

Application No. G-18894

Permit No. _____

Certificate No. _____

Na
B
Ad
G-18894
Gregory L Bingaman
64088 McDonald Lane
La Grande OR 97850

FEES PAID

Date	Amount	Receipt No.
12-18-19	\$3,440.00	131550

Priority 12/14/2019

County Union WM# 6

RELATED FILES

G-18895

DEVELOPMENT

	Date
Completion	_____
Extended to	_____
Final Proof received	_____
Proposed Cert. Mailed	_____

ASSIGNMENTS

Date	To Whom	Address

FEES REFUNDED

Date	Amount	Receipt No.

REMARKS

MAP LOCATION

amm 12/10/2019

Lisa - you may need to e-mail agent to get ALO address(es).
(I don't see it in pg. 2 of app)

- Alyssa
↳ same note on
6-10095

WR

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

G-18894
 Gregory L. Bingaman
 64088 McDonald Lane
 La Grande, OR 97850



9590 9402 7704 2122 6638 17

2. Article Number (Transfer from service label)

7022 3330 0000 2912 2110

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)
Gregory Bingaman

C. Date of Delivery
7/12

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

Received

JUL 15 2024

OWRD

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

USPS TRACKING #



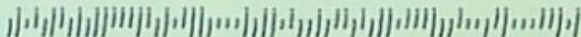
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 7704 2122 6638 17

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Oregon Water Resources Department
725 Summer St. Ne. Suite A
Salem, Or. 97301



Mailing List for PFO Copies

Application G-18894

PFO Date July 2, 2024

Original mailed via CERTIFIED MAIL to applicant:

GREGORY L. BINGAMAN
64088 MCDONALD LANE
LA GRANDE OR 97850

Copies Mailed	
By:	<u>TM</u> (SUPPORT STAFF)
On:	<u>7-2-2024</u> (DATE)

Sent via auto email:

1. Agent – gtblackman@yahoo.com
2. WRD – Watermaster #6, Shad L. Hattan
3. WRD – Jason Spriet, ER
4. WRD – SW Section

Copies sent to:

1. WRD – File # G-18894

Application Specialist: Amanda Mather

**Oregon Water Resources Department
Water Right Services Division**

Water Right Application G-18894 in the)
name of GREGORY L. BINGAMAN)
)

PROPOSED FINAL ORDER
TO DENY

Summary: The Department proposes to issue an order denying Application G-18894 because groundwater for the proposed use is not available within the capacity of the resource.

Although it is unlikely that a permit will be issued, if the Department's findings change, prior to the issuance of a permit, the Department must receive the following:

- Permit recording fees in the amount of \$610.00. A check should be made out to the Oregon Water Resources Department or OWRD.

Please include the application number on any documents submitted.

Authority

The application is being processed in accordance with Oregon Revised Statute (ORS) 537.615 through 537.628, and 390.826, and Oregon Administrative Rule (OAR) Chapter 690, Divisions 5, 8, 9, 33, 300, 310, 400, 410 and the Grande Ronde Basin Program (OAR 690-508). These statutes and rules can be viewed on the following website: www.oregon.gov/OWRD/programs/policylawandrules

The Department's main website can be found at: www.oregon.gov/OWRD

The Department shall presume that a proposed groundwater use will ensure the preservation of the public welfare, safety and health as described in ORS 537.525 if:

- a) The proposed use is allowed in the applicable basin program established pursuant to ORS 536.300 and ORS 536.340 or given a preference under ORS 536.310(12);
- b) Water is available;
- c) The proposed use will not injure other water rights; and
- d) The proposed use complies with the rules of the Commission.

ORS 537.621(2); OAR 690-310-0130.

All four criteria must be met for a proposed use to be presumed to ensure the preservation of the public welfare, safety and health. This shall be a rebuttable presumption and may be overcome by a preponderance of evidence that either one or more of the criteria for establishing the presumption are not satisfied, or that the proposed use would not ensure the preservation of the public welfare, safety and health as demonstrated in any comments received, information available in the Department's files or received from other interested agencies, and any other available information. ORS 537.621(2); OAR 690-310-0130(2).

If the Department determines that the presumption is not established, the Department shall determine whether the proposed use will impair or adversely affect the public welfare, safety and health under ORS 537.525 and may either:

- a) Propose denial of the application upon a finding that the use will impair or adversely affect the public welfare, safety and health; or
- b) Make specific findings to demonstrate that even though the presumption is not established, the proposed use will not impair or adversely affect the public welfare, safety and health and propose approval of the application with appropriate modifications or conditions.

OAR 690-310-0140(2).

FINDINGS OF FACT

Application History

1. On December 16, 2019, Gregory L. Bingaman filed a complete application for the following water use:

Source: A WELL (UNIO 50684) IN CANYON CREEK BASIN

Use: IRRIGATION OF 310.89 ACRES

Rate: 5.18 CUBIC FEET PER SECOND (CFS), FURTHER LIMITED TO 932.67 ACRE-FEET (AF) ANNUALLY

Period of Use: MARCH 1 THROUGH OCTOBER 1

County: UNION COUNTY

Place of Use: SECTIONS 13 AND 14, TOWNSHIP 2 SOUTH, RANGE 38 EAST, W.M.

2. On August 7, 2020, the Department mailed the applicant notice of its Initial Review, determining that the appropriation of 5.18 CFS of water from a well (UNIO 50684/L40696) in Canyon Creek Basin for irrigation of 310.89 acres is allowable March 1 through October 31 of each year. The applicant did not notify the Department to stop processing the application within 14 days of that date.
3. On August 11, 2020, the Department provided notice of the application in its weekly public notice, requesting comments, and providing information for interested persons about obtaining future notices and a copy of the Proposed Final Order.
4. The Department's continuing evaluation reveals that the following corrections to the Initial Review are necessary to accurately reflect the application for a Permit. The Department has determined an error was made in the Initial Review as to the time of the year that the applicant proposed to use the water. The applicant indicated on the application that the proposed use would be March 1 through October 1 of each year. The determinations of the Initial Review should be corrected to reflect the period of use as March 1 through October 1 of each year.
5. On March 9, 2023, the Department's Groundwater Section issued a re-review of the application, which indicated that groundwater for the proposed use is not available within the capacity of the resource.

Presumption Criterion (a) - Consistency with Basin Program

6. Irrigation is allowed under the Grande Ronde Basin Program (OAR 690-508-0020(1)(a)). ORS 537.621(3)(b); OAR 690-310-0150(2)(b).
7. The proposed groundwater use is not within a designated critical groundwater area. ORS 537.621(3)(b); OAR 690-310-0150(2)(b).

Presumption Criterion (b) - Water Availability

8. An assessment of groundwater availability has been completed by the Department. A copy of this assessment is in the file and can be viewed on the Department's website. Groundwater for the proposed use is not over-appropriated; however, groundwater for the proposed use is not available within the capacity of the resource. Therefore, groundwater is **not** available for the proposed use. ORS 537.621(3)(c); OAR 690-310-0150(2)(c); OAR 690-300-0010(57).
9. The Department has determined that the proposed groundwater use will not have the potential for substantial interference (PSI) with surface water. ORS 537.621(3)(c); OAR 690-009-0040.

Presumption Criterion (c) - Injury Determination

10. If properly conditioned (and if authorized), the proposed use of groundwater will not injure other water rights. ORS 537.621(3)(d); OAR 690-310-0150(2)(e).

Presumption Criterion (d) - Whether the Use Complies with Rules of the Commission

11. Documentation has been submitted from the relevant land-use planning jurisdiction that indicates the proposed use is allowed outright. ORS 537.621(3)(b); OAR 690-310-0150(2)(b).
12. The proposed use is located above the Wallowa-Grande Ronde State Scenic Waterway, as designated under ORS 390.826. The Department has determined, based upon OAR 690-310-0260, that there is not a preponderance of evidence that the proposed use of groundwater will measurably reduce the surface water flows necessary to maintain the free-flowing character of a scenic waterway in quantities necessary for recreation, fish and wildlife. OAR 690-310-0260(9)(a).

Presumption that a Proposed Use will Ensure the Preservation of the Public Welfare, Safety and Health under ORS 537.525

13. Because water is not available, one of the criteria necessary to establish the presumption is not met and the presumption that the proposed groundwater use will ensure the preservation of the public, welfare, safety and health under ORS 537.525 is **not** established. OAR 690-310-0140(1); OAR 690-310-0150(2)(h).
14. Because the presumption is not established, the Department evaluated whether the proposed use will impair or adversely affect the public welfare, safety and health under ORS 537.525. OAR 690-310-0140(2).
15. In accordance with ORS 537.525(3), in order to insure the preservation of the public welfare, safety and health it is necessary that beneficial use without waste, within the capacity of available sources, be the basis, measure and extent of the right to appropriate ground water. Public welfare, safety and health under ORS 537.525(3) would be impaired or detrimentally affected for the following reasons. The Department finds that groundwater for the proposed use is not available

within the capacity of the resource. The substantial increase in pumping proposed under Applications G-18894 (this application) and G-18895 raises concerns about the long-term sustainability of the productive aquifer utilized by UNIO 50684. As such, the proposed use is determined to be not within the capacity of the resource. Therefore, the proposed use will impair or adversely affect the public welfare, safety, and health under ORS 537.525. ORS 537.525; ORS 537.621(2); OAR 690-310-0140(2).

Further Evaluation of the Proposed Use

16. No written comments were received by the close of the comment period. OAR 690-310-0150(1).

Other Criteria and Requirements

17. The amount of water requested, 5.18 CFS, is necessary for the proposed use. ORS 537.621(3)(c); OAR 690-310-0150(2)(d).

18. The applicant proposed measures to prevent waste, measure the amount of water appropriated, prevent damage to aquatic life and riparian habitat, prevent discharge of contaminated water to a surface stream and to prevent damage to public uses of any affected surface waters. These measures are included in Sections 6 and 8 of the application. OAR 690-310-0150(2)(j).

19. The proposed use complies with rules of the Water Resources Commission not otherwise described above.

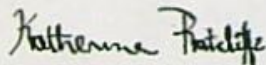
CONCLUSION OF LAW

1. The proposed use will not ensure the preservation of the public welfare, safety and health as described in ORS 537.525.

PROPOSED ORDER

The Department recommends issuing an order denying Application G-18894.

DATED July 2, 2024



Katherine Ratcliffe
Water Rights Section Manager, for
Ivan Gall, Director
Oregon Water Resources Department

Protests

Under the provisions of ORS 537.153(7) (for surface water) or ORS 537.621(8) (for groundwater), you can protest this Proposed Final Order. If you wish to submit a protest by U.S. mail, please consider mailing early to ensure the Department receives the protest by the deadline specified. Protests must be received by the Water Resources Department no later than **August 16, 2024**.

As provided in ORS 537.621(7), ORS 536.050(1)(j), and OAR 690-002-0025 — 0035, protests must be in writing and include the following:

- Your name, address, and telephone number;
- A description of your interest in the Proposed Final Order, and, if you claim to represent the public interest, a precise statement of the public interest represented;
- A detailed description of how the action proposed in the Proposed Final Order would impair or be detrimental to your interest;
- A detailed description of how the Proposed Final Order is in error or deficient, and how to correct the alleged error or deficiency;
- Any citation of legal authority to support your protest, if known;
- Any information or evidence that the proposed use or the proposed use as modified would preserve the public welfare, safety and health as provided in ORS 537.625(3).
- If you are the applicant, a protest fee of \$480 required by ORS 536.050; and
- If you are not the applicant, a protest fee of \$950 required by ORS 536.050 and proof of service of the protest upon the applicant.
- If you are the applicant, a statement of whether or not you are requesting a contested case hearing.

Requests for Standing

Under the provisions of ORS 537.153(7) (for surface water) or ORS 537.621(8) (for groundwater), persons other than the applicant who support a Proposed Final Order can request standing for purposes of participating in any contested case proceeding on the Proposed Final Order or for judicial review of a Final Order.

Requests for standing must be received in the Water Resources Department no later than **August 16, 2024**. Requests for standing must be in writing, and must include the following:

- The requester's name, mailing address and telephone number;
- If the requester is representing a group, association or other organization, the name, address and telephone number of the represented group;
- A statement that the requester supports the Proposed Final Order as issued;
- A detailed statement of how the requester would be harmed if the Proposed Final Order is modified; and
- A standing fee of \$270. If a hearing is scheduled, an additional fee of \$680 must be submitted along with a petition for party status.

After the protest period has ended, the Director will either issue a Final Order or schedule a contested case hearing. The contested case hearing will be scheduled only if a protest has been submitted and either:

- upon review of the issues, the director finds that there are significant disputes related to the proposed use of water, or
- the applicant requests a contested case hearing within 30 days after the close of the protest period.

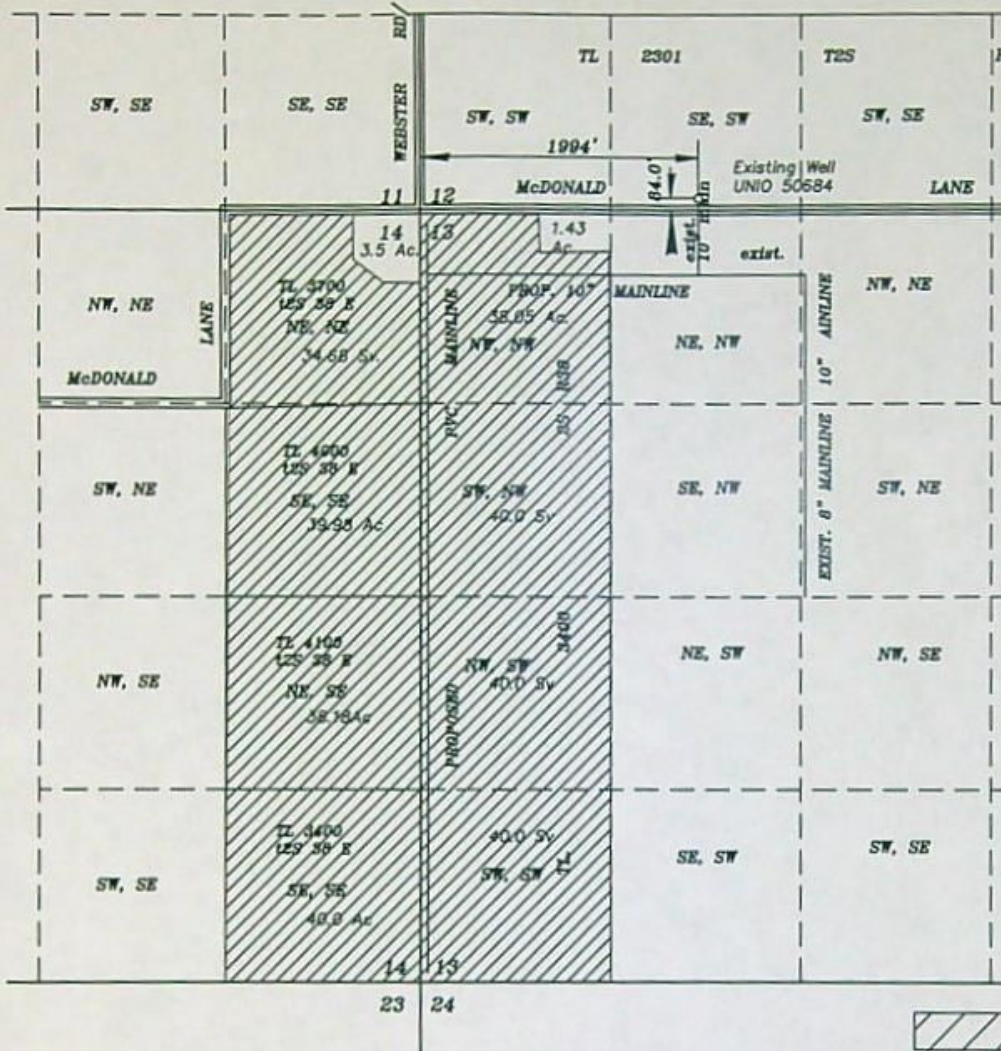
If you do not timely file a protest or timely request a hearing, or if you withdraw a request for a hearing, notify the Department or the administrative law judge that you will not appear or fail to appear at a scheduled hearing, the Director may issue a Final Order by default. If the Director issues a Final Order by default, the Department designates the relevant portions of its files on this matter, including all materials that you have submitted relating to this matter, as the record for purpose of proving a *prima facie* case upon default. OAR 137-003-0670.

You may be represented by an attorney at the hearing. Legal aid organizations may be able to assist a party with limited financial resources. Generally, partnerships, corporations, associations, governmental subdivisions or public or private organizations are represented by an attorney. However, consistent with OAR 690-002-0020 and OAR 137-003-0555, an agency representative may represent a partnership, corporation, association, governmental subdivision or public or private organization if the Department determines that appearance of a person by an authorized representative will not hinder the orderly and timely development of the record in this case.

Notice To Active Duty Servicemembers: Active-duty service members have a right to stay proceedings under the federal Service Members Civil Relief Act. 50 U.S.C. App. §§501-597b. For more information contact the Oregon State Bar at 800-452-8260, the Oregon Military Department at 971-355-4127, or the nearest United States Armed Forces Legal Assistance Office through <http://legalassistance.law.af.mil>.

