

# Checklist for Claims of Beneficial Use Received at CSG Counter

Application #: G-16009	WRD Reviewer: Judy
Transfer #:	
Date Received: 02/25/2021	
CWRE Name: Paul Garvin	
Priority Date (s): 05/09/2003	

## Fees Required:

- YES  NO  A fee of \$200 must accompany this form for permits with priority dates of July 9, 1987, or later.
- YES  NO  A fee of \$200 must accompany this form for any transfers including a water right with a priority date of July 9, 1987, or later.  
 Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

Fill in App or Transfer Number

## Map Review:

- Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))
- Application & permit #; or transfer # (OAR 690-014-0100(1))
- Disclaimer (OAR 690-014-0170(5))
- North arrow (OAR 690-310-0050(2)(c))
- CWRE stamp and signature (OAR 690-014 & 310-0050)
- Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
- Township, range, section, and tax lot numbers (OAR 690-310-0050(4))

## Report Review:

- On form provided by the Department (OAR 690-014-0100(1))
- Application & permit #; or transfer # (OAR 690-014)
- Ownership information (OAR 690-014)
- Date of survey (OAR 690-014)
- Person interviewed (OAR 690-014)
- County (OAR 690-014)
- CWRE stamp and signature (OAR 690-014-0100)
- Signature(s) of all permittee of transfer holder (OAR 690-014-0100)

## Groundwater File Review:

- Pump Test not required (Priority Date prior to December 20, 1988) \*If no, include pump test flyer w/acknowledgment letter
- Pump Test required (Priority Date on or after December 20, 1988)
- Pump Test submitted
- Pump Test not submitted

**MONEY SLIP**

DATE: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

RECEIVED FROM: \_\_\_\_\_ APPLICATION: \_\_\_\_\_  
 PERMIT: \_\_\_\_\_  
 TRANSFER: \_\_\_\_\_

CASH  CHECK # \_\_\_\_\_ OTHER (IDENTIFY) \_\_\_\_\_ TOTAL RECD \$ \_\_\_\_\_

**0083 TREASURY 4178 MISC CASH ACCT.**

0407 COPIES \_\_\_\_\_ \$ \_\_\_\_\_  
 OTHER (IDENTIFY) \_\_\_\_\_ \$ \_\_\_\_\_

0243 Intermittent Lease \_\_\_\_\_ 0244 Min Water Mgmt Plan \_\_\_\_\_ 0245 Cons Water \_\_\_\_\_

**0083 TREASURY 4270 WRD OPERATING ACCT.**

0407 MISCELLANEOUS \_\_\_\_\_ \$ \_\_\_\_\_  
 COPY & TAPE FEES \_\_\_\_\_ \$ \_\_\_\_\_  
 RESEARCH FEES \_\_\_\_\_ \$ \_\_\_\_\_  
 0408 MISC REVENUE (IDENTIFY) \_\_\_\_\_ \$ \_\_\_\_\_  
 10182 DEPOSIT LINE (IDENTIFY) \_\_\_\_\_ \$ \_\_\_\_\_  
 0240 EXTENSION OF TIME \_\_\_\_\_ \$ \_\_\_\_\_

WATER RIGHTS \_\_\_\_\_ EXAM FEE \_\_\_\_\_ RECORD FEE \_\_\_\_\_

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

WELL CONSTRUCTION \_\_\_\_\_ EXAM FEE \_\_\_\_\_ RECORD FEE \_\_\_\_\_

0218 WELL DRILL CONSTRUCTION \_\_\_\_\_ \$ \_\_\_\_\_ 0219 \_\_\_\_\_ \$ \_\_\_\_\_  
 LANDOWNER'S PERMIT \_\_\_\_\_ \$ \_\_\_\_\_ 0220 \_\_\_\_\_ \$ \_\_\_\_\_  
 OTHER (IDENTIFY) \_\_\_\_\_ \$ \_\_\_\_\_

