



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: _____
First Last

Mailing address: _____

City State Zip

Phone: _____
Home Work Other

*Fax: _____ *E-Mail address: _____

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B. Organizations

JUN 10 2009

(Corporations, associations, firms, partnerships, joint stock companies, cooperatives, public and municipal corporations)
WATER RESOURCES DEPT
SALEM, OREGON

Name of organization: RUTHERFORD FAMILY RANCHES

Name and title of person applying: TONY D. RUTHERFORD ; CEO

Mailing address of organization: 36997 SANDHILL LANE

Burns OR 97720
City State Zip

Phone: 541-493-2034
Day Evening

*Fax: _____ *E-Mail address: RFRANCHES@YAHOO.COM

* Optional information

For Department Use		
App. No. <u>G-17235</u>	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.

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3. GROUND WATER DEVELOPMENT

WATER RESOURCES DEPT
SALEM, OREGON

A. Well Information

Number of well(s): 2

Name of nearest surface water body: NINE MILE SLOUGH

Distance from well(s) to nearest stream or lake: 1) 1 1/4 - 1 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: DON'T KNOW YET

Address: _____

Completion date: FALL 2010

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			300'	20'-300'	20'				350'
2			300'	20'-300'	20'				350'

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:

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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WATER RESOURCES DEPT
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	ALUVIAL	IRRIGATION	1200	480 AC-FT	
2	ALUVIAL	IRRIGATION	1200	480 AC-FT	

C. Maximum Rate of Use Requested

What is the maximum, instantaneous rate of water that will be used? 2.7 CFS *
(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: 3/1 — 10/31
(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: 160
(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): DON'T KNOW YET
- ☐ 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 10" Length _____

- ☐ Other (describe) _____

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WATER RESOURCES DEPT
SALEM, OREGON

C. Application/Distribution MethodWhat equipment will you use to apply water to your place of use? CENTER PIVOT &FLOOD

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 PRESSURE SPRINKLERS ON PIVOT NOZZLED TO SATISFY
PEAK ET RATES & FLOOD CORNERS TO SPREAD
RESOURCE AS FAR AS POSSIBLE WITHOUT WASTE.

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: SPRING 2010 **RECEIVED**Proposed date construction will be completed: SUMMER 2010 **JUN 10 2009**Proposed date beneficial water use will begin: FALL 2010 **WATER RESOURCES DEPT
SALEM, OREGON****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.

* MORE THAN THE TRADITIONAL (1/80TH) RATE IS
BEING APPLIED FOR IN ORDER TO MEET PEAK
EVAPOTRANSPIRATION REQUIREMENTS FOR ALFALEA.

8. MAP REQUIREMENTS

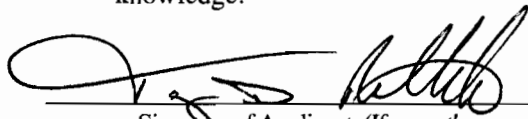
The Department cannot process your application without accurate information showing the source of water and location of water use. You must include a map with this application form that clearly indicates the township, range, section, and quarter/quarter section of the proposed well location and place 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:



Signature of Applicant (If more than one applicant, all must sign.)

5 JUNE 2009

Date

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.

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SALEM, OREGON



Oregon Water Resources Department

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FORM I

FOR IRRIGATION WATER USE

WATER RESOURCES DEPT
SALEM, OREGON

1. Please indicate whether you are requesting a primary or supplemental irrigation water right.

☒ Primary ☐ Supplemental

If supplemental, please indicate the number of acres that will be irrigated for each type of use.

Primary: 160 Acres

Secondary: _____ Acres

List the permit or certificate number of the primary water right: No. _____

2. Please list the anticipated crops you will grow and whether you will be irrigating them for a full or partial season:

- | | | |
|-------------------------------|---|---|
| 1. <u>ALFALFA</u> | ☒ Full season | ☐ Partial season (from: <u>MAR</u> to <u>OCT</u>) |
| 2. <u>GRAIN</u> | ☒ Full season | ☐ Partial season (from: <u>MAR</u> to <u>OCT</u>) |
| 3. <u>GRASS HAY / PASTURE</u> | ☒ Full season | ☐ Partial season (from: <u>MAR</u> to <u>OCT</u>) |
| 4. _____ | ☐ Full season | ☐ Partial season (from: _____ to _____) |

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

3 x 160 = 480 acre-feet

(1 acre-foot equals 12 inches of water spread over 1 acre, or 43,560 cubic feet, or 325,851 gallons.)