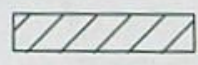
-
- If you have any questions about statements contained in this document, please contact Amanda Mather at Amanda.L.Mather@water.oregon.gov or 971-718-7937.
 - If you have questions about how to file a protest or if you have previously filed a protest and you want to know the status, please contact Will Davidson at Will.D.Davidson@water.oregon.gov or 503-507-2749.
 - If you have any questions about the Department or any of its programs, please contact our Water Resources Customer Service Group at 503-986-0900.
 - Address any correspondence to: Water Right Services Division
725 Summer St NE, Suite A
Salem, OR 97301-1266
- Fax: 503-986-0901
-

T 2 S R 38 E



SCALE: 1"=1320'

RECEIVED
DEC 16 2019
OWRD



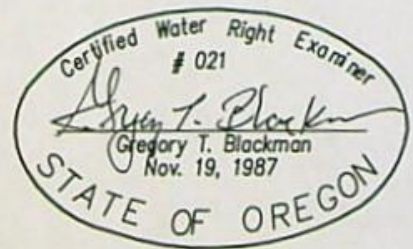
Lands requesting primary water from well UNIO 50684.

Proposed point of diversion is authorized under Certificate No. 89503 shown. POD located at a point 84" North and 1994" East from the SW Corner of Section 12, T2S R 38 E, WM. This point of diversion is existing and is a working Basalt Well, well log UNIO 50684 with a priority date of January 31, 2003.

NOVEMBER 21, 2019
APPLICATION MAP FOR
IRRIGATION OF LANDS
FROM AN EXISTING
BASALT WELL
FOR
GREG BINGAMAN
BY

GREG BLACKMAN WATER RIGHTS
126 RIDGE DRIVE
LA GRANDE, OREGON 97850

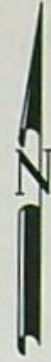
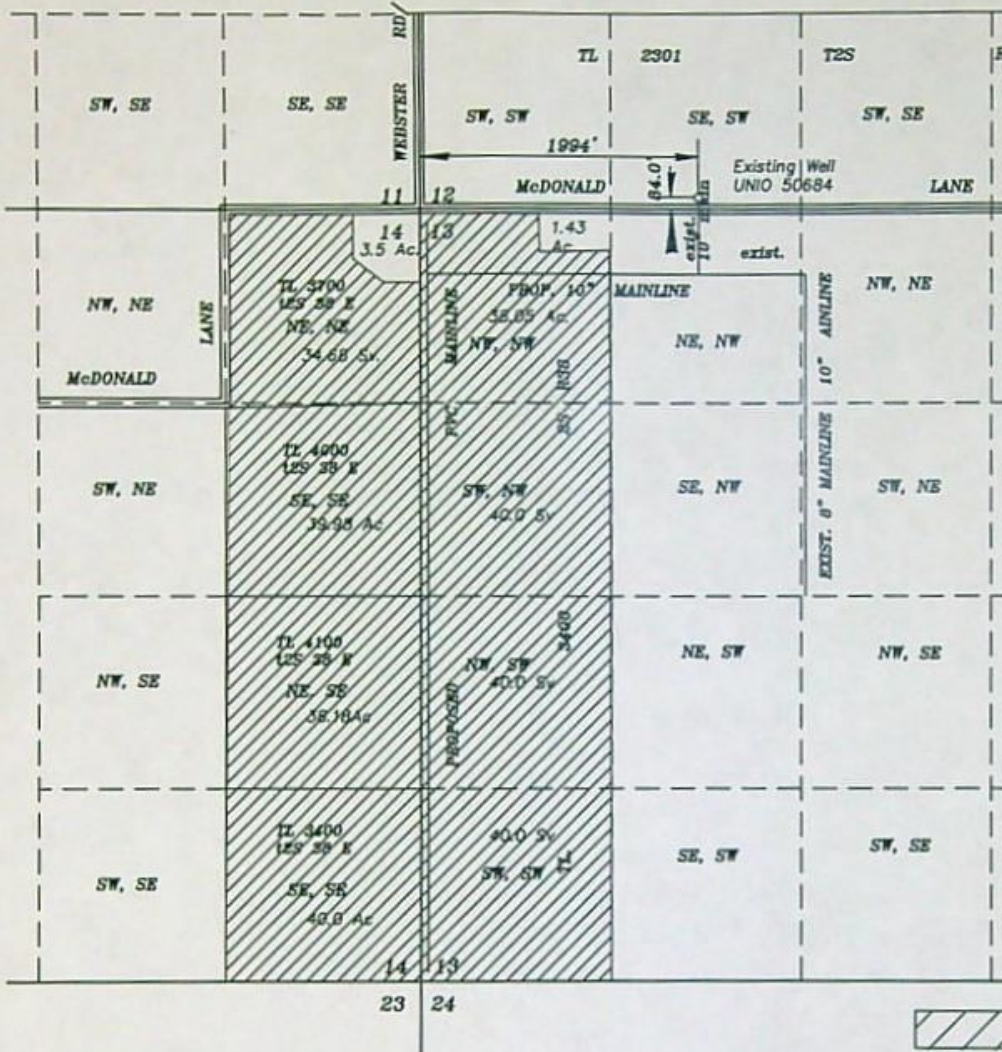
APPLICATION NO. _____
PERMIT NO. _____



NOTE: The preparation of this map was for the purpose of identifying the location of the proposed water right and has no intent to provide dimensions or location of property ownership lines. Location information shown hereon was furnished by the applicant.

G-10094

T 2 S R 38 E



SCALE: 1"=1320'

RECEIVED

DEC 16 2019

OWRD



Lands requesting primary water from well UNIO 50684.

Proposed point of diversion is authorized under Certificate No. 89503 shown. POD located at a point 84" North and 1994" East from the SW Corner of Section 12, T2S R 38 E, WM. This point of diversion is existing and is a working Basalt Well, well log UNIO 50684 with a priority date of January 31, 2003.

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 APPLICATION MAP FOR
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BY
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 126 RIDGE DRIVE
 LA GRANDE, OREGON 97850

APPLICATION NO. _____

PERMIT NO. _____



NOTE: The preparation of this map was for the purpose of identifying the location of the proposed water right and has no intent to provide dimensions or location of property ownership lines. Location information shown hereon was furnished by the applicant.

G-10094

Mailing List for IR Copies

Application G-18894

IR Date: August 7, 2020

Original and map mailed to applicant:

GREGORY L. BINGAMAN
64088 MCDONALD LANE
LA GRANDE OR 97850

Copies Mailed

By: TM
(SUPPORT STAFF)

On: 8/7/2020
(DATE)

Sent via auto email:

1. Agent – Greg Blackman: gtblackman@yahoo.com
2. WRD – Watermaster #6, Janna Stevens
3. WRD - Jason Spriet ER
4. WRD – SW Section

Copies sent to:

1. WRD - File G-18894
2. A.L.O. - Speckhart Farms Inc; Joanne Parsons; 63970 Mc Donald Lane; La Grande, Oregon 97850
3. A.L.O. - TSJ Koza Inc; 69264 Squire Loop; Cove, Oregon 97824

Application Specialist: Lisa Graham

APPLICATION PROCESS DESCRIPTION FOR GROUNDWATER, SURFACE WATER AND REGULAR RESERVOIR APPLICATIONS

In order to use the waters of Oregon, an application must be submitted and a permit obtained from the Water Resources Department. The water must be used for beneficial purpose without waste. For more information about water right topics, weekly public notice, forms and fees please visit our web site at www.oregon.gov/OWRD

1. Pre-application considerations

- Follow instructions in the application packet.
- If you have questions about completing an application or would like to arrange a pre-application conference contact the Department's Water Rights Customer Service Group at (503) 986-0900.

2. Application filing

- Application with fee is received by the Department.
- Department determines completeness of application.
- If use is not allowed by statute (ORS 538), the application and fees are returned to the applicant.
- An incomplete application and fees are returned to the applicant.
- Only a complete application receives a tentative priority date, is assigned a caseworker, and moves forward for processing.

3. Initial Review (IR)

- Caseworker reviews application by considering basin plans, water availability, statutory restrictions, and all other appropriate factors.
- Caseworker sends IR report to Applicant.
- Contact the Caseworker if you have questions about the IR.
- Four days after date of the IR, it is included in Department's weekly Public Notice.
- Public comments must be submitted within 30 days after the Public Notice.
- **An administrative hold** may be requested in writing by Applicant.

4. Proposed Final Order (PFO)

- Caseworker evaluates application against required criteria and develops draft permit, if appropriate.
- PFO includes instructions for filing of protests.
- Caseworker considers public comments and mails PFO to Applicant.
- The PFO is included in Department's weekly Public Notice.
- Public protests to the PFO must be submitted within 45 days after the Public Notice.

5. Final Order (FO)

- If no protest is filed, Final Order is issued.



Water Right Application Initial Review

August 7, 2020

GREGORY L. BINGAMAN
64088 MCDONALD LANE
LA GRANDE OR 97850

Reference: Application G-18894

This document is to inform you of the preliminary analysis of the water-use permit application and to describe your options. In determining whether an application may be approved, the Department must consider the factors listed below, all of which must be favorable to the proposed use if it is to be allowed. Based on the information supplied, the Water Resources Department has made the following preliminary determinations:

Preliminary Determinations under Oregon Administrative Rule (OAR) 690-310-0080:

1. Application G-18894 proposes the appropriation of 5.18 cubic feet per second (CFS) of water from a well (UNIO 50684/L40696) in Canyon Creek Basin for irrigation of 310.89 acres March 1 through October 31 of each year.
2. The proposed use is not prohibited by law or rule except where otherwise noted below.
3. Irrigation is allowed under the Grande Ronde Basin Program. (OAR 690-508-0020(1)(a))
4. Groundwater will likely be available within the capacity of the resource, and if properly conditioned (and if authorized), the proposed use of groundwater will avoid injury to existing groundwater rights.
5. The Department has determined, based upon OAR 690-009, that the proposed groundwater use will not have the potential for substantial interference with any surface water source.
6. The proposed use is located above the Grande Ronde Scenic Waterway, as designated under Oregon Revised Statute 390.826. The Department has determined, based upon OAR 690-310-0260, that there is not a preponderance of evidence that the proposed use of groundwater will measurably reduce the surface water flows necessary to maintain the free-flowing character of a scenic waterway in quantities necessary for recreation, fish and wildlife.
7. The point of appropriation is not located within a critical, limited, or withdrawn groundwater area.
8. Documentation has been submitted from the relevant land-use planning jurisdiction that indicates the proposed use is allowed outright.

9. The application proposed a rate that is higher than the general basin-wide standard and submitted information that demonstrates the need for the higher amount. Oregon Revised Statute 537.621(4) allows the Department to authorize the requested amount, except upon specific findings related to the application to support a determination that a lesser amount is needed. The Department has determined there is a need for the higher amount of 1/60th of a CFS per acre.

Summary of Preliminary Determinations

The appropriation of 5.18 CFS of water from a well (UNIO 50684/L40696) in Canyon Creek Basin for irrigation of 310.89 acres is allowable March 1 through October 31 of each year.

Because of the favorable determinations described herein, Application G-18894 can move to the next phase of the water-rights application review process, which includes a public interest review.

At this time, you must decide whether to proceed or to withdraw the application.

- To Proceed - If you choose to proceed with the application you do not have to notify the Department. The application will be placed on the Department's Public Notice to allow others the opportunity to comment. After the comment period the Department will complete a public interest review and issue a Proposed Final Order.
- To Withdraw - You may withdraw the application and receive a refund (minus a \$260 examination fee per application). You must notify the Department **in writing** by **August 21, 2020**. For your convenience you may use the enclosed "STOP PROCESSING" form.

If a permit is issued, it will likely include the following conditions:

1. Construction of the well shall begin within five years of the date of permit issuance. The deadline to begin construction may not be extended. This permit is subject to cancellation proceedings if the construction deadline to begin is missed.
2. If the number, location, source, or construction of any well deviates from that proposed in the permit application or required by permit conditions, this permit may not be valid, unless the Department authorizes the change in writing.
3. **Water Use Measurement, Recording, and Reporting Condition:**
 - A. Before water use may begin under this permit, the permittee shall install a totalizing flow meter at each point of appropriation. The permittee shall maintain the device in good working order.
 - B. The permittee shall allow the watermaster access to the device; provided however, where any device is located within a private structure, the watermaster shall request access upon reasonable notice.
 - C. The permittee shall keep a complete record of the volume of water used each month, and shall submit an annual 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 permittee to report general water-use information, including the place and nature of use of water under the permit.

- D. The Director may provide an opportunity for the permittee to submit alternative measuring and reporting procedures for review and approval.

4. **Static Water Level Condition:**

The Department requires the water user to obtain, from a qualified individual (see below), and report annual static water levels for each well on the permit. The static water level shall be measured in the month of March. Reports shall be submitted to the Department within 30 days of measurement.

The permittee shall report an initial March static water-level measurement once well construction is complete and annual measurements thereafter. Annual measurements are required whether or not the well is used. The first annual measurement will establish a reference level against which future measurements will be compared. However, the Director may establish the reference level based on an analysis of other water-level data. The Director may require the user to obtain and report additional water levels each year if more data are needed to evaluate the aquifer system.

All measurements shall be made by a certified water rights examiner, registered professional geologist, registered professional engineer, licensed well constructor or pump installer licensed by the Construction Contractors Board. Measurements shall be submitted on forms provided by, or specified by, the Department. Measurements shall be made with equipment that is accurate to at least the standards specified in OAR 690-217-0045. The Department requires the individual performing the measurement to:

- A. Associate each measurement with an owner's well name or number and a Department well log ID; and
- B. Report water levels to at least the nearest tenth of a foot as depth-to-water below ground surface; and
- C. Specify the method of measurement; and
- D. Certify the accuracy of all measurements and calculations reported to the Department.

The water user shall discontinue use of, or reduce the rate or volume of withdrawal from, the well(s) if any of the following events occur:

- A. Annual water-level measurements reveal an average water-level decline of three or more feet per year for five consecutive years; or
- B. Annual water-level measurements reveal a water-level decline of 15 or more feet in fewer than five consecutive years; or
- C. Annual water-level measurements reveal a water-level decline of 25 or more feet; or
- D. Hydraulic interference leads to a decline of 25 or more feet in any neighboring well with senior priority.

The period of restricted use shall continue until the water level rises above the decline level which triggered the action or the Department determines, based on the permittee's and/or the Department's data and analysis, that no action is necessary because the aquifer in question can sustain the observed declines without adversely impacting the resource or causing substantial interference with senior water rights. The water user shall not allow excessive decline, as defined in Commission rules, to occur within the aquifer as a result of use under this permit. If more than one well is involved, the water user may submit an alternative measurement and reporting plan for review and approval by the Department.

5. **The Department shall be granted access to the well in order to conduct static water level measurements in addition to yearly static water level measurements in March, as required by the condition above.**

6. **Scenic Water Way Condition:**

Use of water under authority of this permit may be regulated if analysis of data available after the permit is issued discloses that the appropriation will measurably reduce the surface water flows necessary to maintain the free-flowing character of a scenic waterway in quantities necessary for recreation, fish and wildlife in effect as of the priority date of the right or as those quantities may be subsequently reduced.

7. **Well Identification Tag Condition:**

Prior to using water from any well listed on this permit, the permittee shall ensure that the well has been assigned an OWRD Well Identification Number (Well ID tag), which shall be permanently attached to the well. The Well ID shall be used as a reference in any correspondence regarding the well, including any reports of water use, water level, or pump test data.

The water source identified in the application may be affected by an Agricultural Water Quality Management Area Plan. These plans are developed by the Oregon Department of Agriculture (ODA) with the cooperation of local landowners and other interested stakeholders, and help to ensure that current and new appropriations of water are done in a way that does not adversely harm the environment. You are encouraged to explore ODA's website at <https://www.oregon.gov/ODA> to learn more about the plans and how they may affect the proposed water use.

For Further Information:

Feel free to contact me at Elisabeth.A.Graham@oregon.gov or 503-986-0808 if you have any questions regarding the contents of this letter or the application. Please include the application number in all correspondence. General questions about water rights and water use permits should be directed to our customer service staff at 503-986-0900. When corresponding by mail, please use this address: Lisa Graham, Oregon Water Resources Department, 725 Summer St NE Ste A, Salem OR 97301-1266. Our fax number is 503-986-0901.

