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MAY 17 2021

OWRD

May 11, 2021

Mary Bjork
Water Rights and Adjudications Division
Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, OR 97301

RE: Avion Water Company, Inc. - Application for Limited Water Use License

Dear Mary:

The enclosed application for a Limited Water Use License, and supporting documentation, is submitted on behalf of Avion Water Company, Inc. (Avion). Also enclosed is the \$340 application fee. In summary, Avion is proposing to appropriate groundwater at a rate not to exceed 0.67 cfs for quasi-municipal use within Avion's Squaw Creek Canyon Estates service area. The maximum rate of 0.67 cfs will be *jointly limited* with 0.67 cfs already authorized under Permit G-18191. Avion anticipates that the annual appropriation will not exceed 58 acre-feet, *in addition* to the 62 acre-feet authorized under Permit G-18191.

We understand that because this limited water use license application requests to appropriate groundwater within the Deschutes Ground Water Study Area, the Oregon Water Resources Department's practice, under OAR Chapter 690, Division 33, is to require "mitigation" for potential impacts to surface water. To address "mitigation" for the proposed limited license, Avion will limit the combined annual volume of water appropriated under Avion's Permits G-17539, G-16025, G-18474 AND this proposed limited license, to no more than the volume authorized under Permits G-17539, G-16025 and G-18474.

As shown in Tables 1, 2, and 3, the City currently has 260.87 mitigation credits in the General Zone of Impact assigned to Permits G-17539, G-16025 and G-18474, under the Deschutes Basin Mitigation Program. This authorizes the use of up to 625.5 acre-feet annually.

Please note that the current volume limit of 625.5 acre-feet will increase if Avion assigns additional mitigation credits to Permits G-17539, G-16025 and G-18474.

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Table 1. Avion 2021 Mitigation: Permit G-17539.

Year	Total Volume Allowed with Current Mitigation (AF)	Total Mitigation Credits	Mitigation Credits By Source	Source of Mitigation
2021	435.4	174.17	1	MP-27 (Permanent)
			25.35	MP-93 (Permanent)
			47.47	MP-108 (Permanent)
			26.85	MP-112 (Permanent)
			9.0	MP-111 (Permanent)
			64.5	MP-113 (Permanent)
			174.17 (total)	

Table 2. Avion 2021 Mitigation: Permit G-16025

Year	Total Volume Allowed with Current Mitigation (AF)	Total Mitigation Credits	Mitigation Credits By Source	Source of Mitigation
2021	152.1	71.5	25.35	MP-93 (Permanent)
			23.73	MP-108 (Permanent)
			13.42	MP-112 (Permanent)
			9.0	MP-111 (Permanent)
			71.5 (total)	

Table 3. Avion 2021 Mitigation: Permit G-18474

Year	Total Volume Allowed with Current Mitigation (AF)	Total Mitigation Credits	Mitigation Credits By Source	Source of Mitigation
2021	38	15.2	15.2	MP-113 (Permanent)
			15.2 (total)	

Please contact me at 541-257-9001 if you have any questions or need additional information. I look forward to working with you to obtain a limited license for Avion.

Sincerely,
GSI Water Solutions, Inc.



Adam Sussman
Principal Water Resources Consultant

Enclosures



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

Application for Limited Water Use License

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License No.: _____

Applicant Information

NAME Avion Water Company, Inc., Attn: Jason Wick		PHONE (HM)	
PHONE (WK) 541-382-5342	CELL	FAX	
ADDRESS 60813 Parrell Road			
CITY Bend	STATE OR	ZIP 97702	E-MAIL * jason@avionwater.com

Agent Information

NAME GSI Water Solutions, Attn: Adam Sussman		PHONE 541-257-9001	FAX
ADDRESS 1600 SW Western Blvd, Suite 240			CELL
CITY Corvallis	STATE OR	ZIP 97333	E-MAIL * asussman@gsiws.com

I (We) make application for a Limited License to use or store the following described surface waters or groundwater – not otherwise exempt, or to use stored water of for a use of a short-term or fixed-duration:

- SOURCE(S) OF WATER:** 3 wells a tributary of Whychus Creek
- AMOUNT OF WATER** to be diverted; 0.67 cfs, to be jointly limited with 0.67 cfs
 Maximum and instantaneous rate (cubic feet or gallons per minute): already authorized under Permit G-18191
 Total volume (gallons or acre-feet): 58 acre-feet. If water is to be used from more than one source, give the quantity from each: a maximum of 0.67 cfs will be produced from any combination of the three wells

3. INTENDED USE(S) OF WATER: (check all that apply)

- Road construction or maintenance
- General construction
- Forestland and rangeland management; or
- Other: Quasi-municipal

4. DESCRIPTION OF PROPOSED PROJECT: Include a description of the place of use as shown on the accompanying site map, the method of water diversion, the type of equipment to be used (including pump horsepower, if applicable), length and dimensions of supply ditches and pipelines:

Refer to Attachment A for maps of the proposed place of use (SCCE Service Area) and points of appropriation (SCCE Wells 1 through 3). The wells are located within the Deschutes Ground Water Study Area and Avion intends to provide mitigation as described in the application letter. The maximum authorized rate of use would be jointly limited with Permit G-18191. The proposed volume of use is 58 acre-feet, in addition to the 62-acre feet authorized by Permit G-18191. Avion will also submit an application for a new water right permit for permanent use. Avion would cancel this limited license upon issuance of a new permit.

