW	2200	2000' N & 2525' E from SW cor, Sec 36
#5	☒ Authorized ☐ Proposed	HARN 53133	24 S	30 E	25	SE	NE	2100	1380' S & 1320' W from NE cor, Sec 25
#7	☒ Authorized ☐ Proposed	HARN 52696	24 S	30 E	36	NE	SW	2200	2050' N & 2640' E from SW cor, Sec 36
#1	☐ Authorized ☒ Proposed	HARN 51503/51680	24 S	30 E	9	SE	SE	300	630' N & 850' W from SE cor, Sec 9
#2	☐ Authorized ☒ Proposed	HARN 52485	24 S	30 E	10	SW	SE	300	1470' S & 1360' W from E 1/4 cor, Sec 10

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

- | | |
|--|---|
| ☒ Place of Use (POU) | ☐ Supplemental Use to Primary Use (S to P) |
| ☐ Character of Use (USE) | ☒ Point of Appropriation/Well (POA) |
| ☐ Point of Diversion (POD) | ☐ Additional Point of Appropriation (APOA) |
| ☐ Additional Point of Diversion (APOD) | ☐ Substitution (SUB) |
| ☐ Surface Water POD to Ground Water POA (SW/GW) | ☐ 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.

Table 2. Description of Changes to Water Right Certificate # 98687

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

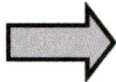
AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.										Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.												
Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date			
										POA/POU	24	S	30	E	9	NE	SE	300		20.0	IS	#1	1970
										POA/POU	24	S	30	E	9	NW	SE	300		20.0	IS	#1	1970
										POA/POU	24	S	30	E	9	SW	SE	300		11.5	IS	#1	1970
										POA/POU	24	S	30	E	9	SE	SE	300		15.6	IS	#1	1970
										POA/POU	24	S	30	E	10	NW	NE	300		0.3	IR	#2	1970
										POA/POU	24	S	30	E	10	SW	NE	300		31.4	IR	#2	1970
										POA/POU	24	S	30	E	10	NE	NW	300		0.1	IR	#2	1970
										POA/POU	24	S	30	E	10	SE	NW	300		20.1	IR	#2	1970
										POA/POU	24	S	30	E	10	NE	SW	300		4.0	IR	#2	1970
																			3.0	IS	#1		
										POA/POU	24	S	30	E	10	NW	SW	300		15.0	IS	#1	1970
										POA/POU	24	S	30	E	10	SW	SW	300		40.0	IS	#1	1970
										POA/POU	24	S	30	E	10	SE	SW	300		21.0	IS	#1	1970
										POA/POU	24	S	30	E	10	NE	SE	300		4.3	IR	#2	1970
										POA/POU	24	S	30	E	10	NW	SE	300		11.5	IR	#2	1970
										POA/POU	24	S	30	E	10	SW	SE	300		4.4	IR	#2	1970
										POA/POU	24	S	30	E	10	SE	SE	300		4.5	IR	#2	1970
										POA/POU	24	S	30	E	16	NW	NE	300		9.5	IS	#1	1970
										POU	24	S	30	E	36	SW	NE	2200		5.6	IR	#1,2,3,5,7	1970
										POU	24	S	30	E	36	SE	NE	2200		8.4	IR	#1,2,3,5,7	1970
										POU	24	S	30	E	36	SE	NW	2200		2.2	IR	#1,2,3,5,7	1970
										POU	24	S	30	E	36	NE	SW	2200		35.0	IR	#1,2,3,5,7	1970
										POU	24	S	30	E	36	NW	SW	2200		10.4	IR	#1,2,3,5,7	1970
										POU	24	S	30	E	36	SE	SW	2200		18.5	IR	#1,2,3,5,7	1970
										POU	24	S	30	E	36	NE	SE	2200		0.7	IR	#1,2,3,5,7	1970
24	S	31	E	19	NE	NE	2100		39.4	IS													
24	S	31	E	19	NW	NE	2100		39.5	IS													
24	S	31	E	19	SW	NE	2100		40.2	IS													
24	S	31	E	19	SE	NE	2100		36.5	IS													
24	S	31	E	30	NE	NE	2800		39.7	IR													
24	S	31	E	30	NW	NE	2800		40.9	IR													
24	S	31	E	30	SW	NE	2800		39.4	IR													
24	S	31	E	30	SE	NE	2800		41.4	IR													
TOTAL ACRES:						161.4 IR 155.6 IS					TOTAL ACRES:						161.4 IR 155.6 IS						

Additional remarks: **HARN 52485 replaces Wells 1,2,3,5,&7 IR & HARN 51503/51680 replaces Wells 1, 2, 3, 5, & 7 IS (except 3.0 acres IR).**

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: Silvies Decree*.

*** only IS portion overlaps Silvies Decree**

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 # _____

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										

REFERENCE WELL LOGS

Transfer Applications for Water Right Certificates 98687, 98758, 98798, and 97555.

Received by OWRD

DEC 16 2025

Salem, OR

14777 - --

ORIGINAL
File Original, and
Duplicate with the
STATE ENGINEER,
SALEM, OREGON

WATER WELL DRILLERS REPORT

STATE OF OREGON

G197

Do Not
Fill In

State Well No. 24/30-2461

State Permit No.

(1) OWNER:

Name W.F. Clayton

Address P.O. Box 8
Burns, Oregon

(2) LOCATION OF WELL:

County Hailey Owner's number, if any— #1R. F. D. or Street No. Box 8 Burns, Ore

Bearing and distance from section or subdivision corner

(3) TYPE OF WORK (check):

New well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐

Abandonment, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐Irrigation ☒ Test Well ☐ Other ☐

(5) EQUIPMENT:

Rotary ☐Cable ☒Dug Well ☐

(6) CASING INSTALLED:

Threaded ☐ Welded ☒

FROM 0 ft. to 30 ft. Diam. 3/16 Gage or Wall

" " " " " "

" " " " " "

" " " " " "

" " " " " "

" " " " " "

If gravel packed

Diameter of Bore from ft. to ft.