Sincerely,

Lisa Graham

Lisa Graham
Water Right Application Specialist
Oregon Water Resources Department

Enclosures: Application Process Description and Stop Processing Request Form

G-18894
WAB: No PSI
Proposed to Approve

APPLICATION FACT SHEET

Application File Number: G-18894

Applicant: GREGORY L. BINGAMAN

County: UNION

Watermaster: JANNA STEVENS, 6, ER

Priority Date: DECEMBER 16, 2019

Source: A WELL (UNIO 50684/L40696) IN CANYON CREEK BASIN

Use: IRRIGATION OF 310.89 ACRES

Quantity: 5.18 CUBIC FEET PER SECOND

Basin Name & Number: GRANDE RONDE, #8

WAB: GRANDE RONDE R > SNAKE R - AB WILLOW CR

Well Location:

Twp	Rng	Mer	Sec	Q-Q	Measured Distances
2 S	38 E	WM	12	SE SW	84 FEET NORTH AND 1994 FEET EAST FROM SW CORNER, SECTION 12

Place of Use:

Twp	Rng	Mer	Sec	Q-Q	Acres
2 S	38 E	WM	13	NW NW	38.05
2 S	38 E	WM	13	SW NW	40.00
2 S	38 E	WM	13	NW SW	40.00
2 S	38 E	WM	13	SW SW	40.00
2 S	38 E	WM	14	NE NE	34.68
2 S	38 E	WM	14	SE NE	39.98
2 S	38 E	WM	14	NE SE	38.18
2 S	38 E	WM	14	SE SE	40.00

PUBLIC NOTICE DATE: August 11, 2020

14 DAY STOP PROCESSING DEADLINE DATE: August 21, 2020

30 DAY COMMENT DEADLINE DATE: September 10, 2020

The protest process

If one or more protests are filed, the process consists of:

- settlement discussion;
- contested case hearing;
- proposed Order;
- period of time to file exceptions; or
- Possible hearing by Water Resources Commission.
- Final Order is issued.

Permit holder responsibilities

- Comply with all water use conditions of the permit.
- Advise Department of address change or assignment to new permit holder.
- If need arises, request extension of time or authorize cancellation of permit.
- Submit timely claim of beneficial use (COBU) to the Department.
- Most permits require COBU to be prepared by a Certified Water Right Examiner.
- Permits may be canceled by the permit holder or by the Department for failure to comply with or one or more permit conditions.

STOP PROCESSING REQUEST FORM
FOR GROUNDWATER, SURFACE WATER AND REGULAR RESERVOIR
APPLICATIONS

- Stop processing deadline is within 14 days of Initial Review.

Applicant notification to withdraw Water Right Application **G-18894**.

After reviewing the Initial Review for my application, I request that processing be stopped and fees be refunded (minus a \$260 examination fee). I understand that without a valid permit I may not legally use the water as requested in my application.

Signature _____ Date _____

Signature _____ Date _____

Under ORS 537.150 (5) and 537.620 (5), timely submission of this request authorizes that the water right application process be stopped and all filing fees (except \$260 examination fee) be returned.

- This notice must be received by the Water Resources Department no later than:

August 21, 2020

- Return the notice to:

OWRD, Water Right Services Division
STOP PROCESSING
725 Summer Street, NE - Suite A
Salem, OR 97301-1271

Groundwater Application Review Summary Form

Application # G- 18894

GW Reviewer Phil Marcy Date Review Completed: 2/14/2020

Summary of GW Availability and Injury Review:

Groundwater for the proposed use is either over appropriated, will not likely be available in the amounts requested without injury to prior water rights, OR will not likely be available within the capacity of the groundwater resource per Section B of the attached review form.

Summary of Potential for Substantial Interference Review:

There is the potential for substantial interference per Section C of the attached review form.

Summary of Well Construction Assessment:

The well does not appear to meet current well construction standards per Section D of the attached review form. Route through Well Construction and Compliance Section.

on 2/25/20

This is only a summary. Documentation is attached and should be read thoroughly to understand the basis for determinations and for conditions that may be necessary for a permit (if one is issued).

PUBLIC INTEREST REVIEW FOR GROUNDWATER APPLICATIONS

TO: Water Rights Section Date 02/14/2020
 FROM: Groundwater Section Phillip I. Marcy
Reviewer's Name
 SUBJECT: Application G- 18894 Supersedes review of _____
Date of Review(s)

PUBLIC INTEREST PRESUMPTION: GROUNDWATER

OAR 690-310-130 (1) *The Department shall presume that a proposed groundwater use will ensure the preservation of the public welfare, safety and health as described in ORS 537.525. Department staff review groundwater applications under OAR 690-310-140 to determine whether the presumption is established. OAR 690-310-140 allows the proposed use be modified or conditioned to meet the presumption criteria. This review is based upon available information and agency policies in place at the time of evaluation.*

A. GENERAL INFORMATION: Applicant's Name: Gregory L. Bingaman County: Union

A1. Applicant(s) seek(s) 5.18 cfs from 1 well(s) in the Grande Ronde Basin,
 _____ subbasin

A2. Proposed use Irrigation (310.89 acres) Seasonality: March 1st - October 1st (214 days)

A3. Well and aquifer data (attach and number logs for existing wells; mark proposed wells as such under logid):

Well	Logid	Applicant's Well #	Proposed Aquifer*	Proposed Rate(cfs)	Location (T/R-S QQ-Q)	Location, metes and bounds, e.g. 2250' N, 1200' E fr NW cor S 36
1	UNIO 50684	1	Basalt	5.18	2S/38E-12 SE-SW	84°N, 1994°E fr SW cor. S 12
2						
3						
4						
5						

* Alluvium, CRB, Bedrock

Well	Well Elev ft msl	First Water ft bls	SWL ft bls	SWL Date	Well Depth (ft)	Seal Interval (ft)	Casing Intervals (ft)	Liner Intervals (ft)	Perforations Or Screens (ft)	Well Yield (gpm)	Draw Down (ft)	Test Type
1	2775	154	-30.03	03/24/2008	3138	0-197; 1772- 1872	0-1772	NA	1772-1952; 2352-2472; 2417-2457; 2587-2687; 2697-2767; 2817-3138	1700	36' in 7 hours	Pump

Use data from application for proposed wells.

A4. **Comments:** The proposed POA well is constructed to produce from Powder River Volcanics and associated volcanoclastic lithologies at depths below 1872' below land surface. This well is an authorized POA on three existing water rights, Certificate 89503, Permit G-12738, and Permit G-15160, for a total authorized rate of 6.7 cfs. The reported yield of the POA well is 1700 gpm (3.79 cfs), far below what is already authorized.

A5. **Provisions of the** Grande Ronde Basin rules relative to the development, classification and/or management of groundwater hydraulically connected to surface water are, or are not, activated by this application. (Not all basin rules contain such provisions.)

Comments: _____

A6. **Well(s) #** _____, _____, _____, _____, _____, tap(s) an aquifer limited by an administrative restriction. Name of administrative area: _____

Comments: _____

B. GROUNDWATER AVAILABILITY CONSIDERATIONS, OAR 690-310-130, 400-010, 410-0070

B1. Based upon available data, I have determined that groundwater* for the proposed use:

- a. is over appropriated, is not over appropriated, or cannot be determined to be over appropriated during any period of the proposed use. * This finding is limited to the groundwater portion of the over-appropriation determination as prescribed in OAR 690-310-130;
- b. will not or will likely be available in the amounts requested without injury to prior water rights. * This finding is limited to the groundwater portion of the injury determination as prescribed in OAR 690-310-130;
- c. will not or will likely to be available within the capacity of the groundwater resource; or
- d. will, if properly conditioned, avoid injury to existing groundwater rights or to the groundwater resource:
 - i. The permit should contain condition #(s) 7N: "Large Water Use Reporting";
 - ii. The permit should be conditioned as indicated in item 2 below.
 - iii. The permit should contain special condition(s) as indicated in item 3 below;

- B2. a. Condition to allow groundwater production from no deeper than _____ ft. below land surface;
- b. Condition to allow groundwater production from no shallower than _____ ft. below land surface;
- c. Condition to allow groundwater production only from the _____ groundwater reservoir between approximately _____ ft. and _____ ft. below land surface;
- d. Well reconstruction is necessary to accomplish one or more of the above conditions. The problems that are likely to occur with this use and without reconstructing are cited below. Without reconstruction, I recommend withholding issuance of the permit until evidence of well reconstruction is filed with the Department and approved by the Groundwater Section.

Describe injury –as related to water availability– that is likely to occur without well reconstruction (interference w/ senior water rights, not within the capacity of the resource, etc): _____

B3. **Groundwater availability remarks:** The proposed POA well, UNIO 50684, produces from volcanic flow rocks and associated volcanics of the Powder River Volcanics and likely the upper portions of the Grande Ronde Basalt of the Columbia River Basalt Group. Based on construction and similar head elevations, two nearby wells appear to produce water from the same source aquifer. UNIO 2046 lies about 3 miles NNE of the proposed POA, is authorized for irrigation use under certificate 90496, and belongs to the applicant. UNIO 173 is located 2.75 miles due north of the proposed POA, is authorized under certificate 51170 and permits G-15644 and G-16963, and is not owned by the applicant, and therefore likely represents the most likely target of possible well to well interference.

Calculations of expected drawdown at neighboring UNIO 173 include all currently authorized pumping, in addition to the proposed rate herein, a total of 11.88 cfs. Using a range of transmissivity values derived from nearby pump tests in basalt wells, and a range of storativity values appropriate for confined aquifers, a series of Theis drawdown calculations were performed. Expected impacts at UNIO 173 from pumping UNIO 50684 at 11.88 cfs for a period of 245 days fall between 25 and 50 feet under the most likely scenarios. Static water levels in UNIO 173 are typically between 55 and 85 feet above land surface, meaning that if 50' of drawdown does occur, resulting static water level will likely remain above land surface.

C. GROUNDWATER/SURFACE WATER CONSIDERATIONS, OAR 690-09-040

C1. **690-09-040 (1):** Evaluation of aquifer confinement:

Well	Aquifer or Proposed Aquifer	Confined	Unconfined
1	Powder River Volcanics and CRBG	<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"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Basis for aquifer confinement evaluation: The applicant's well produces from depths below 1872' below land surface, and flows artesian at land surface. It is typical for wells producing from deep-seated volcanic aquifers in this region to have static water levels well above the elevation of their respective water-bearing zones.

C2. **690-09-040 (2) (3):** Evaluation of distance to, and hydraulic connection with, surface water sources. All wells located a horizontal distance less than ¼ mile from a surface water source that produce water from an unconfined aquifer shall be assumed to be hydraulically connected to the surface water source. Include in this table any streams located beyond one mile that are evaluated for PSI.

Well	SW #	Surface Water Name	GW Elev ft msl	SW Elev ft msl	Distance (ft)	Hydraulically Connected?			Potential for Subst. Interfer. Assumed?	
						YES	NO	ASSUMED	YES	NO
1	1	Canyon Creek	2805	2720	5200	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Basis for aquifer hydraulic connection evaluation: Groundwater in the deep-seated volcanic aquifer in the Grande Ronde Valley is likely hydraulically isolated, due to thick successions of volcanic rock and fine-grained sediments that severely limit the ability of groundwater to migrate vertically. In addition, the elevation difference between groundwater in the POA well and surface water within 1 mile are significantly different.

Water Availability Basin the well(s) are located within: GRANDE RONDE R> SNAKE R- AB WILLOW CR

C3a. **690-09-040 (4):** Evaluation of stream impacts for each well that has been determined or assumed to be **hydraulically connected and less than 1 mile** from a surface water source. Limit evaluation to instream rights and minimum stream flows that are pertinent to that surface water source, and not lower SW sources to which the stream under evaluation is tributary. Compare the requested rate against the 1% of 80% natural flow for the pertinent Water Availability Basin (WAB). If Q is not distributed by well, use full rate for each well. Any checked box indicates the well is assumed to have the potential to cause PSI.

Well	SW #	Well < ¼ mile?	Qw > 5 cfs?	Instream Water Right ID	Instream Water Right Q (cfs)	Qw > 1% ISWR?	80% Natural Flow (cfs)	Qw > 1% of 80% Natural Flow?	Interference @ 30 days (%)	Potential for Subst. Interfer. Assumed?
		<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"/>	<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"/>			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

C3b. **690-09-040 (4):** Evaluation of stream impacts by total appropriation for all wells determined or assumed to be hydraulically connected and less than 1 mile from a surface water source. Complete only if Q is distributed among wells. Otherwise same evaluation and limitations apply as in C3a above.

SW #	Qw > 5 cfs?	Instream Water Right ID	Instream Water Right Q (cfs)	Qw > 1% ISWR?	80% Natural Flow (cfs)	Qw > 1% of 80% Natural Flow?	Interference @ 30 days (%)	Potential for Subst. Interfer. Assumed?
	<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"/>

Comments: This section does not apply.

C4a. **690-09-040 (5):** Estimated impacts on hydraulically connected surface water sources greater than one mile as a percentage of the proposed pumping rate. Limit evaluation to the effects that will occur up to one year after pumping begins. This table encompasses the considerations required by 09-040 (5)(a), (b), (c) and (d), which are not included on this form. Use additional sheets if calculated flows from more than one WAB are required.

Non-Distributed Wells													
Well	SW#	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		%	%	%	%	%	%	%	%	%	%	%	%
Well Q as CFS													
Interference CFS													
Distributed Wells													
Well	SW#	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		%	%	%	%	%	%	%	%	%	%	%	%
Well Q as CFS													
Interference CFS													
		%	%	%	%	%	%	%	%	%	%	%	%
Well Q as CFS													
Interference CFS													
		%	%	%	%	%	%	%	%	%	%	%	%
Well Q as CFS													
Interference CFS													
		%	%	%	%	%	%	%	%	%	%	%	%
Well Q as CFS													
Interference CFS													
		%	%	%	%	%	%	%	%	%	%	%	%
Well Q as CFS													
Interference CFS													
(A) = Total Interf.													
(B) = 80 % Nat. Q													
(C) = 1 % Nat. Q													
(D) = (A) > (C)													
(E) = (A / B) x 100		%	%	%	%	%	%	%	%	%	%	%	%

D. WELL CONSTRUCTION, OAR 690-200

D1. Well #: _____ Logid: _____

D2. THE WELL does not appear to meet current well construction standards based upon:

- a. review of the well log;
- b. field inspection by _____;
- c. report of CWRE _____;
- d. other: (specify) _____

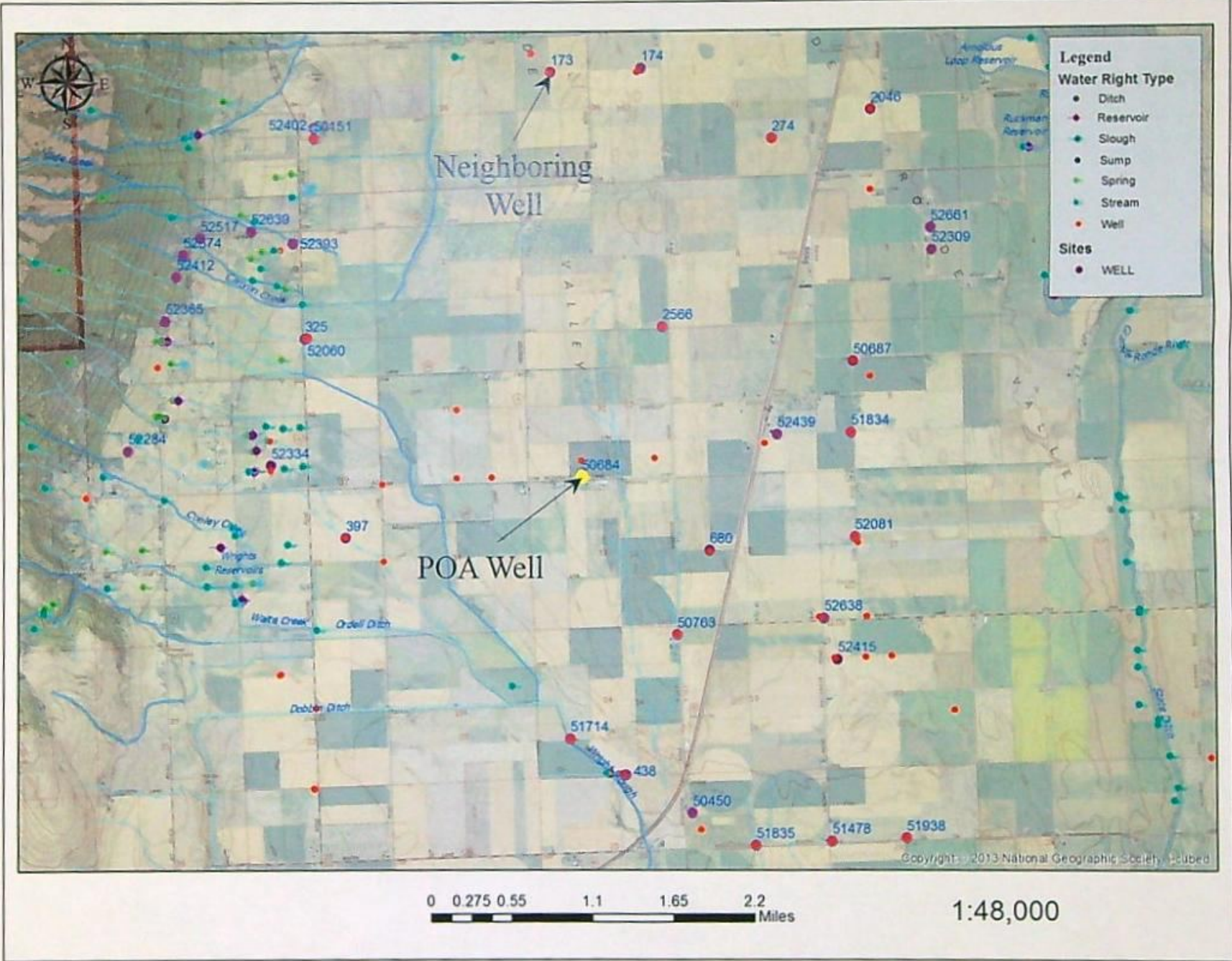
D3. THE WELL construction deficiency or other comment is described as follows: _____

D4. Route to the Well Construction and Compliance Section for a review of existing well construction.