5. PROJECT SCHEDULE: (List day, month, and year)

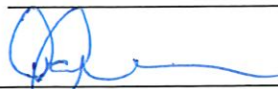
Date water use will begin: Upon issuance of Limited License

Date water use will be completed: Within five years of issuance

Months of the year water would be diverted and used: January 1 - December 31

If for other than irrigation from stored water, how and where will water be discharged after use:

N/A


 Applicant Signature

Adam Jackson, Engineer
 Print Name and title if applicable

5/12/21
 Date

PLEASE READ CAREFULLY

NOTE: A completed water availability statement from the local watermaster, Land Use Information Form completed by the local Planning Department, fees and site map meeting the requirements of OAR 690-340-030 must accompany this request. The fee for this request is \$280 for the first point of diversion plus \$30 for each additional point of diversion. Please review the Department's fee schedule to view fees required to request a limited license for Aquifer Storage and Recovery testing purposes or for Artificial Groundwater Recharge testing purposes.

Failure to provide any of the required information will result in return of your application. The license, if granted, will not be issued or replaced by a new license for a period of more than five consecutive years. The license, if granted, will be subordinate to all other authorized uses that rely upon the same source, or water affected by the source, and may be revoked at any time it is determined the use causes injury to any other water right or minimum perennial streamflow.

If water source is well, well logs or adequate information for the Department to determine aquifer, well depth, well seal and open interval, etc. are required. The licensee shall indicate the intended aquifer. If for multiple wells, each map location shall be clearly tied to a well log.

If a limited license is approved, the licensee shall give notice to the Department (Watermaster) at least 15 days in advance of using the water under the Limited License and shall maintain a record of use. The record of use shall include, but need not be limited to, an estimate of the amount of water used, the period of use and the categories of beneficial use to which the water is applied. During the period of the Limited License, the record of use shall be available for review by the Department upon request.

**A summary of review criteria and procedures that are generally applicable to these applications is available at:
<http://www.oregon.gov/owrd/pages/pubs/forms.aspx>*

Mapping Requirements (OAR 690-340-0030):

- (1) A request for a limited license shall be submitted on a form provided by the Water Resources Department, and shall be accompanied by the following:
 - a. A site map of reproducible quality, drawn to a standard, even scale of not less than 2 inches = 1 mile, showing:
 - i. The locations of all proposed points of diversion referenced by coordinates or by bearing and distance to the nearest established or projected public land survey corner;
 - ii. The general course of the source for the proposed use, if applicable;
 - iii. Other topographical features such as roads, streams, railroads, etc., which may be helpful in locating the diversion points in the field.

REMARKS:

For WRD Use Only

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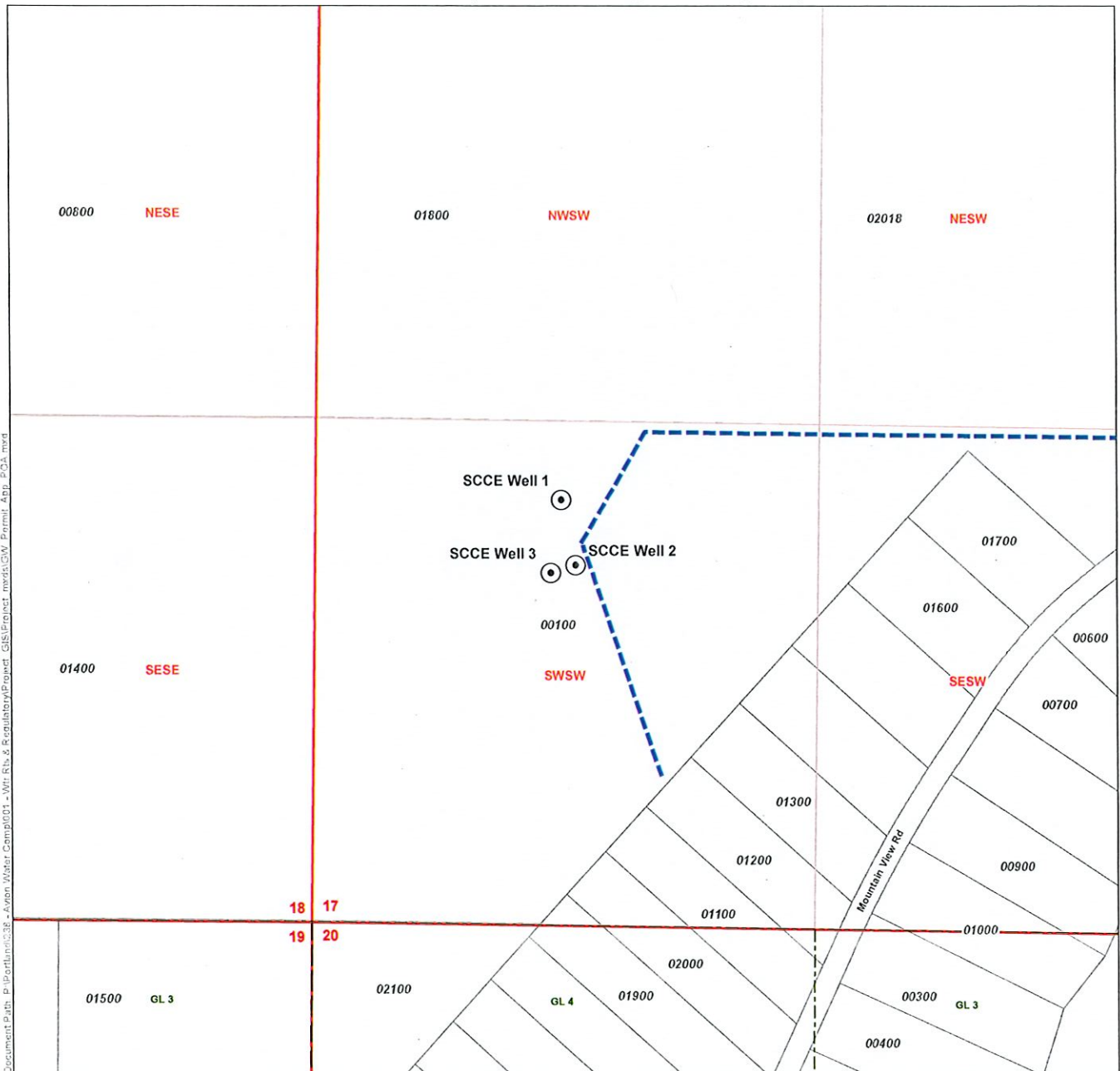
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Attachment A
Application Maps

