



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem Oregon 97301-1271
 (503) 986-0900
 www.wrd.state.or.us

Application for a Permit to Use Ground Water

Please type or print in dark ink. If your application is found to be incomplete or inaccurate, we will return it to you. If any requested information does not apply to your application, insert "n/a." Please read and refer to the instructions when completing your application. A summary of review criteria and procedures that are generally applicable to these applications is available at www.wrd.state.or.us/OWRD/PUBS/forms.shtml.

1. APPLICANT INFORMATION

A. Individuals

Applicant: DAVID Christensen
First Last
Dave & Marion
First Last

Mailing address: 64546 Island Rd
Deer Island OR 97054
City State Zip

Phone: 503 397 5175
Home Work Other

*Fax: _____ *E-Mail address: _____

B. Organizations

(Corporations, associations, firms, partnerships, joint stock companies, cooperatives, public and municipal corporations)

Name of organization: _____

Name and title of person applying: _____

Mailing address of organization: _____

City State Zip

Phone: _____
Day Evening

*Fax: _____ *E-Mail address: _____

* Optional information

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WATER RESOURCES DEPT
SALEM, OREGON

For Department Use		
App. No. _____	Permit No. _____	Date _____

2. PROPERTY OWNERSHIP

Do you own all the land where you propose to divert, transport, and use water?

Yes (Skip to section 3 "Ground water Development.")

No (Please check the appropriate box below.)

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 irrigated and/or domestic use only (ORS 274.040).

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.

List the names and mailing addresses of all affected landowners.

3. GROUND WATER DEVELOPMENT

A. Well Information

Number of well(s): 2

Name of nearest surface water body: Camp Creek

Distance from well(s) to nearest stream or lake: 1) 4 1/2 miles

2) _____ 3) _____ 4) _____

If distance from surface water is less than one mile, indicate elevation difference between nearest surface water and well head. 1) _____

2) _____ 3) _____ 4) _____

B. Well Characteristics

Wells must be constructed according to standards set by the Department for the construction and maintenance of water wells. If the well is already constructed, please enclose a copy of the well constructor's log and the well ID number, if available, for each well with this application. Identify each well with a number corresponding to the wells designated on the map and proceed to section 4 of the form. If the well has not been constructed, or if you do not have a well log, please complete the following:

Well(s) will be constructed by: Western well drilling + Search drilling

Address: _____

Completion date: Oct 1 2007

Ground Water/2

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SALEM, OREGON

Please provide a description of your well development. (Attach additional sheets if needed.)

Well No.	Diameter	Type and size of casing	No. of feet of casing	Intervals casing is perforated (in feet)	Seal depth	Est. depth to water	Est. depth to water bearing stratum	Type of access port or measuring device	Total well depth
1	14"	steel	250		20	57	41		780
2	16"	16 steel	250	100	39	65	65		202

Note: Well numbers in this listing must correspond to well locations(s) shown on accompanying map.

If well log is not available, or well is not yet constructed, you must provide: proposed total depth, depth of casing and seal, and the anticipated perforation and open intervals.

C. Artesian Flows

If your water well is flowing artesian, describe your water control and conservation works:

NA

4. WATER USE

Please read the instruction booklet for more details on "type of use" definitions, how to express how much water you need and how to identify the water source you propose to use. You must fill out a supplemental form for some uses as they require specific information for that type of use.

A. Type(s) of Use(s)

See list of beneficial uses provided in the instructions.

- If your proposed use is **domestic**, indicate the number of households to be supplied with water: _____
- If your proposed use is **irrigation**, please attach **Form I**
- If your proposed use is **mining**, attach **Form R**
- If your proposed use is **municipal or quasi-municipal**, attach **Form M**
- If your proposed use is **commercial/industrial**, attach **Form Q**

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 SALEM, OREGON

B. Amount of Water

Provide the production rate in gallons per minute (gpm) and the total annual amount of water you need from each well, from each source or aquifer, for each use. You do not need to provide source information if you are submitting a well log with your application.