**0087 TREASURY 0487 HYDROELECTRIC**

0223 POWER LICENSE FEE (PWWRC) \_\_\_\_\_ LIC NUMBER \_\_\_\_\_ \$ \_\_\_\_\_  
 0224 HYDRO LICENSE FEE (PWWRC) \_\_\_\_\_ \$ \_\_\_\_\_

HYDRO APPLICATION \_\_\_\_\_ \$ \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**

RETURN TO APPLICANT - LETTER ATTACHED

# CLAIM OF BENEFICIAL USE for Groundwater Permits claiming more than 0.1 cfs



**Oregon Water Resources Department**  
725 Summer Street NE, Suite A  
Salem, Oregon 97301-1266  
(503) 986-0900  
[www.oregon.gov/OWRD](http://www.oregon.gov/OWRD)

RECEIVED  
FEB 25 2021  
OWRD

**A fee of \$200 must accompany this form for permits  
with priority dates of July 9, 1987, or later.**

**A separate form shall be completed for each permit.**

*In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.*

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:  
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

If you have questions regarding the completion of this form, please call 503-986-0900 and ask for the Certificate Section.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see  
<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

## SECTION 1 GENERAL INFORMATION

**1. File Information:**

APPLICATION # <b>G-16009</b>	PERMIT # (IF APPLICABLE) <b>G-16595</b>	PERMIT AMENDMENT # (IF APPLICABLE) <b>T-</b>
---------------------------------	--	---



**2. Property Owner (current owner information):**

APPLICANT/BUSINESS NAME <b>Rustin Smith</b>		PHONE NO. <b>775-830-6642</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>PO Box 885</b>			
CITY <b>Baker City</b>	STATE <b>OR</b>	ZIP <b>97814</b>	E-MAIL <b>rustinsheldonsmith@gmail.com</b>

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. ***Each*** permit holder of record must sign this form.

**3. Permit holder of record (this may, or may not, be the current property owner):**

PERMIT HOLDER OF RECORD <b>Rustin Smith</b>			
ADDRESS <b>PO Box 885</b>			
CITY <b>Baker City</b>	STATE <b>OR</b>	ZIP <b>97814</b>	<b>RECEIVED</b> <b>FEB 25 2021</b>

ADDITIONAL PERMIT HOLDER OF RECORD			<b>OWRD</b>
ADDRESS			
CITY	STATE	ZIP	

**4. Date of Site Inspection:**

<b>12/18/19, 10/23/20</b>
---------------------------

**5. Person(s) interviewed and description of their association with the project:**

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Rustin Smith</b>	<b>12/18/19</b>	<b>Permit holder/property owner</b>
<b>Rustin Smith</b>	<b>10/23/20</b>	<b>Permit holder/property owner</b>

**6. County:**

<b>Baker</b>
--------------

**7. If any property described in the place of use of the permit is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):**

OWNER OF RECORD			
ADDRESS			
CITY	STATE	ZIP	

Add additional tables for owners of record as needed

**SECTION 2  
SIGNATURES**

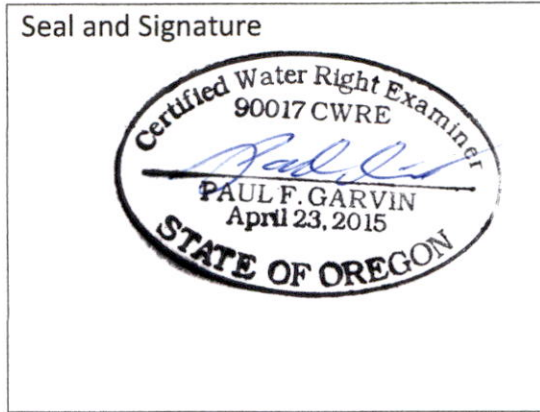
**RECEIVED**

FEB 25 2021

**OWRD**

CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



CWRE NAME <b>Paul Garvin</b>		PHONE NO. <b>503-347-7188</b>	ADDITIONAL CONTACT NO.	
ADDRESS <del>2019 Main St. Ste. A</del> <b>1705 Main St. Ste 101</b>				
CITY <b>Baker City</b>	STATE <b>OR</b>	ZIP <b>97814</b>	E-MAIL <b>Garvin.hydrogeo@gmail.com</b>	