4. How will you schedule your applications of water? Will you be applying water in the evenings, twice a week, daily?

- | | |
|---|---|
| ☒ Daily during daytime hours | ☒ Daily during nighttime hours |
| ☐ Two or three times weekly during daytime | ☐ Two or three times weekly during nighttime |
| ☐ Weekly, during daytime hours | ☐ Weekly, during nighttime hours |
| ☐ Other, explain: _____ | |



G-17235

Oregon Water Resources Department
Land Use Information Form

THIS FORM IS NOT REQUIRED IF: 1) water is to be diverted, conveyed, and/or used only on federal lands; or 2) the application is for a water-right transfer, allocation of conserved water, exchange, permit amendment, or ground water registration modification, and all of the following apply: a) only the place of use is proposed for change, b) there are no structural changes, c) the use of water is for irrigation, and d) the use is located in an irrigation district or exclusive farm-use zone.

Applicant Name: ROTHERFORD FAMILY RANCHES
Mailing Address: 36997 SANDHILL LANE
City: BUENA State: OR Zip: 97720 Day Phone: 541-493-2034

This application is related to a Measure 37 claim. ☐ Yes ☐ No

A. Land and Location

Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), or used. 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	1/4 1/4	Tax Lot #	Plan Designation (e.g. Rural Residential/RR-5)	Water to be:			Proposed Land Use:
24	32 1/2	7	SE	2000		☒ Diverted	☒ Conveyed	☒ Used	AG
						☐ Diverted	☐ Conveyed	☐ Used	
						☐ Diverted	☐ Conveyed	☐ Used	
						☐ Diverted	☐ Conveyed	☐ Used	

List all counties and cities where water is proposed to be diverted, conveyed, or used. HARNEY COUNTY

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 ☐ Exchange of Water
☐ Allocation of Conserved Water ☐ Limited Water Use License
☐ Permit Amendment or Ground Water Registration Modification

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

Estimated quantity of water needed: 2.7 ☒ 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: IRRIGATION FOR HAY / PASTURE

Note to applicant: If the Land Use Information Form cannot be completed while you wait, please have a local government representative sign the receipt below and include it with the application filed with the Water Resources Department.

Receipt for Request for Land Use Information

State of Oregon
Water Resources Department
725 Summer Street NE, Suite A
Salem, OR 97301-1266

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JUN 10 2009

WATER RESOURCES DEPT
SALEM, OREGON

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 proposed water uses (including proposed construction) are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): CHU-2 3.020

Land uses to be served by 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
		☐ Obtained ☐ Denied	☐ Being pursued ☐ Not being pursued
		☐ Obtained ☐ Denied	☐ Being pursued ☐ Not being pursued
		☐ Obtained ☐ Denied	☐ Being pursued ☐ Not being pursued
		☐ Obtained ☐ Denied	☐ Being pursued ☐ Not being pursued
		☐ 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.

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**WATER RESOURCES DEPT
SALEM, OREGON**

Name: Dennis Johnson Jr. Title: Planning Assistant
 Signature: [Signature] Phone: (541) 573-8174 Date: 5 June 09
 Government Entity: Holmes County Planning Dept.

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: _____

G-17235

NOTICE TO WATER WELL CONTRACTOR

The original and first copy
of this report are to be
filed with the

WATER WELL REPORT

STATE ENGINEER, SALEM, OREGON 97310

within 30 days from the date
of well completion.

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JAN 15 1975

STATE OF OREGON

(Please type or print)

(Do not write above this line)

STATE ENGINEER

SALEM, OREGON

State Well No. 245/32ae-76b

State Permit No.

(1) OWNER:

Name D. C. DooleyAddress 2485 W MainLittleton, Colo 80120

(2) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in item 12.

(3) TYPE OF WELL:

Rotary ☒ Driven ☐
Jetted ☐
Bored ☐

(4) PROPOSED USE (check):

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

(5) CASING INSTALLED:

Threaded ☐ Welded ☒

14" Diam. from 0 ft. to 372 ft. Gage 1/11

" Diam. from ft. to ft. Gage

" Diam. from ft. to ft. Gage

(6) PERFORATIONS:

Perforated? ☒ Yes ☐ NoType of perforator used Machine-perforatedSize of perforations 3/16 in. by 3 in.

1920 perforations from 42 ft. to 82 ft.

960 perforations from 172 ft. to 192 ft.

4800 perforations from 272 ft. to 372 ft.