" " " " " "

" " " " " "

" " " " " "

" " " " " "

" " " " " "

Type and size of shoe or well ring 18-6-3/4 Size of gravel:Describe joint welded

(7) PERFORATIONS:

Type of perforator used 1/4" x 3 1/2" SLOTS

SIZE of perforations in., length, by in.

FROM ft. to ft. perf per foot No. of rows

" " " " " "

" " " " " "

" " " " " "

" " " " " "

" " " " " "

SCREENS:

Give Manufacturer's Name, Model No. and Size

(8) CONSTRUCTION:

Was a surface sanitary seal provided? ☒ Yes ☐ No To what depth 30 ft.Were any strata sealed against pollution? ☒ Yes ☐ No

If yes, note depth of strata

FROM 60 ft. to 71 ft.

" " " " " "

" " " " " "

METHOD OF SEALING dove casing into clay

(9) WATER LEVELS:

Depth at which water was first found Artesian ft.

Standing level before perforating ft.

Standing level after perforating ft.

Log Accepted by:

[Signed] _____ Dated _____, 19____

Owner

(10) WELL TESTS:

Was a pump test made? ☒ Yes ☐ No If yes, by whom? Inter-#4 ST. PUMP Co.Yield: 200 gal./min. with 85 ft. draw down after 4 hrs.

" " " " "

" " " " "

Artesian flow 250 g.p.m.Shut-in pressure Unknown lbs. per square inch.Boiler test none g.p.m. with _____ ft. drawdownTemperature of water 58 Was a chemical analysis made? ☐ Yes ☒ NoWas electric log made of well? ☐ Yes ☒ No

(11) WELL LOG:

Diameter of well, 1.3 inches.Total depth 503 ft. Depth of completed well 503 ft.

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

0 ft. to 2 1/2 ft. soil2 1/2 " 4 " hardpan4 " 16 " clay & sand16 " 27 " green quick sand27 " 43 " green chalk43 " 4871 " sand & gravel71 " 107 " clay & sand107 " 125 " shale125 " 144 " green chalk144 " 158 " white sand & black gravel158 " 364 " green clay & streaks of sand364 " 370 " basalt sandstone370 " 391 " cinders, sand & gravel391 " 406 " red & gray sandstone406 " 404 " black shale404 " 503 " green clay

" " " " "

" " " " "

" " " " "

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Received by OWRD

DEC 16 2025

Salem, OR

Ground elevation at well site _____ feet above mean sea level.

Work started 5, 11 1959 Completed 5/31 1959

Well Driller's Statement:

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

NAME John A. VanMeter

(Person, firm, or corporation)

(Typed or printed)

Address Box 204 Malin, Oregon

Driller's well number

[Signed] John A. VanMeter

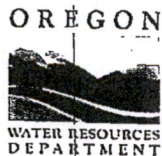
(Well Driller)

License No. 170 Dated 6/15, 1959

" " " " "

" " " " "

" " " " "



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

Application for Well ID Number

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

RECEIVED

DEC 18 2020

I. OWNER INFORMATION

Current Owner Name (please print): Mike Peila

OWRD

Mailing Address: PO Box 537

City, State, Zip: Hines, OR 97738

Mail Well ID to: ☒ SAME AS ABOVE

☐ In Care Of (C/O)

Name & Address: _____

City, State, Zip: _____

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

Township: 24S (North / South) Range: 30E (East / West) Section: 24 SW 1/4 of the NE 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 2101 County Harney

GPS Coordinates: 43.47647544, -119.06677008

Street Address of Well, City: OR Hwy 31 (near)

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

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation

Date Well Constructed (or property built): 5/31/59 Total Well Depth: 503 Casing Diameter: 18

Owner at time the well was constructed (if known): W.R. Clayton Well Report # (if known): HARN 841

Other Information: _____

SUBMITTED BY (please print): Denise A Montgomery, All Points Engr & Surveying

PHONE: 541-548-5833

EMAIL &/or FAX: neecee@apeands.com

POB 767 Terrebonne
97760

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

DEC 16 2025

Salem, OR

For Official Use Only by the Oregon Water Resources Department:

Received Date:

12-18-2020

Well Report Number:

HARN 841

Well Identification #:

L 140933

(1) OWNER:

Name W.B. Clayton

Address Burns, Oregon

(2) LOCATION OF WELL:

County Harn Owner's number, if any /

R. F. D. or Street No.

Bearing and distance from section or subdivision corner

(3) TYPE OF WORK (check):

Well ☐ Deepening ☐ Reconditioning ☒ Abandon ☐

Abandonment, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐

Irrigation ☒ Test Well ☐ Other ☐

(5) EQUIPMENT:

Rotary ☐

Cable ☒

Dug Well ☐

(6) CASING INSTALLED:

Threaded ☐ Welded ☐

FROM	ft. to	ft.	Diam.	Gage or Wall
"	"	"	"	"
"	"	"	"	"
"	"	"	"	"
"	"	"	"	"
"	"	"	"	"

If gravel packed

Diameter of Bore	from ft.	to ft.
"	"	"
"	"	"
"	"	"
"	"	"
"	"	"

Type and size of shoe or well ring

Size of gravel:

Describe joint

(7) PERFORATIONS:

Type of perforator used

SIZE	of perforations	in., length, by	in.
FROM	ft. to	ft.	No. of rows
"	"	"	"
"	"	"	"
"	"	"	"
"	"	"	"

SCREENS:

Give Manufacturer's Name, Model No. and Size

(8) CONSTRUCTION:

Was a surface sanitary seal provided? ☐ Yes ☐ No To what depth ft.

Were any strata sealed against pollution? ☐ Yes ☐ No

If yes, note depth of strata

FROM	ft. to	ft.
"	"	"

METHOD OF SEALING

(9) WATER LEVELS:

Depth at which water was first found ft.

Standing level before perforating ft.

Standing level after perforating ft.

Log Accepted by:

[Signed] _____ Dated _____, 19____
Owner

(10) WELL TESTS:

Was a pump test made? ☐ Yes ☐ No If yes, by whom?