Well No.	Source or aquifer	Type of use	Total rate of water requested (in gpm)	Total annual quantity (in gallons)	Production rate of well (in gpm)
1		Irrigation	400 gpm		400 gpm
2		Irrigation	300 gpm		300 gpm

C. Maximum Rate of Use Requested

What is the maximum, instantaneous rate of water that will be used? _____
(The fees for your application will be based on this amount.)

D. Period of Use

Indicate the time of year you propose to use the water: April 1 - Oct 31
(For seasonal uses like irrigation give dates when water use would begin and end, e.g. March 1-October 31.)

E. Acreage

If you will be applying water to land, please give the total number of acres where water will be applied or used: 130 Acres
(This number should be consistent with your application map.)

5. WATER MANAGEMENT

A. Diversion

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

- Pump (give horsepower and pump type): _____
- Other means (describe): _____

B. Transport

How will you transport water to your place of use?

- Ditch or canal (give average width and depth):
Width _____ Depth _____

Is the ditch or canal to be lined? Yes No

- Pipe (give diameter and total length):

Diameter 8" Length 2950'

- Other (describe) 1260' pivot

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WATER RESOURCES DEPT
SALEM, OREGON

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

CROO 53448

DRAFT

Well # 2

WELL I.D. # L 86831

START CARD # 183825

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

(1) LAND OWNER David Christensen Well Number _____
 Name David Christensen
 Address 64546 Island Rd
 City DEER ISLAND State OR Zip 97054

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
 Depth of Completed Well 202 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
24"	0	37	Best	0	37	96
16"	37	202				

How was seal placed: Method A B C D E
 Other 3/8 hole pipe
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

Casing	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	16"	11	37	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

Yield gal/min	Drawdown	Drill stem at	Time
500		202	hr

Temperature of water 48° 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 Colored Other _____
 Depth of analysis _____

(9) LOCATION OF WELL (legal description)
 County Crook
 Tax Lot 800 Lot _____
 Township 20 N or S Range 20 E or W WM
 Section 3 SE 1/4 SE 1/4

Lat _____ " or _____ (degrees or decimal)
 Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) no address
6559 road

(10) STATIC WATER LEVEL
66 ft. below land surface. Date 6-10-07
66' ft. below land surface. Date 6-10-07
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
 Depth at which water was first found 65

From	To	Estimated Flow Rate	SWL
65	202	500	

(12) WELL LOG

Material	From	To	SWL
TOP Soil	0	2	
Brown clay sand	2	75	
Brown clay sand	75	100	
White clay pumice	100	135	
Brown clay	135	180	
Gravel and pumice	180	202	

Date Started 6-12-07 Completed 6-12-07

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

WWC Number _____ Date _____

Signed _____

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

WWC Number 1654 Date 6-27-07

Signed _____

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WATER RESOURCES DEPT

DEC 06 2007 ORIGINAL WATER RESOURCES DEPARTMENT SALEM, OREGON

FIRST COPY - CONSTRUCTOR

SECOND COPY - CUSTOMER

06/16/2004

WATER RESOURCES DEPT
 SALEM, OREGON

Search drilling

Well # 2

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

WELL ID. # L 96831
START CARD # 183825

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

(1) LAND OWNER David Christensen Well Number _____
Name David Christensen
Address 6454 Island Rd
City North Island State OR Zip 97054

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 202 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
24"	0	39	Rein	0	39	86
16"	39	202				

How was wellplanned: Method A B C D E
 Other 3/8 hole mud
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

Casing	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
	16"	0	39	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

Yield gal/min	Drawdown	Drill stem at	Time
500		202	10:15

Temperature of water 49° 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: (legal description)
County Crook
Tax Lot 900 Lot _____
Township 20 N or S Range 20 E or W WM
Section 3 SE 1/4 SE 1/4

Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) no address
a 559 road

(10) STATIC WATER LEVEL
66' ft. below land surface. Date 6-10-07
66' ft. below land surface. Date 6-10-07
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found 65