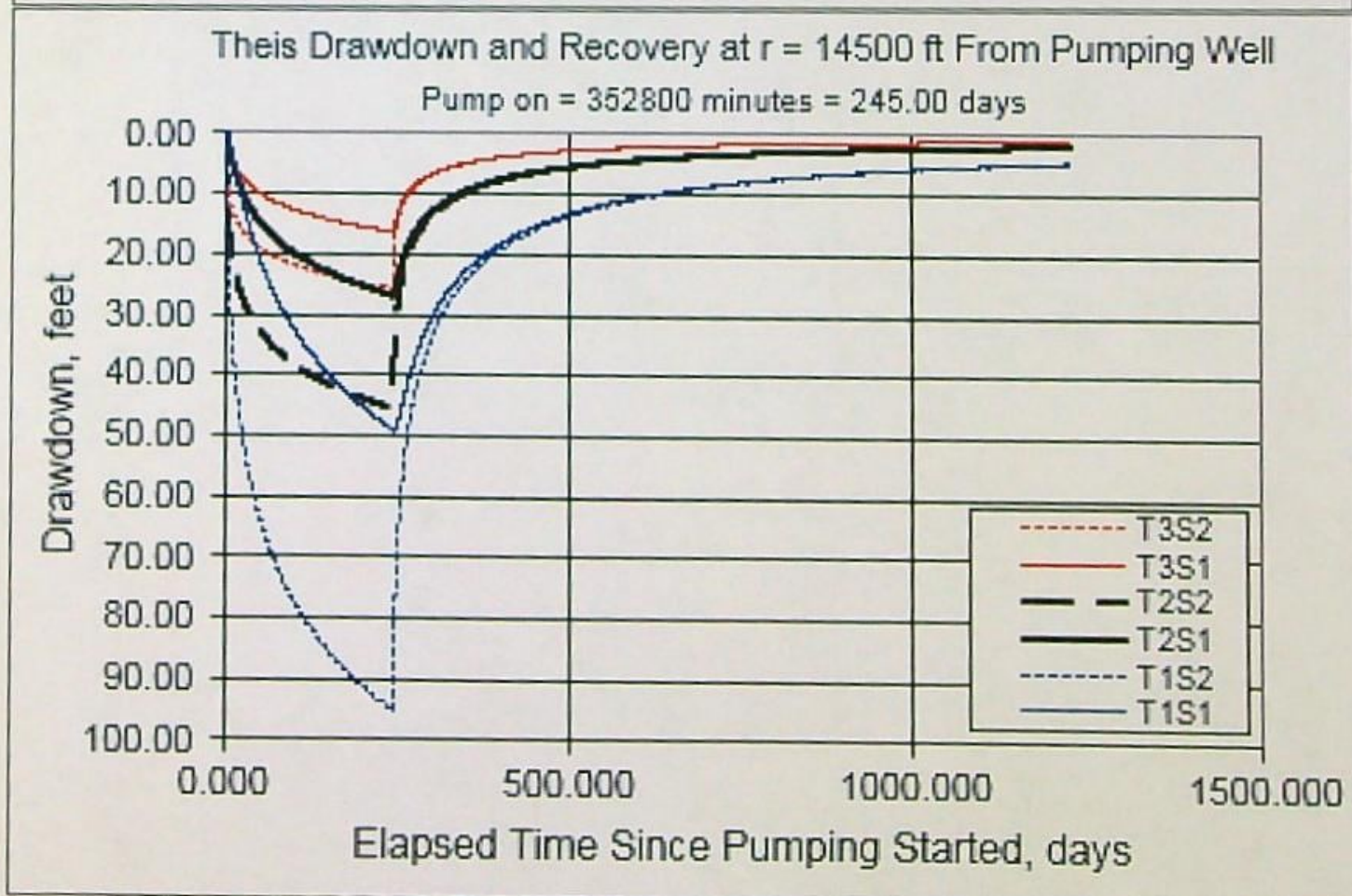
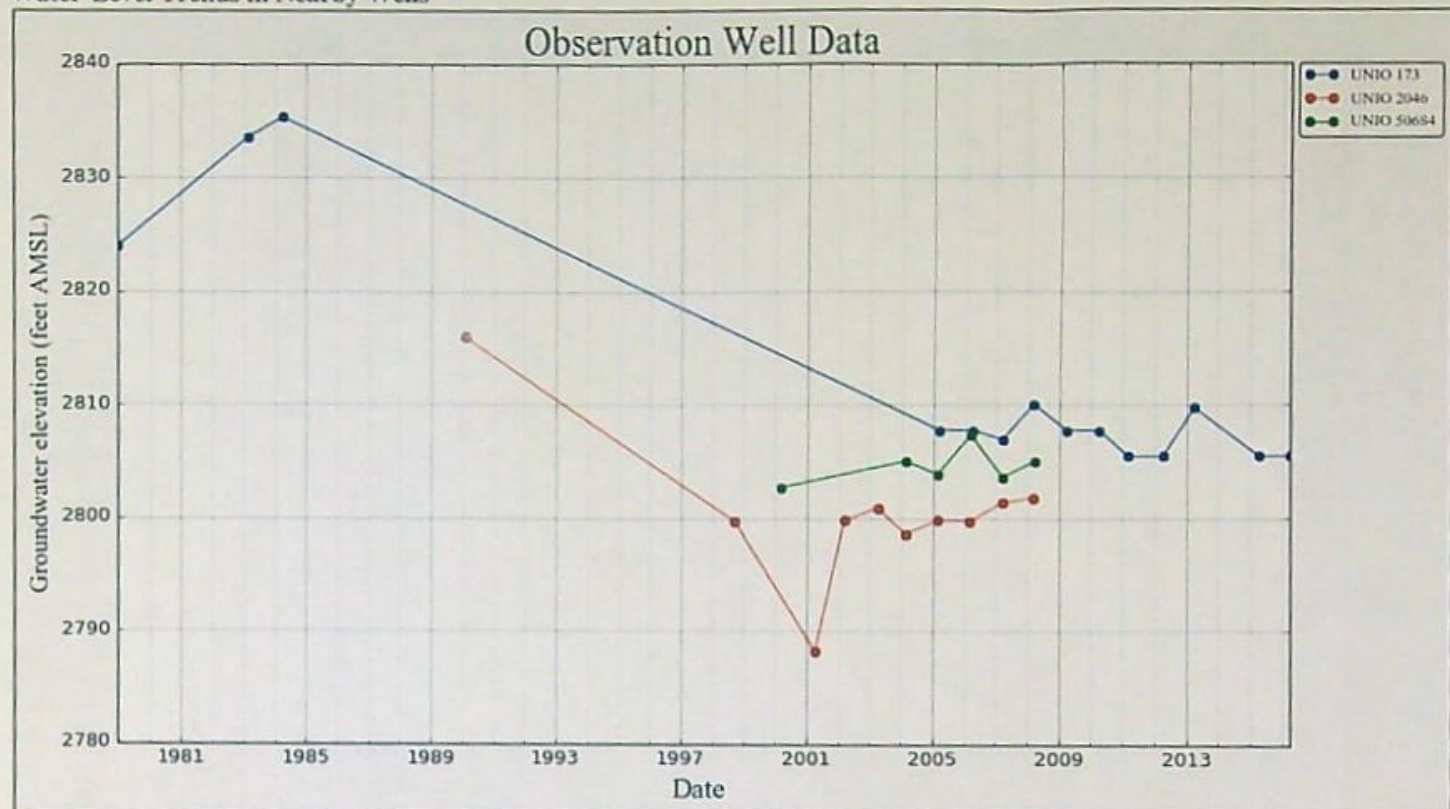
Water Availability Tables

DETAILED REPORT ON THE WATER AVAILABILITY CALCULATION						
Watershed ID #: 30810407		GRANDE RONDE R > SNAKE R - AB WILLOW CR			Exceedance Level: 80	
Time: 3:52 PM		Basin: GRANDE RONDE			Date: 02/11/2020	
Month	Natural Stream Flow	Consumptive Use and Storage	Expected Stream Flow	Reserved Stream Flow	Instream Requirements	Net Water Available
Monthly values are in cfs. Storage is the annual amount at 50% exceedance in ac-ft.						
JAN	138.00	17.70	120.00	23.70	0.00	96.60
FEB	246.00	21.70	224.00	62.30	0.00	162.00
MAR	431.00	23.50	408.00	118.00	0.00	290.00
APR	966.00	148.00	818.00	131.00	0.00	687.00
MAY	1,100.00	332.00	768.00	187.00	0.00	581.00
JUN	530.00	293.00	237.00	58.40	0.00	179.00
JUL	257.00	138.00	119.00	0.00	0.00	119.00
AUG	185.00	90.20	94.80	0.00	0.00	94.80
SEP	127.00	63.60	63.40	0.00	0.00	63.40
OCT	85.60	23.30	62.30	1.55	0.00	60.80
NOV	93.10	15.00	78.10	0.00	0.00	78.10
DEC	111.00	16.80	94.20	13.00	0.00	81.20
ANN	429,000	71,500	358,000	35,900	0	322,000

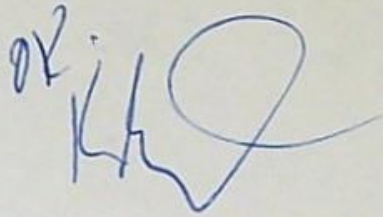
Well Location Map



Water-Level Trends in Nearby Wells



Expected drawdown (using T2 curves) at UNIO 173 is between roughly 25 and 55 feet after pumping UNIO 50684 for 245 days at a rate of 11.88 cfs, the combined rate of current authorizations and the proposed rate on this application.



MEMO

To: Kristopher Byrd, Well Construction and Compliance Section Manager
From: Joel Jeffery, Well Construction Program Coordinator
Subject: Review of Water Right Application G-18894
Date: March 2, 2020

The attached application was forwarded to the Well Construction and Compliance Section by Water Rights. Phil Marcy reviewed the application. Please see Phil's review and the Well Log.

Applicant's Well #1 (UNIO 50684): Based on a review of the Well Report, Applicant's Well #1 seems to protect the groundwater resource.

The construction of Applicant's Well #1 may not satisfy hydraulic connection issues.

MEMO

To: Kristopher Byrd, Well Construction and Compliance Section Manager
From: Joel Jeffery, Well Construction Program Coordinator
Subject: Review of Water Right Application G-18894
Date: February 27, 2020

The attached application was forwarded to the Well Construction and Compliance Section by Water Rights. Phil Marcy reviewed the application. Please see Phil's review and the Well Log.

Applicant's Well #1 (UNIO 50684): Based on a review of the Well Report, Applicant's Well #1 does not appear to comply with current minimum construction Standards (See OAR Division 210). This is a flowing artesian well. In order to meet minimum well construction standards, the well must be continuously cased and continuously sealed into the consolidated formation immediately overlying the water bearing zone. In addition, flowing artesian wells shall be equipped with a control valve and a water tight mechanical cap threaded or welded, so that all flow of water from the well can be completely stopped. Also, the well shall be equipped with a pressure gauge on a dead end line with a petcock valve placed between the gauge and the well casing.

protective

My recommendation is that the Department **not issue** a permit for Applicant's Well #1 (UNIO 50684) unless it is brought into compliance with current minimum well construction standards or information is provided showing it is in compliance with current minimum well construction standards.

Bringing Applicant's Well #1 into compliance with minimum well construction standards may not satisfy hydraulic connection issues.

APR 13 2000

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # 40696
START CARD # 114141

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

(1) OWNER: Well Number _____
Name GREG BIRGAMAN
Address 64088 MCDONALD LANE
City LAGRANDE State OR Zip 97850

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 3138ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL	
Diameter	From To	Material	From To Sacks or pounds
9.3"	0 430	Concrete	0 197 2.25 SK
19"	430 1872	Concrete	1772 1872 1.50 SK

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

Backfill placed from _____ ft. to _____ ft. Material 5440's
Gravel placed from 197 ft. to 1772 ft. Size of gravel 3/8

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 18"	42	8	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16"	8	430	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14"	430	1872	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 10.750	1772	2472	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.3/8	2472	3138	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) NO

(7) PERFORATIONS/SCREENS:

Perforations Method FACTORY
 Screens Type _____ Material STEEL

From	To	Slot size	Number	Diameter	Take/pips size	Casing	Liner
1772	1932	250	700	10.750	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2352	2472	250	2400	10.750	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2417	2457	3/16	640	8 5/8	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2587	2687	3/16	1600	8 5/8	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2697	2767	3/16	1120	8 5/8	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
1700	36'	10.250-180'	7 Water

GPM 350 ARTESIAN

Temperature of water 10.1 Depth Artesian Flow Found 1916

Was a water analysis done? No Yes By whom _____

Did any strata contain water not suitable for intended use? No Too little

Salty Muddy Odor Colored Other

Depth of strata: ARTESIAN 12 POUNDS

(9) LOCATION OF WELL by legal description:
County UNION Latitude _____ Longitude _____
Township 25 S Range 38E E or W-M. _____
Section 18 SE 1/4 SW 1/4
Tax Lot 2301 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 64088 MCDONALD LANE

(10) STATIC WATER LEVEL:
Flowing ft. below land surface. Date 7-30-98
Artesian pressure 12 lb. per square inch. Date 3-6-2000

(11) WATER BEARING ZONES:
Depth at which water was first found 153

From	To	Estimated Flow Rate	SWL
154	171	100	22
325	334		
436	439		
542	544		
768	774		

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
TOPSOIL	0	1	
Ample clay TAN	1	108	22
clay green SOFT	108	112	
clay gray SOFT	112	137	
clay green & sand	137	141	
clay gray	141	142	
clay gray & sand coarse 1/2" V	142	147	
clay gray & sand coarse	147	153	
sandstone & sand coarse 1/4	153	154	
gravel 1/4 - 1" & sand	154	171	Water
clay gray SOFT	171	182	
clay brown & gray	182	188	
sand & sandstone fine & clay	188	202	
sandstone block	202	205	
clay gray & green SOFT sand	205	209	
claystone gray	209	214	
clay brown & sand coarse	214	219	
clay TAN - SOFT	219	223	
clay & sand - green	223	237	
clay TAN - SOFT	237	241	

Date started 6-29-1998 Completed 3-6-2000

(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.

Signed _____ WWC Number _____ Date _____

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

Signed Wally Lowe WWC Number 1399 Date 3-20-2000

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2 of 19

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. #1 40696
START CARD # 114141

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

(1) OWNER: Well Number _____

Name _____
Address _____
City _____ State _____ Zip _____

(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 _____ ft.

Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
12 1/4	1872	2472				
9 7/8	2472	3138				

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 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) NO

(7) PERFORATIONS/SCREENS:

Perforations Method _____

Screens Type 333 Material STEEL

From	To	Slot size	Number	Diameter	Tube/pipe size	Casing	Liner
287	3138	5/16	5120	2 3/8	2 3/8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailor	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian
			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 _____ 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 _____

From	To	Estimated Flow Rate	SWL
797	800		
862	867		
1001	1003		
1056	1058		
1062	1067		

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
clay green + gray dry	241	254	
clay gray soft	254	265	
clay green soft	265	320	
clay gray + green some dry	320	325	
sandstone + clay - green	325	334	water
clay green + gray - HARD	334	406	
gravel + sand + clay gray	406	410	
clay gray	410	436	
gravel sand + sand coarse	436	439	water
clay green soft	439	463	
claystone + clay green HARD	463	481	
clay gray soft	481	487	
clay + sand green soft	487	528	
clay Brown soft	528	542	
sand green FINE	542	544	water
clay green green soft	544	576	
clay green sandy soft	576	615	
Rock	615	616	
clay gray + green soft	616	712	
clay Brown + sandy soft	712	725	

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 _____

Signed _____ Date _____

(bonded) Water Well Constructor Certification:

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

WWC Number 1399

Signed Wally Lowe Date _____

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APR 13 2000

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. #1. 40696
START CARD # 114141

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

(1) OWNER: Well Number _____
Name _____
Address _____
City _____ State _____ Zip _____

(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 _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds
Diameter	From To	Material	From To	

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:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
					<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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing/Liner	
							Casing	Liner
							<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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> 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 _____ 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 _____

From	To	Estimated Flow Rate	SWL
1091	1093		
1222	1226		
1477	1479		
1540	1542		
1620	1623		

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
clay Brown in Red SOFT	725	729	
clay TAN SOFT + Dry	729	731	
clay tan + gravel 1/8-1"	731	732	
clay green SOFT	732	739	
gravel + clay green	739	740	
clay Brown SOFT	740	768	
sand + gravel + clay green	768	774	water
clay green SOFT	774	777	
gravel 1/8-1"	777	800	water
clay Brown SOFT	800	827	
clay TAN SOFT	827	832	
clay green + gravel SOFT	832	842	
clay green sand + dry	842	862	
sand coarse + gravel 1/8-1"	862	867	water
clay green + gravel SOFT	867	898	
clay tan + shale hard	898	900	
clay green + sandstone	900	918	
sandy clay - green	918	923	
clay green + Brown Hard Dry	923	969	
sand + clay green + gravel sand	969	971	

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.
Signed _____ WWC Number _____
Date _____

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

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4 of 19

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

APR 13 2000

WELL I.D. # L 40696
START CARD # 114141

Instructions for completing this report are on the last page of this form. WATER RESOURCES DEPT. SALEM, OREGON

(1) OWNER: Well Number _____
Name _____
Address _____
City _____ State _____ Zip _____

(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 _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	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:

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

Liner: _____

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pips size	Casing	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"/>
						<input 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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing	<input type="checkbox"/> 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 _____ 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 _____

From	To	Estimated Flow Rate	SWL
1915	1918	Flowing 350 gpm	71
2412	2417	25 gpm	0
2722	2730		0
2839	2845	350 gpm	0

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
clay green SOFT	971	973	
gravel + sand + clay - green	973	974	
clay green	974	983	
sand + clay green	983	985	
clay green SOFT	985	1001	
sand course	1001	1003	Water
clay green SOFT	1003	1006	
sand course	1006	1008	
clay green	1008	1022	
clay green + gravel 3/4 - 1/2	1022	1024	
clay green SOFT	1024	1032	
sand course	1032	1034	
clay green SOFT	1034	1048	
clay + sand Fine + green	1048	1056	
gravel 1/2 - 3/4	1056	1058	Water
clay green SOFT + wood	1058	1062	
gravel 1/2 - 1/2	1062	1067	Water
clay green	1067	1079	
sand course	1079	1081	
clay green - green	1081	1091	

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.
WVC Number _____
Signed _____ Date _____

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

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5 of 19

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

APR 13 2000

WELL I.D. # 40696
START CARD # 114141

Instructions for completing this report are on the last page of this report.
WATER RESOURCES DEPT.
SALEM, OREGON

(1) OWNER: Well Number _____
Name _____
Address _____
City _____ State _____ Zip _____

(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 _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	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:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
					<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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipa size	Material	
						Casing	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"/>

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> 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 _____ 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 _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
sand coarse	1091	1093	Water
clay green hard	1093	1118	
clay Brown Hard	1118	1126	
sand coarse green	1126	1131	
clay green	1131	1146	
clay gray hard	1146	1149	
clay Brown + claystone hard	1149	1152	
clay light green Hard	1152	1198	
clay tan SOFT + sand coarse impure	1198	1222	
sand coarse green	1222	1226	Water
clay gray SOFT	1226	1229	
clay tan SOFT	1229	1245	
clay stone green	1245	1254	
clay gray + green + claystone	1254	1258	
clay Brown's sub SOFT + HARD	1258	1261	
clay green SOFT	1261	1273	
clay gray SOFT	1273	1292	
sand coarse green	1292	1293	
clay green	1293	1295	
clay Block Hard	1295	1298	

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.

Signed _____ WWC Number _____ Date _____

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

Signed Wally Jones WWC Number _____ Date _____

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6 of 19

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

APR 13 2000

WELL I.D. # L 40696
START CARD # 114141

WATER RESOURCES DEPT.
SALEM, OREGON

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

(1) OWNER: Well Number _____
Name _____
Address _____
City _____ State _____ Zip _____

(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 _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	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:

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"/>
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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	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"/>

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

Pump Bailer 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 _____ 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 _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
clay gray SOFT	12.98	13.23	
sand coarse	13.23	13.25	
clay green + dogstone	13.25	13.43	
sand FINE + clay green	13.43	13.45	
clay green HARD	13.45	13.75	
sand coarse	13.75	13.78	
clay green + dogstone	13.78	13.92	
clay gray SOFT	13.92	13.93	
clay Brown SOFT	13.93	14.03	
clay green sand + clay Red	14.03	14.05	
clay green SOFT	14.05	14.16	
clay green + sand coarse	14.16	14.21	
sand coarse + gravel small	14.21	14.23	
clay green SOFT	14.23	14.39	
clay sandy + SOFT	14.39	14.41	
sand coarse + clay green	14.41	14.44	
clay green + Brown SOFT	14.44	14.47	
clay gray + green very SOFT	14.47	14.51	
clay sandy Red SOFT	14.51	14.53	
clay gray green SOFT	14.53	14.55	

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.
Signed _____ WWC Number _____
Date _____

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

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7 of 19

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L. 40696
START CARD # 114141

Instructions for completing this report are on the last page.

(1) OWNER: Well Number _____
Name _____
Address _____
City _____ State _____ Zip _____

(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 _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	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:

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"/>
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"/>

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pips size	Casing	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"/>

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian

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 _____ 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 _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
clay green SOFT	1455	1461	
clay green + claystone Hard	1461	1463	
clay green + gray SOFT	1463	1476	
clay gray green + sand course	1476	1477	
sand course + gravel 3/8"	1477	1479	Water
clay green SOFT	1479	1496	
clay green soft + claystone	1496		
Dark + sand course		1498	
clay gray SOFT	1498	1516	
clay green SOFT + sand course	1516	1518	
clay green SOFT	1518	1540	
sand course	1540	1542	Water
clay green SOFT	1542	1547	
clay tan SOFT	1547	1563	
clay green SOFT + sand course	1563	1567	
clay green SOFT	1567	1579	
clay green + shale gray Dark	1579	1582	
clay green SOFT and course	1582	1591	
sand course green	1591	1594	
clay green SOFT	1594	1609	

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 _____
Signed _____ Date _____

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

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8 of 19

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # 40696
START CARD # 114171

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

(1) OWNER: Well Number _____

Name _____
Address _____
City _____ State _____ Zip _____

(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 _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

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

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailor	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian

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 _____ 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 _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
clay green + sand course	1609	1620	
sand course + gravel 1/2-3/8	1620	1625	water
clay green SOFT	1623	1627	
sand course green + clay green	1627	1629	
sand course + gravel 1/2-3/8	1629	1632	
clay + sand green	1632	1636	
sand course green	1636	1638	
clay + shale - green Dark	1638	1647	
clay gray + Block SOFT	1647	1649	
clay green SOFT	1649	1653	
clay gray SOFT	1653	1657	
clay green	1657	1660	
clay + shale - green + gray	1660	1661	
clay green SOFT	1661	1681	
clay green + shale green + Red	1681	1709	
shale green Dark + gravel 3/4	1709	1713	
clay green SOFT + gravel 3/4	1713	1716	
clay green SOFT	1716	1738	
clay green Dark	1738	1740	
sand course	1740	1743	

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.
Signed _____ WWC Number _____ Date _____

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

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9 of 19

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

WELL I.D. # L. 40696
START CARD # 114141

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

WATER RESOURCES DEPT.
SALEM, OREGON

(1) OWNER: Well Number _____
Name _____
Address _____
City _____ State _____ Zip _____

(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 _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
					<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"/>
					<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	Tele/pipe size	Casing	Liner	Material	
						<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"/>		

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

Pump Bailer 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 _____ 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 _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
clay gray SOFT	1743	1746	
clay Brown SOFT DRY	1746	1751	
clay & shale Block	1751	1746	
clay Brown SOFT	1746	1771	
clay green SOFT	1771	1776	
clay Brown SOFT	1776	1779	
clay green SOFT	1779	1781	
clay Brown SOFT	1781	1784	
clay + shale Brown's green SOFT + HARD		1784	
clay Brown	1784	1787	
clay Brown's green SOFT + HARD	1787		
		1788	
clay green + SOFT	1788	1791	
clay grey/green SOFT	1791	1793	
clay Brown SOFT	1793	1796	
clay gray SOFT	1796	1798	
clay Brown SOFT	1798	1805	
clay gray SOFT + HARD	1805	1808	
		1808	

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 _____
Signed _____ Date _____

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

WWC Number _____
Signed Waldo Lorne Date _____

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#10 of 19

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

WELL I.D. # 40696
START CARD # 114141

WATER RESOURCES DEPT.
SALEM, OREGON

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

(1) OWNER: Well Number _____
Name _____
Address _____
City _____ State _____ Zip _____

(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 _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	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:

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"/>

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele./pipe size	Casing	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"/>

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

Pump Bailer 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 _____ 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 _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
clay gray + Brown + Black SOFT + Hard	1808	1810	
clay green SOFT	1810	1811	
clay gray	1811	1815	
clay gray green SOFT	1815	1817	
clay Brown	1817	1820	
clay green Brown + claystone	1820	1825	
clay gray SOFT + claystone	1825		
Block		1829	
clay Brown SOFT + Hard	1829	1838	
clay gray Brown SOFT	1838	1842	
clay Brown + gray SOFT	1842	1852	
clay green SOFT	1852	1867	
Basalt Block + clay Block	1867		
gray		1876	
cinder Block SOFT +	1876		
clay Block		1879	
gray clay green SOFT +	1879		
Basalt Block		1889	
clay Red SOFT cinder Block	1889	1892	

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 _____
Signed _____ Date _____

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

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11 of 19

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

WELL I.D. # 40696
START CARD # 114141

Instructions for completing this report are on the last page. WATER RESOURCES DEPT. SALEM, OREGON

(1) OWNER: Well Number _____
Name _____
Address _____
City _____ State _____ Zip _____

(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 _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	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:

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"/>

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

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

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

Pump Bailer 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 _____ 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 _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
clay Bluffs + cinder block	1892	1894	
clay block + "	1894	1897	
clay block gray green +	1897		
Brown SOFT cinder block		1912	
Basalt block clay gray SOFT	1912	1914	
clay gray SOFT Basalt block	1914	1915	
Basalt block + clay gray green	1915	1918	Flowing
Basalt block + clay gray SOFT	1918	1920	
clay gray SOFT + Basalt block	1920	1926	
clay block SOFT	1926	1929	
clay block cinder block	1929	1931	
Basalt block Yes. + shale green	1931	1934	
Basalt gray Hard shale green	1934	1937	
Basalt gray + clay gray green	1937	1942	
clay gray + Basalt block	1942	1954	
Basalt gray	1954	1960	
Basalt gray clay gray + shale green	1960	1963	
Basalt gray clay gray SOFT	1963	1976	
clay gray green block SOFT +	1976		
Basalt block + shale green		1994	

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.
Signed _____ WWC Number _____
Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed Waldo Lowe WWC Number 1399
Date _____

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

WATER RESOURCES DEPT.
OREGON

WELL I.D. # L 40694
START CARD # 117141

Instructions for completing this report are on the last page.

(1) OWNER: Well Number _____
Name _____
Address _____
City _____ State _____ Zip _____

(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 _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL
Diameter From To Material From To Sacks or pounds

Diameter	From	To	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:

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"/>
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"/>

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	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"/>

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Basalt gray + clay gray SOFT	1994	1997	
clay gray SOFT Basalt Block	1997	2002	
Basalt gray clay gray SOFT	2002	2087	
cinder Red + Black + shale green	2087	2091	
Basalt Block + shale green + gray	2091	2104	
Basalt gray + shale green	2104	2109	
Basalt Block + shale green	2109	2112	
Basalt Block vec. + shale green	2112		
+ tan + pink SOFT		2133	
cinder Block " " "	2133	2162	
Basalt Block + shale green	2162	2164	
Basalt Block + gray + shale green + pink + gray + clay gray SOFT	2164		
		2218	
Basalt Block + shale Red + clay	2218	2221	
Basalt Block + shale green clay	2221	2270	
clay Red Brown Basalt Block	2270	2274	
Basalt Block + cinder Red	2274	2279	
Basalt gray + clay gray SOFT shale green	2279	2304	

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 _____
Signed _____ Date _____

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

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#13 of 19

APR 13 2000

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 49896
START CARD # 114141

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

(1) OWNER: Well Number _____
Name _____
Address _____
City _____ State _____ Zip _____

(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 _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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"/>
				<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"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<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"/>
							<input 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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian 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 _____ 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 _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Basalt gray-brown + shale green	2304	2329	
Basalt gray shale green	2329	2338	
Limer Red + clay Red SOFT	2338	2341	
clay Brown + clastic Brown	2341	2347	
clay Black + clastic Black	2347	2354	
clay gray SOFT	2354	2356	
clay + shale green	2356	2362	
clay green SOFT + clastic gray	2362	2368	
clastic Black + clay gray SOFT	2368	2371	
shale green Basalt Black	2371	2379	
Basalt gray + shale green	2379	2383	
Basalt Black + shale green	2383	2392	
clastic gray + red shale green +	2392	2396	
Basalt Black + all gray Hard		2396	
clastic Brown + shale green	2396	2412	
Basalt Black Veg. clastic Red shale green	2412	2417	Flowing
		2417	25 GPM
Basalt Black shale green + clay gray	2417	2425	
clay gray + Black + Basalt Black	2425	2427	
clay green + gray SOFT	2427	2428	

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 _____
Signed _____ Date _____

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

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#14 of 19

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

WATER RESOURCES DEPT.
OREGON

WELL I.D. # 40696
START CARD # 114141

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

(1) OWNER: Well Number _____

Name _____
Address _____
City _____ State _____ Zip _____

(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 _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL			
Diameter	From To	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:

Diameter	From To	Gauge	Material				Threaded
			Steel	Plastic	Welded		
Casing:			<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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From To	Slot size	Number	Diameter	Material		Casing	Liner
				Tele./pipe size			
						<input 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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> 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 _____ 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 _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
clay TAN SOFT	2428	2451	
clay green + gray + DRY-HARD	2451	2454	
clay green + gray + Basalt Block Rec	2454	2456	
clay TAN SOFT	2456	2457	
shale green + Basalt Block Rec.	2457	2461	
clay tan Brown SOFT	2461	2464	
Basalt Block Rec. shale green	2464	2472	
Basalt Block Rec. clay green	2472	2509	
Basalt Block clay tan shale green	2509	2511	
cinder Red + clay Brown + Red shale green	2511	2516	
Basalt Block clay gray green	2516	2525	
Basalt Brown SOFT	2525	2577	
cinder Red shale green gray	2577	2579	
Basalt Brown + shale " "	2579	2581	
Basalt Block + shale green gray + quality	2581	2584	
Basalt Brown + clay green SOFT	2584	2587	
Basalt Block + clay green HARD	2587	2590	
cinder Brown + Red + shale green	2590	2593	

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.
Signed _____ WWC Number _____ Date _____

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

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#15 of 19

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # 40696
START CARD # 114141

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

(1) OWNER: Well Number _____

Name _____
Address _____
City _____ State _____ Zip _____

(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 _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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:

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

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

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

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

Pump Bailer 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 _____ 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 _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Basalt Brown shale green	2593	2596	
Basalt Brown shale green quartz	2596		
White + cinder Red clay red		2597	
Basalt Brown SOFT	2597	2600	
Basalt Black shale green - quartz	2600	2608	
Basalt Brown " " " "	2603	2605	
Basalt Black shale green	2605	2612	
Basalt gray's red shale green	2612	2629	
Basalt Gray Brown quartz white	2629	2632	
Basalt Red shale green	2632	2637	
Basalt Black quartz w. shale	2637	2645	
Basalt gray shale green + quartz	2645	2652	
Basalt Brown shale green	2652	2657	
Basalt Black var. shale green	2657	2663	
Basalt gray + Black shale green	2663		
clay gray		2667	
shale green Basalt Black	2667	2683	
Basalt Black shale green	2683		
clay gray SOFT		2689	
shale green Basalt Black	2689	2690	

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.
Signed _____ WWC Number _____
Date _____

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

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#16 of 19

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 40696
START CARD # 114141

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

(1) OWNER: Well Number _____
Name _____
Address _____
City _____ State _____ Zip _____

(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 _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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:

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

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<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 _____ 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 _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
shale gray + brown hard + clay gray soft	2690	2705	
Basalt Block conch. in	2705	2711	
shale brown + clay brown	2711	2714	
shale brown + green hard	2714	2718	
shale green + brown + gray	2718	2720	
shale " " Basalt Block	2720	2722	
Basalt Block	2722	2730	Water
Basalt gray quartz white	2730	2761	
Basalt gray clay or ash gray	2761	2770	
Basalt Block " " "	2770	2779	
Basalt Block shale green with red	2779	2782	
shale brown HARD	2782	2784	
Basalt Block + shale gray	2784	2791	
Basalt gray shale gray	2791	2799	
shale brown + Basalt Block	2799	2801	
limestone Block shale green	2801	2816	
Basalt Block + shale gray + green	2816	2826	
limestone Block + red shale green	2826	2829	
" " " shale brown + green	2829	2835	

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 _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:

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

WWC Number 1599
Signed Walter Lorne Date _____

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#17 of 19

APR 13 2000

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

WATER RESOURCES DEPT.
OREGON

WELL I.D. # L. 40696
START CARD # 114141

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

(1) OWNER: Well Number _____
Name _____
Address _____
City _____ State _____ Zip _____

(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 _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

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

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

Pump Bailer 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 _____ 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 _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Basalt Block shale green	2833	2839	
Basalt Block	2839	2845	350 GPM
Basalt gray shale green	2845	2863	
Basalt Block + quartz	2863	2870	
Basalt gray + shale green	2870	2872	
Basalt Block + shale green	2872	2879	
Basalt gray + shale green	2879	2881	
Basalt Block " "	2881	2914	
Basalt Block + cinder Red	2914	2922	
Basalt gray + shale green	2922	2924	
Basalt Block shale green	2924	2939	
Basalt gray + shale green + gray	2939	2943	
Basalt Block " " "	2943	2951	
Basalt gray + shale green	2951	2958	
Basalt Block + " "	2958	2962	
Basalt gray + shale green	2962	2970	
Basalt Brown + Block shale green	2970	2973	
Basalt gray + shale green	2973	2976	
Basalt Block	2976	2982	
Basalt gray + Block green	2982	2986	

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 _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1399
Signed Walter Lane Date _____

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APR 13 2000

#18 of 19

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

WATER RESOURCES DEPT. OREGON

WELL I.D. # 40696 START CARD # 214191

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

(1) OWNER: Well Number _____

Name _____ Address _____ City _____ State _____ Zip _____

(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 _____ ft. Explosives used [] Yes [] No Type _____ Amount _____

Table with columns for HOLE Diameter, From, To, Material, and SEAL 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 for Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded for Casing and Liner.