Permit Holder of Record Signature or Acknowledgement

***Each*** permit holder of record must sign this form in the space provided below.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	<b>Rustin Smith</b>	<b>Permit holder/property owner</b>	<b>10/26/20</b>



**SECTION 3  
CLAIM DESCRIPTION**

**1. Point of appropriation name or number:**

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well	BAKE 52230	L-109672

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

**2. Point of appropriation source, if indicated on permit:**

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
Well	Baldock Slough Basin	

**3. Developed use(s), period of use, and rate for each use:**

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well	Irrigation	Hay	April - October	220 AF (2019)
<b>Total Quantity of Water Used</b>				<b>220 AF (2019)</b>

**4. Provide a general narrative description of the distribution works.** This description must trace the water system from **each** point of appropriation to the place of use:

The well is located approximately 100' east of the Well. Water is conveyed from the well to the center pivot via a 8" diameter aboveground steel mainline. The center pivot sprinklers and end gun irrigate the property.

Reminder: The map associated with this claim must identify the location of the point(s) of diversion, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

**5. Variations:**

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below.

YES  NO

(e.g. "The permit allowed three points of appropriation. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

**6. Claim Summary:**

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well 1	2.09	2.04		Irrigation	167.0	167.0

RECEIVED  
STATE  
WARD



**SECTION 4  
SYSTEM DESCRIPTION**

YES  NO

**Are there multiple POAs?**

If "YES" you will need to copy and complete a separate Section 4 for each POA.

POA Name or Number this section describes (only needed if there is more than one)

**RECEIVED**

**FEB 25 2021**

**OWRD**

YES  NO

**A. Place of Use**

**1. Is the right for municipal use?**

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
8S	40E	WM	22	NWNE			Supp. Irrigation		5
8S	40E	WM	22	SWNE			Supp. Irrigation		5
8S	40E	WM	22	NENW			Supp. Irrigation		40
8S	40E	WM	22	NWNW			Supp. Irrigation		38.5
8S	40E	WM	22	SWNW			Supp. Irrigation		40
8S	40E	WM	22	SENW			Supp. Irrigation		38.5
<b>Total Acres Irrigated</b>									<b>167.0</b>

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLOT), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLOT, and QQ.

**B. Groundwater Source Information (Well)**

**1. Is the appropriation from a well?**

YES  NO

If "NO", items 2 through 4 relating to this section may be deleted.

**2. Describe the access port (type and location) or other means to measure the water level in the well:**

**3. If well logs are not available, provide as much of the following information as possible:**

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY

**4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.**

RECEIVED

FEB 25 2021

YES

NO

**C. Groundwater Source Information (Sump)**

1. Is the appropriation from a dug well (sump)?

OWRD

**D. Diversion and Delivery System Information**

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used?

YES

NO

If "NO" items 2 through item 6 may be deleted.

**2. Pump Information:**

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Wolf	8mm7v-2stg	N/A	Submersible	8"	6"

**3. Motor Information:**

MANUFACTURER	HORSEPOWER
Grundfos	75

**4. Theoretical Pump Capacity:**

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If a well, the water level during pumping	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
50	45		145	2.04

**5. Provide pump calculations:**

Well Pump Data:  
 Lift = 145'; Efficiency = 7.04; hp = 50; psi head = 114.3'  
 Theoretical pump capacity (cfs) = (hp \* efficiency)/(lift + psi head) = 2.04 cfs

**6. Measured Pump Capacity (using meter if meter was present and system was operating):**

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)

Reminder: For pump calculations use the reference information at the end of this document.

7. Is the distribution system piped?

YES

NO

If "NO" items 8 through item 13 may be deleted.