Yield:	gal./min. with	ft. draw down after	hrs.
"	"	"	"
"	"	"	"

Artesian flow _____ g.p.m.

Shut-in pressure _____ lbs. per square inch.

Boiler test _____ g.p.m. with _____ ft. drawdown

Temperature of water _____ Was a chemical analysis made? ☐ Yes ☐ No

Was electric log made of well? ☐ Yes ☐ No

(11) WELL LOG:

Diameter of well, _____ inches.

Total depth _____ ft. Depth of completed well _____ ft.

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

ft. to ft. repair on well No. 1
" Installed 20ft. of
" 16in. O.D, 1/4 in, wall
" cassing,

" Bottom 145ft. perforated
" with six rows of 1/4 in. by
" 4in. torch perforations
" per ft.

" Installed 20ft. 5in. of
" linner in bottom of 16in.
" cassing.

" Pulled 80 ft. of 18in.
" O.D. casing.

Received by OWRD

DEC 16 2025

Salem, OR

Ground elevation at well site 4150 feet above mean sea level.

Work started 8/24 1959 Completed 10/12 1959

Well Driller's Statement:

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

NAME John A. VanMeter (Person, firm, or corporation) (Typed or printed)

Address Box 204 Malin, Oregon

Driller's well number 170

[Signed] John A. VanMeter (Well Driller)

License No. 170 Dated Dec 15, 1959

ORIGINAL
File Original, and
Duplicate with the
STATE ENGINEER,
SALEM, OREGON

OBSERVATION WELL WATER WELL DRILLERS REPORT

STATE OF OREGON

G1797

Do Not
Fill In

State Well No.

State Permit No.

24/30-26R1

(1) OWNER:

Name W.B. ClaytonAddress Burns, Oregon

(2) LOCATION OF WELL:

County HCOV Owner's number, if any— 2

R. F. D. or Street No.

Bearing and distance from section or subdivision corner

(3) TYPE OF WORK (check):

New well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐
Abandonment, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☒ Test Well ☐ Other ☐

(5) EQUIPMENT:

Rotary ☐
Cable ☒
Dug Well ☐

CASING INSTALLED:

Threaded ☐ Welded ☒

FROM	ft. to	Diam.	ft.	Gage or Wall
" 0	ft. to 150	ft. 16	Diam. 3/16	"
" "	" "	" "	" "	"
" "	" "	" "	" "	"
" "	" "	" "	" "	"
" "	" "	" "	" "	"

If gravel packed

Diameter of Bore	from ft.	to ft.
" "	" "	" "
" "	" "	" "
" "	" "	" "
" "	" "	" "

Type and size of shoe or well ring 1/2-6

Size of gravel:

Describe joint

welded

(7) PERFORATIONS:

Type of perforator used torch

SIZE of perforations	1/4-4	in., length, by	in.
FROM 90	ft. to 95	ft.	No. of rows
" 110	" 115	"	" " "
" 130	" 135	"	" " "
" "	" "	"	" " "
" "	" "	"	" " "

SCREENS:

Give Manufacturer's Name, Model No. and Size

(8) CONSTRUCTION:

Was a surface sanitary seal provided? ☐ Yes ☒ No To what depth ft.Were any strata sealed against pollution? ☐ Yes ☒ No

If yes, note depth of strata

FROM ft. to ft.

METHOD OF SEALING

(9) WATER LEVELS:

Depth at which water was first found 24 ft.Standing level before perforating 23' 8" ft.Standing level after perforating 23' 8" ft.

Log Accepted by:

[Signed] _____ Dated _____, 19____
Owner

(10) WELL TESTS:

Was a pump test made? ☒ Yes ☐ No If yes, by whom? Interstate Pump Co.

Yield: 2500 gal./min. with 16' ft. draw down after 4 hrs.

" " " "

" " " "

Artesian flow _____ g.p.m.

Shut-in pressure _____ lbs. per square inch.

Boiler test _____ g.p.m. with _____ ft. drawdown

Temperature of water 54 Was a chemical analysis made? ☐ Yes ☒ NoWas electric log made of well? ☐ Yes ☒ No

(11) WELL LOG:

Diameter of well, 16" inches.Total depth 501 ft. Depth of completed well 501 ft.

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

0	ft. to	4	ft.	hardpan
4	"	31	"	loose brown sand
31	"	37	"	boulders and sand
37	"	50	"	layers of hard & soft sand
50	"	58	"	lava boulders & sand
58	"	70	"	yellow clay & sand
70	"	124	"	layers of green & yellow cla
124	"	126	"	green shale
126	"	181	"	green clay
181	"	184	"	pumice sand & lava gravel
184	"	197	"	layers of green shale & clay
197	"	224	"	gray mud
224	"	243	"	green shale & clay
243	"	252	"	layers of hard & soft sand
"	"	"	"	& gravel
252	"	332	"	gray shale
332	"	335	"	broken zone shale
335	"	501	"	black shale, broken

Received by OWRD
DEC 16 2025
Salem, OR

Ground elevation at well site 4150 feet above mean sea level.Work started 10/13 59 Completed 12/8 59

Well Driller's Statement:

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

NAME John A. VanMeter

(Person, firm, or corporation)

(Typed or printed)

Address Box 204 Malin, Oregon

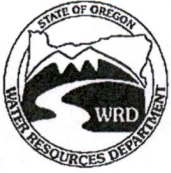
Driller's well number

[Signed] John A. VanMeter

(Well Driller)

License No. 174777 Dated Dec 15, 1959

14777 -



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

Application for Well ID Number

RECEIVED

JUL 09 2020

OWRD

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

I. OWNER INFORMATION

Current Owner Name (please print): John M Peila III

Mailing Address: PO Box 537

City, State, Zip: Hines, OR 97738

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

Name & Address: _____

City, State, Zip: _____

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

Township: 24S (North / South) Range: 30 (East / West) Section: 26 SE 1/4 of the SE 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 2200 County Harney

GPS Coordinates: 43.455516 -119.0825561

Street Address of Well, City: Engstrom Ln

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

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Log, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation

Date Well Constructed (or property built): 12/8/1959 Total Well Depth: 501' Casing Diameter: 16"

Owner at time the well was constructed (if known): W.B. Clayton Well Log # (if known): HARN 844

Other Information: _____

SUBMITTED BY (please print): Scott D Montgomery

POB 767 Terrebonne 97760

PHONE: 541-548-5833

EMAIL &/or FAX: scott@apeands.com

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

Received by OWRD

DEC 16 2025

Salem, OR

For Official Use Only by the Oregon Water Resources Department:

Received Date:

7-9-2020

Well Log Number:

HARN 844

Well Identification #:

L-139208

(1) LAND OWNER

First Name Mike Owner Well I.D. reila
Company _____ Last Name _____
Address PO Box 537
City Hines State OR Zip 97738

(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

Depth of Completed Well 659 ft. Special Standard ☐ (Attach copy)

BORE HOLE

Dia	From	To	Material	From	To	Amt	lbs
24"	0	80	Bent	0	80	320	
20"	80	199				Calculated	100
14"	199	630					
8"	630	659				Calculated	

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

☒ Other 3/8 Bent pack 3mm

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 Pounds Actual Amount Pounds

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
☒	☐	16"	☒	1	199	.250	☒	☐	☒	

Shoe ☒ Inside ☐ Outside ☐ Other Location of shoe(s) 199
Temp casing ☐ Yes Dia 16 From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Perf/S	Casing/Screen	Screen Type	Material	From	To	Scr/slot width	Slot length	# of slots	Tele/ Dia/Size

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

☒ Pump ☐ Bailor ☐ Air ☐ Flowing Artesian
Yield gal/min 2000 Drawdown 20' Drill stem/Pump depth 630 Duration (hr) 4hr

Temperature 60 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 387

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Huay Twp 24 N/S Range 30 E/W WM
Sec 26 NW 1/4 of the NE 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

30338 Engstrom Lane 114205

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+ SWL (ft)
Completed Well	<u>8-26-17</u>		<u>112'</u>

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 60

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
<u>7-10-17</u>	<u>60</u>	<u>65</u>	<u>1000</u>		<u>55'</u>
<u>8-26-17</u>	<u>320</u>	<u>630</u>	<u>2000</u>		<u>112'</u>

(11) WELL LOG

Ground Elevation _____

Material	From	To
TOP SOIL	0	2
Brown clay	2	60
Sand gravel	60	65
Brown clay	65	85
Black sand with clay	85	198
Green clay	175	198
Brown clay	198	320
Brown love rock	320	560
Black love broken	560	630
Blue clay	630	659

RECEIVED BY OWRD

DEC 04 2017 DEC 12 2018

SALEM, OR OWRD

Date Started 6-3-17 Completed 8-26-17

(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 1654 Date 10-10-17

Signed Y. Sch...

Contact Info (optional) _____

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 86798

START CARD # 1000526

(1) LAND OWNER Owner Well I.D. _____
 First Name MIKE Last Name PEILA
 Company _____
 Address PO BOX 537
 City HINES State OR Zip 97738

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard ☐ (Attach copy)
Depth of Completed Well 115.00 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	lbs
18	0	20	Bentonite	0	20	45 S
14	20	115				

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

☒ Other poured dry and tam

Backfill placed from	ft. to	ft.	Material

Filter pack from	ft. to	ft. Material	Size

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER										
Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
		14		1	101	.250				
		12		100	115	.250				
										
										
										
										

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temp casing ☐ Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method

[illegible]

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
500		110	

Temperature 58 °F Lab analysis ☐ Yes By

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County Harney Twp 24.00 S N/S Range 30.00 E E/W WM
 Sec 36 NW 1/4 of the SE 1/4 Tax Lot 2200
 Tax Map Number _____ Lot _____
 Lat _____ ° 0 ' _____ " or _____ DMS or DD
 Long _____ ° 0 ' _____ " or _____ DMS or DD
☐ Street address of well ☐ Nearest address

30338 ENGSTROM LANE HWY 205

(10) STATIC WATER LEVEL		Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening					
Completed Well	02-14-2007				30
Flowing Artesian?	☐	Dry Hole?	☐		

[illegible][illegible]

Date Started 02-01-2007 Completed 02-14-2007

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

License Number _____ Date _____
Electronically Filed
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 02-16-2007
Electronically Filed
Signed TIMOTHY K RILEY (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: 0.88

14777 -

DEC 19 2023

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

(1) LAND OWNER

Owner Well I.D.

First Name MIKE

Last Name PEILA

OWRD

Company TRIANGLE 11 RANCH

Address PO BOX 537

City HINES

State OR

Zip 97738

(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 Thr

Material From To Amt sacks/lbs

Seal: Dia + From To Gauge Stl Plstc Wld Thr

(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 421.00 ft.

BORE HOLE

SEAL

sacks/

Dia	From	To	Material	From	To	Amt	lbs
26	0	62	Bentonite Chips	0	78	24600	P
21	62	227				Calculated	9434.13
15	227	421	Cement	78	227	396	S
						Calculated	116.86

Seal placement method ☐ A ☐ B ☐ C ☒ D ☐ E ☒ Other: POURED DRY

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: ☐ Type Amount

Seal Placement Begin Date 6/8/2023 Begin Time 11:00

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount

Actual Amount

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thr

16	1.5	38.5	.250				
16	38.5	227	.375				

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

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type

Perf/ Casing/ Screen Screen Liner Dia From To Scrn/slot Slot # of Tele/

Screen Liner	Dia	From	To	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)

1500		400	1
2100	60	160	4

Temperature 67 °F Lab analysis ☐ Yes ByWater quality concerns? ☐ Yes (describe below) TDS amount 315 mg/L

From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 24.00 S N/S Range 30.00 E E/W WM

