G- 18560

Application No. G- 18560
Permit No. G-18286
Certificate No. _____

Name _____
By _____ Mauri and Cresta Delint G-18560
Address 65857 Alicel Lane
Cove, OR 97824

C2024

Priority SEPTEMBER 25, 2017

County UNION WM# 6

RELATED FILES

_____
_____
_____
_____

DEVELOPMENT Date

Completion 9/24/2024
Extended to _____
_____
Final Proof received _____
Proposed Cert. Mailed _____

	Date
DENIED	
MISFILED	
WITHDRAWN	
CANCELLED	

Volume	Page

FEES PAID

Date	Amount	Receipt No.
9/25/17	2200.00	124735
6/24/19	360.00	1300816
	Cert. Fee	

FEES REFUNDED

Date	Amount	Receipt No.

ASSIGNMENTS

Date	To Whom	Address

REMARKS _____

_____
_____
_____
_____
_____
_____
_____

MAP LOCATION _____

JS 9/26/2017

Rev. 04/03

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.

G-18560
Mauri and Cresta M. Delint
65857 Alicel Lane
Cove, OR. 97824

9590 9402 4402 8248 9857 38

2. Article Number *(Transfer from service label)*

7018 0680 0002 0041 4209

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☒ Addressee

B. Received by *(Printed Name)* MAURI DeLint

C. Date of Delivery 3/14/2019

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

RECEIVED
MAR 18 2019
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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 TM | PFO

Domestic Return Receipt

USPS TRACKING #

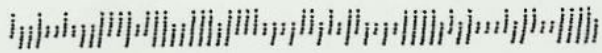
9590 9402 4402 8248 9857 38

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

United States Postal Service

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

Oregon Water Recourse Department
725 Summer St. NE. Ste. A
Salem, OR. 97301



Mailing List for FO Copies
Application #G-18560

Original mailed to applicant:

MAURI DELINT
CRESTA M DELINT
65857 ALICEL LANE
COVE OR 97824

Copies Mailed
By: TM
(SUPPORT STAFF)
on: 9/26/19
(DATE)

SENT VIA AUTO EMAIL:

1. WRD - Shad Hattan - # 6
2. Agent - Molly Reid, EA Engineering Science & Technology Inc: mreid@eaest.com

Copies sent to:

3. WRD - File # G-18560

Application Specialist: Lisa Graham

Oregon Water Resources Department
Water Right Services Division

Water Right Application G-18560 in the name of MAURI DELINT and CRESTA M DELINT	)))	FINAL ORDER

Summary: Order approving Application G-18560 and issuing Permit G-18286.

Authority
The application was 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 (OAR 690-508). These statutes and rules can be viewed on the following website: https://www.oregon.gov/OWRD/programs/policylawandrules/Pages.default.aspx.

The Department's main page is https://www.oregon.gov/OWRD.

This Final Order is issued pursuant to ORS 537.625 and OAR 690-310-0200.

FINDINGS OF FACT

1. On September 25, 2017, Mauri Delint and Cresta M Delint submitted an application to the Department for a water use permit.

2. On March 12, 2019, the Department issued a Proposed Final Order recommending approval of the application. The protest period closed April 26, 2019 and no protest was filed.

3. The findings of fact in the Proposed Final Order are incorporated herein.

CONCLUSIONS OF LAW

1. The conclusions of law in the Proposed Final Order are incorporated herein.

2. The proposed use, as conditioned, will ensure the preservation of the public welfare, safety and health.

NOTE: When issuing permits, ORS 537.628(1) authorizes the Department to include limitations and conditions which have been determined necessary to protect the public welfare, safety and health.

NOTICE OF RIGHT TO PETITION FOR RECONSIDERATION OR JUDICIAL REVIEW

This is a Final Order in other than contested case. This order is subject to judicial review under ORS 536.075 and ORS 183.484. Any petition for judicial review must be filed within the 60 day time period specified by ORS 183.484(2). Pursuant to OAR 137-004-0080 you may petition the Director for reconsideration of this order. A petition for reconsideration may be granted or denied by the Director, and if no action is taken within 60 days following the date the petition was filed, the petition shall be deemed denied.

ORDER

Application G-18560 is approved and Permit G-18286 is issued.

DATED SEP 24 2019

Dwight French
Water Right Services Division Administrator, for
Thomas M. Byler, Director
Oregon Water Resources Department

- If you have any questions about statements contained in this document, please contact Lisa Graham at Elisabeth.A.Graham@oregon.gov or 503-986-0808.
- If you have other questions about the Department or any of its programs, please contact our Water Resources Customer Service Group at 503-986-0900.

STATE OF OREGON

COUNTY OF UNION

PERMIT TO APPROPRIATE THE PUBLIC WATERS

THIS PERMIT IS HEREBY ISSUED TO

MAURI DELINT
CRESTA M DELINT
65857 ALICEL LANE
COVE OR 97824

The specific limits and conditions of the use are listed below.

APPLICATION FILE NUMBER: G-18560

SOURCE OF WATER: WELL 1 (UNIO 50687/L40698) IN GRANDE RONDE RIVER BASIN

PURPOSE OR USE: IRRIGATION OF 156.0 ACRES

MAXIMUM RATE: 1.95 CUBIC FEET PER SECOND

PERIOD OF USE: MARCH 1 THROUGH OCTOBER 31

DATE OF PRIORITY: SEPTEMBER 25, 2017

WELL LOCATION:

Twp	Rng	Mer	Sec	Q-Q	Measured Distances
2 S	39 E	WM	8	SE NW	1650 FEET SOUTH AND 1380 FEET EAST FROM NW CORNER, SECTION 8

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

THE PLACE OF USE IS LOCATED AS FOLLOWS:

Twp	Rng	Mer	Sec	Q-Q	Acres
2 S	39 E	WM	5	SE SW	39.00
2 S	39 E	WM	5	SW SE	39.00
2 S	39 E	WM	8	NW NE	39.00
2 S	39 E	WM	8	NE NW	39.00

1. **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.

2. **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.

3. **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.

STANDARD CONDITIONS

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

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 be subject to cancellation, unless the Department authorizes the change in writing.

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

4. The well(s) shall be constructed and maintained in accordance with the General Standards for the Construction and Maintenance of Water Supply Wells in Oregon. The works shall be equipped with a usable access port adequate to determine water-level elevation in the well at all times.

5. Where two or more water users agree among themselves as to the manner of rotation in the use of water and such agreement is placed in writing and filed by such water users with the watermaster, and such rotation system does not infringe upon such prior rights of any water user not a party to such rotation plan, the watermaster shall distribute the water according to such agreement.

6. Prior to receiving a certificate of water right, the permit holder shall submit to the Water Resources Department the results of a pump test meeting the Department's standards for each point of appropriation (well), unless an exemption has been obtained in writing under OAR 690-217. The Director may require water-level or pump-test data every ten years thereafter.

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

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

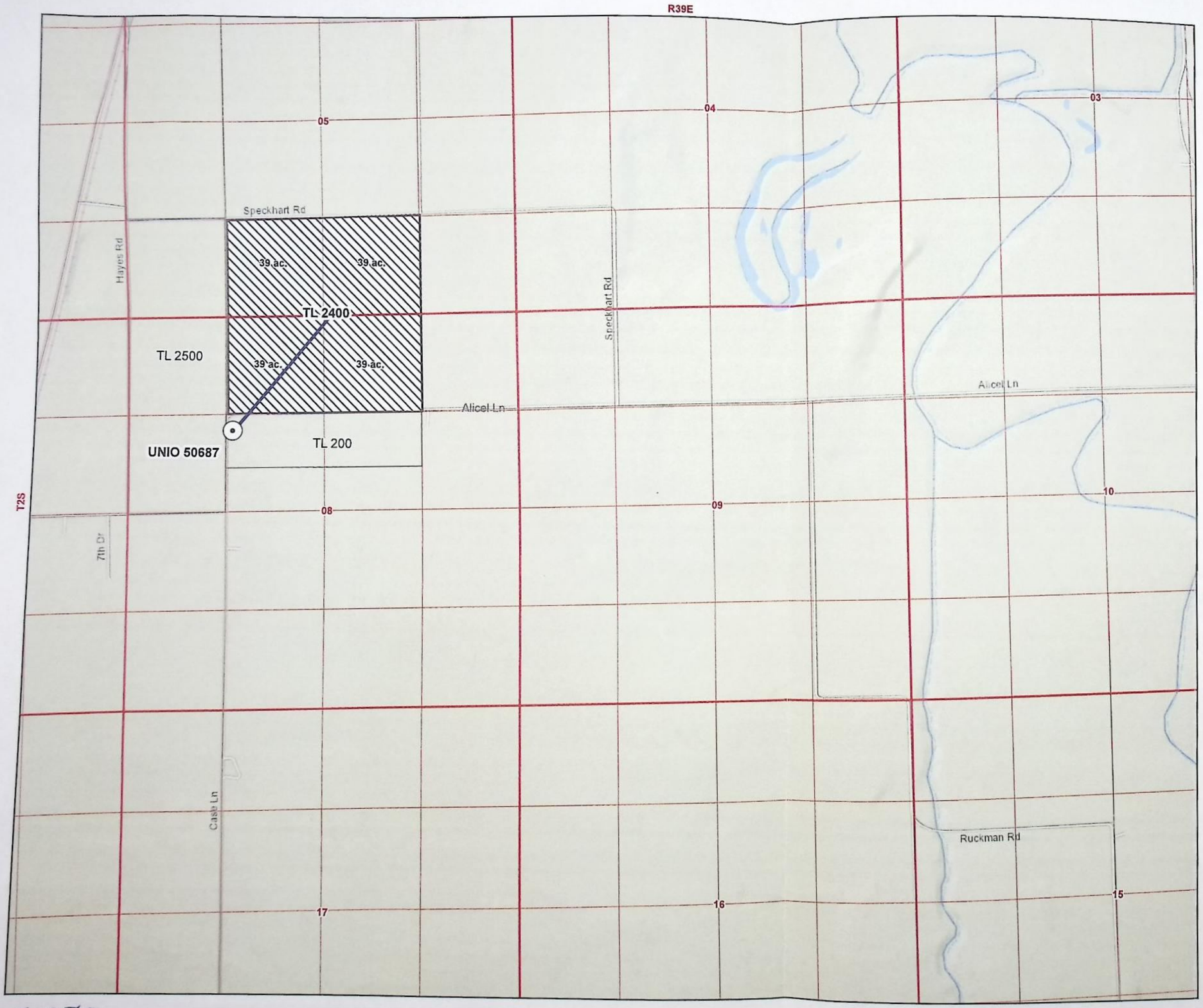
9. Construction of the well shall begin within five years of the date of permit issuance. The deadline to begin construction may not be extended. This permit is subject to cancellation proceedings if the construction deadline to begin is missed.

10. Complete application of the water shall be made within five years of the date of permit issuance. If beneficial use of permitted water has not been made before this date, the permittee may submit an application for extension of time, which may be approved based upon the merit of the application.

11. Within one year after complete application of water to the proposed use, the permittee shall submit a claim of beneficial use, which includes a map and report, prepared by a Certified Water Rights Examiner.

Issued SEP 24 2019

Dwight French
Water Right Services Division Administrator, for
Thomas M. Byler, Director
Oregon Water Resources Department



Groundwater Application for Mauri DeLint

Township 2 South, Range 39 East (W.M.)
Union County

LEGEND

- Point of Appropriation
- Buried Mainline
- Primary Irrigation
- Tax Lots
- Public Roads
- Highways
- Watercourses
- Waterbodies

Proposed POA Location Descriptions

UNIO 50687

Located 1650 feet S and 1380 feet E from the NW corner of Section 8, Township 2 South, Range 39 East (W.M.)
GPS Location: Latitude: 45.409, Longitude: -117.968

N

0 660 1,320 2,640

Feet

Disclaimer

This map was prepared for the purpose of identifying the location of a water right only and it is not intended to provide legal dimensions or location of property ownership lines.

Map Notes

Date: May 9, 2017
Data Sources: ESRI, BLM, USGS
Prepared By: EA Engineering

EA Engineering, Science, and Technology, Inc., PBC

G-18560

Final Order Checklist for Standard Applications

Reminder: use a different colored pen for changes and Date and Initial changes.

Application #: G-18560 Applicant: MAURI DELINT
Basin # 8

X Name and/or address changed or assignment received? ☒ No ☐ Yes _____

X PFO Date ~~6-26-18~~ 3-12-19 Protest Period Ended ~~7-26-18~~ 4-26-19

X Well construction meets minimum standards? ☐ NA ☒ Yes ☐ No (deny)

X PFO conclusions require modification due to typos, errors or omission of conditions: ☒ No ☐ Yes

If so: _____

X If PFO requires modification; include FO MOD hearing rights ☒ NA ☐ Yes

X Municipal Use? ☒ NA ☐ for MU - **change construction finding to 20 years in Permit**

Copy to: ☐ NCR ☐ WM6 _ ☐ SW Section (If SW, GW w/PSI, or SWW **(include copy of yellow sheet)**)

☒ Agent mreid@geoengineers.com _____

☐ CWRE _____

☐ A.L.O. _____

☐ Commenter(s) _____

☐ WMCP Yes cc: Kerri Cope

☐ Ann Reece (if application is for an Irrigation District)

X Was a standing paid for? ☒ No ☐ Yes (if yes and no protest, refund standing fee) _____

EXAM FEE REQUIRED	2040	RECORDING FEE REQUIRED	520
EXAM FEE PAID	2040	RECORDING FEE PAID	520
STILL OWED	0	STILL OWED	0

__ FO w/Draft permit: still need

__ Recording Fees

__ Easement

__ Storage Water Contract

__ Approved Dam Plans & Specs

__ Land Use Approval

X FO w/ Permit # G-18280

__ FO to deny
Refund $_____

Name: Elisabeth A. Graham **Date Completed:** 9.5.19 **Peer Reviewer:** [illegible] **Date:** 9/6/19

Manager: _____ **Date:** _____

The purpose of this checklist is to be used as a working document by the Department staff to aid in the production of the related Initial Review, Proposed Final Order, or Final Order. It is not intended to be a complete record of all factors which were considered to produce the document, nor is it intended to serve any purpose other than that stated above. The related Initial Review, Proposed Final Order, or Final Order is intended to stand alone as the record of factors considered in its production.

Reminder: use a different colored pen for changes and Date and Initial changes.