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS: Table with columns for From, To, Slot size, Number, Diameter, Type, Material, Tele/pipe size, Casing, Liner.

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

Table for well tests with columns for 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 _____ 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: Table with columns for From, To, Estimated Flow Rate, SWL.

(12) WELL LOG: Ground Elevation _____

Well log table with columns for Material, From, To, SWL. Includes entries like Basalt block + gray, Basalt gray, Basalt block cinder red, etc.

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 _____ Signed _____ Date _____

(bonded) Water Well Constructor Certification: I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief. WWC Number 1399 Signed _____ Date _____

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#19 of 19

STATE OF OREGON WATER SUPPLY WELL REPORT

WATER RESOURCES DEPT. SALEM, OREGON

WELL I.D. # 40696 START CARD # 114141

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

(1) OWNER: Name, Address, City, State, Zip, Well Number

(2) TYPE OF WORK: New Well, Deepening, Alteration, 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, Depth of Completed Well, Explosives used

HOLE SEAL table with columns for Diameter, From, To, Material, Sacks or pounds

How was seal placed: Method A, B, C, D, E; Backfill placed from; Gravel placed from

(6) CASING/LINER table with columns for Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Final location of shoe(s)

(7) PERFORATIONS/SCREENS table with columns for From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner

(8) WELL TESTS: Minimum testing time is 1 hour; 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?, Did any strata contain water not suitable for intended use?, Depth of strata

(9) LOCATION OF WELL by legal description: County, Latitude, Longitude, Township, Range, Section, Tax Lot, Block, Subdivision, Street Address

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

(11) WATER BEARING ZONES table with columns for From, To, Estimated Flow Rate, SWL

(12) WELL LOG: Ground Elevation

Well Log table with columns for Material, From, To, SWL

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.

Signed, Date, WWC Number, (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.

E-2 Standard Application Completeness Checklist

Yes No

For use with Groundwater and Surface Water Applications Only

Minimum Requirements (OAR 690-310-0040) (ORS 537.400)

For use by WRD staff only

Application G-18894 County Union Priority Date 12/16/2019
Township 2S Range 38E Section 12,13,14
Amount 5.18 cfs Use Irrigation WM Dist. # 6
Applicant Name Gregory L Bingaman
Receipt No. 131550 Caseworker Assigned: Kim Lisa

- Applicant/Organization Name and Mailing Address
- Signature of all applicants (include title or authority of representative if applicant is an organization or corporation). *Applicant's agent may NOT sign application.
- Property Ownership: Does the applicant own all the land for the proposed project? Y N
If No:
 - The affected landowner's name(s) and mailing address(s) must be listed
 - A signed statement declaring the existence of either written authorization or an easement permitting access to land crossed by the proposed ditch canal or other work must be submitted.
- ~~N/A~~ For a SW Application: Source of water must be indicated.
 - If the source is stored water, is the stored water component filled out and does the applicant own the reservoir or include a non-expired agreement for stored water? (ORS 537.400)
NOTE: A surface water application cannot be filed at the same time as a Reservoir or Alt Reservoir if it will be for the use of the stored water under the PROPOSED Reservoir application, Exp. Secondary (E2)(ORS 537.147).
 - If for stored water not under contract, is the source authorized under a permit, certificate, or decree?
Permit or Certificate issued Y N Permit or Certificate # _____
- For a GW Application: Well Development Tables completed and/or a well log report included (if existing)
- Division 33, Public Interest Information (Sensitive, Threatened, Endangered, Fish Species)
- Proposed Water Use
 - Amount of water from each source in GPM, CFS, or AF
 - Period of use indicated
 - ~~N/A~~ If for supplemental irrigation, primary acreage or underlying permit or certificate number listed
(Primary and Supplemental Irrigation counts as 2 uses)
- Water Management Section (Estimates if the water system has not been designed)
- Resource Protection Section
- Project schedule (If system is already completed, indicate "existing.")

N/A Supplemental data sheets enclosed (if needed)

- Form M (Municipal or Quasi-Municipal)
- Spring Description Sheet (if source is a spring)

X A completed **Land-Use Form** or receipt signed and dated by the appropriate planning department officials. *Please be certain that the Land-Use form lists all lands involved and all uses proposed. Date of signature must be within the past 12 months.*

X A **Legal Description** of all the properties involved where water is diverted, crossed, and used. The Legal description includes a metes and bounds or other government survey description. A copy of the deed, land sales contract or title insurance policy can provide this information, or applicant may submit a lot book report prepared by a title company. Copies of tax bills are not acceptable.

- TBD The proposed source IS / IS NOT (circle one) restricted or withdrawn from further appropriation. *NOTE: If it is withdrawn under ORS 538, return application and fees.*

The **map** must meet all the minimum requirements of OAR 690-310-0050.

- X Township, Range, Section
- X Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU)
- X Place of use, 1/4-1/4's and tax lot clearly identified
- X Even map scale not less than 4" = 1 mile (1" = 1320 ft.); examples: 1" = 100 ft., 1" = 200 ft.
- X Location of *each* diversion point or well by reference to a recognized public land survey corner. Multiple wells shall be uniquely labeled, and identified on well logs, if existing.
- X Reference corner on map
- X North Directional Symbol
- X Number of acres per 1/4 1/4 if for irrigation, nursery, or agriculture

Fees: Print out from Fee Calculator

Total Fees (exam + recording):
 Fee Paid
 Amount Due

\$3,960.⁰⁰ -
 \$3,440.⁰⁰ -
 \$520.⁰⁰ @ permit issuance

Reviewed by: Judy Ferrell

Date: 12/17/2019

Com Middleton

12/17/2019

amm 12/18/19



Oregon Water Resources Department
Groundwater Application

- [Main](#)
- [Help](#)
- [Return](#)
- [Contact Us](#)

Today's Date: Tuesday, December 17, 2019

Base Application Fee.		\$1,340.00
Number of proposed cubic feet per second (cfs) to be appropriated. (1 cfs = 448.83 gallons per minute)	5.18	\$2,100.00
Number of proposed Use's for the appropriated water. (i.e. Irrigation, Supplemental Irrigation, Pond Maintenance, Industrial, Commercial, etc) *	1	
Number of proposed groundwater points of appropriation. (i.e. number of wells) (include all injection wells, if applicable) **	1	
Subtotal:		\$3,440.00
Permit Recording Fee. ***		\$520.00
* the 1st Water Use is included in the base cost. ** the 1st groundwater point of appropriation is included in the base cost. *** the Permit Recording Fee is not required when the application is submitted but, must be paid before a permit will be issued. It is fully refundable if a permit is not issued. If the recording fee is not paid prior to issuance of the Final Order, permit issuance will be delayed.	Recalculate	
Estimated cost of Permit Application		\$3,960.00

↑
JF

Application for a Permit to Use Groundwater



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

SECTION 1: APPLICANT INFORMATION AND SIGNATURE

Applicant

NAME GREGORY L. BINGAMAN		PHONE (HM)	
PHONE (WK)	CELL 541-786-1000		FAX
ADDRESS 64088 McDONALD LANE			
CITY LA GRANDE	STATE OREG	ZIP 97850	E-MAIL*

Organization

NAME		PHONE	FAX
ADDRESS			CELL
CITY	STATE	ZIP	E-MAIL*

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

AGENT / BUSINESS NAME GREGORY BLACKMAN		PHONE 541-963-6771	FAX
ADDRESS 126 RIDGE DRIVE			CELL 541-786-2859
CITY LA GRANDE	STATE ORE	ZIP 97850	E-MAIL* gtblackman@yahoo.com

Note: Attach multiple copies as needed

* By providing an e-mail address, consent is given to receive all correspondence from the Department electronically. (Paper copies of the proposed and final order documents will also be mailed.)

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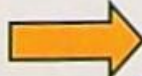
DEC 16 2019

By my signature below I confirm that I understand:

- I am asking to use water specifically as described in this application.
- Evaluation of this application will be based on information provided in the application.
- I cannot use water legally until the Water Resources Department issues a permit.
- Oregon law requires that a permit be issued before beginning construction of any proposed well, unless the use is exempt. Acceptance of this application does not guarantee a permit will be issued.
- If I get a permit, I must not waste water.
- If development of the water use is not according to the terms of the permit, the permit can be cancelled.
- The water use must be compatible with local comprehensive land-use plans.
- Even if the Department issues a permit, I may have to stop using water to allow senior water-right holders to get water to which they are entitled.

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



Applicant Signature

Gregory L. Bingaman, Leasee of land

Print Name and Title if applicable

12-12-2019
Date

Applicant Signature

Print Name and Title if applicable

Date

SECTION 2: PROPERTY OWNERSHIP

Please indicate if you own all the lands associated with the project from which the water is to be diverted, conveyed, and used.

- YES, there are no encumbrances.
- YES, the land is encumbered by easements, rights of way, roads or other encumbrances.
- NO, I have a recorded easement or written authorization permitting access.
- NO, I do not currently have written authorization or easement permitting access.
- NO, written authorization or an easement is not necessary, because the only affected lands I do not own are state-owned submersible lands, and this application is for irrigation and/or domestic use only (ORS 274.040).
- NO, because water is to be diverted, conveyed, and/or used only on federal lands.

Affected Landowners: List the names and mailing addresses of all owners of any lands that are not owned by the applicant and that are crossed by the proposed ditch, canal or other work, even if the applicant has obtained written authorization or an easement from the owner. *(Attach additional sheets if necessary).*

Legal Description: You must provide the legal description of: 1. The property from which the water is to be diverted, 2. Any property crossed by the proposed ditch, canal or other work, and 3. Any property on which the water is to be used as depicted on the map.

SECTION 3: WELL DEVELOPMENT

WELL NO.	NAME OF NEAREST SURFACE WATER	IF LESS THAN 1 MILE:	
		DISTANCE TO NEAREST SURFACE WATER	ELEVATION CHANGE BETWEEN NEAREST SURFACE WATER AND WELL HEAD
UNIO 50684	CANYON CREEK	6300'	-60'

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Please provide any information for your existing or proposed well(s) that you believe may be helpful in evaluating your application. For existing wells, describe any previous alteration(s) or repair(s) not documented in the attached well log or other materials *(attach additional sheets if necessary).*

THE PROPOSED POD IS AN EXISTING WORKING WELL, UNIO 50684, AND IS BEING USED UNDER C-89503. WE ARE REQUESTING THAT THE RATE BE BASED UPON A 1/60TH CFS INSTEAD OF 1/80TH DUE TO THE DRY CLIMATE OF EASTERN OREGON.

SECTION 3: WELL DEVELOPMENT, continued

Total maximum rate requested: 5.18 CFS (each well will be evaluated at the maximum rate unless you indicate well-specific rates and annual volumes in the table below).

The table below must be completed for each source to be evaluated or the application will be returned. If this is an existing well, the information may be found on the applicable well log. (If a well log is available, please submit it in addition to completing the table.) If this is a proposed well, or well-modification, consider consulting with a licensed well driller, geologist, or certified water right examiner to obtain the necessary information.

OWNER'S WELL NAME OR NO.	PROPOSED	EXISTING	WELL ID (WELL TAG) NO.* OR WELL LOG ID**	FLOWING ARTESIAN	CASING DIAMETER	CASING INTERVALS (IN FEET)	PERFORATED OR SCREENED INTERVALS (IN FEET)	SEAL INTERVALS (IN FEET)	MOST RECENT STATIC WATER LEVEL & DATE (IN FEET)	PROPOSED USE			
										SOURCE AQUIFER***	TOTAL WELL DEPTH	WELL-SPECIFIC RATE (GPM)	ANNUAL VOLUME (ACRE-FEET)
UNIO 50684	<input type="checkbox"/>	<input checked="" type="checkbox"/>	L-40696	<input checked="" type="checkbox"/>	18"-14"	SEE LOG	SEE LOG	SEE LOG	3/2019	BASALT	3138'	409 GPM C-89503	3.0 AC FT
	<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"/>	<input type="checkbox"/>		<input type="checkbox"/>									

* Licensed drillers are required to attach a Department-supplied Well Tag, with a unique Well ID or Well Tag Number to all new or newly altered wells. Landowners can request a Well ID for existing wells that do not have one. The Well ID is intended to serve as a unique identification number for each well.

** A well log ID (e.g. MARI 1234) is assigned by the Department to each log in the agency's well log database. A separate well log is required for each subsequent alteration of the well.

*** Source aquifer examples: Troutdale Formation, gravel and sand, alluvium, basalt, bedrock, etc.

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SECTION 4: SENSITIVE, THREATENED OR ENDANGERED FISH SPECIES PUBLIC INTEREST INFORMATION

This information must be provided for your application to be accepted as complete. The Water Resources Department will determine whether the proposed use will impair or be detrimental to the public interest with regard to sensitive, threatened or endangered fish species if your proposed groundwater use is determined to have the potential for substantial interference with nearby surface waters.

To answer the following questions, use the map provided in [Attachment 3](#) or the link below to determine whether the proposed point of appropriation (POA) is located in an area where the Upper Columbia, the Lower Columbia, and/or the Statewide public interest rules apply.

For more detailed information, click on the following link and enter the TRSQQ or the Lat/Long of a POA and click on "Submit" to retrieve a report that will show which section, if any, of the rules apply:

https://apps.wrd.state.or.us/apps/misc/lkp_trsqq_features/

If you need help to determine in which area the proposed POA is located, please call the customer service desk at (503) 986-0801.

Upper Columbia - OAR 690-033-0115 thru -0130

Is the well or proposed well located in an area where the Upper Columbia Rules apply?

Yes x No

If yes, you are notified that the Water Resources Department will consult with numerous federal, state, local and tribal governmental entities so it may determine whether the proposed use is consistent with the "Columbia River Basin Fish and Wildlife Program" adopted by the Northwest Power Planning Council in 1994 for the protection and recovery of listed fish species. The application may be denied, heavily conditioned, or if appropriate, mitigation for impacts may be needed to obtain approval for the proposed use.

If yes, and if the Department determines that proposed groundwater use has the potential for substantial interference with nearby surface waters:

- I understand that the permit, if issued, will not allow use during the time period April 15 to September 30, except as provided in OAR 690-033-0140.
- I understand that the Department of Environmental Quality will review my application to determine if the proposed use complies with existing state and federal water quality standards.
- I understand that I will install and maintain water use measurement and recording devices as required by the Water Resources Department, and comply with recording and reporting permit condition requirements.

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Lower Columbia - OAR 690-033-0220 thru -0230

Is the well or proposed well located in an area where the Lower Columbia rules apply?

Yes x No

If yes, and the proposed groundwater use is determined to have the potential for substantial interference with nearby surface waters you are notified that the Water Resources Department will determine, by reviewing recovery plans, the Columbia River Basin Fish and Wildlife Program, and regional restoration programs applicable to threatened or endangered fish species, in coordination with state and federal agencies, as

appropriate, whether the proposed use is detrimental to the protection or recovery of a threatened or endangered fish species and whether the use can be conditioned or mitigated to avoid the detriment.

If a permit is issued, it will likely contain conditions to ensure the water use complies with existing state and federal water quality standards; and water use measurement, recording and reporting required by the Water Resources Department. The application may be denied, or if appropriate, mitigation for impacts may be needed to obtain approval of the proposed use.

If yes, you will be required to provide the following information, if applicable.

X Yes No The proposed use is for more than one cubic foot per second (448.8 gpm) and is not subject to the requirements of OAR 690, Division 86 (Water Management and Conservation Plans).

If yes, provide a description of the measures to be taken to assure reasonably efficient water use:
The proposed point of appropriation is an existing artesian well flowing at a rate near 1700 gpm. The well is currently in use on C-89503, with other COBU applications on file, but certificates not issued.

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Statewide - OAR 690-033-0330 thru -0340

Is the well or proposed well located in an area where the Statewide rules apply?

Yes x No

If yes, and the proposed groundwater use is determined to have the potential for substantial interference with nearby surface waters you are notified that the Water Resources Department will determine whether the proposed use will occur in an area where endangered, threatened or sensitive fish species are located. If so, the Water Resources Department, Department of Fish and Wildlife, Department of Environmental Quality, and the Department of Agriculture will recommend conditions required to achieve "no loss of essential habitat of threatened and endangered (T&E) fish species," or "no net loss of essential habitat of sensitive (S) fish species." If conditions cannot be identified that meet the standards of no loss of essential T E fish habitat or no net loss of essential S fish habitat, the agencies will recommend denial of the application unless they conclude that the proposed use would not harm the species.