Limited License Application – Avion Water Company

Application for a Limited Water Use License in the Name of Avion Water Co., Inc.

Proposed Points of Appropriation Township 14 South, Range 11 East (W.M.)



Document Path: P:\P\Permit\038 - Avion Water Camp\01 - Mt. Rb. 3. Regulatory\Project_GIS\Project_mxd\GW_Permit_App_P03.mxd

LEGEND

- Proposed Point of Appropriation (POA)
- Pipeline
- Tax Lot
- Government Lot (GL)

POA LOCATION DESCRIPTION

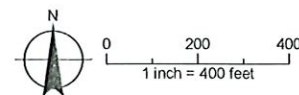
- SCCE 1**
Located 1120 feet North and 650 feet East from the SW corner of Section 17, Township 14 South, Range 11 East (W.M.)
- SCCE 2**
Located 950 feet North and 695 feet East from the SW corner of Section 17, Township 14 South, Range 11 East (W.M.)
- SCCE 3**
Located 925 feet North and 630 feet East from the SW corner of Section 17, Township 14 South, Range 11 East (W.M.)

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: January 11, 2018
Data Sources: BLM, ESRI, Crook Co., USGS, OWRD



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SCCE Well 1: L-91141 (DESC 58167)
SCCE Well 2: L-42966 (DESC 53193/58039)
SCCE Well 3: L-42967 (DESC 53194/59678)

Attachment B
Well Logs

Limited License Application – Avion Water Company

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

08-12-2007

WELL LABEL # L 91141

START CARD # 1001485

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

First Name RON Last Name REMUND
Company
Address PO BOX 760
City SISTERS State OR Zip 97759

(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 [X] Domestic [] Irrigation [] Community [] Industrial/ Commercial [] Livestock [] Dewatering [] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION Special Standard [] Attach copy) Depth of Completed Well 844.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Rows include Cement, 0, 96, 77, S.

How was seal placed: Method [] A [] B [X] C [] D [] E

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

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

Explosives used: [] Yes Type _____ Amount _____

(6) CASING/LINER

Table with columns: Casing Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes rows for 10, 8, 8 diameters.

Shoe [X] Inside [] Outside [] Other Location of shoe(s) _____

Temp casing [] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Table with columns: Perf/ Screen, Casing/ Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tel/ pipe size.

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

Table with columns: Pump/Bailer/Air/Flowing Artesian, Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr).

Temperature 53 °F Lab analysis [] Yes By _____

Water quality concerns? [] Yes (describe below)

Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County Deschutes Twp 14.00 S N/S Range 11.00 E E/W WM
Sec 17 SW 1/4 of the SW 1/4 Tax Lot 2017
Tax Map Number _____ Lot _____
Lat _____ " or 44.35235000 DMS or DD
Long _____ " or -121.45120000 DMS or DD
[] Street address of well [] Nearest address

MT WEIW RD

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Predeepening, Completed Well, Date, SWL(psi), SWL(ft). Includes entry for 08-01-2007 with SWL 520.

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 616

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Includes rows for 07-28-2007, 08-28-2007, 08-29-2007.