From	To	Estimated Flow Rate	SWL
65	202	500	

(12) WELL LOG

Material	From	To	SWL
TOP Soil	0	3	
Brown clay sand	3	75	
White clay pumice	75	100	
Brown clay	100	135	
Gravel and pumice	135	202	

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Date Started 6-14-07 Completed 6-12-07

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

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction data 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 1654 Date 6-27-07
Signed _____

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WATER RESOURCES DEPT
SALEM, OREGON

Search drilling

well # 2

CROO 53504

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

WELL I.D. # L 92725
96931
START CARD # 189645

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

(1) LAND OWNER Well Number _____
Name DAVID CHRISTENSEN
Address 14546 ISLAND RD
City DEER ISLAND State OR Zip 97054

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 200 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
16"	0	200				

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 _____

Casing:	Diameter	From	To	Gauge	SEAL			
					Steel	Plastic	Welded	Threaded
Liner:	14"	-1	200	.950	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
-100	200	1/2"	1560	1 1/2"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
500 gal		200	hr

Temperature of water 50' 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 (legal description)
County CROO
Tax Lot 700 Lot _____
Township 20 N or S Range 20 E or W WM
Section 3 SE 1/4 SE 1/4

Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) No Address
955 19th

(10) STATIC WATER LEVEL
66' ft. below land surface. Date 8-22-07
66' ft. below land surface. Date 8-22-07
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
Just installed 14" liner from -1-200 with 106 ft of perforations			
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WATER RESOURCES DEPT. SALEM, OREGON			

Date Started 8-21-07 Completed 8-27-07

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

WWC Number _____ Date _____

Signed _____

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

WWC Number 1654 Date 8-26-07

Signed Tom Search

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WATER RESOURCES DEPT
SALEM, OREGON

Tom Search
Search Drilling

well #

STATE OF OREGON WATER SUPPLY WELL REPORT

10-15-2006

WELL LABEL # L 86785

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

START CARD # 1000099

(1) LAND OWNER Owner Well I.D. First Name DAVID Last Name CHRISTENSEN Company Address 64546 ISLAND RD City DEER ISLAND State OR Zip 97054

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard [] Attach copy Depth of Completed Well 215.00 ft.

Table with columns: Dia, From, To, Material, SEAL, To, Amt, lbs. Rows include Bentonite seal data.

How was seal placed: Method [] A [] B [] C [] D [] E [X] Other poured dry and tam Backfill placed from ft. to ft. Material Filter pack from ft. to ft. Material Size Explosives used: [] Yes Type Amount

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

(7) PERFORATIONS/SCREENS Perf/ Casing/ Screen Screen Liner Dia From To Scrm/slot width Slot length # of slots Tele/ pipe size

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

Temperature 59 °F Lab analysis [] Yes By Water quality concerns? [] Yes (describe below) From To Description Amount Units

(9) LOCATION OF WELL (legal description) County Crook Twp 20.00 S N/S Range 20.00 E E/W WM Sec 3 SE 1/4 of the SE 1/4 Tax Lot 800 Tax Map Number Lot Lat Long DMS or DD Street address of well Nearest address VAN LAKE RD NORTH 10 MILES INTERSECTION WITH PRICE TWELVEMILE RD EAST

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) Existing Well / Predeepening Completed Well 10-12-2006 41 Flowing Artesian? [] Dry Hole? [] WATER BEARING ZONES Depth water was first found 60 SWL Date From To Est Flow SWL(psi) + SWL(ft)

(11) WELL LOG Ground Elevation Material From To topsoil clay loam 0 1 clay cobbles 1 7 clay brn 7 60 sandstone brn 60 90 sandstone/pumice 90 130 clay brn 130 155 sandstone coarse/talac 155 197 clay,red,hard 197 215

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Date Started 10-11-2006 Completed 10-12-2006 (unbonded) Water Well Constructor Certification I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. License Number Date Electronically Filed Signed