Sec 25 SW 1/4 of the NE 1/4 Tax Lot 2100

Tax Map Number Lot

Lat ° ' " or 43.46458495 DMS or DD

Long ° ' " or -119.06414891 DMS or DD

☐ Street address of well ☒ Nearest address

66349 POTTER SWAMP ROAD, HINES, OR 97738

2022 COVE IRRIGATION WELL

HARN 53133

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Pre-Alteration

Completed Well 7/21/2023 31

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 31.00

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

11/29/2022	31	60	25		31
11/30/2022	130	205	70		31
6/28/2023	242	315	250		31
6/29/2023	315	387	700		31
6/30/2023	387	421	1500		31

(11) WELL LOG

Ground Elevation

Material	From	To
Brown Clayee Top Soil	0	7
Brown Clay	7	31
Black Sand & Black Clay Mix	31	68
Gray Clay	68	104
Brown Sandstone	104	130
Brown Rock with some Sandstone Mix	130	155
Soft Black Sandstone	155	171
Medium Hard Brown Rock small fractures	171	205
Hard Gray Rock	205	223
Green & Gray Claystone Mix	223	242
Brown Sandstone & Rubble Seams	242	315
Soft Brown Sandstone some Red Cinders	315	334
Black Sand	334	340
Brown Conglomerate some hard seams	340	387
Hard Gray Rock with Ash Fractures	387	421

Construction

Begin Date 1/09/2023 Begin Time 00:00 End Date 7/21/2023

(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 1385 Date 12/13/2023

Signed ROBERT BUCKNER (E-filed)

Contact Info (optional) 14777-

HARN 52485

WELL I.D. LABEL# 11376
START CARD # 211205
ORIGINAL LOG #

(1) LAND OWNER
First Name Mike Owner Well I.D. SALEM, OR
Last Name Peitar
Company
Address PO Box 537
City Linus State OR Zip 97738

(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: Dia + From To Gauge Stl Plstc Wld Thrd

(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 660 ft. Special Standard ☐ (Attach copy)

BORE HOLE			SEAL			Amt	lbs
Dia	From	To	Material	From	To		
20"	0	81	Lemen	81	20	29	52'
14"	81	220				Calculated	17
8"	220	360	Bent	20	0	96	52'
						Calculated	17

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☒ Other 1 Bent 3/8
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 Pounds Actual Amount Pounds

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
☒ ☐ 16" 1 81 .256 ☒ ☐ ☒ ☐
Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____
Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/Screen	Casing/Screen Liner	Screen Dia	From	To	Scrn/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 1500 Drawdown hr. 2 Duration (hr) _____
Temperature 50 °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 N/S Range 30 E/W WM
Sec 10 1/4 of the 52 1/4 Tax Lot 1300
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
☐ Street address of well ☐ Nearest address

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration Date SWL(psi) + SWL(ft)
Completed Well 8-15-15 82
Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 65

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
8-15-15	65	652	1000		52'
	220	660	150		52'

(11) WELL LOG

Ground Elevation _____

Material	From	To
TOP SOIL	0	2
Bluish clay	2	4.5
Sand with Brown clay	4.5	6.2
Brown clay	6.2	12.3
Gray clay	12.3	13.5
Light brown clay	13.5	14.5
Gray clay	14.5	19.5
Reddish brown clay	19.5	23.5
Yellow clay	23.5	30.5
Reddish brown clay	30.5	34.2
Yellow clay	34.2	39.5
Reddish brown clay	39.5	41.7
Yellow clay	41.7	49.2
Reddish brown clay	49.2	52.3
Blue clay	52.3	59.5
Red clay	59.5	60.3
Black clay	60.3	660

Date Started 8-7-15 Completed 8-15-15

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well during the construction dates reported above. All work performed during this time 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 JAN 18 2017 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 16941 Date 2-27-2016

Signed _____

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: 0.95

14777 -

HARN 51503

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L PRE DATE

START CARD # PRE DATE

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

(1) LAND OWNER Owner Well I.D. _____
First Name MIKE & SALLIE Last Name DEILA
Company TRIANGLE ELEVEN CORP.
Address P.O. BOX 537
City HINES State OR Zip 97738

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard: ☐ Yes (attach copy)
Depth of Completed Well 425 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
20	0	18	CEMENT	0	18	17	SACKS
16	18	450					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other CEMENT GROUT Poured THROUGH TREMIE PIPE
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		16	+	2	150	250	X		X	

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) _____
Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

Perf	Scrn	Casing	Linr	Screen Dia	From	To	Screen/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)

50 0 1

Temperature 58 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County HARNEY Twp 24S N or S Range 30E E or W W.M.
Sec 9 SW 1/4 of the SE 1/4 Tax Lot 300
Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 28186 HWY 20 W
MP 125 WEST OF HINES

(10) STATIC WATER LEVEL

Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening			
Completed Well	<u>AUG 10, 84</u>		<u>-12 FT</u>

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>5-84</u>	<u>230</u>	<u>430</u>	<u>100+</u>			<u>12</u>

(11) WELL LOG

Ground Elevation _____

Material	From	To
TOP SOIL	0	3
SILT	3	14
BROWN CLAY	14	21
BROWN SANDSTONE	21	90
WHITE CLAYSTONE	90	137
BROWN SANDSTONE	137	145
BLACK BASALT	145	190
GREEN CLAYSTONE	190	230
BROWN CLAY/RED CINDER	230	450

Received by CWRD

DEC 16 2025

Salem, OR

Date Started MAR 4 15, 84 Completed AUG 10, 84

(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 _____

RECEIVED

NOV 04 2008

Signed _____

WATER RESOURCES DEPT
SALEM, OREGON

(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 883 Date 10-25-08

Signed John Otter

Contact Info. (optional)

DRAFT

HARN 51680

WELL LABEL # L 101619
START CARD # 202964
ORIGINAL LOG # HARN S1503

(1) LANDOWNER Owner Well I.D.
First Name MIKET SALLIE Last Name PEILA
Company _____
Address PO BOX 537
City HINES State OR Zip 97738

(2) TYPE OF WORK ☐ New ☐ Conversion ☒ Deepening
☒ Alteration (complete Sections 2a & 10) ☐ Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth 450 ft.
Seal Material PORTLAND CEMENT NONE
Casing Type: ☒ Steel ☐ Plastic ☐ Other _____
Casing Gauge .375 Casing Diameter 16"