(7) SCREENS:

Well screen installed? ☐ Yes ☒ No

Manufacturer's Name

Type Model No.

Diam. Slot size Set from ft. to ft.

Diam. Slot size Set from ft. to ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level

a pump test made? ☒ Yes ☐ No If yes, by whom? drillerYield: 1300 gal./min. with 60 ft. drawdown after 8 hrs.

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(10) LOCATION OF WELL:

County Harney

Driller's well number

NW 1/4 1/4 Section 16 T. 24S R. 32W W.M.

Bearing and distance from section or subdivision corner

(11) WATER LEVEL: Completed well.

Depth at which water was first found ft.

Static level ft. below land surface. Date

Artesian pressure lbs. per square inch. Date

(12) WELL LOG: #2

Diameter of well below casing

Depth drilled. 372 ft. Depth of completed well 372 ft.

Formation: Describe color, texture, grain size and structure of materials;
and show thickness and nature of each stratum and aquifer penetrated,
with at least one entry for each change of formation. Report each change in
position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Soil	0	7	
Brown clay	7	32	
Green clay	32	37	
Hard shale	37	39	
Brown sandstone	39	42	
Cinders, sand & gravel	42	47	
Fine black sand	47	85	
Blue clay	85	172	
Fine sand	172	182	
Green clay	182	262	
Brown & gray clay	262	282	
Sand & gravel	282	302	
Sandstone & clay layers	302	372	

Work started Sept 4 19 74 Completed 19Date well drilling machine moved off of well Sept 10 19 74

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision.
Materials used and information reported above are true to my
best knowledge and belief.

[Signed] G. E. Bickel Date Nov 16, 19 74

(Drilling Machine Operator)

Drilling Machine Operator's License No. 738

Water Well Contractor's Certification:

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

Name John Truman Miller

(Person, firm or corporation)

(Type or print)

Address P. O. Box 341 Hubbard, Oregon 97032

[Signed]

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(Water Well Contractor)

Contractor's License No. 277 Date 19

(USE ADDITIONAL SHEETS IF NECESSARY)

57-43900-119

JUN 25 2009

G-17235

HARN 51542

STATE OF OREGON
WATER SUPPLY WELL REPORT

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

HARN 51542WELL LABEL # L 98099START CARD # 199657

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

(1) LAND OWNER Owner Well I.D. _____
 First Name William Last Name JONES
 Company HANE
 Address 39420 PALOMINO LN
 City BURNS State OR Zip 97720

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard: ☐ Yes (attach copy)
 Depth of Completed Well 360 ft.

BORE HOLE			SEAL			Amount	Scks/lbs
Dia	From	To	Material	From	To		
18"	0	40	BENTONITE	0	40	58	Scks
18"	40	205					
10"	205	360					

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

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

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

Explosives used: ☐ Yes Type _____ Amount _____**(6) CASING/LINER**

Casing/Liner	Dia	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓	12" +	2	203	2.50	✓			✓

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) _____Temporary casing ☐ Yes Diameter _____ From _____ To _____**(7) PERFORATIONS/SCREENS**Perforations Method _____
Screens Type _____ Material _____

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

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 APR 20 2009
 WATER RESOURCES DEPT
 SALEM, OREGON
(8) WELL TESTS: Minimum testing time is 1 hour☐ Pump ☐ Bailor ☒ Air ☐ Flowing ArtesianYield gal/min 1500 Drawdown 340 Drill stem/Pump depth 1721 Duration (hr) _____Temperature 42 °F Lab analysis ☐ Yes By _____Water quality (describe below) _____
 From _____ To _____ Description _____ Amount _____ Units _____
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 APR 20 2009
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 MAR 12 2009
(9) LOCATION OF WELL (legal description)County HARNEY Twp 23 N 63 Range 22 E or W W.M.Sec 15 SE 1/4 of the SE 1/4 Tax Lot 600

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 39420 PALOMINO LN.**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	3-03-09		-	2.5

Flowing Artesian? ☐ Yes Dry Hole? ☐ YesWATER BEARING ZONES Depth water was first found 27'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
2-13-09	27	190	100 gpm		-	2.5
3-03-09	270	360	200		-	2.5

(11) WELL LOG

Ground Elevation _____

Material	From	To
SANDY TOPSOIL	0	3
BROWN SAND	3	22
GRAY CLAY SAND STRIPES	22	75
BROWN GREEN CLAY - SAND GRAVEL	75	150
BROWN CLAY - SAND	150	190
SOFT TAN CLAY	190	200
FRAGMENTED BROWN SANDSTONE	200	310
+ CLAY		
GRAY PUMICE STONE	310	360