SECTION 5: WATER USE

USE	PERIOD OF USE	ANNUAL VOLUME (ACRE-FEET)
Irrigation	March 1 thru October 1	3.0

For irrigation use only:

Please indicate the number of primary and supplemental acres to be irrigated (*must match map*).

Primary: 310.89* Acres Supplemental: Acres

If you listed supplemental acres, list the Permit or Certificate number of the underlying primary water right(s):

Indicate the maximum total number of acre-feet you expect to use in an irrigation season: 932.67 Ac ft

- If the use is municipal or quasi-municipal, attach Form M

- If the use is **domestic**, indicate the number of households: ____ (Exempt Uses: Please note that 15,000 gallons per day for single or group **domestic** purposes and 5,000 gallons per day for a single **industrial or commercial** purpose are exempt from permitting requirements.)
- If the use is **mining**, describe what is being mined and the method(s) of extraction (*attach additional sheets if necessary*): ____

SECTION 6: WATER MANAGEMENT

A. Diversion and Conveyance

What equipment will you use to pump water from your well(s)?

Pump (give horsepower and type): 150 HP with American Turbine pump.

Other means (describe): ____

Provide a description of the proposed means of diversion, construction, and operation of the diversion works and conveyance of water. Diversion will include the existing well and existing 150 HP motor and American Turbine pump. The well and pump supplies a 10" above ground steel mainline that crosses McDonald road in a culvert and flows South to the property requesting water. Greg Bingaman has a farming lease to all of the mapped property. Greg Bingaman will supply the water and labor etc. as well as place linear sprinklers on the proposed land. New mainlines will distribute the water on the lands so that the corners will be irrigated. There may be a few wheel lines to irrigate the irregular portions of the land.

B. Application Method

What equipment and method of application will be used? (e.g., drip, wheel line, high-pressure sprinkler) (*attach additional sheets if necessary*)

Probably low pressure linear sprinklers with a few wheel lines.

C. Conservation

Please describe why the amount of water requested is needed and measures you propose to: prevent waste; measure the amount of water diverted; prevent damage to aquatic life and riparian habitat; prevent the discharge of contaminated water to a surface stream; prevent adverse impact to public uses of affected surface waters (*attach additional sheets if necessary*).

We are requesting a rate of 1/60th instead of 1/80th because of the dry eastern Oregon climate. A rate of 1/80th is not enough water for some of the desirable crops to be grown.

SECTION 7: PROJECT SCHEDULE

- Date construction will begin: March 2020
- Date construction will be completed: July 2022
- Date beneficial water use will begin: June 2025

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SECTION 8: RESOURCE PROTECTION

In granting permission to use water the state encourages, and in some instances requires, careful control of activities that may affect adjacent waterway or streamside area. See instruction guide for a list of possible permit requirements from other agencies. Please indicate any of the practices you plan to undertake to protect water resources.

NA Water quality will be protected by preventing erosion and run-off of waste or chemical products.

Describe: The well is existing and the only excavation required will be to bury mainline and hook to the existing 10" mainline.

NA Excavation or clearing of banks will be kept to a minimum to protect riparian or streamside areas.

Note: If disturbed area is greater than one acre, applicant should contact the Oregon Department of Environmental Quality to determine if a 1200C permit is required.

Describe planned actions and additional permits required for project implementation: No banks to be excavated.

NA Other state and federal permits or contracts required and to be obtained, if a water right permit is granted:

List: _____

SECTION 9: WITHIN A DISTRICT

Check here if the point of appropriation (POA) or place of use (POU) are located within or served by an irrigation or other water district.

Irrigation District Name	Address	
City	State	Zip

SECTION 10: REMARKS

Use this space to clarify any information you have provided in the application (*attach additional sheets if necessary*).

This application is for an existing point of appropriation that currently produces around 1700 GPM. We are applying for a rate of 1/60th due to the dry climate of Eastern Oregon. There have been discussions with the Union County Watermaster, Shad Hatton and he agrees that 1/80th is not enough for our dry climate. Very little construction needs to be done with the exception of the mainlines. The Well is in place, with a pump and motor, as well as a Totalizing meter, and past reporting has also been done. There is also a well test on file that has been accepted by Water Resources, under C-89503.

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Minimum Requirements Checklist

Minimum Requirements (OAR 690-310-0040, OAR 690-310-0050 & ORS 537.140)

Include this checklist with the application

Check that each of the following items is included. The application will be returned if all required items are not included. If you have questions, please call the Water Rights Customer Service Group at (503) 986-0900.

Please submit the original application and signatures to the Water Resources Department. Applicants are encouraged to keep a copy of the completed application.

- x SECTION 1: Applicant Information and Signature
- x SECTION 2: Property Ownership
- x SECTION 3: Well Development
- x SECTION 4: Sensitive, Threatened or Endangered Fish Species Public Interest Information
- x SECTION 5: Water Use
- x SECTION 6: Water Management
- x SECTION 7: Project Schedule
- x SECTION 8: Resource Protection
- NA SECTION 9: Within a District
- x SECTION 10: Remarks

Include the following additional items:

- x Land Use Information Form with approval and signature of local planning department (*must be an original*) or signed receipt.
- x Provide the legal description of: (1) the property from which the water is to be diverted, (2) any property crossed by the proposed ditch, canal or other work, and (3) any property on which the water is to be used as depicted on the map.
- Fees - Amount enclosed: \$ 3,960.00 _____
See the Department's Fee Schedule at www.oregon.gov/owrd or call (503) 986-0900.
- x Map that includes the following items:
 - x Permanent quality and drawn in ink
 - x Even map scale not less than 4" = 1 mile (example: 1" = 400 ft, 1" = 1320 ft, etc.)
 - x North Directional Symbol
 - x Township, Range, Section, Quarter/Quarter, Tax Lots
 - x Reference corner on map
 - x Location of each diversion, by reference to a recognized public land survey corner (distances north/south and east/west)
 - x Indicate the area of use by Quarter/Quarter and tax lot identified clearly.
 - x Number of acres per Quarter/Quarter and hatching to indicate area of use if for primary irrigation, supplemental irrigation, or nursery
 - x Location of main canals, ditches, pipelines or flumes (if well is outside of the area of use)

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Note: In addition to a groundwater application, a standard reservoir application is required to store groundwater in a reservoir. If an applicant proposes to divert water from a reservoir, a surface water application is also required.

Land Use Information Form



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

Applicant(s): Gregory L. Bingaman

Mailing Address: 64088 McDonald Lane

City: La Grande

State: Oregon Zip Code: 97850

Daytime Phone: 541-786-1000

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>2S</u>	<u>38E</u>	<u>12</u>	_____	<u>2301</u>	_____ <u>EFU</u>	<input checked="" type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input type="checkbox"/> Used	_____
<u>2s</u>	<u>38E</u>	<u>13 & 14</u>	_____	<u>3400</u>	_____ <u>EFU</u>	<input type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used	_____
<u>2S</u>	<u>38E</u>	<u>14</u>	_____	<u>3700 & 4000</u>	_____ <u>EFU</u>	<input type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used	_____
<u>2S</u>	<u>38E</u>	<u>14</u>	_____	<u>4100</u>	_____ <u>EFU</u>	<input type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used	_____

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

UNION COUNTY

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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: 5.18 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:

Mr. Bingaman leases lands listed as TLs. 3400, 3700, 4000, and 4100 from SPECKHART FARMS INC. Greg Bingaman intends to use his existing deep Basalt well to irrigate the above lands which he has leased.

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): UCZPSO Sec. 24.01
- 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

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.

RECEIVED

DEC 16 2019

Name: Stacy Warren OWRD Title: Associate Planner
 Signature: *Stacy Warren* Phone: 541-963-1014 Date: Dec. 10, 2019
 Government Entity: Union County Planning

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: _____

TC 3700

NS

992967



Mary Virginia Koza
 63850 McDonald Ln.
 LaGrande, Oregon 97850
Grantor's Name and Address

Speckhart Farms Inc.
 63970 McDonald Ln.
 LaGrande, Oregon 97850
Grantee's Name and Address

After recording, return to (Name, Address, Zip):
 Speckhart Farms Inc.
 63970 McDonald Ln.
 LaGrande, Oregon 97850

Until requested otherwise, send all tax statements to (Name, Address, Zip):
 Same as above

SPACE RESERVED FOR RECORDER'S USE

STATE OF OREGON,
 County of Union) ss.
 I certify that the within instrument was received for record on the _____ day of _____, 19____, at _____ o'clock _____ M., and recorded in book/reel/volume No. _____ on page _____ and/or as fee/file/instrument/microfilm/reception No. _____, Records of said County.

Witness my hand and seal of County affixed.

NAME _____ TITLE _____

By _____, Deputy.

BARGAIN AND SALE DEED - STATUTORY FORM (INDIVIDUAL GRANTOR)

Mary Virginia Koza _____, Grantor,
 conveys to Speckhart Farms Inc. _____, Grantee,
 the following real property situated in Union _____ County, Oregon, to-wit:

see exhibit "A" attached

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

The true consideration for this conveyance is \$1.00 (Here, comply with the requirements of ORS 93.030.)

Dated this 2 day of June, 1999.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

Mary V. Koza

STATE OF OREGON, County of Union) ss.
 This instrument was acknowledged before me on 2nd Day of June, 1999,
 by Mary Koza



Margo Schlessel
 Notary Public for Oregon
 My commission expires Sept. 29, 2000

RECEIVED
 DEC 16 2000
 OWRD

LEGAL DESCRIPTION
Koza to Speckhart Farms Inc.

A parcel of land situated in the Northeast Quarter of the Northeast Quarter of Section 14, Township 2 South, Range 38 East of the Willamette Meridian, more particularly described as follows with reference to Minor Partition Plat Number 1999-12, as filed in the Union County Plat records;

All of the Northeast Quarter of the Northeast Quarter of Section 14, Township 2 South, Range 38 East of the Willamette Meridian, **EXCEPT THE FOLLOWING:**

Exception:

All of Parcel Number 1 of Minor Land Partition Number 1999-12, filed as Microfilm Number 992728, filed in Plat Cabinet Number B-534 of the Union County Plat Records;

Also Excepting ;

With Reference to Minor Partition Plat Number 1999-12:

Beginning at the Northeast Corner of said Section 14, Township 2 South, Range 38 East of the Willamette Meridian;

Thence; S 0°02'30" E, along the East line of Section 14, a distance of 217.05 feet to the South line of the property conveyed to David Koza and Mary Virginia Koza in deed document Microfilm Number 75982 as filed in the Union County Deed Records;

Thence; N 89°51'03" W, along said South lin of Koza property, a distance of 197.01 feet to the Southwest corner of said Koza Property;

Thence; N 0°55'17" W, along the West line of said Koza property, a distance of 216.50 feet to the intersection of the North line of said Section 14;

Thence; N 89°58'52" E, along said North line of said Section 14, a distance of 201.08 feet, to the point of beginning of this description.

Subject to roads over and across said premises as same may now exist or appear of record.

Parcel conveyed to Speckhart Farms Inc. Contains 36.2 acres more or less including roads.

STATE OF OREGON

County of Union

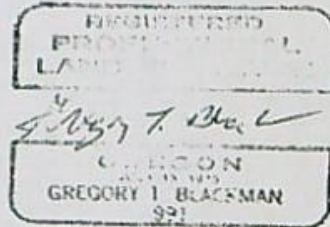
} SS

I certify that this instrument was received and recorded in the book of records of said county.

R. NELLIE BOGUE HIBBERT,
Union County Clerk

by: R. Nellie Bogue Hibbert Deputy.

DOC#: 992967
RCPT: 27303 35.00
6/02/1999 1:25 PM
REFUND: .00



RECEIVED

DEC 16 2000

OWRD

1 Personally appeared the above named HELEN JEAN SPECKHART and
2 acknowledged the foregoing instrument to be her voluntary act. Before



Marie E. Blum
Notary Public for Oregon
My Commission Expires: 5/1/84

3 Until a change is requested, all tax statements shall be forwarded to:
4 Speckhart Fares, Inc., c/o Harlow Speckhart, Rt. 1, Box 1651
5 La Grande, OR 97850

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98781

County of Union
I certify that the within instrument
and writing was received for record on
the 19 day of
Feb 1981 at L.G.
clock T.M. and recorded on page
 in book Record of
Bude of said County.
County Clerk
Norma T. xy

RECEIVED
DEC 16 2019
OWRD

20191270

RETURN TO: Manmen Null Lawyers, PO Box 477 97850
GRANTOR: David Koza, 905 M Ave, La Grande, OR 97850
GRANTEES: Stephen A. Koza, Teresa Jean Koza, and John D. Koza
TAXES TO: Stephen A. Koza, 69624 Squire Loop, Cove, OR 97824

STATUTORY BARGAIN AND SALE DEED

DAVID KOZA, Grantor bargains, sells, and conveys to STEPHEN A. KOZA, TERESA JEAN KOZA, AND JOHN D. KOZA, Grantees, all Grantor's interest in the following described real property located in Union County, Oregon:

SEE EXHIBIT "A" ATTACHED

The true and actual consideration for this conveyance is estate planning. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010. THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES, AS DEFINED IN ORS 30.930, AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

Dated this 24 day of MAY, 2019

[Signature]
DAVID KOZA

RECEIVED

DEC 16 2019

STATE OF OREGON)
) ss.
County of Union)

OWRD

On May 24th, 2019, before me personally appeared David Koza, and acknowledged the foregoing instrument to be his voluntary act and deed.

[Signature]

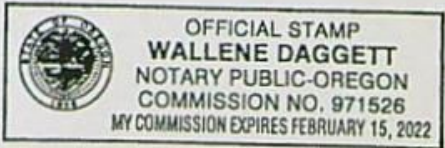


EXHIBIT "A"

TRACT 1

TL-4000

The southeast quarter of the northeast quarter of Section 14, Township 2 South, Range 38 East of the Willamette Meridan.

(02S38-4000 Ref #6407)

TRACT 2

TL 4100

The northeast quarter of southeast quarter of Section 14, Township 2 South, Range 38 East of the Willamette Meridian, EXCEPTING the South 60 feet thereof.

(02S38-4100 Ref#6403)

STATE OF OREGON

County of Union

SS

I certify that this instrument was received and recorded in the book of records of said county.

ROBIN A. CHURCH
Union County Clerk

by *[Signature]* Deputy.

DOC#: 20191270
RCPT: 192377 95.00
5/28/2019 10:00 AM
REFUND: .00

RECEIVED

DEC 16 2019

OWRD



98781^M

BARGAIN AND SALE DEED

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HELEN JEAN SPECKHART conveys to SPECKHART FARMS, INC., all of her right, title and interest in that real property described as:

TRACT I

TL
3900

The south half of northwest quarter, the north half of southwest quarter, the southwest quarter of northeast quarter and the northwest quarter of southeast quarter of Section 14, Township 2 South, Range 38 East of the Willamette Meridian; SUBJECT TO roads over and across the north and west sides thereof.

TRACT II

TL
3400

The west half of west half of Section 13 and the southeast quarter of southeast quarter and the South 60 feet of northeast quarter of southeast quarter of Section 14, Township 2 South, Range 38 East of the Willamette Meridian; SUBJECT TO road over and across the north side thereof, and EXCEPTING THEREFROM: Beginning at the northeast corner of the west half of west half of said Section 13, and running thence West 28 rods; thence South 10 rods; thence East 28 rods; thence North 10 rods to the place of beginning.

TRACT III

Beginning at the southwest corner of the northeast quarter of southwest quarter of Section 33, Township 1 South, Range 38 East of the Willamette Meridian; thence North 20 rods; thence east parallel with the south line of said Section 33 a distance of 160 rods; thence South 20 rods to the southeast corner of the northeast quarter of southwest quarter of said Section 33; thence west along the south line of said section 160 rods to the place of beginning. Being the South 20 rods of the northeast quarter of southwest quarter and the South 20 rods of the northwest quarter of southeast quarter of Section 33, Township 1 South, Range 38 EWM.

ALL SITUATE IN Union County, State of Oregon.

The true and actual consideration for this transfer is stock in Speckhart Farms, Inc.

DATED this 9th day of February, 1981.

Helen Jean Speckhart
HELEN JEAN SPECKHART

STATE OF OREGON)
COUNTY OF UNION) ss:
February 9th, 1981

RECEIVED
DEC 16 2019

Page ONE--Bargain & Sale Deed

OWRD

6-10894

EXHIBIT "A"

PARCEL I:

The north half of southeast quarter of Section 32 in Township 1 South, Range 39 East of the Willamette Meridian; SUBJECT TO roads over and across the north and west sides thereof and utility easements as same may now exist or appear of record.

SITUATE IN the County of Union, State of Oregon.