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

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

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 460 ft. Special Standard: ☐ Yes (attach copy)

BORE HOLE			SEAL			Amount	Scks/lbs
Dia	From	To	Material	From	To		
22"	0	31	PORTLAND CEMENT	0	31	71	SCKS
16"	31	430					
10"	430	460					

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

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:

Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
SEE ORIGINAL WELL LOG										
DRILLED 22" WITH OVERSHOT TO 31' PUMPED ANNULAR SPACE TO GROUND LEVEL WITH NEAT CEMENT										

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____
Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/ 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 1100 Drawdown 450' Drill stem/Pump depth 1 Duration (hr) _____
Temperature 58 °F Lab analysis ☐ Yes By _____
Water quality concerns? ☐ Yes (describe below) TDS _____ ppm
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 24 N or S Range 30 E or W W.M.
Sec 09 SW 1/4 of the SE 1/4 Tax Lot 300
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 28186 Hwy 200 W.
BURNS/HINES, OR MP. 125

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration	12-01-09		-	10
Completed Well	12-06-09		-	10

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found _____

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

(11) WELL LOG

Ground Elevation _____

Material	From	To
SEE ORIGINAL WELL LOG		
BROKEN RED & GRAY ROCK	0	450
	450	460

Received by OWRD

RECEIVED

DEC 16 2025

DEC 11 2009

Salem, OR

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 11-04-09 Completed 12-04-09

(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 1739 Date 12-08-09

Signed Cherry

(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 1355 Date 12-08-09

Signed Arthur L. Jay

Contact Info. (optional) _____

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

HARN 52485

WELL I.D. LABEL # 115922
START CARD # 211205
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. SALEM, OR
First Name Mike Last Name Peita
Company
Address PO Box 537
City Hills State OR Zip 97138

(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

Depth of Completed Well 160 ft. Special Standard (Attach copy)

BORE HOLE			SEAL			Amt (sacks)	
Dia	From	To	Material	From	To	Calculated	lbs
20"	0	81	Lemen	81	20	29	52'
14"	81	220					
8"	220	360	Bent	20	0	96	52'

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E

☒ Other Bent 3/8

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 Pounds Actual Amount Pounds

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
☒ ☐ 16" 11 81 .250 ☒ ☐ ☒ ☐
Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s)
Temp casing ☐ Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type

Material

Perf/S	Casing/Screen	Dia	From	To	Scr/slot	Slot	# of	Tele/
creen	Liner				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)
1500 hr. 2

Temperature 50° 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 N/S Range 30 E/W WM
Sec 10 SW 1/4 of the SW 1/4 Tax Lot 1300
Tax Map Number Lot
Lat " or DMS or DD
Long " or DMS or DD
Street address of well Nearest address

114720 Mail Post 7 Burns OR

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well 8-15-15 82
Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 65

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
8-15-15	65	652	1000		52'
	220	160	1500		52'

(11) WELL LOG

Ground Elevation

Material	From	To
TOP SOIL	0	2
Brown clay	2	45
Sand with Brown clay	45	62
Brown clay	62	125
Gray clay	125	135
Light brown clay	135	145
Gray clay	145	195
Light brown clay	195	235
Red clay	235	305
Yellow clay	305	342
Red clay	342	395
Yellow clay	395	417
Red clay	417	492
Yellow clay	492	523
Red clay	523	595
Yellow clay	595	603
Black clay	603	660

Date Started 8-7-15 Completed 8-15-15

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well during the construction dates reported above. All work performed during this time 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 JAN 18 2017 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 16541 Date 2-27-2016

Signed

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: 0.95

14777 -

HARN 51503

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # PRE-DATE

START CARD # PRE-DATE

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

(1) LAND OWNER Owner Well I.D. _____
First Name MIKE & SALLIE Last Name PEILA
Company TRIANGLE ELEVEN CORP.
Address P.O. BOX 537
City HINES State OR Zip 97738

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard: ☐ Yes (attach copy)
Depth of Completed Well 425 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
20	0	18	CEMENT	0	18	17	SACKS
16	18	450					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other CEMENT GROUT POURED THROUGH TREMIE PIPE
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing/Liner	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
☒	16	+	2	150	.250	X		X	

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) _____
Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____

Perf	Scrn	Casing/Liner	Screen Dia	From	To	Screen 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 50 Drawdown 0 Drill stem/Pump depth _____ Duration (hr) 1

Temperature 58 °F Lab analysis ☐ Yes By _____
Water quality concerns? ☐ Yes (describe below)
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
County HARNEY Twp 24S N or S Range 30E E or W W.M.
Sec 9 SW 1/4 of the SE 1/4 Tax Lot 300
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 28186 HWY 20 W
MP 125 WEST OF HINES

(10) STATIC WATER LEVEL

Existing Well/Predeepening	Date	SWL (psi)	+	SWL (ft)
Completed Well	<u>AUG 10 84</u>			<u>-12 FT</u>

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>5-84</u>	<u>230</u>	<u>450</u>	<u>100+</u>			<u>12</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>TOPSOIL</u>	<u>0</u>	<u>3</u>
<u>SILT</u>	<u>3</u>	<u>14</u>
<u>BROWN CLAY</u>	<u>14</u>	<u>21</u>
<u>BROWN SANDSTONE</u>	<u>21</u>	<u>90</u>
<u>WHITE CLAYSTONE</u>	<u>90</u>	<u>137</u>
<u>BROWN SANDSTONE</u>	<u>137</u>	<u>145</u>
<u>BLACK BASALT</u>	<u>145</u>	<u>190</u>
<u>GREEN CLAYSTONE</u>	<u>190</u>	<u>230</u>
<u>BROWN CLAY/RED CINDER</u>	<u>230</u>	<u>450</u>

Date Started MAR 15, 84 Completed AUG 10 84
SALEM, OR

(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 NOV 04 2008

(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 883 Date 10-25-08
Signed John Otter
Contact Info. (optional) _____