**8. Mainline Information:**

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8"	100'	Steel	Aboveground



**9. Lateral or Handline Information:**

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND

**10. Sprinkler Information:**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)

Reminder: For sprinkler output determination use the reference information at the end of this document.

**11. Drip Emmitter Information:**

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)

**12. Drip Tape Information:**

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION

**13. Pivot Information:**

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Reinke	1345	45	900	2.41

**E. Storage**

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)?

YES  NO

RECEIVED  
FEB 25 2021  
OWRD

**F. Gravity Flow Pipe**

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe?

YES



**G. Gravity Flow Canal or Ditch**

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

YES



**H. Additional notes or comments related to the system:**

--	--

RECEIVED

FEB 25 2021

OWRD



**SECTION 5  
CONDITIONS**

All conditions contained in the permit, permit amendment, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

**1. Time Limits:**

Permits and extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or permit extension order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	1/30/15		
BEGIN CONSTRUCTION (A)	N/A	N/A	N/A
COMPLETE CONSTRUCTION (B)	N/A	4/1/20	Flowmeter installed
COMPLETE APPLICATION OF WATER (C)	10/30/20	9/1/20	Water fully applied

\* MUST BE WITHIN PERIOD BETWEEN PERMIT, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

**2. Is there an extension final order(s)?**

- a. Did the Extension Final Order require the submittal of Progress Reports?
- b. Were the Progress Reports submitted?

YES NO  
 YES NO  
 YES NO

*If the reports have not been submitted, attach a copy of the reports if available.*

**3. Initial Water Level Measurements:**

- a. Was the water user required to submit an initial static water level measurement?

YES  NO

**4. Annual Static Water Level Measurements:**

- a. Was the water user required to submit annual static water level measurements?

YES  NO

**5. Pump Test:**

- a. Did the permit require the submittal of a pump test?

YES NO

Ground water permits with priority dates on or after **December 20, 1988**, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

For additional information regarding pump tests see:

<https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx>

*If "NO", items b through e relating to this section may be deleted.*

- b. Has the pump test been previously submitted to the Department?

YES NO

- c. Is the pump test attached to this claim?
- d. Has the pump test been approved by the Department?
- e. Has a pump test exemption been approved by the Department?

YES  NO

YES  NO

YES  NO

**\*\* Claims will not be reviewed until a pump test or exemption has been approved by the Department**

**6. Measurement Conditions:**

- a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? YES  NO

*If "NO", items b through f relating to this section may be deleted.*

**Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of diversion or appropriation.**

- b. Has a meter been installed? YES  NO

**c. Meter Information**

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well	Blue-White Ind.	RT-600S4-GPM1	working	47,385,471	4/1/20

**7. Recording and reporting conditions:**

- a. Is the water user required to report the water use to the Department? YES  NO

*If "NO", item b relating to this section may be deleted.*

- b. Have the reports been submitted? YES  NO

If the reports have not been submitted, attach a copy of the reports if available.

**8. Other conditions required by permit, permit amendment final order, or extension final order:**

- a. Were there special well construction standards? YES  NO
- b. Was submittal of a ground water monitoring plan required? YES  NO
- c. Was submittal of a water management and conservation plan required? YES  NO
- d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? YES  NO

WELL ID #	DATE ATTACHED TO WELL
L-109672	9/12

- e. Other conditions? YES  NO

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

**The well shall produce water from the alluvial aquifer at a depth no shallower than 80' below ground surface (bgs). The Well 1 log indicates construction with an 80' deep seal and a screened interval no shallower than 185' bgs.**



**SECTION 6  
ATTACHMENTS**

**RECEIVED**

**FEB 25 2021**

Provide a list of any additional documents you are attaching to this report:

**OWRD**

ATTACHMENT NAME	DESCRIPTION
<b>BAKE 52230</b>	<b>BAKE 52230 well log</b>

**SECTION 7**

**CLAIM OF BENEFICIAL USE MAP**

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

**Combination of satellite imagery, publicly available GIS data, GPS, and ground truthing.**

RECEIVED

FEB 25 2021

OWRD

## Map Checklist

Please be sure that the map you submit includes ALL the items listed below.