(11) WELL LOG

Table with columns: Material, From, To. Includes entries like Sand Pumice Lava Broken, Cinders, Lava Gray, etc.

Date Started 07-13-2007 Completed 08-01-2007

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards.

License Number 758 Date 08-12-2007

Electronically Filed Signed THOMAS R PECK (E-filed)

(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 1720 Date 08-12-2007

Electronically Filed Signed JACK ABBAS (E-filed)

Contact Info (optional)

STATE OF OREGON
Water Supply Well Report

(as required by ORS 537.765)

DESC53193

Received Date:

Well ID Tag # L 42966

Start Card # 128830

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

(1) Owner

Well Number:

Name: RON REMUND

Street: PO BOX 760

City: SISTERS

State: OR Zip Code: 97759

(2) Type of Work

- New Alter (Recondition) Alter (Repair)
 Deepening Abandonment

(3) Drill Method

- Rotary Air Rotary Mud Cable Auger
Other:

(4) Proposed Use

- Domestic Community Industrial Irrigation Injection
 Livestock Thermal Other:

(5) Bore Hole Construction

- Special Standards: Depth of completed well: 605.00 ft.
 Explosives Used: Amount: Type:

Hole			Seal			
Diameter	From	To	Mtrl	From	To	Sacks/lbs
12.00	0.00	78.00	CE	0.00	78.00	4512
8.00	78.00	605.00				

How was seal placed? C Other:

Back fill placed from:

Material:

Filter pack from:

Size:

(6) Casing / Liner

Csng/ Liner	Diameter	From	To	Gauge	Mtrl	Weld	Thrd	Shoe at	Shoe used
C	8.00	2.00	78.00	.250	S	X			
L	6.00	-5.00	600.00	.188	S	X			

(7) Perforation / Screens

Perforations: _____ Csng/ _____

Mtrl	From	To	Width	Height	#Slots	Dia.	t/pSize	Lnr	Method
S	585.00	605.00	0.13	3.00	216	6.00		L	MACHINE

Screens: _____

Mtrl	From	To	S Size	#Slots	Dia.	t/pSize	Type	Gauge

(8) Well Tests (Minimum testing time is one hour)

Type	Yield	Units	Drawdown	Stem at	Duration
A	10.00	G		600.00	1.00

Temperature of Water: 53 F

Was water analysis done? Depth of artesian flow:
by whom?

Did any strata contain water unsuitable for use? Too Little Salty
 Muddy Odor Colored other:

Depth of strata:

(9) Location of Hole by legal description

County: DESC Latitude: Longitude:

Township: 14.00 S Range: 11.00 E

Section: 17 SWSW Lot: Block:

Tax Lot: 2017 Subdivision:

Street Address of Well (or nearest address):

MNT VIEW RD

MAP, with location identified, must be attached.

(10) Static Water Level

Feet below land surface: 498.0 Date: 07 / 14 / 2000

Artesian Pressure: Date:

(11) Water Bearing Zones

Depth at which water was first found: 590.00 ft.

From	To	est Flow	swl
590.00	605.00	10.00	498

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(12) Well Log

Ground Elevation:

Material	From	To	swl
LOAM BROKEN LAVA	0.00	3.00	
LAVA BROWN	3.00	10.00	
LAVA GRAY FRAC LAYERS	10.00	42.00	
CINDERS RED	42.00	51.00	
LAVA RED	51.00	70.00	
SANDSTONE	70.00	88.00	
SAND BRN FINE GRAVELS	88.00	104.00	
SANDSTONE	104.00	175.00	
LAVA BROWN	175.00	235.00	
SANDSTONE CONGLOMERATE	235.00	260.00	
LAVA BROWN GRAY LAYERS	260.00	335.00	
LAVA RED/CINDERS	335.00	350.00	
LAVA BROWN	350.00	475.00	
LAVA GRAY	475.00	525.00	
LAVA SOFT	525.00	540.00	
SANDSTONE CINDERS	540.00	588.00	
LAVA/BASALT BROKEN	588.00	605.00	498

Date Started: 07 / 12 / 2000

Date Completed: 07 / 14 / 2000

(unbonded) Water Well Constructor Certification:

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

Signed by: THOMAS R PECK WWC #: 758

(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 well construction standards. This report is true to the best of my knowledge and belief.

Signed by: JACK ABBAS WWC #: 1720

Amendment
STATE OF OREGON

DESC 58039

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

06-05-2007

WELL LABEL # L 42966

START CARD # 1001144

(1) LAND OWNER Owner Well I.D. _____
 First Name RON Last Name REMUND
 Company _____
 Address PO BOX 760
 City SISTERS State OR Zip 97759

(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 690.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
6	605	690					

How was seal placed: Method A B C D E

Other _____

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

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

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

Perforations Method _____
 Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tel/ 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		690	1

Temperature 53 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County Deschutes Twp 14.00 S N/S Range 11.00 E E/W WM
 Sec 17 SW 1/4 of the SW 1/4 Tax Lot 2017
 Tax Map Number _____ Lot _____
 Lat _____ ° _____ ' _____ " or _____ DMS or DD
 Long _____ ° _____ ' _____ " or _____ DMS or DD
 Street address of well Nearest address