PARCEL II:

TAX LOTS 1300 and 1400

All of Lots (or tracts) of Lots one (1), two (2), and three (3) of RIVERSIDE ORCHARD TRACTS, Grande Ronde Valley, Oregon, Union County, Oregon, according to the recorded plat thereof and situated in Section 29, Township 1 South, Range 39 East of the Willamette Meridian, Union County, Oregon

TAX LOT 10400

All of the northeast quarter (NE 1/4) of Section 32 and the west 16 acres of the northwest quarter of Section thirty-three (33), all in township 1 South, Range 39 East of the Willamette Meridian, Union County, Oregon; except a portion of land conveyed to Elwyn Bingaman, Union County deed book 149, Page 428, and excepting that portion of the northeast quarter of Section 32 lying northerly of the Grande Ronde River;

All of that portion of the southeast quarter of the southeast quarter (SE 1/4) (SE 1/4) of Section twenty-nine (29) and all of that portion of the southwest quarter of the southwest quarter (SW 1/4) (SW 1/4) of Section twenty-eight (28) lying southerly of the Grande Ronde River and westerly of the west line of the 16-acre parcel (described above) in the northwest quarter of Section 33 as said line is extended northerly to the said Grande Ronde River, all situated in Township 1 South, Range 39 East of the Willamette Meridian, Union County, Oregon.

PARCEL III:

Part of TL #2300,

The South half of the South half (S 1/2 of S 1/2) of Section 12, being situated in Township 2 South, Range 38 East of the Willamette Meridian, Union County, Oregon, SUBJECT TO County road.

RECEIVED

DEC 16 2019

OWRD

PARCEL IV:

The southeast quarter (SE 1/4) of Section Thirty (30), Township 1 South, Range 39 East of the Willamette Meridian (\$47,500.00). SUBJECT TO county road.

PARCEL V:

The south half of the southeast quarter (S 1/2, SE 1/4) of Section two (2), Township 2 South, Range 38 east of the Willamette Meridian, SUBJECT TO county road (\$27,000.00).

PARCEL VI:

An undivided one-half (1/2) interest in the following described property:

Lots 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18 and 19 in IMBLER FRUIT COLONY TRACT in Union County, Oregon, according to the recorded plat thereof. Also one square acre tract in the southeast corner of the southwest quarter of Section 32, Township 1 South, Range 39 East of the Willamette Meridian, bounded as follows:

Commencing at the southeast corner of the southwest quarter of said Section 32; running thence West 208.71 feet; thence North 208.71 feet; thence East 208.71 feet; thence South 208.71 feet to the place of beginning, all of the above land being situated in the southwest quarter of Section 32, Township 1 South, Range 39 East of the Willamette Meridian.

PARCEL VII:

An undivided one-half (1/2) interest in the following described property:

Commencing at the northeast corner of the northeast quarter of the southwest quarter of Section 32, in Township 1 South, Range 39 East of the Willamette Meridian; running thence West 24.07 chains to the right of way of the Oregon-Washington Railroad and Navigation Company (Elgin Branch); thence in a southwesterly direction along the easterly line of said railroad right of way 19.86 chains; thence East 28.956 chains to the quarter section line running north and south through said section; thence north along said quarter section line 19.25 chains to the place of beginning. Situated in the north half of the southwest quarter of Section 32, Township 1 South, Range 39 East of the Willamette Meridian.

SITUATE in the county of Union, State of Oregon.

STATE OF OREGON

County of Union

SS

I certify that this instrument was received and recorded in the book of records of said county.

ROBIN A. CHURCH

Union County Clerk

by *[Signature]* Deputy.

DOC# 20113714

RCPT: 153668 55.00

11/29/2011 9:30 AM

REFUND: .00

RECEIVED

DEC 16 2011

OWRD

TZ 2301

55

11-2/882A

20113714

After recording return to:
Eastern Oregon Title, Inc.
1601 Adams Avenue
La Grande, Oregon 97850

Until a change is requested all tax statements shall be sent to the following address:
Gregory L. Bingaman
64088 McDonald Lane
La Grande, OR 97850

STATUTORY WARRANTY DEED

Elwyn D. Bingaman, Grantor, conveys and warrants to Gregory L. Bingaman, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

SEE EXHIBIT "A" ATTACHED HERETO FOR DETAILED LEGAL DESCRIPTION

This property is free from liens and encumbrances, EXCEPT:

Those of record

"BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009. THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES, AS DEFINED IN ORS 30.930, AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009."

The true consideration for this conveyance is \$601,680.00. (Here comply with requirements of ORS 93.030)

Dated this 25 day of November, 2011.

Elwyn D. Bingaman
Elwyn D. Bingaman

RECEIVED
DEC 16 2019
OWRD

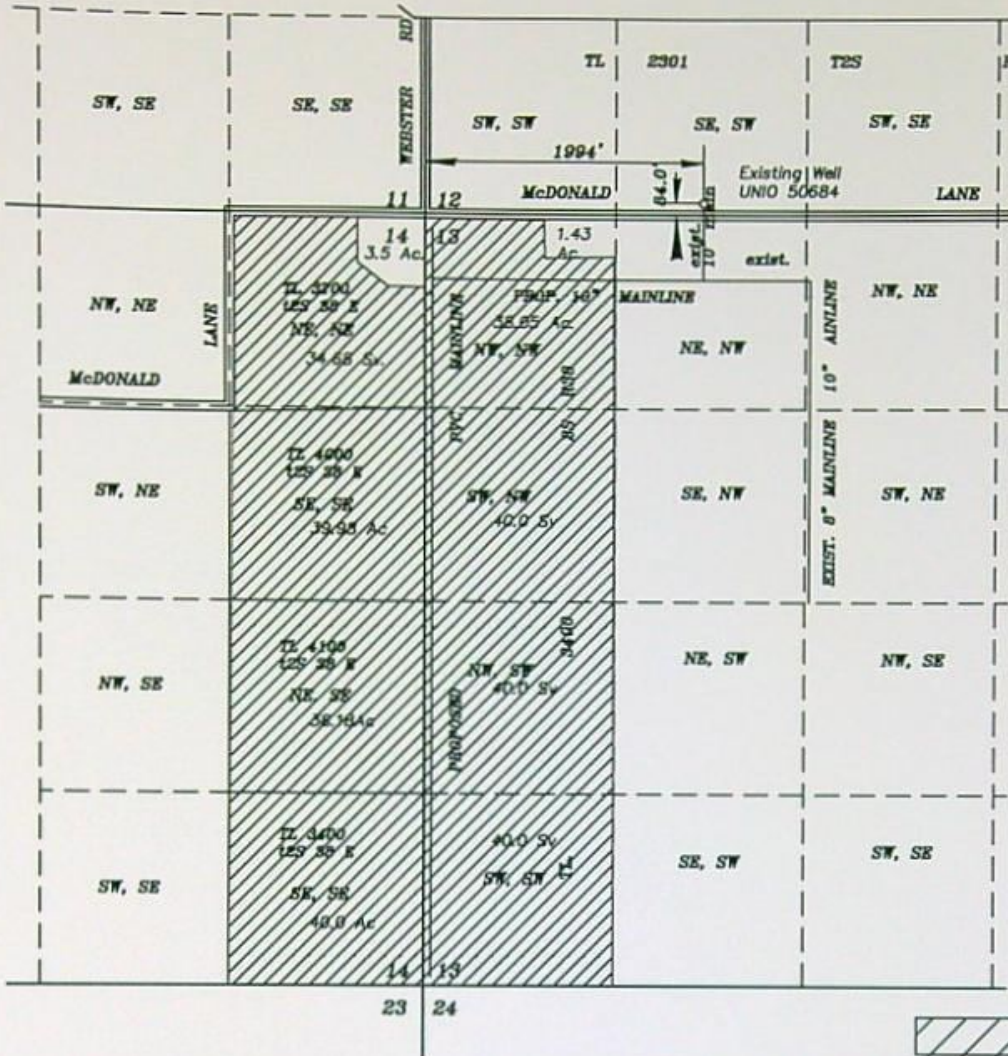
STATE OF OREGON)
)ss.
COUNTY OF UNION)

Signed or attested before me on this 25 day of November, 2011 by Elwyn D. Bingaman.

Peg Schonbachler
Peg Schonbachler
Notary Public for the State of: Oregon
My commission expires: September 15, 2013



T 2 S R 38 E



SCALE: 1"=1320'

RECEIVED
DEC 16 2019
OWRD



Lands requesting primary water from well UNIO 50684.

Proposed point of diversion is authorized under Certificate No. 89503 shown. POD located at a point 84" North and 1994" East from the SW Corner of Section 12, T2S R 38 E, WM. This point of diversion is existing and is a working Basalt Well, well log UNIO 50684 with a priority date of January 31, 2003.



NOVEMBER 21, 2019
APPLICATION MAP FOR
IRRIGATION OF LANDS
FROM AN EXISTING
BASALT WELL

FOR
GREG BINGAMAN

BY
GREG BLACKMAN WATER RIGHTS
126 RIDGE DRIVE
LA GRANDE, OREGON 97850

APPLICATION NO. _____

PERMIT NO. _____

NOTE: The preparation of this map was for the purpose of identifying the location of the proposed water right and has no intent to provide dimensions or location of property ownership lines. Location information shown hereon was furnished by the applicant.

G-10094



Oregon Water Resources Department
Groundwater Application

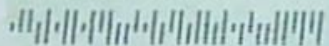
- [Main](#)
- [Help](#)
- [Return](#)
- [Contact Us](#)

Today's Date: Monday, December 9, 2019

Base Application Fee.		\$1,340.00
Number of proposed cubic feet per second (cfs) to be appropriated. (1 cfs = 448.83 gallons per minute)	5.180	\$2,100.00
Number of proposed Use's for the appropriated water. (i.e. Irrigation, Supplemental Irrigation, Pond Maintenance, Industrial, Commercial, etc) *	1	
Number of proposed groundwater points of appropriation. (i.e. number of wells) (include all injection wells, if applicable) **	1	
Subtotal:		\$3,440.00
Permit Recording Fee. ***		\$520.00
* the 1st Water Use is included in the base cost. ** the 1st groundwater point of appropriation is included in the base cost. *** the Permit Recording Fee is not required when the application is submitted but, must be paid before a permit will be issued. It is fully refundable if a permit is not issued. If the recording fee is not paid prior to issuance of the Final Order, permit issuance will be delayed.	Recalculate	
Estimated cost of Permit Application		\$3,960.00

6-10094

CERTIFIED MAIL®



& BLACKMAN

2006 Adams Avenue
La Grande, Oregon 97850



7018 0360 0000 2356 6023



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97301

U.S. POSTAGE PAID
FCM LG ENV
LA GRANDE, OR
97850
DEC 13, 19
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\$5.25

R2304E107426-08



BAGETT - GRIFFITH & BLACKMAN
PROFESSIONAL LAND SURVEYORS
2006 Adams Avenue
LaGrande, Oregon 97850

Phone (541) 963-6092 Fax (541) 963-7322

Oregon Water Resources Department
725 Summer St. NE, Suite A
Salem, Oregon 97301

BINGAMAN ENTERPRISES LLC

OREGON WATER RESOURCES

water rights

12/10/2019

27543

3,440.00

RECEIVED

DEC 16 2019

OWRD

Bank of Eastern Oreg

3,440.00



Oregon
Kate Brown, Governor

Water Resources Department
725 Summer St NE, Suite A
Salem, OR 97301
(503) 986-0900
Fax (503) 986-0904

December 17, 2019

Dear Applicant:

The Oregon Water Resources Department has received your groundwater applications for a water use permit. Your applications has been assigned file number G-18894, and G-18895. Please refer to this number when contacting the Department. Should you have any questions about your applications, please contact the following Water Rights Specialist assigned to your applications:

Lisa Graham, Water Rights Specialist	Phone: 503-986-0808
	Email: elisabeth.a.graham@oregon.gov

A description of the steps that are used for processing a water right application are shown on the reverse side of this letter.

The first step in the water rights process is the completion of a groundwater review by the Department. This review can take approximately 6-9 months to complete, sometimes longer. Once the groundwater review is completed, you will receive a copy of an Initial Review that summarizes the Department's preliminary determinations. Copies of the Proposed Final Order and Final Order will also be mailed to you.

Please note that your application is subject to review and comment from other state agencies and interested parties.

Sincerely,

Cory Middleton
Customer Service Representative
Oregon Water Resources Department

cc: File
Gregory Blackman, Agent

COPY

Water-Use Permit Application Processing Steps

Oregon Water Resources Department

1. Initial Review

The Department reviews the application to determine whether water is available during the period requested, whether the proposed use is restricted or limited by rule or statute, and whether other issues may preclude approval of or restrict the proposed use. An Initial Review (IR) containing preliminary determinations is mailed to the applicant. The applicant has 14 days from the mailing date to withdraw the application from further processing and receive a refund of all fees paid minus \$260. The applicant may put the application on hold for up to 180 days and may request additional time if necessary.

2. Public Notice

Within 7 days of the mailing of the initial review, the Department gives public notice of the application in the weekly notice published by the Department at www.oregon.gov/owrd. The public comment period is 30 days from publication in the weekly notice.

3. Proposed Final Order Issued

The Department reviews any comments received, including comments from other state agencies related to the protection of sensitive, threatened or endangered fish species. Within 60 days of completion of the Initial Review, the Department issues a Proposed Final Order (PFO) explaining the proposed decision to deny or approve the application. A PFO proposing approval of an application will include a draft permit, and may request additional information or outstanding fees required prior to permit issuance.

4. Public Notice

Within 7 days of issuing the PFO, the Department gives public notice in the weekly notice. Notice includes information about the application and the PFO. Protest must be received by the Department within 45 days after publication of the PFO in the weekly notice. Anyone may file a protest. The protest filing fee is \$410.00 for the applicant and \$810.00 for non-applicants. Protests are filed on approximately 10 percent of Proposed Final Orders. If a protest is filed the Department will attempt to settle the protest but will schedule a contested case hearing if necessary.

5. Final Order Issued

If no protests are filed, the Department can issue a Final Order within 60 days of the close of the period for receiving protest. If the application is approved, a permit is issued. The permit will specify the details of the authorized use and any terms, limitations or conditions that the Department deems appropriate.



Oregon
Kate Brown, Governor

Water Resources Department
725 Summer St NE, Suite A
Salem, OR 97301
(503) 986-0900
Fax (503) 986-0904

December 17, 2019

Dear Applicant:

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Lisa Graham, Water Rights Specialist	Phone: 503-986-0808
	Email: elisabeth.a.graham@oregon.gov

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Please note that your application is subject to review and comment from other state agencies and interested parties.

Sincerely,

Cory Middleton
Customer Service Representative
Oregon Water Resources Department

COPY

cc: File

Gregory Blackman, Agent

Water-Use Permit Application Processing Steps

Oregon Water Resources Department

1. Initial Review

The Department reviews the application to determine whether water is available during the period requested, whether the proposed use is restricted or limited by rule or statute, and whether other issues may preclude approval of or restrict the proposed use. An Initial Review (IR) containing preliminary determinations is mailed to the applicant. The applicant has 14 days from the mailing date to withdraw the application from further processing and receive a refund of all fees paid minus \$260. The applicant may put the application on hold for up to 180 days and may request additional time if necessary.

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5. Final Order Issued

If no protests are filed, the Department can issue a Final Order within 60 days of the close of the period for receiving protest. If the application is approved, a permit is issued. The permit will specify the details of the authorized use and any terms, limitations or conditions that the Department deems appropriate.

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **131550**

725 Summer St. N.E. Ste. A
SALEM, OR 97301-4172
(503) 986-0900 / (503) 986-0904 (fax)

INVOICE # _____

RECEIVED FROM: Dingman Enterprises LLC
BY: _____

APPLICATION	B-18894
PERMIT	
TRANSFER	

CASH: CHECK: # 97543 OTHER: (IDENTIFY) _____

TOTAL REC'D \$ 3140.00

1083 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES \$ _____
OTHER: (IDENTIFY) \$ _____
0243 I/S Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

4270 WRD OPERATING ACCT

MISCELLANEOUS 46111

0407 COPY & TAPE FEES \$ _____
0410 RESEARCH FEES \$ _____
0408 MISC REVENUE: (IDENTIFY) _____ \$ _____
TC162 DEPOSIT LIAB. (IDENTIFY) _____ \$ _____
0240 EXTENSION OF TIME \$ _____

WATER RIGHTS:

EXAM FEE
\$ _____
\$ <u>3140.00</u>
\$ _____

0201 SURFACE WATER \$ _____ 0202 \$ _____
0203 GROUND WATER \$ _____ 0204 \$ _____
0205 TRANSFER \$ _____

WELL CONSTRUCTION

EXAM FEE
\$ _____

0218 WELL DRILL CONSTRUCTOR \$ _____ 0219 \$ _____
LANDOWNER'S PERMIT 0220 \$ _____

OTHER (IDENTIFY) _____

0536 TREASURY 0437 WELL CONST. START FEE

0211 WELL CONST START FEE \$ _____ CARD # _____
0210 MONITORING WELLS \$ _____ CARD # _____
OTHER (IDENTIFY) _____

0607 TREASURY 0467 HYDRO ACTIVITY LIC NUMBER

0233 POWER LICENSE FEE (FW/WRD) \$ _____
0231 HYDRO LICENSE FEE (FW/WRD) \$ _____
HYDRO APPLICATION \$ _____

TREASURY OTHER / RDX

FUND _____ TITLE _____
OBJ. CODE _____ VENDOR # _____
DESCRIPTION _____ \$ _____

RECEIPT: **131550**

DATED: 12-16-19

BY: Samantha Kelly

G-18894

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