Date Started 2-12-09 Completed 3-03-09**(unbonded) Water Well Constructor Certification**

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

License Number 1739 Date 3-03-09Signed [Signature]**(bonded) Water Well Constructor Certification**

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

License Number 1355 Date 3-03-09Signed [Signature]

Contact Info. (optional) _____

G-17235

HARN 50947

HARN
50947STATE 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 57427
START CARD # 149461(1) LAND OWNER Well Number _____
Name Brian Thomas
Address 10000 Hwy 441
City Burns State OR Zip 97720(2) TYPE OF WORK
☒ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment(3) DRILL METHOD:
☐ Rotary Air ☐ Rotary Mud ☒ Cable ☐ Auger
☐ Other _____(4) PROPOSED USE:
☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☐ No Depth of Completed Well 345 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
14"	0	19' Bentonite	0	19'	45
14"	19'	345'			

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other packedBackfill 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"	0	259'	☒	☐	☐
Liner: 14"	260'	345'	☐	☒	☐

Drive Shoe used ☐ Inside ☐ Outside ☐ None
Final location of shoe(s) _____(7) PERFORATIONS/SCREENS:
☒ Perforations Method Shirl Saw
☐ Screens Type _____ Material _____

From To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
250	3/4"	1/8	200'	12"	☐	☒

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
950	11'	78'	4

Temperature of water 55° 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: 30

(9) LOCATION OF WELL by legal description:

County Clatsop Latitude _____ Longitude _____
Township 24 N or S Range 30 E or W. WM.
Section 17 SW 1/4 NE 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____Street Address of Well (or nearest address) 5 miles N. of Hwy 78(10) STATIC WATER LEVEL: on November 10, 2003
19 ft. below land surface. Date 5-10-03

Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 265

From	To	Estimated Flow Rate	SWL
265	290	400	19
340	345	450	

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
0-2 Top Soil	0	2	10
2-3 Brown Clay	2	27	
3-7 Gray Clay	7	14	
7-14 Sand	14	25	
14-25 Gray Clay	25	26.5	
26.5-290 Sand & Gravel	26.5	290	19
290-340 Sand & gravel, clay	290	340	
340-345 Sand & water	340	345	19

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JUN 25 2009

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MAY 15 2003

WATER RESOURCES DEPT.
SALEM, OREGONWATER RESOURCES DEPT.
SALEM, OREGONDate started 4-16-03 Completed 5-12-03

(unbonded) Water Well Constructor Certification:

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

Signed _____ WWC Number _____ Date _____

(bonded) Water Well Constructor Certification:

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

Signed Kenneth C. Smith WWC Number 1252 Date 5-12-03

HARN 50789

G-17235

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. # 41943
 START CARD # 131843

(1) OWNER: Well Number _____
 Name Vern Cox
 Address 37318 Taylor Ln
 City Burns State OR Zip 97720

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

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

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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval ☐ Yes ☒ No Depth of Completed Well 420 ft.
 Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE SEAL
 Diameter From To Material From To Sacks or pounds
7 1/4" 0 20 Portland C 0 20 45
1 1/2 20 420 _____

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

(6) CASING/LINER:
 Diameter From Gauge Steel Plastic Welded Threaded
 Casing: 16" 1 16 ☒ ☐ ☒ ☐
 Liner: _____

Final location of shoe(s)
 (7) PERFORATIONS/SCREENS:
☐ Perforations Method _____
☐ Screens Type _____ Material _____
 From To Slot size Number Diameter Tube/pipe size Casing Liner

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

☒ Pump ☐ Baller ☐ Air ☐ Flowing
 Yield gal/min Drawdown Drill stem at Time
800 20' 77' 5 1 hr.