MNT VEIWRD

(10) STATIC WATER LEVEL Date _____ SWL(psi) + SWL(ft)
 Existing Well / Predeepening _____ 496
 Completed Well 06-04-2007 498

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
06-04-2007	605	690	20		498

(11) WELL LOG Ground Elevation _____

Material	From	To
LAVA BASALT BROKEN	605	615
FRACTURED BASALT	615	627
BROWN CONGLOMERATE	627	642
RED SANDSTONE CONGLOMERATE	642	664
FRACTURED BASALT GRAY	664	690

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 WATER RESOURCES DEPT
 SALEM, OREGON

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Date Started 06-04-2007 Completed 06-04-2007

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

License Number 1852 Date 06-05-2007
 Electronically Filed
 Signed JEB W ABBAS (E-filed)

(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 1720 Date 06-05-2007
 Electronically Filed
 Signed JACK ABBAS (E-filed)
 Contact Info (optional)

**STATE OF OREGON
Water Supply Well Report**

(as required by ORS 537.765)

DESC

Received Date:

Well ID Tag # L 42967

Start Card # 128831

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

(1) Owner Well Number: _____
 Name: RON REMUND
 Street: PO BOX 760
 City: SISTERS State: OR Zip Code: 97768

(2) Type of Work
 New Alter (Recondition) Alter (Repair)
 Deepening Abandonment

(3) Drill Method
 Rotary Air Rotary Mud Cable Auger
 Other: _____

(4) Proposed Use
 Domestic Community Industrial Irrigation Injection
 Livestock Thermal Other: _____

(5) Bore Hole Construction
 Special Standards: Depth of completed well: 821.00 ft.
 Explosives Used: Amount: _____ Type: _____

Diameter	Hole		Mtrl	Seal		Sacks/lbs
	From	To		From	To	
12	0	138	CE	0	138	5700
8	138	625				

How was seal placed? C Other: _____
 Back fill placed from: _____ Material: _____
 Filter pack from: _____ Size: _____

(6) Casing / Liner

Casing/ Liner	Diameter	From	To	Gauge	Mtrl	Weld	Thrd	Shoe at used
C	8	2	138	.250	S	X		
L	8	5	625	.188	S	X		

(7) Perforation / Screens

Perforations:

Mtrl	From	To	Width	Height	#Slots	Dia.	UpSize	Casing/ Lnr.	Method
S	585	625	0.125	3.00	432	6		L	MACHINE

Screens:

Mtrl	From	To	S Size	#Slots	Dia.	UpSize	Type	Gauge
------	------	----	--------	--------	------	--------	------	-------

(8) Well Tests (Minimum testing time is one hour)

Type	Yield	Units	Drawdown	Stem at	Duration
A	20.0	G		620	1.00

Temperature of Water: 63.00 F
 Was water analysis done? Depth of artesian by whom?
 Did any strata contain water unsuitable for use?
 Muddy Odor Colored other: _____
 Depth of strata: _____

(9) Location of Hole by legal description
 County: DESC Latitude: _____ Longitude: _____
 Township: 14.00 S Range: 11.00 E
 Section: 17 SWSW Lot: _____ Block: _____
 Tax Lot: 2017 Subdivision: _____
 Street Address of Well (or nearest address):
 MNT VIEW RD
 MAP, with location identified, must be attached.

(10) Static Water Level
 Feet below land surface 601.00 Date: 07/20/2000
 Artesian Pressure: _____ Date: _____

(11) Water Bearing Zones
 Depth at which water was first found: 590.00 ft.
 From _____ To _____ est Flow _____ swl _____
 590 625 2061m 501

(12) Well Log Ground Elevation: _____

Material	From	To	swl
BROKEN LAVA LOAM	0	3	
LAVA BROWN FRAC LAYERS	43	3	
RED LAVA/CINDERS	43	55	
SANDSTONE	55	96	
LAVA BROWN GRAY LAYERS	96	190	
LAVA BROWN	190	220	
SANDSTOEN BROWN	220	228	
LAVA BROWN	228	345	
LAVA RED/CINDERS	345	460	
LAVA HARD	460	490	
LAVA BROWN	490	509	
LAVA/BASALT	509	542	
LAVA RED	542	551	
SANDSTONE	551	585	
LAVA/BASALT BROKEN	585	625	601

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Date Started: 07/17/2000 Date Completed: 07/20/2000

(unbonded) Water Well Constructor Certification:
 I certify that the work I perform on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to the best knowledge and belief.
 Signed by: THOMAS R PECK MWC # 768

(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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed by: JACK ABBAS MWC #: 1720
 ABBAS WELL DRILLING CO Phone: 641-646-2787

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 SEP 15 2000
 WATER RESOURCES DEPT
 SALEM, OREGON

STATE OF OREGON
Water Supply Well Report
(as required by ORS 537.765)

DESC 53194

DESC

Received Date:

Well ID Tag # L

Start Card # 128831

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

(1) Owner Well Number _____
 Name: RON REMUND
 Street: PO BOX 780
 City: SISTERS State: OR Zip Code: 97769

(2) Type of Work
 New Alter (Recondition) Alter (Repair)
 Deepening Abandonment

(3) Drill Method
 Rotary Air Rotary Mud Cable Auger
 Other: _____

(4) Proposed Use
 Domestic Community Industrial Irrigation Injection
 Livestock Thermal Other: _____

(5) Bore Hole Construction
 Special Standards: Depth of completed well 621.00 ft.
 Explosives Used. Amount _____ Type: _____

Diameter	Hole		Mtrl	Seal		Sacks/lbs
	From	To		From	To	
12	0	138	CE	0	138	6700
8	138	626				

How was seal placed? C Other: _____
 Back fill placed from: _____ Material: _____
 Filter pack from: _____ Size: _____

(6) Casing / Liner

Cong/ Liner	Diameter	From	To	Gauge	Mtrl	Weld	Thrd	Shoe at	Shoe used
C	8	2	138	.260	S	X			
L	8	6	626	.188	S	X			

(7) Perforation / Screens

Perforations:

Mtrl	From	To	Width	Height	#Slots	Dia.	UpSize	Cong/ Liner	Method
S	586	626	0.125	3.00	432	6		L	MACHINE

Screens:

Mtrl	From	To	Size	#Slots	Dia.	UpSize	Type	Gauge

(8) Well Tests (Minimum testing time is one hour)

Type	Yield	Units	Drawdown	Stem at	Duration
A	40.00	G		620	1.00

Temperature of Water: 53.00 F
 Was water analysis done? Depth of artesian flow: _____
 by whom? _____
 Did any strata contain water unsuitable for use? Too Little Salty
 Muddy Odor Colored other: _____
 Depth of strata: _____

(9) Location of Hole by legal description

County: DESC Latitude: _____ Longitude: _____
 Township: 14.00 S Range: 11.00 E
 Section: 17 SWSW Lot: _____ Block: _____
 Tax Lot: 2017 Subdivision: _____
 Street Address of Well (or nearest address):
 MNT VIEW RD
 MAP, with location identified, must be attached.

(10) Static Water Level
 Feet below land surface: 601.00 Date: 07 / 20 / 2000
 Artesian Pressure: _____ Date: _____

(11) Water Bearing Zones
 Depth at which water was first found: 600.00 ft.
 From _____ To _____ est Flow _____ swf

(12) Well Log Ground Elevation: _____

Material	From	To	swf
BROKEN LAVA LOAM	0	3	
LAVA BROWN FRAC LAYERS	43	3	
RED LAVA/CINDERS	43	66	
SANDSTONE	66	96	
LAVA BROWN GRAY LAYERS	96	180	
LAVA BROWN	180	220	
SANDSTOEN BROWN	220	228	
LAVA BROWN	228	346	
LAVA RED/CINDERS	346	480	
LAVA HARD	480	480	
LAVA BROWN	480	609	
LAVA/BASALT	609	642	
LAVA RED	642	661	
SANDSTONE	661	686	
LAVA/BASALT BROKEN	686	626	501

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 OWRD

Date Started: 07 / 17 / 2000 Date Completed: 07 / 20 / 2000

(unbonded) Water Well Constructor Certification:
 I certify that the work I perform on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to the best knowledge and belief.
 Signed by: THOMAS R PECK MWC # 768

(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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed by: JACK ABBAS MWC # 1720
 ABBAS WELL DRILLING CO Phone 641-648-2787

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

DESC 59678
5/7/2013

WELL I.D. LABEL# L 42967
START CARD # 1019198
ORIGINAL LOG # DESCHUTES 53194

(1) LAND OWNER
Owner Well I.D. _____
First Name RON Last Name REMUND
Company _____
Address PO BOX 760
City SISTERS State OR Zip 97759

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stil Plstc Wld Thrd
Casing: 8 2 138 .250
Material From To Amt sacks/lbs
Seal: Cement 0 138 5700 Pounds

(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 750.00 ft.
BORE HOLE SEAL
Dia From To Material From To Amt lbs
8 0 750
How was seal placed: Method A B C D E
 Other DID NOT DISTURB
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount Actual Amount

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stil Plstc Wld Thrd
 6 2 750 .188
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method MACHINE
Screens Type _____ Material _____
Perf/ Casing/Screen Screen Liner Dia From To Scrn/slot width Slot length # of slots Tel/ pipe size
Perf Liner Dia From To width length slots pipe size
6 710 750 .125 3 456

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
200 _____ 750 2
Temperature 54 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County DESCHUTES Twp 14.00 S N/S Range 11.00 E E/W WM
Sec 17 SW 1/4 of the SW 1/4 Tax Lot 2017
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
MT VIEW RD

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration 4/25/2013 _____ 525
Completed Well 5/2/2013 _____ 525
Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found 626.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
4/29/2013 626 750 200 _____ 525