PFO Checklist for Standard Application

Application # G-18560 Applicant: MAURI DELINT
Basin # 8 WM #66

X IR requested additional information? X NA ☐ Yes _____

X Add'l info received? X NA ☐ Yes _____

X IR Date 6.22.18 Noticed on 6.26.18 Comment Deadline 7.26.18

X Electronic /Written comments? X No ☐ Yes _____ Comment Eval? X NA ☐ No ☐ Yes

X Allowed Use/Rate/Season IR / 1.95 cfs & 1516.0 ac / 3-1-10-31 Limit: 1/80 Duty: 3.0

X GW Rev ☐ NA X will likely be available ☐ will not likely be available ☐ will, if conditioned

X No PSI ☐ Yes PSI WELL _____ Has PSI with _____

PSI caused from: ☐ ¼ mile ☐ > 5CFS ☐ Instream Q ☐ > 1% of 80% ☐ Interference > 25%

Groundwater Conditions: 7N

X Well construction meets minimum standards? ☐ NA (proposed well) X Yes ☐ No (propose to deny)

X Conditions _____

☐ **Small** ≤0.1 CFS ≤ 9.2 AF ☐ **Medium** > 0.1 CFS but < 0.25 CFS. > 9.2 AF but < 100 AF X **Large** ≥ 0.25 CFS ≥ 100 AF

X SWW ☐ NA X above ☐ within Wallowa-Grande Ronde If GW, add 7J ☐

X SW availability X NA ☐ 80% ☐ 50% _____

X Division 33 X NA ☐ No

☐ UPPER COLUMBIA (not allowed 4/15 - 9/30) OAR 690-033-0120 **(DIV331)**
☐ LOWER COLUMBIA OAR 690-033-0220 **(DIV332)**
☐ STATEWIDE OAR 690-033-0330 **(DIV333)**
☐ UPPER COLUMBIA AND STATEWIDE **(DIV334)**
☐ LOWER COLUMBIA AND STATWIDE **(DIV335)**

X Land Use X allowed outright ☐ decision obtained ☐ being pursued ☐ not being pursued

X MU or QM: X NA ☐ **change construction condition to 20 years in Draft Permit**

X Needed before permit: ☐ NA X Fees (Recording) ☐ LU ☐ easement ☐ plans/ specs ☐ storage contract

X Changes from IR determinations rec'd 6.24.19

n/a

Notes n/a

Copy to:
- ☐ NCR
- ☒ WM 6
- ☒ Agent Molly Reid, GeoEngineers : mreid@geoengineers.com
- ☐ CWRE
- ☒ ~~A.L.O.~~ DISTRICT: Alicel Irrigation Dist., 65101 Imbler Rd., Cove OR 97824
- ☐ Commenter(s)
- ☐ SW Section (If SW, GW w/PSI, or SWW (include copy of yellow sheet))

EXAM FEE REQUIRED	2040	RECORDING FEE REQUIRED	520
EXAM FEE PAID	2040	RECORDING FEE PAID	160
STILL OWED	0	STILL OWED	360

Name: Elisabeth A. Graham **Date Completed:** _____ **Peer Reviewer:** Scott **Date:** 2/7/19

Team Lead: alyssa **Date:** 3/2/19

The purpose of this check list is to be used as a working document by the Department staff to aid in the production of the related Initial Review, Proposed Final Order or Final Order. It is not intended to be a complete record of all factors which were considered to produce the document, nor is it intended to serve any purpose other than that stated above. The related Initial Review, Proposed Final Order, or Final Order is intended to stand alone as the record of factors considered in its production.

A Well (UNIO 50687)
(Well 1)

IR Checklist for Standard Application

Reminder: use a different colored pen for changes and Date and Initial changes.

Application #: G-18560 Applicant MAURI DELINT

Basin # 8 Priority Date: September 25, 2017 WM #6

X Requested Use/Rate/Season IR / 1.95 cfs : 156.0 ac / 3-1-10-31 Limit 1/80 Duty 3.0

Allowed use/Rate/Season IR / 1.95 cfs : 156.0 ac / 3-1-10-31 Limit 1/80 Duty 3.0

X ORS 538 prohibits use [X] No [ ] Yes (stop processing and return app and fees)

X GW Rev: [ ] NA [X] will likely be available... [ ] will not likely be available... [ ] will, if properly condition...

[X] No PSI OR [ ] well _____ has PSI with _____

PSI caused from: [ ] ¼ mile [ ] > 5 CFS [ ] Instream Q [ ] > 1% of 80% [ ] Interference > 25%

[ ] Reduce rate to avoid PSI _____

[X] GW conditions 7N

X Conditions _____

[ ] **Small** ≤ 0.1 CFS, ≤ 9.2 AF [ ] **Medium** > 0.1 CFS but < 0.25 CFS, > 9.2 AF but < 100 AF [X] **Large** ≥ 0.25 CFS, ≥ 100 AF

- use at least Medium for: Siltcoos Lake, stored water contract, and Sandy Basin ground water.
- use Large for: Tenmile Lake, NU or other temp control, and gov. entities, HC exceptions; and if GW in South Salem Hills, or 10+ acres in Stage Gulch CGWA; Large-7g, Large-7i for 7g/7i.

X Use is [X] allowed [ ] not allowed [ ] limited [X] OAR [ ] Compact 1090-503-0020

X **SW availability [X] NA [ ] 80% [ ] 50% _____ WID: _____

[ ] Use DWF's 6/21/05 non-standard W/A memo if the source is: trib to Drews Res, Snake R, Columbia R, North Umpqua R below Rock Cr, or within drainages of Lost R, Chehalem Cr, or Champoeg Cr (including Mission Cr and Case Cr)

X DIVISION 33: [X] NA [ ] No

[ ] UPPER COLUMBIA (not allowed 4/15 - 9/30) OAR 690-033-0120 **(DIV331)**
[ ] LOWER COLUMBIA OAR 690-033-0220 **(DIV332)**
[ ] STATEWIDE OAR 690-033-0330 **(DIV333)**
[ ] UPPER COLUMBIA AND STATEWIDE **(DIV334)**
[ ] LOWER COLUMBIA AND STATWIDE **(DIV335)**

X SWW: [ ] NA [X] above [ ] within Wallowa-Grande Ronde

X POU conflict? [X] No [ ] No, different sources [ ] No, make up a deficiency in rate [ ] No, existing not at max. rate [ ] Yes _____

X Use is supplemental, checked for primary rights w/ diff source [X] NA [ ] No [ ] yes, limits _____

X App w/in a District boundary [ ] No [X] Yes, cc: Alicel Irrigation District

X Land use: [X] allowed outright [ ] not allowed [ ] being pursued [ ] not being pursued [ ] decision obtained [ ] receipt only [ ] N/A

X MU or QM: [X] NA [ ] will complete construction within 20 years

[ ] Chris or Kerri reviewed and added recommendations _____

X Storage contract [X] NA [ ] BOR [ ] Doug Co [ ] Corp of Eng [ ] needed [ ] obtained _____

X POD is within North Umpqua or Tenmile Lake for domestic use and the spreadsheet was updated [X] NA [ ] Yes

X Forms [X] NA [ ] HC except (receipts/well logs attached) [ ] spring description [ ] Form M

*** Save W/A report to electronic application file***

☒ Yes Agent: Molly Reid EA Engineering Science & Technology Inc. mreid@eaest.com

Application #: G-18560 Applicant MAURI DELINT

X Authorized agent specified ☐ No ☒ Yes *Alicel Irrigation Dist., 65101 Imbler Rd, Cove OR 97824

X Copy to ☐ SWR ☒ WM #6 ☐ ALO _____
☐ NCR ☒ agent ☐ City _____
☐ district (w/in 5-mile muni wells)
☐ Hydrographic (if SW, GW with PSI, or SWW) ☐ CWRE _____

☐ Division 33 – Upper Columbia (Northwest Power and Cons Council, National Marine Fisheries, Indian Tribes (CTUIR, WST), and USFWS)
☐ DOA Food Safety Division (bottled water)
☐ DOGAMI & DSL (mining)
☐ Any appropriate local government

X Fees 1.95 CFS — Base 1340
_____ AF — Up to 1 CFS 350
1 Add'l CFS@ $350/CFS 350
_____ well(s)/POD(s) — Up to 20 AF @ $35/AF _____
_____ Add'l AF @ $1.20/AF _____
_____ use(s) — Add'l____ POD/POA____use + _____

Exam Fee Required	2040	Rec Fee Req'd	520
Exam Fee Paid	2040	Rec Fee Paid	160
Still Owed/Refund	0	Owed before Permit	360

X App/map meet min. required ☒ Yes ☐ No ☐ ALO info ☐ map ☐ legal _____
X Req'd before PFO: ☒ NA ☐ LU approve/pursue ☐ ALO info ☐ exam fees
X Req'd before permit: ☐ NA ☒ recording fees ☐ well repair ☐ LU ☐ easement ☐ plans/specs ☐ storage contract
X Letter format: ☒ good ☐ limited ☐ bad ☐ bad w/ rate reduction opportunity
X Scanned images exist for application form and map

Name: Elisabeth A. Graham Date Completed: [signature] 6-22-18 Initials: ____ Peer Reviewer _____ Date: _____

The purpose of this checklist is to be used as a working document by Department staff to aid in the production of the related Initial Review, Proposed Final Order, or Final Order. It is not intended to be a complete record of all factors which were considered to produce the document, nor is it intended to serve any purpose other than that stated above. The related Initial Review, Proposed Final Order, or Final Order is intended to stand alone as the record of factors considered in its production.

MEMO

To: Kristopher Byrd, Well Construction and Compliance Section Manager
From: Joel Jeffery, Well Construction Program Coordinator
Subject: Review of Water Right Application G-18560
Date: October 5, 2018

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

Applicant's Well #1 (Unio 50687): Based on a review of the Well Report and on comments by Mike Zwart in a previous groundwater application review (G-17637), Applicant's Well #1 seems to protect the groundwater resource.

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

Union 50687

RECEIVED
APR 13 2000
WATER RESOURCES DEPT.
SALEM, OREGON

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

Instructions for completing this report are on the last page

WELL I.D. # L 40698
START CARD # W73877

(1) OWNER: Well Number
Name Shawn DE LiNT - Rudd
Address 60405 GEKER LANE / 63324 ALICELLN
City LAGRANDE State OR Zip 97850 / COVE 97824

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

(3) DRILL METHOD:
☐ Rotary Air ☒ Rotary Mud ☐ Cable ☐ Auger
☐ Other FAIR 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 1565'
Explosives used ☐ Yes ☒ No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
22	0	1373	cement	0	202	200 SK
			cement	1395	1513	150 SK
14 3/4	1575	3063	cement Float Shoe 14			
3 cement Basket 1498 + 1513						

How was seal placed: Method ☒ A ☐ B ☒ C ☐ D ☐ E
☐ Other
Backfill placed from ft. to ft. Material
Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	16"	8+	680	375	☒	☐	☒	☐
	16"	680	811	312	☒	☐	☒	☐
	14"	811	1575	312	☒	☐	☒	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:
☒ Perforations Method MANUFACTURE 3/16 X 3
☐ Screens Type Material steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
1513	1575	3/16 X 3	2690	14"	.250	☒	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
1000	100		1 hr.

Temperature of water 124 Depth Artesian Flow Found 300GPM
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 UNION Latitude Longitude
Township T 2S N or S Range 39E E or W WM.
Section 8 SE 1/4 NW 1/4
Tax Lot 3708 Lot Block Subdivision
Street Address of Well (or nearest address) 63324 ALICELLN COVE OR. 97824

(10) STATIC WATER LEVEL:
Flowing ft. below land surface. Date
Artesian pressure 11 lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at which water was first found 12'

From	To	Estimated Flow Rate	SWL
57	62	Estimated	2'
78	90		
170	174	50 GPM	
541	544	Total	
598	603		

(12) WELL LOG:
Ground Elevation

Material	From	To	SWL
Top Soil	0	1	
Sand + clay - Tan	1	4	
Clay Tan - Hard	4	9	
Sand + clay Tan	9	21	
Clay + Sand Tan	21	34	
Clay Tan	34	57	
Sand	57	62	
Clay + Sand Brown	62	78	
Sand	78	90	
Clay Green	90	170	
Sand	170	174	
Clay + Sand	174	204	
Sandstone + Sand	204	211	
Clay Tan	211	309	
Clay Dark Green	309	407	
Clay Black - SOFT	407	418	
Clay Dark Green - SOFT	418	427	
Sand + Clay Green	427	431	
Sand + Clay Green - HARD	431	448	
Clay Tan - SOFT	448	457	

Date started 8-19-96 Completed 2-15-98

(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 Walt Lowe Date 3-15-98

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SALEM, OREGON

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

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

WELL I.D. # L 40698
START CARD # W73877

(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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method

☐ Screens Type Material

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
			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
804	807	50 gpm	2'
834	839	50 gpm	2'
1540	1570	150 GPM →	Flowing
1906	1971	Can't determine	1
2119	2120	" "	1

(12) WELL LOG:

Ground Elevation

Material	From	To	SWL
Clay Tan + Shale HARD	457	476	
Clay Green + Sandstone Tan	476	481	
Clay Tan + Brown - SOFT	481	538	
Clay Green Hard	538	541	
Sand Course	541	544	
Clay Green SOFT + Sandstone Green HARD	544	564	
Clay Tan + Brown SOFT	564	579	
Clay Tan + Brown + Sand White	579	598	
Sand course + clay	598	603	
Clay Gray SOFT	603	608	
Clay Green + Sand course	608	621	
Clay Gray SOFT	621	632	
Clay + Shale Brown	637	674	
Clay Green + Gray SOFT	674	725	
Clay Black SOFT	725	728	
Clay Gray SOFT	728	749	
Clay Gray + Sand Course	749	753	
Clay Gray SOFT	753	779	
Clay Grey-Green HARD	779	804	
Sand Course	804	807	

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 Lowe Date 3-5-98

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SALEM, OREGON

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

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

WELL I.D. # L 40698
START CARD # W73877

(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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

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

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
			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
2677	2698	120 GPM 103.4	Temp
2716	2718	350 GPM Temp 107.5	
2731	2738	350 GPM 106.9	
2756	2767	500 GPM	
2770	2799	100 GPM	

Flowing ↓

(12) WELL LOG:
Ground Elevation

Material	From	To	SWL
Clay Green - Green SOFT	807	834	
Sand Course	834	839	
Clay Green SOFT + HARD	839	857	
Sand + Clay Green	857	989	
Clay Green SOFT	989	1015	
Clay Green + Sand	1015	1024	
Clay Green [illegible] SOFT	1024	1042	
Clay Green HARD	1042	1052	
Sand + Clay Green	1052	1061	
Clay Green SOFT	1061	1080	
Basalt Black + Pink	1080	1082	
Clay Green SOFT + Shale	1082	1089	
Bobbly Brown Green Black	1089		
Shale Green		1091	
Basalt Brown + Shale Green HARD	1091	1132	
Basalt Gray HARD + shale Green	1132	1149	
Basalt Black + Clay Green SOFT	1149	1198	
Basalt red + Gray VERY HARD	1198	1204	
Basalt Red - Clay Gray -	1204		
Shale Green		1217	

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 Lowe Date

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SALEM, OREGON

Unio 50687

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

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

WELL I.D. # L 40698

START CARD # W73877

(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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method

☐ Screens Type Material

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
			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
2889	2897	GPM 20	Flowing
2928	2942	Can't Determine	"
2961	2969	"	"
3031	3030	"	"
3051	3054	Temp 106.8	↓

(12) WELL LOG:

Ground Elevation

Material	From	To	SWL
Basalt Black - Shale red + gray + clay Brown + Brown SOFT	1217	1274	
Basalt Gray HARD - Clay Gray SOFT	1274	1441	
Basalt Gray with Brown coating + Clay	1441	1459	
Basalt Brown + Clay Shale	1459	1468	
Shale Orange HARD + Clay Gray SOFT	1468	1487	
Basalt Brown + Clay Red SOFT	1487	1504	
Shale Red + Clay	1504	1570	
Basalt Black + Shale Red	1570	1599	
Basalt Brown not very Hard clay Green	1599	1631	
Basalt Gray + Black - Shale Green	1631	1672	
Basalt Brown + Black - Shale Green + Gray HARD	1672	1677	
Basalt Red + [illegible] SOFT	1677	1699	
Shale Green + Basalt Black			
Basalt Red + Green HARD + Shale Gray + Green HARD	1699	1719	
Pebbles Brown Gray Clay Gray Green	1719	1721	

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 [signature] Date

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WATER RESOURCES DEPT.
SALEM, OREGON

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

Instructions for completing this report are on the last page

WELL I.D. # L 40698
START CARD # N73877

(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 Diameter	From	To	SEAL Material	From	To	Sacks or pounds

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

☐ Other

Backfill placed from ____ ft. to ____ ft. Material

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

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method

☐ Screens Type Material

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
			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 + Clay Green SOFT	1721	1748	
Basalt Gray + Shale Green + Clay Gray	1748	1906	
Basalt Gravel like	1906	1971	
Basalt Gray + Clay Gray	1971	1993	
Basalt Black + Clay Gray	1993	1999	
Basalt Gray VERY HARD	1999	2004	
Basalt Black + Clay Black SOFT	2004		
Shale Green		2029	
Basalt Black + Clay Gray SOFT	2029	2070	
Basalt Gray + Shale	2070		
Clay Green + Gray SOFT		2119	
Basalt Gray	2119	2120	
Basalt Black + Clay Green Gray	2120	2175	
Basalt Gray HARD + Clay Gray	2175	2222	
Basalt Black + Clay Gray + Shale Green	2222	2229	
Basalt Gray + Clay Gray + Shale Green	2229	2251	
Basalt Black + Shale Green +	2251		
Clay Gray HARD		2267	
Clay Brown Gray Green Soft	2267		
+ HARD - Basalt Black		2275	

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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SALEM, OREGON

6 of #18

Union 50687

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

WELL I.D. # L 40698

START CARD # W73877

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 Diameter	From	To	SEAL Material	From	To	Sacks or pounds

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

☐ Other

Backfill placed from ____ ft. to ____ ft. Material

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

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method

☐ Screens Type Material

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
			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 Black + Brown	2276	2278	
Clay Brown Black Green	2278		
Basalt Black + Shales		2288	
Basalt Black-Clay Green + Shale Green	2288	2297	
Basalt Black-Shale Black Clay Grey	2297	2302	
Basalt Black VES.	2302	2329	
Basalt Black	2329	2336	
Basalt Black HARD	2336	2349	
Basalt Gray	2349	2353	
Basalt Green + Clay Green SOFT	2353	2355	
Shale Green HARD Clay Green	2355	2357	
Basalt Black + Clay Grey Green	2357	2359	
Basalt Gray + Clay Green HARD	2359	2368	
Basalt Gray + Clay Grey	2368	2382	
Basalt Black + Clay Black SOFT	2382	2387	
Shale Brown Grey Green Red	2387	2390	
Basalt Black + Clay Grey	2390	2394	
Basalt Grey - Shale Green	2394	[redacted]	
Clay Grey - Basalt HARD		2429	
Basalt Green + Shale Green	2429	2448	

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 Lopez Date 3-5-98

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WATER RESOURCES DEPT.
SALEM, OREGON

UNIO. 50687

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

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

WELL I.D. # L 40698
START CARD # W73877

(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 Diameter	From	To	SEAL Material	From	To	Sacks or pounds

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

☐ Other

Backfill placed from ____ ft. to ____ ft. Material

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

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method

☐ Screens Type Material

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
			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
Cinder Red - Shale, Green -	2448		
Basalt Black		2468	
Basalt Black shale red, Green Brown	2468	2476	
Cinder Brown + Tan - Shale Green	2476	2480	
Cinder Red - Shale, Green	2480	2482	
Basalt Green - Clay Gray	2482	2486	
Cinder Brown Black - Shale Green Tan	2486	2503	
Basalt Black + Shale, Green Hard	2503	2506	
Basalt Green + Clay Green	2506	2510	
Basalt Gray + Clay Gray	2510	2560	
Basalt Black + White - Shale Green	2560	2569	
Basalt Gray + Black spots Shale Green	2569	2581	
Basalt Gray HARD - Clay Gray	2581	2590	
Basalt Black - Shale, Green - Cinder	2590		
Brown + Black - quartz - White			
red cinder VES.		2592	
Cinder Black Brown Blue Green	2592	2594	
Basalt Black - Shale Green - Clay Green	2594	2597	
Basalt Gray - Quartz White - Clay Gray	2597	2599	
Basalt Black - Shale Green HARD	2599	2605	

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 Walt Jones Date

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WATER RESOURCES DEPT.
SALEM, OREGON

8 of 78

Unio. 50687

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

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

WELL I.D. # L 40698
START CARD # W73877

(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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method

☐ Screens Type Material

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
			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 - Shale Green	2605	2611	
Basalt Black Shale Green Quartz	2611		
GPM 25 TEMP 91.5		2618	
Basalt Gray + Shale, Green Quartz	2618	2627	
Basalt Black + Gray - Red Cinder	2627		
Shale, Green		2629	
Shale Black + Green HARD	2629	2635	
Basalt Gray + Shale Green	2639	2639	
Basalt Gray - Shale Green Red	2639	2646	
Basalt Gray W/S. Quartz White	2646	2648	
Shale Green - Cinder Red + Black	2648	2650	
Cinder Red + Black - Gray Green Lava	2650	2653	
Basalt Black - Shale Green Red	2653	2661	
Cinder Red + Black - Shale Green	2661	2663	
Basalt Black - Clay Gray	2663		
Shale Green Brown Red		2667	
Basalt Gray - Clay Gray Shale	2667		
Green		2671	
Basalt Green Clay Gray Shale Green	2671	2675	
Basalt Green + Clay Gray	2675	2677	

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 Lowe Date

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WATER RESOURCES DEPT.
SALEM, OREGON

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

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

WELL I.D. # L 40698
START CARD # W73877

(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 Diameter	From	To	SEAL Material	From	To	Sacks or pounds

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

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

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
			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 Black Loose	2677		
GPM 120 TEMP 103.4		2698	
Basalt Black	2698	2701	
Basalt Black-Shale Green-Cinder Red	2701	2708	
Basalt Black-Cinder Red	2708	2712	
Basalt Gray Shale Green HARD	2712		
Quartz		2716	
Basalt Black-Clay Gray-Shale Green	2716		
BPM 350 TEMP 106.6		2718	
Basalt Gray - Shale Green Loose	2718	2731	
Basalt Black - Quartz white VES.	2731	2738	
Basalt Black + Quartz SOFT	2738		
GPM 35 TEMP 106.6		2740	
Basalt Black Clay Gray	2740		
Cinder Red		2747	
Basalt Gray - Clay Gray	2747	2750	
Basalt Gray Black Clay	2750	?	
Gray - Cinder Red VES		2756	
Basalt Gray Clay Gray - Shale	2756		
GPM 50 TEMP 107.5		2767	

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 1899
Signed Walter Lowe Date _____

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SALEM, OREGON

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40698

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

UNIO..
50687

(START CARD) # W73877

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

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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) ______

(7) PERFORATIONS/SCREENS:

☐ Perforations Method ______
☐ Screens Type ______ Material ______

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
			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 Black - Shale Green	2767	2769	
Basalt Gray With Brown Tint	2769		
Quartz white Clay LOOSE		2799	
Basalt Black + Brown Cinder	2799		
Red - Quartz White		2803	
Basalt Gray + Quartz	2803	2811	
Basalt Black VES, Quartz	2811	[redacted]	
Cinder Brown SOFT		2827	
Basalt Gray - Clay Gray	2827	2832	
Basalt Black - Clay VES.	2832	2840	
Basalt Black - Quartz White SOFT	2840	2843	
Basalt Gray - Shale Green HARD	2843	2845	
Basalt Black + Quartz White SOFT	2845	2849	
Basalt Gray - Shale Green	2849	2851	
Basalt Black - Shale Gray SOFT	2851	2881	
Basalt Black + Gray - Clay Gray HARD	2881	2889	
Basalt Gray + Green - Cinder Red	2889		
GPM 20		2897	
Basalt Black + Clay Gray	2897	2907	
Basalt Gray - Quartz White	2907	2923	

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 Wallis Lowe Date ______

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WATER RESOURCES DEPT.
SALEM, OREGON

11 of # 12

40698

STATE OF OREGON WATER WELL REPORT

(as required by ORS 537.765)

UNID 50687

(START CARD) # W73877

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 Diameter	From	To	SEAL Material	From	To	Sacks or pounds

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

☐ Other

Backfill placed from ____ ft. to ____ ft. Material

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

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method

☐ Screens Type Material

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
			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 Black - Shale	2923	2925	
Cinder Black Brown Red-Shale	2925	2927	
Basalt Black - Shale Green -	2927		
Cinder Black SOFT		2928	
Basalt Black VES. Quartz White	2928	2942	
Basalt Gray Quartz White Clay Gray	2942	2954	
Basalt Black + Shale Green Quartz	2954	2957	
Basalt Gray - Clay Gray	2957	2969	
Basalt Black Quartz White	2969	2975	
Cinder Brown + Black - Quartz	2975	2977	
Basalt Black + Cinder	2977	2979	
Basalt Gray + Quartz	2979	3004	
Basalt Gray with Brown cast HARD	3004	3020	
Basalt Gray + Green Clay Gray	3020	3031	
Basalt Black VES. Cinder	3031		
Red + Brown + Shale Green			
HARD		3033	
Cinder red + Brown Shale Green SOFT	3033	3036	
Black Shale	3036	3037	
Clay Black SOFT	3037	3038	

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 Walt Lowe Date

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WATER RESOURCES DEPT.
SALEM, OREGON

Unio 50687

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

WELL I.D. # L 40698

START CARD # N73877

(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 Diameter	From	To	SEAL Material	From	To	Sacks or pounds

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

☐ Other

Backfill placed from ____ ft. to ____ ft. Material

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

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method

☐ Screens Type Material

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
			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 Black - shale +	3038		
Clay Green SOFT		3093	
Cinder Red + Brown Basalt Black	3093	3045	
Basalt Black - shale Gray	3045	3047	
Basalt Black - shale White	3047	3049	
Basalt Black + shale shale Green	3049	3051	
Basalt Shale Quartz + wht. silicone	3051	3054	
Basalt Gray clay Gray - Quartz	3054	3065	
Basalt Gray clay Gray shale stone	3065		

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.

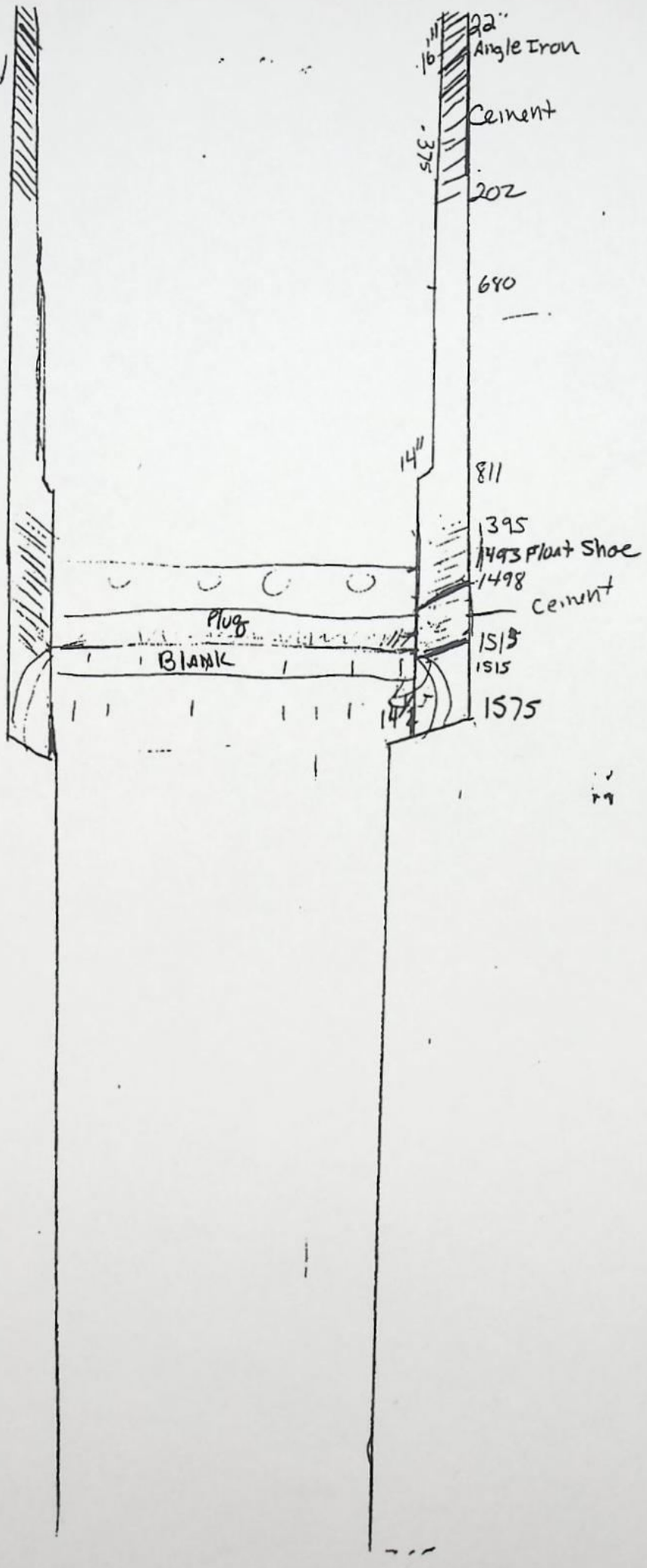
WWC Number 1399

Signed Date

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

3877

Clint Shaw Rudd



Groundwater Application Review Summary Form

Application # G- 18560

GW Reviewer Phil Marcy **Date Review Completed:** 5/30/2018

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.

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).

WATER RESOURCES DEPARTMENT

MEMO May 30, 2018

TO: **Application G-** 18560

FROM: **GW:** Phil Marcy
(Reviewer's Name)

SUBJECT: Scenic Waterway Interference Evaluation

☒ YES
The source of appropriation is within or above a Scenic Waterway

☐ NO

☐ YES
Use the Scenic Waterway condition (Condition 7J)

☒ NO

☐ Per ORS 390.835, the Groundwater Section is **able** to calculate ground water interference with surface water that contributes to a Scenic Waterway. The calculated interference is distributed below.

☒ Per ORS 390.835, the Groundwater Section is **unable** to calculate ground water interference with surface water that contributes to a scenic waterway; **therefore, the Department is unable to find that there is a preponderance of evidence that the proposed use will measurably reduce the surface water flows necessary to maintain the free-flowing character of a scenic waterway.**

DISTRIBUTION OF INTERFERENCE

Calculate the percentage of consumptive use by month and fill in the table below. If interference cannot be calculated, per criteria in 390.835, do not fill in the table but check the "unable" option above, thus informing Water Rights that the Department is *unable to make a Preponderance of Evidence finding.*

Exercise of this permit is calculated to reduce monthly flows in _____ Scenic Waterway by the following amounts expressed as a proportion of the consumptive use by which surface water flow is reduced.