Temperature of water 60 Depth Artesian Flow Found _____
 Was a water analysis done? NO ☐ Yes By whom _____
 Did any strata contain water not suitable for intended use? NO ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____
 Depth of strata: 9.5

(9) LOCATION OF WELL by legal description:
 County Harney Latitude _____ Longitude _____
 Township 24 N or S Range 32 E or W. WM.
 Section 16 SE 1/4 NE 1/4
 Tax Lot 500 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 37318 Taylor Ln

(10) STATIC WATER LEVEL:
20 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
<u>325'</u>	<u>420'</u>	<u>800</u>	<u>20</u>

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<u>Top Soil</u>	<u>0</u>	<u>3</u>	
<u>Clay</u>	<u>3</u>	<u>37</u>	
<u>Clay</u>	<u>37</u>	<u>105</u>	
<u>Silt</u>	<u>65</u>	<u>170</u>	
<u>Gravel</u>	<u>170</u>	<u>325</u>	<u>20</u>
<u>Sand & Gravel</u>	<u>325</u>	<u>420</u>	

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 SALEM, OREGON

WATER RESOURCES DEPT
 SALEM, OREGON

Date started 2-16-02 Completed 3-31-02
 (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 1752
 Signed Theresa H. Smith Date 4-14-02

HARN 50789
HARN 50789

G-17235

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 337.765)

Amendment

WELL I.D.# 41943
START CARD# 131843

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

(1) OWNER: Joshua Holden Well Number _____
Name Joshua Holden
Address 373 Taylor Dr.
City Burnsville State Mn Zip 55330

(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 620 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
7 1/2"	0	20	Bentonite	0	20	45
6	20	620				

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

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

(6) CASING/LINER:

Diameter	From	Size	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	0	1	16	☒	☐	☒	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
Liner:				☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tube/pipe size	Material	
						Perforations	Screens

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

Pump	Ball	Air	Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian
800	20'	77'	5
1 hr.			

Temperature of water 60 Depth Artesian Flow Found _____
Was a water analysis done? NO ☐ Yes By whom _____
Did any strata contain water not suitable for intended use? NO ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____
Depth of strata: 4.5

(9) LOCATION OF WELL by legal description:

County Alameda Latitude _____ Longitude _____
Township 24 N or S Range 32 E or W. WM.
Section 10 SE 1/4 NE 1/4
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 375 18 Taylor Ln

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

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWI
375'	420'	800	20

[illegible]

Date started 2-16-07 Completed 3-31-07
(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 1752
Signed James O. Smith Date 4-10-

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

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WATER RESOURCES DEPT
SALEM, OREGON

G-17235

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JUN 11 2009

WATER RESOURCES DEPT
SALEM, OREGON

THIS SPACE RESERVED FOR RECORDER'S USE

20072220

After recording return to:
TONY D. RUTHERFORD
P.O. BOX 6117
GARDNERVILLE, NV 89460

Until a change is requested all
tax statements shall be sent to
The following address:

TONY D. RUTHERFORD
P.O. BOX 6117
GARDNERVILLE, NV 89460

Escrow No. BU0018471
Title No. 0018471

SWD

STATE OF OREGON
County of Harney
I certify that the instrument identified herein was
recorded on the 27th day of Sept. 2007, at 4:00 PM. In the
County Clerk's Office, Harney County, Oregon.
Notary Public, County Clerk
Deputy

STATUTORY WARRANTY DEED

JAMES L. HENDRICKSON and MARTHAJEANNE V. HENDRICKSON, as tenants by the
entirety, Grantor(s) hereby convey and warrant to TONY D. RUTHERFORD and MEGAN R.
RUTHERFORD, as tenants by the entirety, Grantee(s) the following described real property in the County of
HARNEY and State of Oregon free of encumbrances except as specifically set forth herein:

Land in Harney County, Oregon, as follows:

In Twp. 24 S., R. 321/2 E., W.M.:
Sec. 7: SE1/4.

CODE # 4-2 ACCT. # 23290 MAP# 24S 32VE TL2000

The above-described property is free of encumbrances except all those items of record, if any, as of the date of this deed and
those shown below, if any:
2007-2008 Real Property Taxes a lien not yet due and payable.

The true and actual consideration for this conveyance

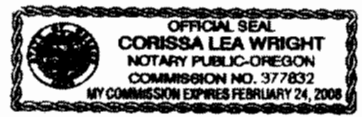
BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD
INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 197.352. THIS INSTRUMENT DOES NOT ALLOW
USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS
AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE
TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING
DEPARTMENT TO VERIFY APPROVED USES AND 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 197.352.

Dated this 27 day of Sept. 2007.

JAMES L. HENDRICKSON
MARTHAJEANNE V. HENDRICKSON

State of Oregon
County of HARNEY

This instrument was acknowledged before me on Sept. 27th, 2007 by JAMES L. HENDRICKSON and
MARTHAJEANNE V. HENDRICKSON.



Corissa Lea Wright
(Notary Public for Oregon)
My commission expires Feb. 24, 2008