(11) WELL LOG Ground Elevation _____
Material From To
NONE 0 626
LAVA BASALT BROKEN 626 705
SANDSTONE 705 725
BASALT BROKEN 725 750
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Date Started 4/25/2013 Complete 5/2/2013
(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 758 Date 5/7/2013
Signed THOMAS R PECK (E-filed)

(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 1720 Date 5/7/2013
Signed JACK ABBAS (E-filed)
Contact Info (optional) _____

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Attachment C
Land Use Information Forms
Limited License Application – Avion Water Company

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

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NOTE TO APPLICANTS

In order for your application to be processed by the Water Resources Department (WRD), this Land Use Information Form must be completed by a local government planning official in the jurisdiction(s) where your water right will be used and developed. The planning official may choose to complete the form while you wait, or return the receipt stub to you. Applications received by WRD without the Land Use Form or the receipt stub will be returned to you. Please be aware that your application will not be approved without land use approval.

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) The existing and proposed water use is located entirely within lands zoned for exclusive farm-use or within an irrigation district;
 - b) The application involves a change in place of use only;
 - c) The change does not involve the placement or modification of structures, including but not limited to water diversion, impoundment, distribution facilities, water wells and well houses; **and**
 - d) The application involves irrigation water uses only.

NOTE TO LOCAL GOVERNMENTS

The person presenting the attached Land Use Information Form is applying for or modifying a water right. The Water Resources Department (WRD) requires its applicants to obtain land-use information to be sure the water rights do not result in land uses that are incompatible with your comprehensive plan. Please complete the form or detach the receipt stub and return it to the applicant for inclusion in their water right application. You will receive notice once the applicant formally submits his or her request to the WRD. The notice will give more information about WRD's water rights process and provide additional comment opportunities. You will have 30 days from the date of the notice to complete the land-use form and return it to the WRD. If no land-use information is received from you within that 30-day period, the WRD may presume the land use associated with the proposed water right is compatible with your comprehensive plan. Your attention to this request for information is greatly appreciated by the Water Resources Department. If you have any questions concerning this form, please contact the WRD's Customer Service Group at 503-986-0801.

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

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Applicant(s): Avion Water Company

Mailing Address: 60813 Parrell Road

City: Bend

State: OR

Zip Code: 97702

Daytime Phone: 541-382-5342

A. Land and Location

Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), and/or used or developed. Applicants for municipal use, or irrigation uses within irrigation districts may substitute existing and proposed service-area boundaries for the tax-lot information requested below.

Township	Range	Section	¼ ¼	Tax Lot #	Plan Designation (e.g., Rural Residential/RR-5)	Water to be:	Proposed Land Use:
<u>See Attached Maps</u>					_____	<input checked="" type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used	<u>Quasi-municipal</u>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input type="checkbox"/> Used	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input type="checkbox"/> Used	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input type="checkbox"/> Used	_____

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

Deschutes 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
 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: 0.67 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 is applying for a limited water use license to use groundwater from three existing wells for quasi-municipal use within the Squaw Creek Canyon Estates development.



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

See bottom of Page 3. →

For Local Government Use Only

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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:	
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued

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

Name: _____ Title: _____

Signature: _____ Phone: _____ Date: _____

Government Entity: _____

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: _____

Receipt for Request for Land Use Information



Applicant name: Avion Water Co. - c/o Owen McMurtrey

City or County: Deschutes County Staff contact: Caroline House

Signature: Users, Caroline House Digitally signed by Users, Caroline House
DN: cn=caroline.house@deschutes.gov, email=Caroline.House@deschutes.gov, ou=Deschutes County Phone: 5413886667 Date: 5/12/2021