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

PUBLIC INTEREST REVIEW FOR GROUNDWATER APPLICATIONS

TO: Water Rights Section Date 05/30/2018
FROM: Groundwater Section Phillip I. Marcy
Reviewer's Name
SUBJECT: Application G- 18560 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: **Mauri and Cresta Delint** County: **Union**

A1. Applicant(s) seek(s) 1.95 cfs from 1 well(s) in the Grande Ronde Basin, subbasin

A2. Proposed use Irrigation (156 acres) Seasonality: March 1st – October 31st

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 50687	1	Basalt	1.95	2S/39E-8 SE-NW	1650'S, 1380'E fr NW cor S 8
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	2738	1540	-53.13	03/23/2016	3065	0-202 1395-1513	0-1515	NA	1515-1575	1000	100	Unk.

Use data from application for proposed wells.

A4. **Comments:** First water reported is below seal depth, with numerous water-bearing zones reported in basalt flow sequence.

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) _____;
   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 is already measured under permit G-17361 to satisfy condition 7N. Groundwater elevations appear stable (see attached hydrograph), with few appropriations from this depth within the CRBG in the area of the proposed use.

The nearest well producing from similar depths within the CRBG that has a long-term record is about five miles NW of the proposed POA well.

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	**Basalt of the Columbia River Basalt Group**	☒	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

Basis for aquifer confinement evaluation: Aquifers within the CRBG typically occur in interflow zones between solid, low permeability flow interiors of lava flows. This geometry provides a high degree of confinement, often producing artesian flowing pressures from deep-seated water-bearing zones, as is the case with the POA well.

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? YES	NO	ASSUMED	Potential for Subst. Interfer. Assumed? YES	NO
1	1	**Grande Ronde River**	**2790**	**2678**	**9400**	☐	☒	☐	☐	☒
						☐	☐	☐	☐	☐
						☐	☐	☐	☐	☐
						☐	☐	☐	☐	☐
						☐	☐	☐	☐	☐
						☐	☐	☐	☐	☐
						☐	☐	☐	☐	☐
						☐	☐	☐	☐	☐
						☐	☐	☐	☐	☐

Basis for aquifer hydraulic connection evaluation: It is unknown to what extent, if any, that groundwater in deep Columbia River Basalt aquifer systems contributes to surface water flows.

Water Availability Basin the well(s) are located within: Grande Ronde Riv. > Snake Riv. Ab Willow Cr. (30810407).

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?
		☐	☐			☐		☐		☐
		☐	☐			☐		☐		☐
		☐	☐			☐		☐		☐
		☐	☐			☐		☐		☐
		☐	☐			☐		☐		☐
		☐	☐			☐		☐		☐

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?
			☐			☐		☐		☐
			☐			☐		☐		☐
			☐			☐		☐		☐
			☐			☐		☐		☐

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													
		%	%	%	%	%	%	%	%	%	%	%	%
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		%	%	%	%	%	%	%	%	%	%	%	%

(A) = total interference as CFS; (B) = WAB calculated natural flow at 80% exceed. as CFS; (C) = 1% of calculated natural flow at 80% exceed. as CFS; (D) = highlight the checkmark for each month where (A) is greater than (C); (E) = total interference divided by 80% flow as percentage.

Basis for impact evaluation: This section does not apply.

C4b. **690-09-040 (5) (b) The potential to impair or detrimentally affect the public interest is to be determined by the Water Rights Section.**

C5. ☐ **If properly conditioned**, the surface water source(s) can be adequately protected from interference, and/or groundwater use under this permit can be regulated if it is found to substantially interfere with surface water:

i. ☐ The permit should contain condition #(s)_____;

ii. ☐ The permit should contain special condition(s) as indicated in "Remarks" below;

C6. **SW / GW Remarks and Conditions:** The proposed POA well is above a scenic waterway, however, it is unlikely to influence flows within the waterway, condition 7J is not recommended.

References Used:

Ferns, M.L., McConnell, V.S., 2003, Geologic Map of the Upper Grande Ronde River Basin, Union County, Oregon: DOGAMI Open File Report, O-03-11.

Development Potential of Ground Water in the Grande Ronde Valley, Union County, Oregon, Ham, 1966

Application file G-18559, local well logs, OWRD water level database, application review G-17637.

Geology and Ground-Water Resources of the Upper Grande Ronde River Basin, Union Co., OR, by Brown and Hampton, 1959

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

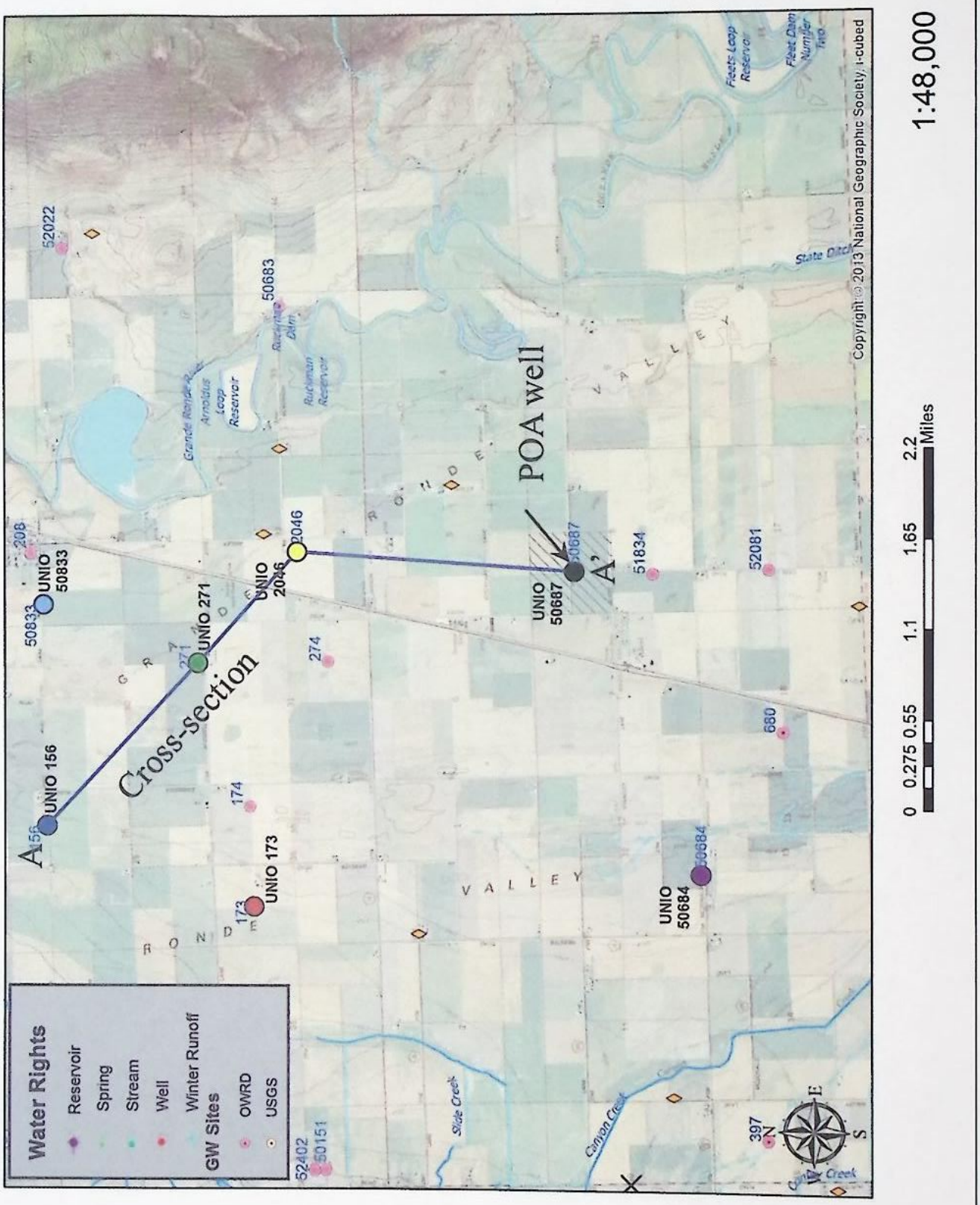
DETAILED REPORT ON THE WATER AVAILABILITY CALCULATION

GRANDE RONDE R > SNAKE R - AB WILLOW CR
Watershed ID #: 30810407 Basin: GRANDE RONDE Exceedance Level: 80
Time: 3:40 PM Date: 05/30/2018

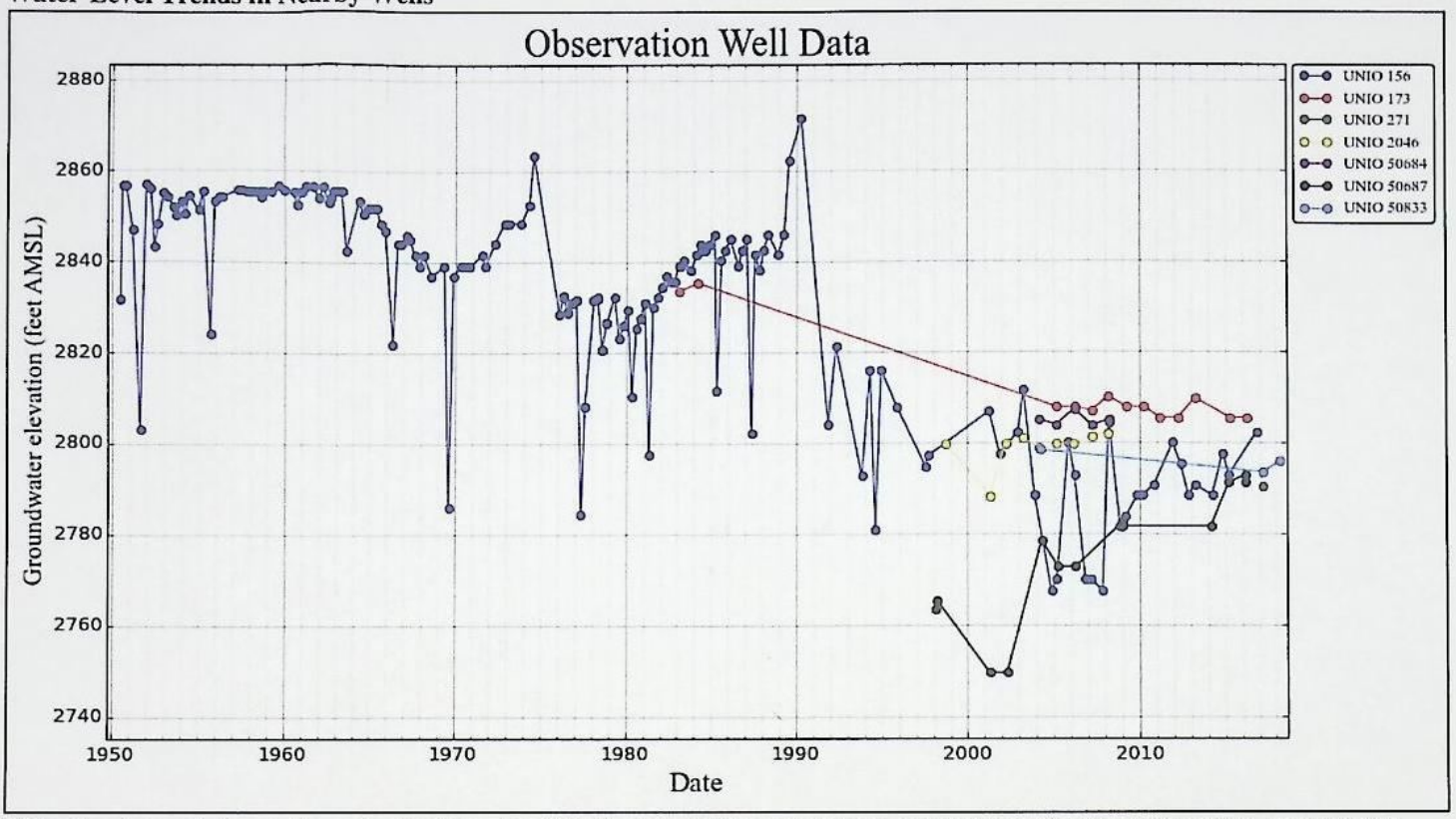
Monthly values are in cfs.
Storage is the annual amount at 50% exceedance in ac-ft.

Month	Natural Stream Flow	Consumptive Use and Storage	Expected Stream Flow	Reserved Stream Flow	Instream Requirements	Net Water Available
JAN	138.00	17.80	120.00	23.70	0.00	96.60
FEB	246.00	21.80	224.00	62.30	0.00	162.00
MAR	431.00	23.50	407.00	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	60.70
NOV	93.10	15.10	78.00	0.00	0.00	78.00
DEC	111.00	16.80	94.20	13.00	0.00	81.20
ANN	429,000	71,600	358,000	35,900	0	322,000

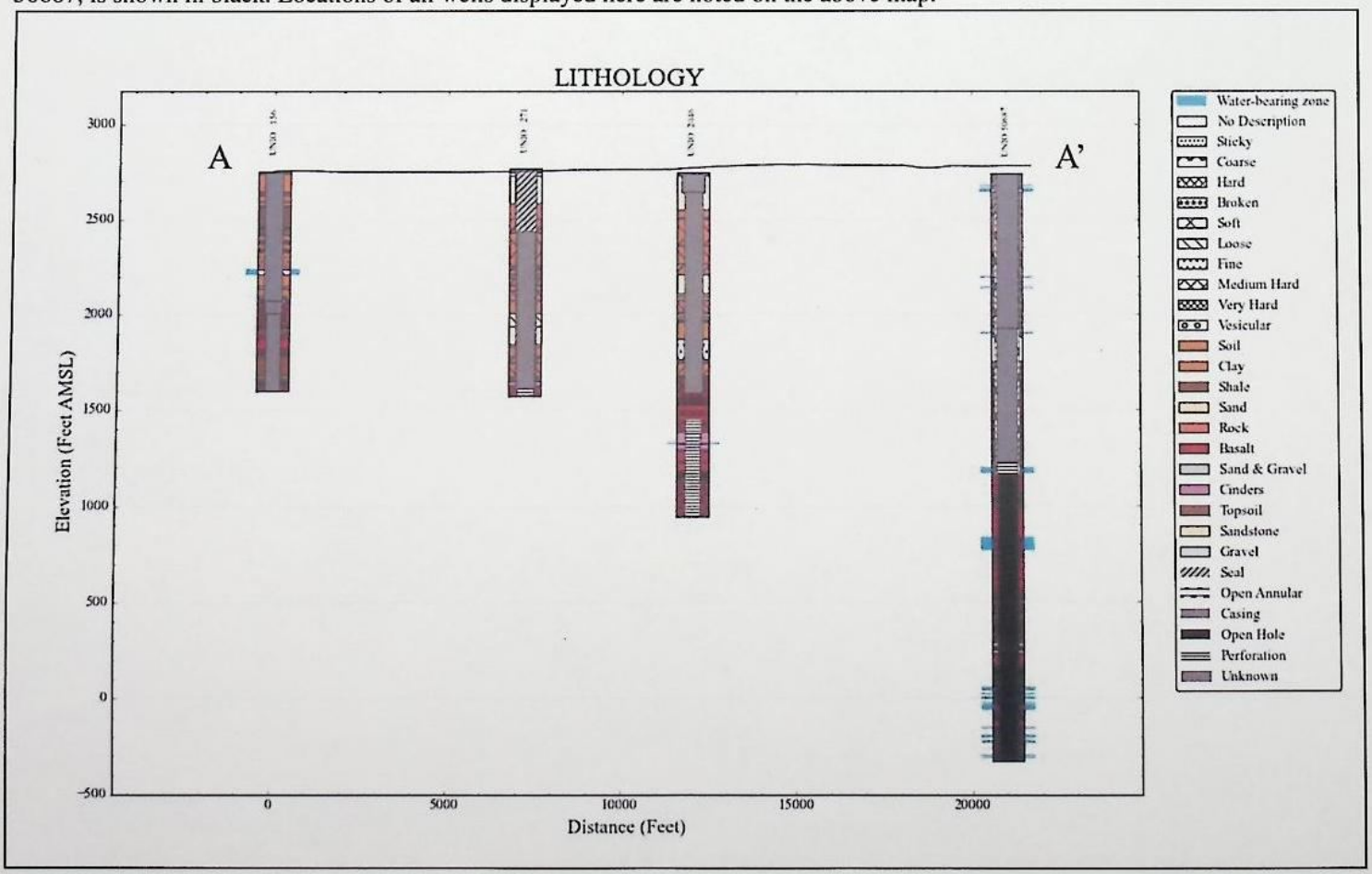
Well Location Map



Water-Level Trends in Nearby Wells



Water level records for wells producing from basalt in the surrounding area show similar head elevations. The POA well, UNIO 50687, is shown in black. Locations of all wells displayed here are noted on the above map.