(bonded) Water Well Constructor Certification I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. License Number 1424 Date 10-15-2006 Electronically Filed Signed TIMOTHY K RILEY (E-filed) Contact Info (optional)

western well drilling

STATE OF OREGON
WATER SUPPLY WELL REPORT

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

10-15-2006

WELL LABEL # L 86786

START CARD # 1000115

(1) LAND OWNER Owner Well I.D. _____

First Name David Last Name Christensen
Company _____
Address 64546 ISLAND RD
City DEER ISLAND State OR Zip 97054

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard Attach copy
Depth of Completed Well 225.00 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
10	0	38	Bentonite	0	38	20	S
6	38	225					

How was seal placed: Method A B C D E

Other poured dry and tam

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

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

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	<input checked="" type="checkbox"/>	2	40	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

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

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
20		220	

Temperature 59 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Crook Twp 20.00 S N/S Range 20.00 E E/W WM

Sec 2 SW 1/4 of the NW 1/4 Tax Lot 500

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street address of well Nearest address

Van Lake Rd & Intersection of Price Twelvemile West

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	10-12-2006		145

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 145

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
10-12-2006	145	225	20		145

(11) WELL LOG

Ground Elevation _____

Material	From	To
topsoil sandy loom	0	1
sand cobbles	1	3
rock basalt blk	3	8
sand brn	8	22
clay yellow	22	30
pumice yellow clay	30	35
sandstone brn	35	221
claystone white	221	225

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WATER RESOURCES DEPT
SALEM OREGON

Date Started 10-12-2006

Completed 10-12-2006

(unbonded) Water Well Constructor Certification

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

License Number _____ Date _____

Electronically Filed

Signed _____

(bonded) Water Well Constructor Certification

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

License Number 1424 Date 10-15-2006

Electronically Filed

Signed TIMOTHY K RILEY (E-filed)

Contact Info (optional) _____

Western well drilling

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

WELL ID.# L 86785 START CARD # 188619

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

(1) LAND OWNER Name: David Christensen, Address: 64546 Island Rd, City: Oreg Island, State: OR, Zip: 97054

(2) TYPE OF WORK: Deepening, Alteration, Abandonment, Conversion

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

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

(5) BORE HOLE CONSTRUCTION: Depth of Completed Well: 780 ft, Special Construction: No

Table with columns: BORE HOLE (Diameter, From, To, Material), SEAL (From, To, Sacks or Pounds)

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

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

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

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

(8) WELL TESTS: Minimum testing time is 1 hour, Pump, Boiler, Air, Flowing Artesian, Yield gal/min, Drawdown, Drill stem at, Time

Temperature of water, Depth Artesian Flow Found, Was a water analysis done?, Did any strata contain water not suitable for intended use?, Depth of strata

(9) LOCATION OF WELL (legal description): County: Crook, Tax Lot: 742, Township: 20, Range: 20, Section: 3

Lat, Long (degrees or decimal)

Street Address of Well (or nearest address): Venable Rd, 10 miles intersection with Avier

(10) STATIC WATER LEVEL: 41 ft. below land surface, Date: 6-4-07, 87 ft. below land surface, Date: 6-4-07

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

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

(12) WELL LOG: Table with columns: Material, From, To, SWL

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Date Started: 5-17-07, Completed: 6-1-07

(unbonded) Water Well Constructor Certification: I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards.

WWC Number, Date, Signed

(bonded) Water Well Constructor Certification: I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above.

WWC Number: 1684, Date: 6-7-07, Signed

Search well during Western well drilling

Well # 2

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

WELL I.D. # L 86785

START CARD # 168619

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

(1) LAND OWNER Well Number
Name David Christensen
Address 64546 Island Rd
City Deer Island State OR Zip 97054

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 780 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
8"	215	780	Brick			

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

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

(6) CASING/LINER

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

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

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

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

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

Yield gal/min	Drawdown	Drill stem at	Time
300		780	

Temperature of water 59° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? No Little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL (legal description)
County Clatsop
Tax Lot 960 Lot _____
Township 20 N or S Range 20 E or W WM
Section 3 SE 1/4 SE 1/4

Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) Van Lake Rd
South 10 miles intersection with Poirer
Twin Lakes Rd

(10) STATIC WATER LEVEL
41 ft. below land surface. Date 6-4-07
57 ft. below land surface. Date 6-4-07
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

NO MORE WATER WAS FOUND

(12) WELL LOG

Material	From	To	SWL
Red Clay Soil	25	255	
Brown Clay Soil	255	257	
Blue Red Clay Layer	257	315	
Broken Clay Soil	315	317	
Blue Lark Rock	317	780	

RECEIVED

DEC 06 2007

WATER RESOURCES DEPT
SALEM OREGON

Date Started 5-17-07 Completed 6-1-07

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

WWC Number _____ Date _____

Signed _____

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

WWC Number 16861 Date 6-7-07

Signed _____

WATER RESOURCES DEPT
SALEM OREGON

For Poirer Search drilling
Western well drilling

C. Application/Distribution Method

What equipment will you use to apply water to your place of use? Pivot

Irrigation or land application method (check all that apply):

- Flood
- High-pressure sprinkler
- Low pressure sprinkler
- Drip
- Water cannons
- Center pivot system
- Hand lines
- Wheel lines
- Siphon tubes or gated pipe with furrows
- Other, describe _____

Distribution method

- Direct pipe from source
- In-line storage (tank or pond)
- Open canal

D. Conservation

What methods will you use to conserve water? Why did you choose this distribution or application method? For example, if you are using sprinkler irrigation rather than drip irrigation, explain. If you need additional space, attach a separate sheet.

low presser irrigation system

6. PROJECT SCHEDULE

Indicate the anticipated dates that the following construction tasks should begin. If construction has already begun, or is completed, please indicate that date.

Proposed date construction will begin: Oct 1 2007

Proposed date construction will be completed: Oct 1 2008

Proposed date beneficial water use will begin: Oct 1 2009

7. REMARKS

If you would like to clarify any information you have provided in the application, please do so here and reference the specific application question you are addressing.

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DEC 06 2007

**WATER RESOURCES DEPT
SALEM, OREGON**

8. MAP REQUIREMENTS

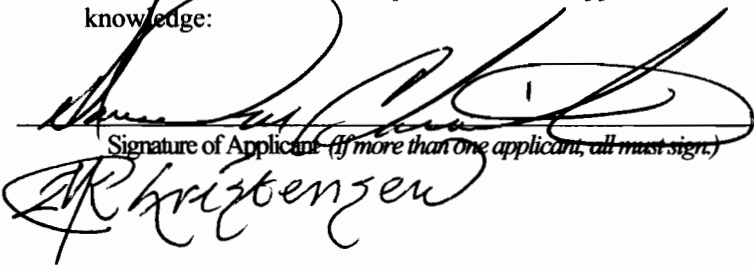
The Department cannot process your application without accurate information showing the source of water and location of water use. You must include a map with this application form that clearly indicates the township, range, section, and quarter/quarter section of the proposed well location and place of use. The map must provide tax lot numbers. See the map guidelines sheet for detailed map specifications.

9. SIGNATURE

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 packet.
- I cannot legally use water until the Water Resources Department issues a permit to me.
- 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 canceled.
- The water use must be compatible with local comprehensive land use plans.
- Even if the Department issues a permit to me, I may have to stop using water to allow senior water right holders to get water they are entitled to, and

I swear that all information provided in this application is true and correct to the best of my knowledge:

X  _____ Date 12-4-07
Signature of Applicant (If more than one applicant, all must sign.)

Before you submit your application be sure you have:

- Answered each question completely.
- Attached a legible map which includes township, range, section, quarter/quarter and tax lot number.
- Included a Land Use Information Form or receipt stub signed by a local official.
- Included the legal description of all the property involved with this application. You may supply a copy of the deed, land sales contract, or title insurance policy, to meet this requirement.
- Included a check payable to the Oregon Water Resources Department for the appropriate amount. The Department's fee schedule can be found at www.wrd.state.or.us or call (503) 986-0900.