DRAFT

HARN 51680

WELL LABEL # L 101619
START CARD # 202964
ORIGINAL LOG # HARN S1503

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

(1) LANDOWNER Owner Well I.D.
First Name MIKET SALLIE Last Name PEILA
Company _____
Address PO BOX 537
City HINES State OR Zip 97738

(2) TYPE OF WORK ☐ New ☐ Conversion ☒ Deepening
☒ Alteration (complete Sections 2a & 10) ☐ Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth 450 ft.
Seal Material PORTLAND CEMENT NONE
Casing Type: ☒ Steel ☐ Plastic ☐ Other
Casing Gauge .375 Casing Diameter 16"

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

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

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 460 ft. Special Standard: ☐ Yes (attach copy)

BORE HOLE			SEAL			Amount	Scks/lbs
Dia	From	To	Material	From	To		
22"	0	31	PORTLAND CEMENT	0	31	71	SCKS
16"	31	430					
10"	430	460					

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

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER
Casing/Liner Dia + From To Gauge Steel Plastic Welded Thrd
- SEE ORIGINAL WELL LOG -
DRILLED 22" WITH OVERSHOT TO
31' PUMPED ANNULAR SPACE
TO GROUND LEVEL WITH NET CEMENT

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____
Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

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

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

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian
Yield gal/min 1100 Drawdown 450' Duration (hr) 1

Temperature 58 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS _____ ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County HARNEY Twp 24 N of S Range 300 E or W W.M.
Sec 09 SW 1/4 of the SE 1/4 Tax Lot 300
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 28186 Hwy 20 W.
BURNS/HINES, OR MP. 125

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration	<u>12-01-09</u>		-	<u>10</u>
Completed Well	<u>12-06-09</u>		-	<u>10</u>

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found _____

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

(11) WELL LOG Ground Elevation _____

Material	From	To
SEE ORIGINAL WELL LOG	0	450
BROKEN RED & GRAY ROCK	450	460

RECEIVED
Received by OWRD
DEC 15 2025
Salem, OR
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 11-04-09 Completed 12-04-09

(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 1739 Date 12-03-09

Signed Cherry Vign

(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 1355 Date 12-08-09

Signed Arthur L. Jay

Contact Info. (optional)

DEC 15 2025

Land Use Information Form

Salem, OR



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

Certificate 98687

NAME Mike Peila			PHONE 541-589-0207	
MAILING ADDRESS PO Box 537				
CITY Hines	STATE OR	ZIP 97738	EMAIL peilafam@gmail.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	¼ ¼	Tax Lot #	Plan Designation (e.g., Rural Residential/RR-5)	Water to be:			Proposed Land Use:
24S	30E	9	SE	300	EFRU-2	☒ Diverted	☒ Conveyed	☒ Used	Farming
24S	30E	10	S1/2 SWNE< NWNE< NENW< SENE	300	EFRU-2	☒ Diverted	☒ Conveyed	☒ Used	Farming
24S	30E	16	N1/2NE	300	EFRU-2	☐ Diverted	☒ Conveyed	☒ Used	Farming
24S	30E	24	SE S1/2NE	2101	EFRU-2	☒ Diverted	☒ Conveyed	☐ Used	Farming
24S	30E	25	S1/2, SENE	2100	EFRU-2	☒ Diverted	☒ Conveyed	☐ Used	Farming
24S	30E	26	SESE	2200	EFRU-2	☒ Diverted	☒ Conveyed	☐ Used	Farming
24S	30E	36	S1/2, S1/2NE	2200	EFRU-2	☒ Diverted	☒ Conveyed	☒ Used	Farming

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

Harney

NOTE: A separate Land Use Information Form must be completed and submitted for each 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 ☐ Permit Amendment or Ground Water Registration Modification
☐ Limited Water Use License ☐ Exchange of Water ☐ Allocation of Conserved Water

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

Estimated quantity of water needed: 7.13 ☒ 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 _____

14777 -

Briefly describe:

Propose to rearrange place of use to prioritize area under pivot sprinklers & add points of appropriation to increase flexibility irrigating the place of use.

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.

See Page 4 ➔

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DEC 15 2025
Salem, OR

DEC 15 2025

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): HC20 3020 / EFW-2
- ☐ 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-Use Approval:	
		☐ Obtained ☐ Denied	☐ 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: Brandon McMullen Title: Planning Director

Signature: [Signature] Date: 12/11/2025

Governmental Entity: Harney County Phone: (541) 573-6655

Receipt Acknowledging Request for Land Use Information**Note to Local Government Representative:**

Please complete this form and return it to the applicant. **For new water right applications only**, if you are unable to complete this form while the applicant waits, you may complete this receipt and return it to the applicant. If you sign the receipt, you will have 30 days from the date of OWRD's Public Notice of the application to submit the completed Land Use Information Form to Oregon Water Resources Department. Please note while OWRD can accept a signed receipt as part of intake for an application for a new permit to use or store water, a completed Land Use Information Form is required for all other applications.

Applicant Name: _____

Staff Name: _____ Title: _____

Staff Signature: _____ Date: _____

Governmental Entity: _____ Phone: _____

14777 -

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 HARNEY

I, MIKE PEILA, in my capacity as OWNER,

mailing address PO BOX 537, HINES, OR 97738

telephone number (541)589-0207, being first duly sworn depose and say:

Received by OWRD
DEC 15 2025
Salem, OR

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 # 98687 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 & PASTURING

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 received by OWRD

Mike Deila

Signature of Affiant

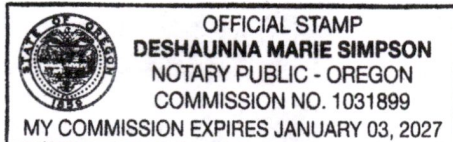
DEC 15 2025

Salem, OR

12-12-25

Date

Signed and sworn to (or affirmed) before me this 12 day of December, 2025



Deshaunna Marie Simpson
Notary Public for Oregon

My Commission Expires: 1-3-2027

Supporting Documents	Examples
☒ 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
☐ Copies of receipts from sales of irrigated crops or for expenditures related to use of water	• Power usage records for pumps associated with irrigation use • Fertilizer or seed bills related to irrigated crops • Farmers Co-op sales receipt
☐ Records such as FSA crop reports, irrigation district records, NRCS farm management plan, or records of other water suppliers	• 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
☐ Aerial photos containing sufficient detail to establish location and date of photograph	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. 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
☐ Approved Lease establishing beneficial use within the last 5 years	Copy of instream lease or lease number

STATE OF OREGON
COUNTY OF HARNEY
CERTIFICATE OF WATER RIGHT

THIS CERTIFICATE ISSUED TO

MIKE PEILA
PO BOX 537
HINES OR 97738

confirms the right to use the waters of FIVE WELLS, TRIBUTARIES of the SILVIES RIVER for IRRIGATION of 215.2 ACRES and SUPPLEMENTAL IRRIGATION of 538.7 ACRES.