The POA well, UNIO 50687, is open to CRBG and deeper portions of the Powder River Volcanics.

E-2 GW Standard Application Completeness Checklist

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

Yes No This is the checklist used by WRD staff

Application G-18560 County UNION Priority Date 9.25.17

Township 2S Range 39E Section 5, 8

Amount 1.95 cfs Use IR WM Dist. # 6

Applicant Name Molly Reid for Deliut

Receipt No. 124735 Caseworker Assigned: ☐ Barbe ☐ Kim ☒ Lisa ☐ Scott

☒ Contact info: Applicant/Organization Name and Mailing Address

☒ Signature (in ink) of *all* applicants or the applicant's authorized agent (include title or authority if for an organization or corporation).

☒ Property ownership: Does the applicant own all the land for the proposed project? Y / N

If No:

☐ The affected landowner's name and mailing address 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.

☐ *For a SW Application*: Source of water must be indicated.

N/A

☐ 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)

☒ Proposed water use

- ☒ Amount of water from *each* source in GPM, CFS, or AF
- ☒ Period of use indicated
- ☐ 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*)

N/A ☒ Resource Protection Section (*N/A for Groundwater*)

N/A ☐ *For all standard reservoir applications:* Preliminary plans and specifications including dam height, width, crest width and surface area for each reservoir.

☒ Project schedule (If system is already completed, indicate "existing.")

☐ Supplemental data sheets enclosed (if needed)

N/A

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

☑ 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.*

☑ 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.

☑ The proposed source **IS / IS NOT** (circle one) restricted or withdrawn from further appropriation.
***NOTE:** If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.*

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

- ☑ Township, Range, Section
- ☑ Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU)
- ☑ Place of use, ¼-¼'s and tax lot clearly identified
- ☑ Even map scale not less than 4" = 1 mile (1"= 1320 ft.); examples: 1" = 100 ft., 1" = 200 ft.
- ☑ Location of *each* diversion point, well or dam by reference to a recognized public land survey corner. Multiple wells shall be uniquely labeled, and identified on well logs if existing.
- ☑ Reference corner on map
- ☑ North Directional Symbol
- ☑ Number of acres per ¼-¼ if for irrigation, nursery, or agriculture
- ☑ For a standard reservoir application to store ≥ 9.2 acre feet AND having a dam height ≥ 10 feet, map must be prepared by a CWRE

☑ **Fees: Print out from Fee Calculator**

Total Fees	$ 2560
Fee Paid	$ 2200
Amount Due	$ 360

Reviewed by: _____ Date: 9.25.17

August 1, 2019

Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, OR 97301
ATTN: Elisabeth Graham

RE: Well Authorization for Groundwater Application for Mauri and Cresta DeLint
Application G-18560

To Whom It May Concern:

I, Janet Rudd give Mauri and Cresta DeLint authorization to access a well located on property co-owned by me. The well is identified as UNIO 50687 (Well Tag # L-40698) and is located on Tax Lot 2500 in the SENW of Section 8, Township 2-South, Range 39-East, W.M. in Union County.

Janet Rudd

Co-Owner, Tax Lot 2500

RECEIVED
AUG 30 2019
OWRD

Oregon Water Resources Department

Water Right Services Division

Water Right Application G-18560 in the name of MAURI DELINT and CRESTA M DELINT	)))	PROPOSED FINAL ORDER

Summary: The Department proposes to issue an order approving Application G-18560 and a permit consistent with the attached draft permit.

Prior to the issuance of a permit, if one is issued the Department must receive the following:

- **The remaining permit recording fees in the amount of $360.00. A check should be made out to the Oregon Water Resource 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 Oregon Water Resources Department's website: http://www.oregon.gov/owrd/pages/law/index.aspx

The Department's main page is http://www.oregon.gov/OWRD/pages/index.aspx

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 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 690-310-0150(2)(b)

All four criteria must be met for a proposed use to be presumed to ensure the preservation of the public welfare, safety and health. When the criteria are met and the presumption is established the Department must further evaluate the proposed use, any comments received information available in its files or received from other interested agencies and any other available information to determine whether the presumption is overcome. OAR 690-310-0140

If the Department determines that the presumption is established and not overcome, the Department shall issue a Proposed Final Order recommending issuance of the permit subject to any appropriate modifications or conditions.

FINDINGS OF FACT

Application History

1. On September 25, 2017, Mauri Delint and Cresta M Delint filed a complete application for the following water use:

Source	WELL 1 (UNIO 50687/L40698) IN GRANDE RONDE RIVER BASIN
Use	IRRIGATION OF 156.0 ACRES
Rate	1.95 CUBIC FEET PER SECOND (CFS)
County	UNION COUNTY
Place of Use	SECTION 8, TOWNSHIP 2 SOUTH, RANGE 39 EAST, W.M.

2. On June 22, 2018, the Department mailed the applicant notice of its Initial Review, determining that **"The appropriation of 1.95 CFS of water from Well 1 (UNIO 50687) in Grande Ronde River Basin for irrigation of 156.0 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 June 26, 2018, the Department gave public notice of the application in its weekly notice. The public notice included a request for comments, and information for interested persons about obtaining future notices and a copy of the Proposed Final Order.

Presumption Criteria (a) - Consistency with Basin Program

4. The proposed use is allowed under the Grande Ronde Basin Program (OAR 690-508-0020). ORS 537.621(3)(b); OAR 690-310-0150(2)(b)

Presumption Criteria (b) - Water Availability

5. An assessment of groundwater availability has been completed by the Groundwater/Hydrology section. A copy of this assessment is in the file. Groundwater will likely be available within the capacity of the resource, and /or the proposed use of groundwater will avoid injury to existing groundwater rights. ORS 537.621(3)(c); OAR 690-310-0150(2)(c)

Presumption Criteria (c) - Injury Determination

6. The proposed use, if authorized, will not injure other water rights. ORS 537.621(3)(d); OAR 690-310-0150(2)(e)

Presumption Criteria (d) - Whether the use complies with rules of the Commission

7. 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)

8. The proposed groundwater use is not within a designated critical groundwater area. ORS 537.620(4)(a), 537.621(3)(a); OAR 690-310-0150(2)(a)

9. The Department has determined that the proposed groundwater use will not have the potential for substantial interference with surface water. The Division 9 (Ground Water Interference with Surface Water) review is in the file and can be viewed on the Department's website. ORS 537.621(3)(b); OAR 690-009-0040(4)

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

Determination of Presumption that a proposed groundwater use will ensure the preservation of the public welfare, safety and health

Based on the review of the presumption criteria (a)-(d) above, the presumption has been established. ORS 537.621(2); OAR 690-310-0150(2)(g)

Further evaluation of the proposed use

11. No comments were received by the close of the comment period. OAR 690-310-0140(3)(a)

12. Information available in Department files, received from other interested agencies, and other available information does not provide a preponderance of evidence that the proposed use would not ensure the preservation of the public welfare, safety and health under ORS 537.525. OAR 690-310-0140(3)

Other Criteria and Requirements

13. The proposed use is located above the Wallowa-Grande Ronde Scenic Waterway, as designated under ORS 390.826. The Department has determined 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. ORS 537.621(3)(a); OAR 690-310-0260(9)(a)

14. The amount requested, 1.95 CFS, is necessary for the proposed use. ORS 537.621(3)(c); OAR 690-310-0150(2)(d)

15. The applicant proposed to apply water when needed and use the most efficient method of water application for the crop being irrigated. These measures are adequate at this time. OAR 690-310-0150(2)(j)

CONCLUSION OF LAW

1. The proposed use, as conditioned, would ensure the preservation of the public welfare, safety and health as described in ORS 537.525.

NOTE: When issuing permits, ORS 537.628(1) authorizes the Department to include limitations and conditions which have been determined necessary to protect the public welfare, safety and health.

PROPOSED ORDER

The Department recommends approval of Application G-18560 and issuance of a permit consistent with the attached draft permit.

DATED March 12, 2019

Dwight French
Water Right Services Division Administrator, for
Thomas M. Byler, 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. Protests must be received by the Water Resources Department no later than **April 26, 2019**. 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;
- To affect the Department's determination that the proposed use in this application will, or will not, ensure the preservation of the public welfare, safety and health as described in ORS 537.525, ORS 537.621(2)(b) requires that a protest demonstrate, by a preponderance of evidence any of the following: (a) One or more of the criteria for establishing the presumption are, or are not, satisfied; or (b) The specific aspect of the public welfare, safety and health under ORS 537.525 that would be impaired or detrimentally affected, and specifically how the identified aspect of the public welfare, safety and health under ORS 537.525 would be impaired or be adversely affected;
- If you are the applicant, a protest fee of $410 required by ORS 536.050; and
- If you are not the applicant, a protest fee of $810 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 **April 26, 2019**. 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 $230. If a hearing is scheduled, an additional fee of $580 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 request a hearing within 30 days after the close of the protest period, 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.

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 Regarding Service Members: 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. You may contact the Oregon State Bar or the Oregon Military Department for more information. The toll-free telephone number for the Oregon State Bar is: 1 (800) 452-8260. The toll-free telephone number of the Oregon Military Department is: 1 (800) 452-7500. The Internet address for the United States Armed Forces Legal Assistance Legal Services Locator website is: http://legalassistance.law.af.mil

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- If you have any questions about statements contained in this document, please contact Lisa Graham at Elisabeth.A.Graham@oregon.gov or 503-986-0808.
- 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 Patricia McCarty at 503-986-0820.
- If you have any questions about the Department or any of its programs, please contact our Water Resources Customer Service Group at 503-986-0801.
- Address any correspondence to : Water Right Services Division
  725 Summer St NE, Suite A
  Fax: 503-986-0901 Salem, OR 97301-1266

STATE OF OREGON

COUNTY OF UNION

PERMIT TO APPROPRIATE THE PUBLIC WATERS

THIS PERMIT IS HEREBY ISSUED TO

MAURI DELINT
CRESTA M DELINT
65857 ALICEL LANE
COVE OR 97824

The specific limits and conditions of the use are listed below.

APPLICATION FILE NUMBER: G-18560

SOURCE OF WATER: WELL 1 (UNIO 50687/L40698) IN GRANDE RONDE RIVER BASIN

PURPOSE OR USE: IRRIGATION OF 156.0 ACRES

MAXIMUM RATE: 1.95 CUBIC FEET PER SECOND

PERIOD OF USE: MARCH 1 THROUGH OCTOBER 31

DATE OF PRIORITY: SEPTEMBER 25, 2017

WELL LOCATION:

Twp	Rng	Mer	Sec	Q-Q	Measured Distances
2 S	39 E	WM	8	SE NW	1650 FEET SOUTH AND 1380 FEET EAST FROM NW CORNER, SECTION 8

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

THE PLACE OF USE IS LOCATED AS FOLLOWS:

Twp	Rng	Mer	Sec	Q-Q	Acres
2 S	39 E	WM	5	SE SW	39.00
2 S	39 E	WM	5	SW SE	39.00
2 S	39 E	WM	8	NW NE	39.00
2 S	39 E	WM	8	NE NW	39.00

1. **Measurement Devices, and Recording/Reporting of Annual Water Use Conditions:**

   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.

2. **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.

3. **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.

STANDARD CONDITIONS

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

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 be subject to cancellation, unless the Department authorizes the change in writing.

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

4. The well(s) shall be constructed and maintained in accordance with the General Standards for the Construction and Maintenance of Water Supply Wells in Oregon. The works shall be equipped with a usable access port adequate to determine water-level elevation in the well at all times.

5. Where two or more water users agree among themselves as to the manner of rotation in the use of water and such agreement is placed in writing and filed by such water users with the watermaster, and such rotation system does not infringe upon such prior rights of any water user not a party to such rotation plan, the watermaster shall distribute the water according to such agreement.

6. Prior to receiving a certificate of water right, the permit holder shall submit to the Water Resources Department the results of a pump test meeting the Department's standards for each point of appropriation (well), unless an exemption has been obtained in writing under OAR 690-217. The Director may require water-level or pump-test data every ten years thereafter.

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

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

9. 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.

10. Complete application of the water shall be made within five years of the date of permit issuance. If beneficial use of permitted water has not been made before this date, the permittee may submit an application for extension of time, which may be approved based upon the merit of the application.

11. Within one year after complete application of water to the proposed use, the permittee shall submit a claim of beneficial use, which includes a map and report, prepared by a Certified Water Rights Examiner.

Issued

DRAFT - THIS IS NOT A PERMIT

Dwight French
Water Right Services Division Administrator, for
Thomas M. Byler, Director
Oregon Water Resources Department

Mailing List for PFO Copies

Application G-18560

PFO Date March 12, 2019

Copies Mailed

By: TM
(SUPPORT STAFF)

on: 3/12/2019
(DATE)

2/12/2019
Protest/ Standing Dates checked

_____

Original mailed via CERTIFIED MAIL to applicant:

MAURI DELINT
CRESTA M DELINT
65857 ALICEL LANE
COVE OR 97824

SENT VIA AUTO EMAIL:

1. WRD - Shad Hattan - # 6
2. Agent - Molly Reid, EA Engineering Science & Technology Inc: mreid@eaest.com

Copies sent to:

3. WRD - File # G-18560
4. Irrigation District – Alicel Irrigation District; 65101 Imbler Rd; Cove OR 97824

Application Specialist: Lisa Graham

Oregon
Kate Brown, Governor

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

Water Right Application Initial Review

June 22, 2018

MAURI DELINT
CRESTA M DELINT
65857 ALICEL LANE
COVE OR 97824

Reference: Application G-18560

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:

Initial Review Preliminary Determinations (Oregon Administrative Rule (OAR) 690-310-0080)

1. Application G-18560 proposes the appropriation of 1.95 cubic feet per second (CFS) of water from Well 1 (UNIO 50687) in Grande Ronde River Basin for irrigation of 156.0 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)

4. Groundwater will likely be available within the capacity of the resource, and /or 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 Wallowa-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. ORS 537.621(3)(b); OAR 690-310-0150(2)(b)

Summary

The appropriation of 1.95 CFS of water from Well 1 (UNIO 50687) in Grande Ronde River Basin for irrigation of 156.0 acres is allowable March 1 through October 31 of each year.