**(Reminder: Incomplete maps and/or claims may be returned.)**

- Map on polyester film
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Source illustrated if surface water
- Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature



STATE OF OREGON  
WATER SUPPLY WELL REPORT

BAKE 52230

WELL LABEL # L 109672  
START CARD # 206299  
ORIGINAL LOG #

(ORS 537.765 & OAR 690-205-0210)

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

(1) LANDOWNER Owner Well I.D.  
First Name Rustin Last Name Smith  
Company \_\_\_\_\_  
Address P.O. Box 583  
City Baker City State OR. Zip 97814

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

(2a) PRE-ALTERATION: Well Depth \_\_\_\_\_ ft.  
Seal Material \_\_\_\_\_  
Casing Type:  Steel  Plastic  Other \_\_\_\_\_  
Casing Gauge \_\_\_\_\_ Casing Diameter \_\_\_\_\_

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

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

(5) BORE HOLE CONSTRUCTION  
Depth of Completed Well 390 ft. Special Standard:  Yes (attach copy)

BORE HOLE			SEAL			Sacks/lbs
Dia	From	To	Material	From	To	
14	0	80	Cement	10	80	36
			Bent	0	10	11
10	80	200				
8	200	390				

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

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:  
Calculated Amount Proposed to be Used: \_\_\_\_\_ sacks/lbs  
Actual Amount Used: \_\_\_\_\_ sacks/lbs

(6) CASING/LINER

Csng	Lintr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
<input checked="" type="checkbox"/>		10		2	198	.250	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		8		185	385	.250	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

Shoe  Inside  Outside  Other Location of shoe(s) 198'-385'  
Temporary casing  Yes Diameter 14 From 0 To 80

(7) PERFORATIONS/SCREENS  
Perforations Method Torch  
Screens Type \_\_\_\_\_ Material Steel

Perf	Scrn	Csng	Lintr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			185	385	1/2	6	405	8

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min 700 Drawdown 384 Drill stem/Pump depth 390 Duration (hr) 4

Temperature 56 °F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below) TDS \_\_\_\_\_ ppm  
From \_\_\_\_\_ To \_\_\_\_\_ Description \_\_\_\_\_ Amount \_\_\_\_\_ Units \_\_\_\_\_

(9) LOCATION OF WELL (legal description)  
County Baker Twp 8 N or S Range 40 or W W.M.  
Sec 22 SE 1/4 of the NW 1/4 Tax Lot 300  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Street Address of Well (or nearest address) 1/4 mile east of 203 pond Baker City

(10) STATIC WATER LEVEL

Existing Well/Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	<u>9-4-12</u>			<u>6</u>

Flowing Artesian?  Yes Dry Hole?  Yes  
WATER BEARING ZONES Depth water was first found 4

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>8-20-12</u>	<u>4</u>	<u>5</u>	<u>3</u>			<u>2</u>
<u>9-4-12</u>	<u>27</u>	<u>390</u>	<u>700</u>			<u>6</u>

(11) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To
<u>Top Soil</u>	<u>0</u>	<u>1</u>
<u>Brown Clay</u>	<u>1</u>	<u>4</u>
<u>Brown Clay Sand</u>	<u>4</u>	<u>5</u>
<u>Brown Clay</u>	<u>5</u>	<u>27</u>
<u>Sand Gravel w/ Brown and Blue Clay streaks</u>	<u>27</u>	<u>390</u>

RECEIVED RECEIVED BY OWRD  
FEB 25 2021 SEP 12 2012  
OWRD SALEM, OR  
Date Started 8-20-12 Completed 9-4-12

(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 \_\_\_\_\_  
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 1816 Date 9-10-12  
Signed [Signature]  
Contact Info. (optional) 541-519-0618