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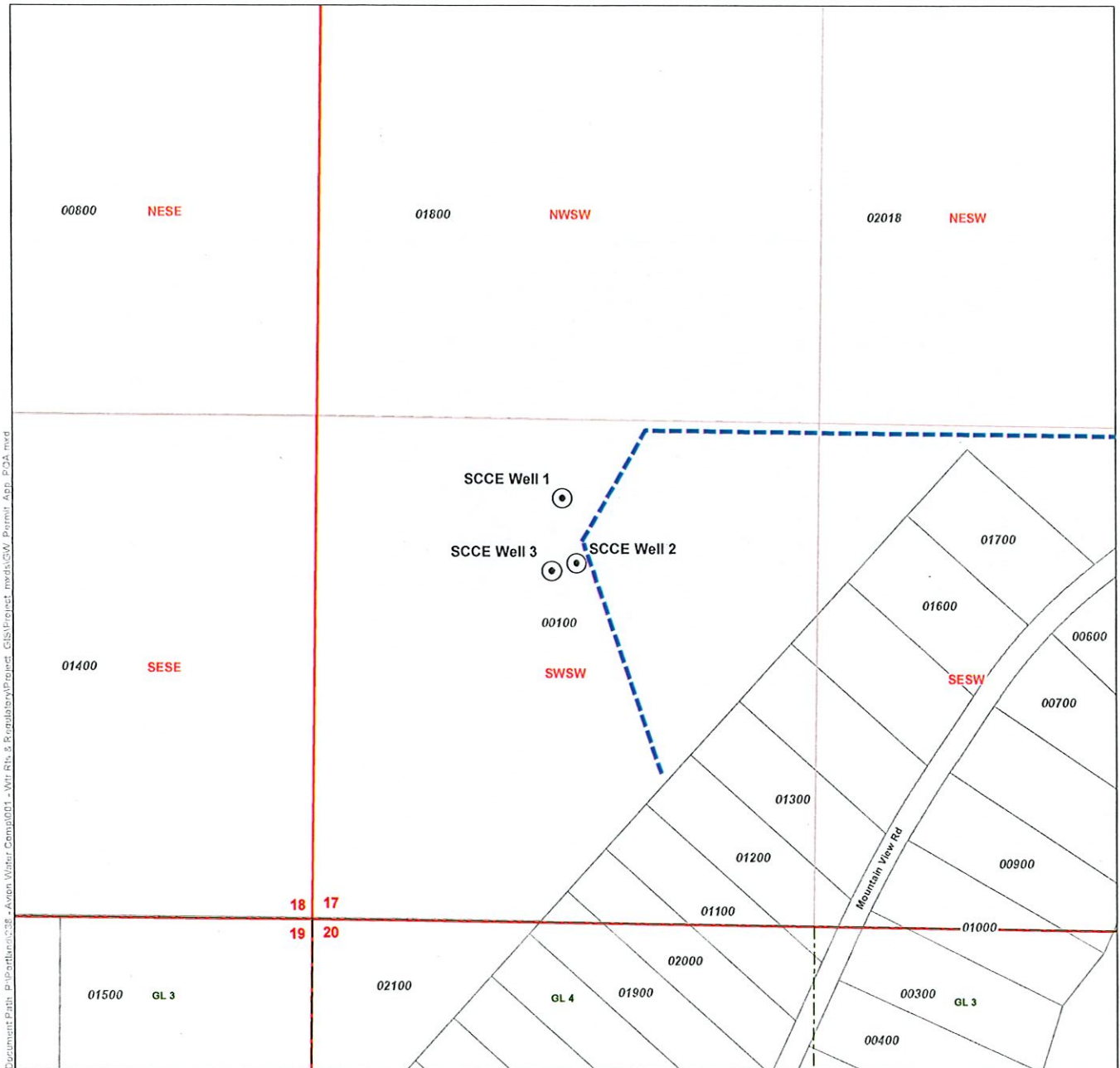
Application for a Limited Water Use License in the Name of Avion Water Co., Inc.

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Proposed Points of Appropriation
Township 14 South, Range 11 East (W.M.)

OWRD



C:\Users\patt\Documents\Projects\Avion Water Comp\01 - W.R. Rts. & Appropriation\Project - GIS\Project_mxd\GIS\Project_App_PDA.mxd

LEGEND

- Proposed Point of Appropriation (POA)
- Pipeline
- Tax Lot
- Government Lot (GL)

DISCLAIMER

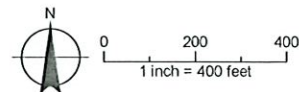
This map was prepared for the purpose of identifying the location of a water right only and it is not intended to provide legal dimensions or location of property ownership lines.

MAP NOTES

Date: January 11, 2018
Data Sources: BLM, ESRI, Crook Co., USGS, OWRD

POA LOCATION DESCRIPTION

- SCCE 1**
Located 1120 feet North and 650 feet East from the SW corner of Section 17, Township 14 South, Range 11 East (W.M.)
- SCCE 2**
Located 950 feet North and 695 feet East from the SW corner of Section 17, Township 14 South, Range 11 East (W.M.)
- SCCE 3**
Located 925 feet North and 630 feet East from the SW corner of Section 17, Township 14 South, Range 11 East (W.M.)



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Attachment D
Watermaster Water Availability Statement
Limited License Application – Avion Water Company

This page to be completed by the local Watermaster.

WATER AVAILABILITY STATEMENT

Name of Applicant: Avion Water Company Limited License Number: _____

1. To your knowledge, has the stream or basin that is the source for this application ever been regulated for prior rights?

Yes No

If yes, please explain:

2. Based on your observations, would there be water available in the quantity and at the times needed to supply the use proposed by this application?

Yes No

3. Do you observe this stream system during regular fieldwork?

Yes No

If yes, what are your observations for the stream?

Annual Fluctuations Due to climate variability, but A constant slow decline over the long term.

4. If the source is a well and if WRD were to determine that there is the potential for substantial interference with nearby surface water sources, would there still be ground water and surface water available during the time requested and in the amount requested without injury to existing water rights?

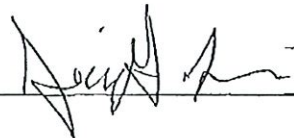
Yes No N/A

What would you recommend for conditions on a limited license that may be issued approving this application?

Mitigate as acknowledged on the Application.

5. Any other recommendations you would like to make?

Flowmeter on each well

Signature  WM District #: 11 Date: 5-6-21