Because of the favorable determinations described herein, Application G-18560 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.

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.

Withdraw

You may withdraw the application and receive a refund (minus a $260 processing fee per application). You must notify the Department **in writing** by **July 6, 2018**. 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. **Measurement Devices, and Recording/Reporting of Annual Water Use Conditions:**

   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. **Annual Measurement 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. **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 Water Quality Program web site at http://www.oregon.gov/ODA/programs/NaturalResources/Pages/AgWaterQuality.aspx to learn more about the plans and how they may affect the proposed water use.

If you have any questions:

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 503-986-0801. 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
Water Right Application Specialist
Oregon Water Resources Department

Enclosures: Application Process Description and Stop Processing Request Form

G-18560
WAB: No PSI

APPLICATION FACT SHEET

Application File Number: G-18560

Applicant: MAURI DELINT AND CRESTA M DELINT

County: UNION

Watermaster: SHAD HATTAN, 6, ER

Priority Date: SEPTEMBER 25, 2017

Source: WELL 1 (UNIO 50687) IN GRANDE RONDE RIVER BASIN

Use: IRRIGATION OF 156.0 ACRES

Quantity: 1.95 CUBIC FEET PER SECOND

Basin Name & Number: GRANDE RONDE, #8

Well Location:

POD Name	Twp	Rng	Mer	Sec	Q-Q	Measured Distances
WELL 1 (UNIO 50687)	2 S	39 E	WM	8	SE NW	1650 FEET SOUTH AND 1380 FEET EAST FROM NW CORNER, SECTION 8

Place of Use:

Twp	Rng	Mer	Sec	Q-Q	Acres
2 S	39 E	WM	5	SE SW	39.0
2 S	39 E	WM	5	SW SE	39.0
2 S	39 E	WM	8	NW NE	39.0
2 S	39 E	WM	8	NE NW	39.0

PUBLIC NOTICE DATE: June 26, 2018

14 DAY STOP PROCESSING DEADLINE DATE: July 6, 2018

30 DAY COMMENT DEADLINE DATE: July 26, 2018

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.wrd.state.or.us**

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) 986-0801.

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.

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-18560.**
- After reviewing the Initial Review for my application, I request that processing be stopped and the 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 at Water Resources Department by:

July 6, 2018

- Return the notice to:

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

Mailing List for IR Copies

Application G-18560

IR Date: June 22, 2018

Copies Mailed

By: SP
(SUPPORT STAFF)

On: 6-22-18
(DATE)

Original and map mailed to applicant:

MAURI DELINT
CRESTA M DELINT
65857 ALICEL LANE
COVE OR 97824

SENT VIA AUTO EMAIL:

1. WRD – Watermaster Shad Hattan # 6
2. Agent – Molly Reid, EA Engineering Science & Technology Inc: mreid@eaest.com

Copies sent to:

1. Irrigation District – Alicel Irrigation District; 65101 Imbler Rd; Cove OR 97824
2. a.l.o. – Cresta Delint; 65324 Alicel Lane; Cove OR 97824

IR, Map, and Fact Sheet Copies sent to:

1. WRD - File G-18560

Specialist: Lisa Graham

Application for a Permit to Use
Ground Water

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

SECTION 1: APPLICANT INFORMATION AND SIGNATURE

Applicant Information

NAME				PHONE (HM)
Mauri Delint AND CRESTA DELINT				(541) 786-3937
PHONE (WK)	CELL (541) 786-3937			FAX
ADDRESS 65857 Alicel Lane				
CITY Cove	STATE OR	ZIP 97824	E-MAIL* FARMRDEL@YAHOO.COM	

Organization Information

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

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

AGENT / BUSINESS NAME			PHONE	FAX
Molly Reid, EA Engineering, Science & Technology, Inc.			(509) 591-0490	
ADDRESS 8019 W. Quinault Avenue, Suite 201				CELL (541) 310-7264
CITY Kennewick	STATE WA	ZIP 99336	E-MAIL* mreid@eaest.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 final order documents will also be mailed.)

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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.

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

Applicant Signature — Mauri Delint (Print Name *and title if applicable*) — 8-29-17 (Date)

Applicant Signature — Cresta M. Delint (Print Name *and title if applicable*) — 8-29-17 (Date)

G48520

For Department Use		
App. No._____	Permit No. _____	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.
- ☐ This land is encumbered by easements, rights of way, roads or other encumbrances.

☒ No
- ☒ I have a recorded easement or written authorization permitting access.
- ☐ I do not currently have written authorization or easement permitting access.
- ☐ 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).
- ☐ Water is to be diverted, conveyed, and/or used only on federal lands.

List the names and mailing addresses of all affected landowners *(attach additional sheets if necessary)*.

Joann Parsons (Speckhart Farms, LLC) 63970 McDonald Lane, LaGrande, OR 97850 Tax Lot 2400, Cresta DeLint (Shaw Delint Farms, LLC) 65324 Alicel Lane, Cove, OR 97824, Tax Lot 200 of 2S 39E Section 8 – well UNIO 50687.

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

		IF LESS THAN 1 MILE:	
WELL NO.	NAME OF NEAREST SURFACE WATER	DISTANCE TO NEAREST SURFACE WATER	ELEVATION CHANGE BETWEEN NEAREST SURFACE WATER AND WELL HEAD
1	Grande Ronde River	2 miles approximately	

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)*.
Well Log UNIO 50687 is attached

Gr18760

SECTION 3: WELL DEVELOPMENT, CONTINUED

Total maximum rate requested: 1.95 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.

										PROPOSED USE			
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)	SOURCE AQUIFER***	TOTAL WELL DEPTH	WELL-SPECIFIC RATE (GPM)	ANNUAL VOLUME (ACRE-FEET)
1	☐	☒	UNIO 50687	☐	16"-14"	SEE	WELL	LOG		basalt aquifer	3065' bgs	1000 gpm	644.4 acre feet
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									

* 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.

SECTION 4: WATER USE

USE	PERIOD OF USE	ANNUAL VOLUME (ACRE-FEET)
Primary Irrigation	March 1-October 31	468.0 acre feet

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.

For irrigation use only:
Please indicate the number of primary and supplemental acres to be irrigated (*must match map*).

Primary: 156.0 Acres Supplemental: 0 Acres

List the Permit or Certificate number of the underlying primary water right(s): N/A

Indicate the maximum total number of acre-feet you expect to use in an irrigation season: 468.0

- If the use is **municipal or quasi-municipal**, attach **Form M**
- If the use is **domestic**, indicate the number of households: _____

  If the use is **mining**, describe what is being mined and the method(s) of extraction: _____

SECTION 5: WATER MANAGEMENT

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A. Diversion and Conveyance
What equipment will you use to pump water from your well(s)?

☒ Pump (give horsepower and type): 150 hp turbine

☐ Other means (describe): _____

Provide a description of the proposed means of diversion, construction, and operation of the diversion works and conveyance of water. Water will be pumped from well to 10 inch buried pvc mainline to above ground portable 10 inch mainline, to four wheel lines. Applicant will be working with NRCS to improve water efficiency.

B. Application Method
What equipment and method of application will be used? (e.g., drip, wheel line, high-pressure sprinkler)
Initially will be using mainlines and wheel lines and eventually converting to pivot and wheel line.

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.
Working with NRCS to develop a conservation strategy. Will watering at night to decrease evaporation, and using water saving sprinklers for the wheel lines.

SECTION 6: STORAGE OF GROUND WATER IN A RESERVOIR

If you would like to store ground water in a reservoir, complete this section (*if more than one reservoir, reproduce this section for each reservoir).*

Reservoir name: N/A Acreage inundated by reservoir: N/A

G-18330

Use(s): N/A

Volume of Reservoir (acre-feet): N/A Dam height (feet, if excavated, write "zero"): N/A

Note: If the dam height is greater than or equal to 10.0' above land surface AND the reservoir will store 9.2 acre feet or more, engineered plans and specifications must be approved prior to storage of water.

SECTION 7: USE OF STORED GROUND WATER FROM THE RESERVOIR

If you would like to use stored ground water from the reservoir, complete this section *(if more than one reservoir, reproduce this section for each reservoir).*

Annual volume (acre-feet): N/A

USE OF STORED GROUND WATER	PERIOD OF USE
N/A	N/A

SECTION 8: PROJECT SCHEDULE

Date construction will begin: Well has already been constructed.

Date construction will be completed: Irrigation and mainline construction could be completed within one year of permit issuance.

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Date beneficial water use will begin: Within one year of permit issuance.

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SECTION 9: WITHIN A DISTRICT

☒ Check here if the point of diversion or place of use are located within or served by an irrigation or other water district.

Irrigation District Name Alicel Irrigation District	Address 65101 Imbler Road	
City Cove	State OR	Zip 97824

SECTION 10: REMARKS

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

The proposed well for this groundwater application (UNIO 50687) is an authorized POA for permit G-12399. The GPS location of this well provides a more accurate location description and is being provided on this current groundwater application.

G-18560

Attachment #1
Groundwater Application Map
Groundwater Application for Mauri and Cresta DeLint

G-18760

Attachment #2
Land Use Form
Groundwater Application for Mauri and Cresta DeLint

G-18560

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): Mauri Delint

Mailing Address: 65857 Alicel Lane

City: Cove State: OR Zip Code: 97824 Daytime Phone: (541) 786-3937

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:
2S	39E	5	SESW SWSE	2400	EFU	☐ Diverted ☒ Conveyed ☒ Used	Irrigation
2S	39E	8	NWNE NENW	2400	EFU	☐ Diverted ☒ Conveyed ☒ Used	Irrigation

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

Union

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: 468.0 ☐ cubic feet per second ☐ gallons per minute ☒ acre-feet

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

Briefly describe:

The applicant proposes to use primary groundwater on 156 acres in section 5 and 8 for new crops.

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. →

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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):

☐ 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:	
		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued
	RECEIVED BY OWRD	☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued
	SEP 25 2017	☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued
		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued
	SALEM, OR	☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued

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

Name: Scott Hartell Title: Planning Director

Signature: Scott Hartell Phone: 5419631014 Date: 3-01-17

Government Entity: Union County

Note to local government representative: Please complete this form or sign the receipt below and return it to the applicant. If you sign the receipt, you will have 30 days from the Water Resources Department's notice date to return the completed Land Use Information Form or WRD may presume the land use associated with the proposed use of water is compatible with local comprehensive plans.

Receipt for Request for Land Use Information

Applicant name: _____

City or County: _____ Staff contact: _____

Signature: _____ Phone: _____ Date: _____

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Attachment #3
Well Log – UNIO 50687
Groundwater Application for Mauri and Cresta DeLint

G-18560

UNIO
50687

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SALEM, OREGON

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SALEM, OR

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

Instructions for completing this report are on the last page

WELL I.D. # L 40698
START CARD # W73877

(1) OWNER: Well Number
Name SHAWN DE LINT-RUDD
Address 6405 GEKER LANE/65324 ALICE LN
City LAGRANDE State OR Zip 97850 / COVE 97824

(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 3065'
Explosives used ☐ Yes ☒ No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
22	0	1513	cement	0	202	200 SK
			cement	1395	1513	150 SK
14 3/4	1513	3063	cement Float Shoe 14			
3 Centralizers Basket				1498 + 1513		

How was seal placed: Method ☒ A ☐ B ☒ C ☐ D ☐ E
☐ Other
Backfill placed from ft. to ft. Material
Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	16"	8+	680	375	☒	☐	☒	☐
	16"	680	811	312	☒	☐	☒	☐
	14"	811	1515	312	☒	☐	☒	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:
☒ Perforations Method MANUFACTURE 3/16 X 3
☐ Screens Type Material STEEL

Perforations From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
1513	1575	3/16 X 3	2620	14	.250	☒	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
1000	100		1 hr.

Temperature of water 124 Depth Artesian Flow Found 300GPM
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 UNION Latitude Longitude
Township T 2S N S Range 39E E W WM.
Section 8 SE 1/4 NW 1/4
Tax Lot 3708 Lot Block Subdivision
Street Address of Well (or nearest address) 65324 ALICE LN COVE OR. 97824

(10) STATIC WATER LEVEL:
Flowing ft. below land surface. Date
Artesian pressure 11 lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at which water was first found 12'

From	To	Estimated Flow Rate	SWL
57	62	Estimated	2'
78	90	50 GPM	
170	174	Total	
541	544		
598	603		

(12) WELL LOG:
Ground Elevation

Material	From	To	SWL
Top Soil	0	1	
Sand + clay - Tan	1	4	
Clay Tan - Hard	4	9	
Sand + clay Tan	9	21	
Clay + Sand Tan	21	34	
Clay Tan	34	57	
Sand	57	62	
Clay + Sand Brown	62	78	
Sand	78	90	
Clay Green	90	170	
Sand	170	174	
Clay + Sand	174	204	
Sandstone + Sand	204	211	
Clay Tan	211	309	
Clay Dark Green	309	407	
Clay Black - SOFT	407	418	
Clay Dark Green - SOFT	418	427	
Sand + Clay Green	427	431	
Sand + Clay Green - HARD	431	448	
Clay Tan - SOFT	448	457	

Date started 8-19-96 Completed 2-15-98

(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 Walt Lowe Date 3-15-98

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

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WATER RESOURCES DEPT.
SALEM, OREGON

Union 50687

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

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

WELL I.D. # L 40698

START CARD # W73877

(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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method

☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tubing or Casing size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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(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
804	807	50 gpm	2'
834	839	50 gpm	2'
1540	1570	150 GPM →	Flowing
1906	1971	Can't Determine	1
2119	2190	" "	1

(12) WELL LOG:

Ground Elevation

Material	From	To	SWL
Clay Tan + Shale HARD	457	476	
Clay Green + Sandstone Tan	476	481	
Clay Tan + Brown - SOFT	481	538	
Clay Green Hard	638	541	
Sand Course	541	544	
Clay Gray SOFT + Sandstone Gray HARD	544	564	
Clay Tan + Brown SOFT	564	579	
Clay Tan + Brown + Sand White	579	598	
Sand course + clay	598	603	
Clay Gray SOFT	603	608	
Clay Green + Sand course	608	621	
Clay Gray SOFT	621	632	
Clay + Shale Brown	637	674	
Clay Green + Gray SOFT	674	725	
Clay Black SOFT	725	728	
Clay Gray SOFT	728	749	
Clay Gray + Sand Course	749	753	
Clay Gray SOFT	753	779	
Clay Grey-Green HARD	779	804	
Sand Course	804	807	