This right was perfected under Permit G-5073. The date of priority is SEPTEMBER 24, 1970. The amount of water to which this right is entitled is limited to an amount actually used beneficially, and shall not exceed 7.13 CUBIC FEET PER SECOND (CFS), being 2.23 CFS from Well 1, 4.9 CFS from Well 2, 1.27 CFS from Well 3, 2.33 CFS from Well 6, and 2.57 CFS from Well 7, NOT TO EXCEED A CUMULATIVE TOTAL OF 7.13 CFS FROM THE WELLS IN ANY COMBINATION, or its equivalent in case of rotation, measured at the wells.

The wells are located as follows:

Twp	Rng	Mer	Sec	Q-Q	Measured Distances
24 S	30 E	WM	24	SW NE	WELL 1 – ORIGINAL - 2450 FEET SOUTH AND 630 FEET WEST FROM NE CORNER, NWNE, SECTION 24
24 S	30 E	WM	26	SE SE	WELL 2 – ORIGINAL - 2270 FEET SOUTH AND 6160 FEET WEST FROM E1/4 CORNER, SECTION 25
24 S	30 E	WM	36	NE SW	WELL 3 – ADDITIONAL - 2000 FEET NORTH AND 2525 FEET EAST FROM SW CORNER, SECTION 36
24 S	30 E	WM	25	NE SW	WELL 6 – ADDITIONAL - 1955 FEET NORTH AND 2685 FEET WEST FROM SE CORNER, SECTION 25
24 S	30 E	WM	36	NE SW	WELL 7 – ADDITIONAL - 2050 FEET NORTH AND 2640 FEET EAST FROM SW CORNER, SECTION 36

The amount of water used for irrigation, together with the amount secured under any other right existing for the same lands, shall be limited to ONE-EIGHTIETH of one cubic foot per second per acre, or its equivalent for each acre irrigated and shall be further limited to a diversion of not to exceed 3.0 acre feet per acre for each acre irrigated during the irrigation season of each year, and shall conform to such reasonable rotation system as may be ordered by the proper state officer.

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 183.482. Any petition for judicial review must be filed within the 60-day time period specified by ORS 183.482. Pursuant to ORS 183.482, ORS 536.075 and OAR 137-003-0675, 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.

A description of the place of use under the right hereby confirmed, and to which such right is appurtenant, is as follows:

IRRIGATION – Wells 1, 2, 3, 6, & 7					
Twp	Rng	Mer	Sec	Q-Q	Acres
24 S	31 E	WM	29	SW NE	13.4
24 S	31 E	WM	29	SW NW	20.2
24 S	31 E	WM	29	SE NW	20.2
24 S	31 E	WM	30	NE NE	39.7
24 S	31 E	WM	30	NW NE	40.9
24 S	31 E	WM	30	SW NE	39.4
24 S	31 E	WM	30	SE NE	41.4

SUPPLEMENTAL IRRIGATION						
Twp	Rng	Mer	Sec	Q-Q	Wells 1, 3, 6 & 7 Acres	Wells 1, 2, 3, 6 & 7 Acres
24 S	31 E	WM	19	NE NE	39.4	
24 S	31 E	WM	19	NW NE	39.5	
24 S	31 E	WM	19	SW NE	40.2	
24 S	31 E	WM	19	SE NE	36.5	
24 S	31 E	WM	19	NE NW	29.3	
24 S	31 E	WM	19	SE NW	15.1	
24 S	31 E	WM	19	NE SE	39.0	
24 S	31 E	WM	19	NW SE	40.6	
24 S	31 E	WM	19	SW SE	40.8	
24 S	31 E	WM	19	SE SE	39.3	
24 S	31 E	WM	29	NW NE		40.0
24 S	31 E	WM	29	SW NE		20.0
24 S	31 E	WM	29	NE NW		40.0
24 S	31 E	WM	29	NW NW		39.0
24 S	31 E	WM	29	SW NW		20.0
24 S	31 E	WM	29	SE NW		20.0

Water use measurement conditions:

- A. The water user shall maintain the totalizing flow meter or other suitable measuring device approved by the Director in good working order at each point of appropriation (new and existing).
- B. The water user shall allow the Watermaster access to the meters or measuring devices; provided however, where the meters or measuring devices are located within a private structure, the Watermaster shall request access upon reasonable notice.

The quantity of water diverted at the additional points of appropriation, together with that diverted at the original points of appropriation, shall not exceed the quantity of water lawfully available at the original points of appropriation.

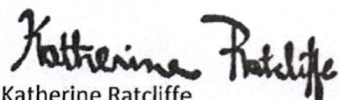
Water shall be acquired from the same aquifer (water source) as the original points of appropriation.

The right to use water for the purposes aforesaid is restricted to the lands or place of use herein described and is subject to

the existing minimum flow policies established by the Water Policy Review Board.

This certificate is issued to confirm a change in ADDITIONAL POINTS OF APPROPRIATION approved by an order of the Water Resources Director entered AUGUST 29, 2018, at Special Order Volume 109, Page 250, approving Transfer Application T-11751, supersedes Certificate 44694, State Record of Water Right Certificates.

Issued SEP 19 2025.



Katherine Ratcliffe
Water Right Services Division Administrator, for
Ivan Gall, Director
Oregon Water Resources Department