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 Wade Lowe Date 3-5-98

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

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SALEM, OREGON

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

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

WELL I.D. # L 40698
START CARD # W73877

(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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method

☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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(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
2677	2698	120 GPM 103.4 Temp	Flowing
2716	2718	350 GPM Temp 107.5	
2731	2738	350 GPM 106.9	
2756	2767	50 GPM	
2770	2799	100 GPM	

(12) WELL LOG:

Ground Elevation

Material	From	To	SWL
Clay Green - Green SOFT	807	834	
Sand Course	834	839	
Clay Green SOFT + HARD	839	857	
Sand + Clay Green	857	989	
Clay Green SOFT	989	1015	
Clay Green + Sand	1015	1024	
Clay Green SOFT	1024	1042	
Clay Green HARD	1042	1052	
Sand + Clay Green	1052	1061	
Clay Green SOFT	1061	1080	
Basalt Black + Pink	1080	1082	
Clay Green SOFT + Shale	1082	1089	
Basalt Brown Green Black	1089		
Shale Green		1091	
Basalt Brown + Shale Green HARD	1091	1132	
Basalt Gray HARD + shale Green	1132	1149	
Basalt Black + Clay Green SOFT	1149	1198	
Basalt red + Green VERY HARD	1198	1204	
Basalt Red - Clay Gray -	1204		
Shale Green		1217	

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 Walt Jones Date

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WATER RESOURCES DEPT.
SALEM, OREGON

Unio 50687

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

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

WELL I.D. # L 40698

START CARD # W73877

(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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method

☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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(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
2889	2897	GPM 20	Flowing
2928	2942	Can't Determine	"
2961	2969	"	"
3031	3050	"	"
3051	3054	Temp 106.8	V

(12) WELL LOG:

Ground Elevation ____

Material	From	To	SWL
Basalt Black - Shale red + gray + clay brown + brown SOFT	1217	1274	
Basalt Gray HARD - Clay Gray SOFT	1274	1441	
Basalt Gray with Brown coating + Clay	1441	1459	
Basalt Brown + Clay Gray	1459	1468	
Shale Orange HARD + Clay Gray SOFT	1468	1487	
Basalt Brown + Clay Red SOFT	1487	1504	
Shale Red + Clay	1504	1570	
Basalt Black + Shale Red	1570	1599	
Basalt Brown not very Hard	1599		
clay Green		1631	
Basalt Green + Black - Shale Green	1631	1672	
Basalt Brown + Black - Shale	1672		
Green + Green HARD		1677	
Basalt Red SOFT	1677		
Shale Green + Basalt Black		1699	
Basalt Red Green HARD +	1699		
Shale Gray + Green HARD		1719	
Basalt Brown Gray Clay Gray Green	1719	1721	

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 Jones Date ____

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SALEM, OREGON

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

Instructions for completing this report are on the last page

WELL I.D. # L 40698

START CARD # N73877

(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 Diameter	From	To	SEAL Material	From	To	Sacks or pounds

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

☐ Other

Backfill placed from ____ ft. to ____ ft. Material

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

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method

☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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(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 Gray + Clay Green SOFT	1721	1748	
Basalt Gray + Shale Green + Clay Gray	1748	1906	
Basalt Gravel like	1906	1971	
Basalt Gray + Clay Gray	1971	1993	
Basalt Black + Clay Gray	1993	1999	
Basalt Gray VERY HARD	1999	2004	
Basalt Black + Clay Black SOFT	2004		
Shale Green		2029	
Basalt Black + Clay Gray SOFT	2029	2070	
Basalt Gray + Shale	2070		
Clay Green + Gray SOFT		2119	
Basalt Gray	2119	2120	
Basalt Black + Clay Green Gray	2120	2175	
Basalt Gray HARD + Clay Gray	2175	2222	
Basalt Black + Clay Gray + Shale Green	2222	2229	
Basalt Gray + Clay Gray + Shale Green	2229	2251	
Basalt Black + Shale Green +	2251		
Clay Gray HARD		2267	
Clay Brown Gray Green Soft	2267		
+ HARD - Basalt Black		2275	

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 1299

Signed Date

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SALEM, OREGON

Union 50687

6 of #18

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

WELL I.D. # L 40698

START CARD # W73877

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

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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method

☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

SALEM, OR

☐ 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 Black + Brown	2276	2278	
Clay Brown Black Green	2278		
Basalt Black + Shale		2288	
Basalt Black-Clay Green + Shale Green	2288	2297	
Basalt Black-Shale Black-Clay Grey	2297	2302	
Basalt Black VES.	2302	2329	
Basalt Black	2329	2336	
Basalt Black HARD	2336	2349	
Basalt Grey	2349	2353	
Basalt Green + Clay Green SOFT	2353	2355	
Shale Green HARD Clay Green	2355	2357	
Basalt Black + Clay Grey Green	2357	2359	
Basalt Grey + Clay Grey HARD	2359	2368	
Basalt Grey + Clay Grey	2368	2382	
Basalt Black + Clay Red SOFT	2382	2387	
Shale Brown Grey Green Red	2387	2390	
Basalt Black + Clay Green	2390	2394	
Basalt Green - Shale Green	2394	[redacted]	
Clay Grey - Basalt HARD		2429	
Basalt Green + Shale Green	2429	2448	

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 Lowe Date 3-5-98

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SALEM, OREGON

UNIO. 50687

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

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

WELL I.D. # L 40698

START CARD # W73877

(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 Diameter	From	To	SEAL Material	From	To	Sacks or pounds

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

☐ Other

Backfill placed from ____ ft. to ____ ft. Material

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

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method

☐ Screens Type Material

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
			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

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(12) WELL LOG:

Ground Elevation

Material	From	To	SWL
Cinder Red - Shale Green -	2448		
Basalt Black		2468	
Basalt Black-Shale red, Green Brown	2468	2476	
Cinder Brown+Tan - Shale Green	2476	2480	
Cinder Red - Shale Green	2480	2482	
Basalt Green - Clay Green	2482	2486	
Cinder Brown Black - Shale Green Tan	2486	2503	
Basalt Black + Shale Green + Hard	2503	2506	
Basalt Green + Clay Green	2506	2510	
Basalt Gray + Clay Gray	2510	2560	
Basalt Black + white - Shale Green	2560	2569	
Basalt Gray + Black spots Shale Green	2569	2581	
Basalt Gray HARD - Clay Gray	2581	2590	
Basalt Black - Shale, Green - Cinder	2590		
Brown + Black - Quartz - White			
red cinder VES.		2592	
Cinder Black Brown Blue Green	2592	2594	
Basalt Black - Shale Green - Clay Green	2594	2597	
Basalt Gray - Quartz white - Clay Gray	2597	2599	
Basalt Black - Shale Green HARD	2599	2605	

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 Walt Lowe Date

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WATER RESOURCES DEPT.
SALEM, OREGON

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Unio. 50687

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

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

WELL I.D. # L 40698

START CARD # W73877

(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 Diameter	From	To	SEAL Material	From	To	Sacks or pounds

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

☐ Other

Backfill placed from ____ ft. to ____ ft. Material

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

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method

☐ Screens Type Material

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
			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

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(12) WELL LOG:

Ground Elevation

Material	From	To	SWL
Basalt Gray - Shale Green	2605	2611	
Basalt Black Shale Green Quartz	2611		
GPM 25 TEMP 91.5		2618	
Basalt Gray + Shale, Green Quartz	2618	2627	
Basalt Black + Gray - Red Cinder	2627		
Shale Green		2629	
Shale Black + Green HARD	2629	2635	
Basalt Gray + Shale Green	2633	2639	
Basalt Gray - Shale Green + Red	2639	2646	
Basalt Gray W.E.S. Quartz White	2646	2648	
Shale Green - Cinder Red + Black	2648	2650	
Cinder Red - Black - Gray Green	2650	2653	
Basalt Black - Shale Gray Red	2653	2661	
Cinder Red + Black - Shale Green	2661	2663	
Basalt Black - Clay Gray	2663		
Shale Green Brown Red		2667	
Basalt Gray - Clay Hard Shale	2667	@	
Green		2671	
Basalt Green Clay Gray Shale Green	2671	2675	
Basalt Gray + Clay Hard	2675	2677	

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 Date

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

G-18560

UNIO. 50687

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WATER RESOURCES DEPT.
SALEM, OREGON

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

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

WELL I.D. # L 40698
START CARD # W73877

(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 Diameter	From	To	SEAL Material	From	To	Sacks or pounds

How was seal placed: Method ☐A ☐B ☐C ☐D ☐E
☐ Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

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

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
			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

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(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Basalt Black Loose	2677		
GPM 120 TEMP 103.4		2698	
Basalt Black	2698	2701	
Basalt Black-Shale Green-Cinders Red	2701	2708	
Basalt Black-Cinders Red	2708	2712	
Basalt Grey Shale Green HARD	2712		
Quartz		2716	
Basalt Black-Clay Grey-Shale Green	2716		
GPM 350 TEMP 106.6		2718	
Basalt Grey-Shale Green Loose	2718	2731	
Basalt Black-Quartz white ILES.	2731	2738	
Basalt Black-Quartz SOFT	2738		
GPM 35 TEMP 106.6		2740	
Basalt Black Clay Grey	2740		
Cinders Red		2747	
Basalt Grey-Clay Grey	2747	2750	
Basalt Grey Black Clay	2750	?	
Grey-Cinders Red ILES		2756	
Basalt Grey Clay Grey-Shale	2756		
GPM 50 TEMP 107.5		2767	

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 1899
Signed Wade Lowe Date _____

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WATER RESOURCES DEPT.
SALEM, OREGON

10 & 12

40698

(START CARD) # W73877

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

Unit 0.. 50687

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 Diameter	From	To	SEAL Material	From	To	Sacks or pounds

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

☐ Other

Backfill placed from ____ ft. to ____ ft. Material

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

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method

☐ Screens Type Material

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
			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
		RECEIVED BY OWRD	
		SEP 25 2017	

(12) WELL LOG: SALEM, OR

Ground Elevation

Material	From	To	SWL
Basalt Black - Shale Brown	2767	2769	
Basalt Gray With Brown Tuff	2769		
Quartz white Clay LOOSE		2799	
Basalt Black + Brown Cinder	2799		
Red - Quartz White		2803	
Basalt Gray + Quartz	2803	2811	
Basalt Black VES. Quartz	2811	[redacted]	
Cinder Brown SOFT		2827	
Basalt Gray - Clay Gray	2827	2832	
Basalt Black - Clay VES.	2832	2840	
Basalt Black - Quartz White SOFT	2840	2843	
Basalt Gray - Shale Gray HARD	2843	2845	
Basalt Black - Quartz White SOFT	2845	2849	
Basalt Gray - Shale Brown	2849	2851	
Basalt Black - Shale Gray SOFT	2851	2881	
Basalt Black + Gray Clay Gray HARD	2881	2889	
Basalt Gray + Brown - Cinder Red	2889		
GPM 20		2897	
Basalt Black + Clay Gray	2897	2907	
Basalt Gray - Quartz White	2907	2923	

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 Lowe Date

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WATER RESOURCES DEPT.
SALEM, OREGON

11 of #12

40698

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

UNID 50687

(START CARD) # W73877

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

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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method

☐ Screens Type Material

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
			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

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SALEM, OR

(12) WELL LOG:

Ground Elevation

Material	From	To	SWL
Basalt Black - Shale	2923	2925	
Cinder Black Brown Red - Shale	2925	2927	
Basalt Black - Shale Green -	2927		
Cinder Black SOFT		2928	
Basalt Black VES. Quartz White	2928	2942	
Basalt Gray Quartz White Clay Gray	2942	2954	
Basalt Black + Shale Green Quartz	2954	2957	
Basalt Gray - Clay Gray	2957	2969	
Basalt Black Quartz White	2969	2975	
Cinder Brown + Black - Quartz	2975	2977	
Basalt Black + Cinder	2977	2979	
Basalt Gray + Quartz	2979	3004	
Basalt Gray with Brown scale HARD	3004	3020	
Basalt Gray + Green Clay Gray	3020	3031	
Basalt Black VES. Cinder	3031		
Red + Brown + Shale Green			
HARD		3033	
Cinder red + Brown Shale Green SOFT	3033	3036	
Black Shale	3036	3037	
Clay Black SOFT	3037	3038	

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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1 of 1

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WATER RESOURCES DEPT.
SALEM, OREGON

Unio 50687

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

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

WELL I.D. # L 40698

START CARD # N73877

(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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method

☐ Screens Type Material

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
			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 Black - shale +	3038		
Clay Green SOFT		3093	
Cinder Red + Brown Basalt Black	3093	3045	
Basalt Black - shale Gray	3045	3047	
Basalt Black - shale White	3047	3049	
Basalt Black + Green shale Green	3049	3051	
Basalt Sharp Quartz + White silicon	3051	3054	
Basalt Green clay Gray - Quartz	3054	2065	
Basalt Green clay Green shale Hard	3065		

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SEP 25 2017

SALEM, OR

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 1299

Signed Date

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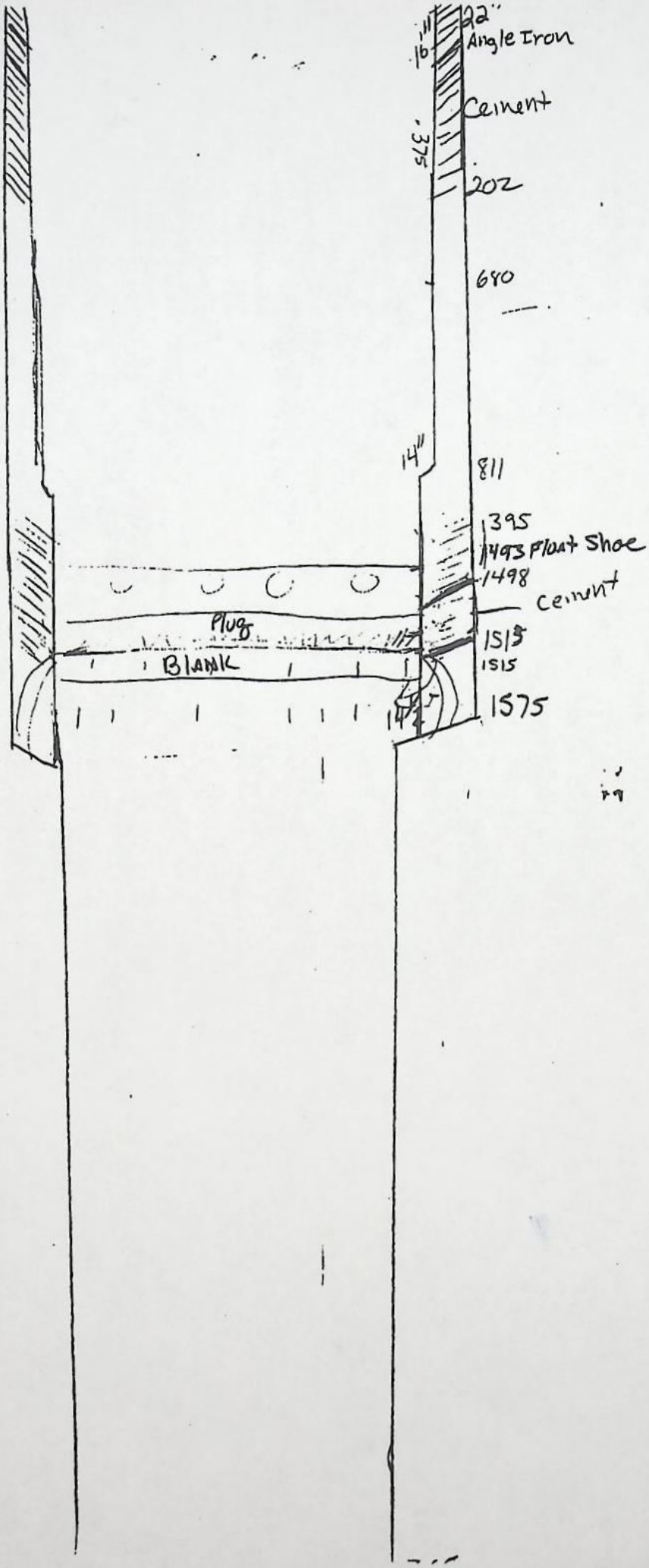
G-18560

3877

Clint Shaw Rudd



G-18560

Attachment #4
Property Deeds for Affected Landowners
Groundwater Application for Mauri and Cresta DeLint

G-18560

BARGAIN AND SALE DEED 98783

David Koza, Mary Koza and Joanne Lowry, Grantors, convey to Speckhart Farms, Inc., Grantee, all that real property described as:

The SE 1/4 of the SW 1/4 and the SW 1/4 of the SE 1/4 of Section 5; the NE 1/4 of the NW 1/4 and the NW 1/4 of the NE 1/4 of Section 8; all in township 2S, Range 39 East of the Willamette Meridian, Union County, Oregon.

The true and actual consideration for this transfer is none.

DATED this 31 day of December, 1980.

David Koza

Mary Koza

Joanne Lowry

State of Oregon)
ss:
County of Union)

Personally appeared the above-named David Koza, Mary Koza and Joanne Lowry and acknowledged the foregoing instrument to be their voluntary act. Before me:

Notary Public for Oregon
My Commission Expires: 2-22-82

Until a change is requested, all tax statements shall be sent to:

Speckhart Farms, Inc., c/o Harlow Speckhart,
Rt. 1, Box 1651, La Grande, OR 97850

98783

I certify that the within instrument was received for record on the 19 day of Feb 1981 at 1:45 o'clock P.M. and recorded on page — in book — Record of Deeds of said County

County Clerk

Deputy

G-18560

20114082

AFTER RECORDING RETURN TO:
Timothy P. O'Rourke
P.O. Box 218
Pendleton, Oregon 97801

MAIL TAX STATEMENTS TO:
Janet K. Rudd, Trustee of the
Paul C. Rudd Disclaimer Trust
64053 Gekeler Lane
La Grande, Oregon 97850-5221

DEED OF PERSONAL REPRESENTATIVE

JANET RUDD, the duly appointed, qualified and acting personal representative of the Estate of PAUL C. RUDD, deceased, Grantor, conveys to JANET K. RUDD, TRUSTEE of the PAUL C. RUDD DISCLAIMER TRUST created under the Will 12/19/2005, Grantee, the following described real property:

Legal Description attached hereto as Exhibit A, Pages 1-3, and by this reference incorporated herein.

The true and actual consideration for this conveyance is none; this conveyance is given pursuant to Order Approving Verified Statement in Lieu of Final Account; General Judgment of Final Distribution dated December 20, 2011, filed in Union County Circuit Court, Probate No. 11-03-8329.

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSONS 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,

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 130086

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

INVOICE # _____

RECEIVED FROM: Mauri De Lint
BY: Anita De Lint

APPLICATION	G-18560
PERMIT	
TRANSFER	

CASH: ☐ CHECK:# ☒ 3879 OTHER: (IDENTIFY) ☐ _____

TOTAL REC'D $ 360.00

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

46111

MISCELLANEOUS

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

WATER RIGHTS:

		EXAM FEE		RECORD FEE
0201	SURFACE WATER	$	0202	$
0203	GROUND WATER	$	0204	$ 360.00
0205	TRANSFER	$		

WELL CONSTRUCTION

		EXAM FEE		LICENSE 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: 130086 DATED: 6/24/19 BY: CWalthrist

Distribution – White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal

CHAPTER 424, OREGON LAWS 2007, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009.

DATED: December 15, 2011

Janet Rudd

Janet Rudd, Personal Representative of the Estate of Paul C. Rudd, deceased

STATE OF OREGON)
) ss.
County of Union)

December 16, 2011.

The above instrument was acknowledged by the above named JANET RUDD to be her voluntary act as personal representative of the Estate of Paul C. Rudd, deceased.

BEFORE ME:

OFFICIAL SEAL
AMIE J BRESHEARS
NOTARY PUBLIC-OREGON
COMMISSION NO. 454631
MY COMMISSION EXPIRES DECEMBER 19, 2014

Amie J Breshears

Notary Public for Oregon
My Commission Expires: 12/19/14

G 18560

REAL PROPERTY IN UNION COUNTY, OREGON
EXHIBIT A

Tract 1: (Undivided 50 Percent interest)
Lot One (1) of THRONSON FRUIT COLONY and the West half of the Northwest quarter of Section 29, Township 2 South, Range 39 East of the Willamette Meridian, Union County, Oregon.
(02S3929-300)

Tract 2: (Undivided 25 Percent interest)
Lots Two (2) through Fourteen (14), inclusive, in THRONSON FRUIT COLONY, according to the recorded plat thereof; being a portion of the North half of Section 29, Township 2 South, Range 39 East of the Willamette Meridian, Union County, Oregon.
(02S3929-200)

Tract 3: (Undivided 25 Percent interest)
The Northeast quarter of Section 30, Township 2 South, Range 39 East of the Willamette Meridian, Union County, Oregon;
EXCEPTING THEREFROM about 2 acres in the Southeast corner of said subdivision conveyed for school purposes, said exception being described as commencing at the Southeast corner of the Northeast quarter of said Section 30; thence West 18 rods; thence North 18 rods; thence East 18 rods; thence South 18 rods to the Point of Beginning.
(02S39-11800)

Tract 4: (Undivided 25 Percent interest)
Commencing at a point which is 60 feet South of the Northwest corner of the Southwest quarter of Section 20, Township 2 South, Range 39 East of the Willamette Meridian, Union County, Oregon, and running thence, East, a distance of 400 feet; thence, South, a distance of 108.9 feet; thence, West, a distance of 400 feet to the West line of said Southwest quarter; thence, North along said west line, 108.9 feet to the Point of Beginning.
(02S39-8501)

Tract 5: (Undivided 25 Percent interest)
Commencing at the Northwest corner of the Southwest quarter of Section 20, Township 2 South, Range 39 East of the Willamette Meridian, Union County, Oregon, and running thence, South 60 feet to the Northwest corner of the land sold on contract to Taggares Farms, Inc. (Memorandum recorded as Microfilm Document No. 115577, Records of Union County, Oregon); thence, East along the North line of said land, 400 feet, to the Northeast corner thereof; thence, North, 98 feet; thence, West, 400 feet to the West line of the Northwest quarter of said Section 20; thence, South along said West line 38 feet to the Point of Beginning.
(02S39-8502)

G-18560

Tract 6: (Undivided 25 Percent Interest)
A tract of land in the North half of the North half of the Northwest quarter of Section 5, Township 2 South, Range 39 East of the Willamette Meridian, Union County, Oregon, described as follows: Beginning at the Northwest corner of said Section 5; thence, East along the county road, 690 feet to the True Point of Beginning; thence, South 275 feet; thence, West 365 feet to the East line of the right of way of the O-W.R.R. & N. Company Railroad; thence, Northeasterly along the east line of said railroad right of way, 283 feet to the county road; thence, East 290 feet to the said True Point of Beginning.
(02S39-2100)

Tract 7: (Undivided 25 Percent interest)
IN TOWNSHIP 2 SOUTH, RANGE 39 EAST OF THE WILLAMETTE MERIDIAN, UNION COUNTY, OREGON:
Section 5:
The South half of the Northwest quarter of the Northwest quarter, the Southwest quarter of the Northwest quarter, and the Northwest quarter of the Southwest quarter;
EXCEPTING the right of way for railroad and the strip of land conveyed for Oregon State Highway 82.
(02S39-2700)

Tract 8: (Undivided 25 Percent interest)
Tracts Eighteen (18) and Nineteen (19) of ALICEL ORCHARD TRACTS according to the recorded plat thereof, being otherwise described as the West half of the Northeast quarter of the Southwest quarter of Section 8, Township 2 South, Range 39 East of the Willamette Meridian, Union County, Oregon.
ALSO, the Northwest quarter of the Southeast quarter and the East half of the Northeast quarter of the Southwest quarter of Section 8, Township 2 South, Range 39 East of the Willamette Meridian, Union County, Oregon.
(02S3908-400)

Tract 9: (Undivided 25 Percent interest)
IN TOWNSHIP 3 SOUTH, RANGE 38 EAST OF THE WILLAMETTE MERIDIAN, UNION COUNTY, OREGON:
Section 11:
The West Half of the Southeast quarter.
(03S3811–900)

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G-18560

Tract 10: (Undivided 50 Percent interest)
The Northwest quarter of Section 13, Township 3 South, Range 38 East of the Willamette Meridian, Union County, Oregon;
EXCEPTING THEREFROM the following:
Commencing at the Northwest corner of said Northwest quarter; thence, East 430 feet; thence, South 430 feet; thence, West 430 feet to the West line of said Section 13; thence, North 430 feet to the Point of Beginning.
(03S38-3000)

Tract 11: (Undivided 25 Percent interest)
The South half of the Southeast quarter of the Northwest quarter and the South half of the Southwest quarter of the Northeast quarter of Section 8, Township 2 South, Range 39 East of the Willamette Meridian, Union County, Oregon.
(02S3908-300)

Tract 12: (Undivided 25 Percent interest)
IN TOWNSHIP 2 SOUTH, RANGE 39 EAST OF THE WILLAMETTE MERIDIAN, UNION COUNTY, OREGON:
Section 6:
The North half of the Northeast quarter;
EXCEPTING THEREFROM the right of way for railroad and the strip of land conveyed for State Highway 82 across a portion of said land.
(02S3906-100)

[End of legal description.]

STATE OF OREGON }
} SS
County of Union }

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

ROBIN A. CHURCH
Union County Clerk

by: _____ Deputy.

DOC#: 2011-4082
RCPT: 154144 65.00
12/29/2011 10:05 AM
REFUND: 00

Exhibit A
Page 3 of 3

RECEIVED BY OWRD
SEP 25 2017
SALEM, OR

G-18560

AFTER RECORDING, RETURN TO:

Lawrence B. Rew
Attorney at Law
PO Box 218
Pendleton, Oregon 97801

20046737

UNTIL A CHANGE IS REQUESTED,
SEND TAX STATEMENTS TO:

Shaw-deLint Farms, LLC
65324 Alicel Lane
Cove, Oregon 97824

STATUTORY BARGAIN AND SALE DEED

Creston J. Shaw, Trustee of the Shaw Family Trust dated July 1, 1991, Grantor, conveys to Shaw-deLint Farms, LLC, an Oregon limited liability company, Grantee, the following described real property situated in Union County, Oregon:

An undivided one-half interest in the North Half of the Southeast Quarter of Northwest Quarter and the North Half of the Southwest Quarter of Northeast Quarter of Section 8, Township 2 South, Range 39 East of the Willamette Meridian, SUBJECT TO county roads over and across the West and North sides thereof.

Tax Lot 3702

The true and actual consideration for this conveyance is capital interest in Grantee LLC.

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.

DATED this 21 day of December, 2004.

Creston J. Shaw

Creston J. Shaw, Trustee of
the Shaw Family Trust dated
July 1, 1991

G-18560

STATE OF OREGON)
) ss
County of Union)

December 21, 2004.

Personally appeared the above named Creston J. Shaw, Trustee of the Shaw Family Trust dated July 1, 1991, and acknowledged the foregoing instrument to be his voluntary act.

Before me:

Robin R O'Donald
Notary Public for Oregon
My commission expires: 11-13-2006

OFFICIAL SEAL
ROBIN R. O'DONALD
NOTARY PUBLIC-OREGON
COMMISSION NO. 362805
MY COMMISSION EXPIRES NOVEMBER 13, 2006

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: Deputy.

DOC#: 20046737
RCPT: 71253 27.00
12/22/2004 9:46 AM
REFUND: .00

RECEIVED BY OWRD

SEP 25 2017

SALEM, OR

2 - Statutory Bargain and Sale Deed

G-18560

EA Engineering, Science, and Technology, Inc., PBC

8019 W. Quinault Avenue, Suite 201
Kennewick, WA 99336
Telephone: 509-591-0264
www.eaest.com

September 21, 2017

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

RE: Groundwater Applications for Mauri and Cresta DeLint

To Whom It May Concern:

Enclosed please find a two groundwater applications with supporting documents submitted on behalf of my client, Mauri and Cresta DeLint. Two checks in the amount of $2200.00 for application fees accompanies this packet.

Should you have any questions regarding these groundwater application packets, please do not hesitate to contact me.

Sincerely,

Molly Reid

Molly Reid
Senior Water Resources Consultant
(509) 591-0490 Direct Line
(541) 310-7264 Cell
mreid@eaest.com

Cc: Mauri DeLint
File

Enclosures: Two Groundwater Applications
Supporting Documents
Checks #3339 and #3340

G-18560

G-18560
Mauri and Cresta Delint
65857 Alicel Lane
Cove, OR 97824

G-18560
Mauri and Cresta Delint
65857 Alicel Lane
Cove, OR 97824

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Mauri and Cresta Delint
65857 Alicel Lane
Cove, OR 97824

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 130086

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

INVOICE # _____

RECEIVED FROM: Mauri De Lint
BY: Anita De Lint

APPLICATION	G-18516
PERMIT	
TRANSFER	

CASH: ☐ CHECK:# ☒ 3879 OTHER: (IDENTIFY) ☐ _____

TOTAL REC'D $ 360.00

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

46111

MISCELLANEOUS

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

		EXAM FEE		RECORD FEE
	WATER RIGHTS:			
0201	SURFACE WATER	$	0202	$
0203	GROUND WATER	$	0204	$ 360.00
0205	TRANSFER	$		

		EXAM FEE		LICENSE FEE
	WELL CONSTRUCTION			
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: 130086 DATED: 6/24/19 BY: CWaltrip

Distribution – White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 124735

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

INVOICE # _____

RECEIVED FROM: Mauri De Lint; Anita De Lint

BY:

APPLICATION	G-18560
PERMIT	
TRANSFER	

CASH: ☐ CHECK:# ☒ 3340 OTHER: (IDENTIFY) ☐ _____

TOTAL REC'D $ 2,200.00

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

46111

MISCELLANEOUS

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

WATER RIGHTS:

		EXAM FEE		RECORD FEE
0201	SURFACE WATER	$	0202	$
0203	GROUND WATER	$ 2040.00	0204	$ 160.00
0205	TRANSFER	$		

WELL CONSTRUCTION

		EXAM FEE		LICENSE 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: 124735 DATED: 9-25-17 BY: CWilliams

Distribution – White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal