

# Application for Water Right Transfer



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

## Part 1 of 4 – Minimum Requirements Checklist

**This transfer application will be returned if Parts 1 through 4 and all required attachments are not completed and included.**

For questions, please call (503) 986-0900, and ask for Transfer Section.

### FOR ALL TRANSFER APPLICATIONS

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Check all items included with this application. (N/A = Not Applicable)

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- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Transfer Application Map Checklist.
- Part 3 – Completed Transfer Application – Applicant Information and Signature.
- Part 4 – Completed Transfer Application – Water Right Information. Please include a separate Part 4 for each water right. List all water right certificates to be transferred here: **55094.**

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**Attachments:**

- Completed Transfer Application Map.
- Completed Evidence of Use Affidavit and supporting documentation.
- Fees – Amount enclosed: \$ **900.00.**  
 See the Department's Fee Schedule at [www.wrd.state.or.us](http://www.wrd.state.or.us) or call (503) 986-0883.
- N/A Affidavit(s) of Consent.
- N/A Supplemental Form D – For water rights served by or issued in the name of an irrigation district. Complete when the transfer applicant is not the irrigation district.
- N/A Land Use Information Form with approval and signature (or signed land use form receipt stub). Not required if water is to be diverted, conveyed, and/or used only on federal lands or if **all** of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone.
- N/A For changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation, Water Well Report/Well Log.
- N/A For Temporary Transfer (one to five years) Begin Year \_\_\_\_ End Year \_\_\_\_.
- N/A For Temporary Transfer only – Current recorded deed for the land **from** which the authorized place of use is being moved.
- N/A Temporary Drought Transfer (For use in counties where the Governor has declared drought)

**(For Staff Use Only)**

**WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):**

Application fee not enclosed/insufficient       Map not included or incomplete  
 Land Use Form not enclosed or incomplete  
 Additional signature(s) required       Part \_\_\_\_ is incomplete  
 Other/Explanation \_\_\_\_\_  
 Staff: \_\_\_\_\_ 503-986-0 \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Part 2 of 4 – Transfer Application Map Checklist

Your transfer application will be returned if any of the map requirements listed below are not met.

Please be sure that the transfer application map you submit includes all the required items and matches the existing water right map. Check all boxes that apply.

- N/A Certified Water Right Examiner (CWRE) Stamp and Original Signature. For list of CWREs see [http://www1.wrd.state.or.us/pdfs/cwre\\_listing.pdf](http://www1.wrd.state.or.us/pdfs/cwre_listing.pdf). CWRE stamp and signature are not required for temporary changes, historic point of diversion changes, and substitutions.
- N/A If **more than three** water rights are involved, separate maps are needed for each water right.
- Permanent quality printed with dark ink on white or clear paper or film.
- The size of the map can be 8½ x 11 inches, 8½ x 14 inches, or up to 30 x 30 inches. For 30 x 30 inch maps, three (3) paper copies and an electronic copy in a .pdf, .tiff, or .dwg format are required.
- A north arrow, a legend, and scale.
- The scale of the map must be: 1 inch = 400 feet, 1 inch = 1,320 feet, the scale of the Final Proof/Claim of Beneficial Use Map (the map used when the permit was certificated), the scale of the county assessor map if the scale is not smaller than 1 inch = 1,320 feet, or a scale that has been pre-approved by the Department.
- Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines.
- Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
- Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.
- Major water delivery system features from the point(s) of diversion/appropriation such as main pipelines, canals, and ditches.
- Existing place of use that includes separate hachuring for each water right, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions. If less than the entirety of the water right is being changed, a separate hachuring is needed for lands left unchanged.
- N/A Proposed place of use that includes separate hachuring for each water right, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions.
- Existing point(s) of diversion or well(s) with distance and bearing or coordinates from a recognized survey corner. This information can be found in your water right certificate or permit.
- N/A If you are proposing a change in point(s) of diversion or well(s), show the proposed location and label it clearly with distance and bearing or coordinates. If GPS coordinates are used, latitude-longitude coordinates may be expressed as either degrees-minutes-seconds with at least one digit after the decimal (example – 42°32'15.5") or degrees-decimal with five or more digits after the decimal (example – 42.53764°).

**Part 3 of 4 – Applicant Information and Signature**

**Applicant Information**

APPLICANT/BUSINESS NAME <b>70 RANCH Inc.</b>		PHONE NO. <b>541-947-4703</b>	ADDITIONAL CONTACT NO. <b>541-219-1298</b>
ADDRESS <b>22013 Thomas Cr Rd</b>			FAX NO.
CITY <b>LAVIEW</b>	STATE <b>OR</b>	ZIP <b>97630</b>	E-MAIL <b>sj70mc@gooselake.com</b>

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

AGENT/BUSINESS NAME <b>Dennis R. Glender dba Glender's Hydro Tech Services</b>		PHONE NO. <b>541-548-4882</b>	ADDITIONAL CONTACT NO. <b>541-219-0806</b>
ADDRESS <b>8664 SW Sand Ridge Rd</b>			FAX NO. <b>5410504-7728</b>
CITY <b>Crooked River Ranch</b>	STATE <b>OR</b>	ZIP <b>97760</b>	E-MAIL <b>djglender@msn.com</b>

If an agent is listed above, please check **one** of the following:

- Please send all correspondence to Agent. Send copies of correspondence to Applicant; **OR**
- Please send all correspondence to Applicant. Send copies of correspondence to Agent.

Check this box if this project is fully or partially funded by the American Recovery and Reinvestment Act. (Federal stimulus dollars)

Is the applicant the sole owner of the land on which the water right, or portion thereof, proposed for transfer is located?  Yes  No

If NO, include signatures of all landowners (and mailing address if different than the applicant's) or attach affidavits of consent (and mailing addresses) from all landowners or individuals/entities to which the water right(s) has been conveyed.

Permanent Transfers Only (check one box)

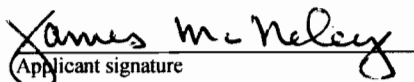
- By signing this application, I understand that, upon receipt of the draft preliminary determination and prior to Department approval of the transfer, I will be required to provide landownership information and evidence that I am authorized to pursue the transfer as identified in OAR 690-380-4010(5); **OR**
- I affirm the applicant is a municipality as defined in ORS 540.510(3)(b) and that the right is in the name of the municipality or a predecessor; **OR**
- I affirm that the applicant is an entity with the authority to condemn property and is acquiring by condemnation the property to which the water right proposed for transfer is appurtenant and have supporting documentation.

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

  
Applicant signature

**James McNeley - Secretary**  
Name (and title if applicable) (print)

**12-10-10**  
Date

Applicant signature

Name (and title if applicable) (print)

Date

In your own words tell us what change(s) you want made and the reason for the change(s): \_\_\_\_\_

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**Check the following boxes that apply:**

- The applicant is responsible for completion of change(s). Notices and correspondence should continue to be sent to the applicant.
- The receiving landowner will be responsible for completing the proposed change(s) after the final order is issued. Copies of notices and correspondence should be sent to this landowner.
- The receiving landowner and applicant will be responsible for completion of change(s). Copies of notices and correspondence should be sent to this landowner and the applicant.

At this time, are the lands in this transfer application in the process of being sold?  Yes  No

If YES, and you know who the new landowner will be, please complete the receiving landowner information table below. If you do not know who the new landowner will be, then a request for assignment will have to be filed for at a later date.

If a property sells, the certificated water right(s) located on the land belong to the new owner, unless a sale agreement or other document states otherwise. (To learn about sale agreements please visit our web site at: <http://www1.wrd.state.or.us/pdfs/Transfer-PropertyTransactions.pdf>)

RECEIVING LANDOWNER NAME			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	

Describe any special ownership circumstances here: \_\_\_\_\_

- Check here if any of the water rights proposed for transfer are or will be located within or served by an irrigation or other water district. (Tip: Complete and attach Supplemental Form D.)

IRRIGATION DISTRICT NAME	ADDRESS		
CITY	STATE	ZIP	

- Check here if water for any of the rights supplied under a water service agreement or other contract for stored water with a federal agency or other entity.

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ENTITY NAME	ADDRESS		
CITY	STATE	ZIP	

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To meet State Land Use Consistency Requirements, you must list all local governments (each county, city, municipal corporation, or tribal government) within whose jurisdiction water will be diverted, conveyed or used.

ENTITY NAME <b>LAKE COUNTY</b>	ADDRESS <b>513 CENTER</b>		
CITY <b>LAKEVIEW</b>	STATE <b>OR</b>	ZIP <b>97630</b>	

ENTITY NAME	ADDRESS		
CITY	STATE	ZIP	

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**Part 4 of 4 – Water Right Information**

Please use a separate Part 4 for each water right being changed. See instructions at <http://www.wrd.state.or.us/OWRD/PUBS/forms.shtml>.

**CERTIFICATE # 55094**

**Description of Water Delivery System**

System capacity: 0.31 cubic feet per second (cfs) **OR**  
 \_\_\_\_\_ gallons per minute (gpm)

Describe the current water delivery system or the system that was in place at some time within the last five years. Include information on the pumps, canals, pipelines and sprinklers used to divert, convey and apply the water at the authorized place of use. **½ CENTER PIVOT SPRINKLE IRRIGATION WITH 75 HP TURBINE PUMP.**

**Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)**  
 (Note: If the POD/POA name is not specified on the certificate, assign it a name or number here.)

POD/POA Name or Number	Is this POD/POA Authorized on the Certificate or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-___)	Twp	Rng	Sec	¼ ¼	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
POA #1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	LAKE 2007	38 S	20 E	18	NW SW	3	2550' N & 1150' E from the SW Corner, Sec 18.
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed	LAKE 4007						
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed							
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed							

**Check all type(s) of change(s) proposed below (change “CODES” are provided in parentheses):**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Place of Use (POU)                 | <input type="checkbox"/> Supplemental Use to Primary Use (S to P) |
| <input type="checkbox"/> Character of Use (USE)                        | <input type="checkbox"/> Point of Appropriation/Well (POA)        |
| <input type="checkbox"/> Point of Diversion (POD)                      | <input type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Additional Point of Diversion (APOD)          | <input type="checkbox"/> Substitution (SUB)                       |
| <input type="checkbox"/> Historic POD (HPOD)                           | <input type="checkbox"/> Government Action POD (GOV)              |
| <input type="checkbox"/> Surface Water POD to Ground Water POA (SW/GW) |   |

**Will all of the proposed changes affect the entire water right?**

- Yes Complete only the Proposed (“to” lands) section of Table 2 on the next page. Use the “CODES” listed above to describe the proposed changes.
- No Complete all of Table 2 to describe the portion of the water right to be changed.

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Please use additional pages of Table 2 as needed

**Table 2. Description of Changes to Water Right Certificate # 55094**

List only the part of the right that will be changed. For the acreage in each 1/4 1/4, list the change proposed. If more than one change, specify the acreage associated with each change. If more than one POD/POA, specify the acreage associated with each POD/POA.

Authorized ("from" lands) as they appear BEFORE THE CHANGES							Proposed ("to" lands) AFTER THE CHANGES											
Twp	Rng	Sec	1/4 1/4	Tax Lot	Gvt Lot or DLC	Acreage (if applicable)	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Proposed Changes (see "CODES" from previous page)	Twp	Rng	Sec	1/4 1/4	Tax Lot	Gvt Lot or DLC	Acreage (if applicable)	New Type of USE	POD(s) to be used (from Table 1)
2 S	9 E	15	NE NW	100		15.0	Irrigation	POD #1	POU/POD	2 S	9 E	1	NW NW	500	1	10.0		POD #5
						EXAMPLE				2 S	9 E	2	SW NW	500		5.0		POD #6
38 S	20 E	18	NE NW	3200		6.7	Irrigation	POD #1	POU	38 S	19 E	13	NE SE	3900		0.3		POD #1
"	"	"	NW NW	3200, 3300	1	4.9	"	"	"	38 S	19 E	13	NW SE	200		24.4		POD #1
"	"	"	SW NW	3200	2	3.2	"	"	"									
"	"	"	SE NW	3200		4.4	"	"	"									
"	"	"	NE SW	3500		1.0	"	"	"									
"	"	"	NW SW	3500	3	4.5	"	"	"									
TOTAL ACRES							24.7			TOTAL ACRES							24.7	

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Additional remarks: **Please cancel Temporary Transfer 10613 upon issuance of a transfer order for this application.**

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**For Place of Use or Character of Use Changes**

Are there other water right certificates, water use permits or ground water registrations associated with the “from” or the “to” lands?  Yes  No

If YES, list the certificate, water use permit, or ground water registration numbers: \_\_\_\_\_.



Pursuant to ORS 540.510, any “layered” water use such as an irrigation right that is supplemental to a primary right proposed for transfer must be included in the transfer or be cancelled. Any change to a ground water registration must be filed separately in a ground water registration modification application.

**For Substitution** (ground water supplemental irrigation will be substituted for surface water primary irrigation)

Ground water supplemental Permit or Certificate # \_\_\_\_\_;  
Surface water primary Certificate # \_\_\_\_\_.

**For a change from Supplemental Irrigation Use to Primary Irrigation Use**

Identify the primary certificate to be cancelled. Certificate # \_\_\_\_\_

**For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation:**

Well log(s) are attached for each authorized and proposed well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map. (Tip: You may search for well logs on the Department’s web page at: [http://apps2.wrd.state.or.us/apps/gw/well\\_log/Default.aspx](http://apps2.wrd.state.or.us/apps/gw/well_log/Default.aspx))

**OR**

Describe the construction of the authorized and proposed well(s) in Table 3 for any wells that do not have a well log.

**Table 3. Construction of Point(s) of Appropriation**

Any well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the accompanying application map. Failure to provide adequate information is likely to delay the processing of your transfer application. For proposed wells, we recommend that you consult a licensed well driller, geologist, or certified water right examiner for the proper information needed to complete the table.

Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well, OWRD Well ID Tag No. L-____	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well - specific rate (cfs or gpm). If less than full rate of water right

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

LAKEVIEW 4077

MAR 28 1991

(START CARD) # 23516

385/20E/18.cb

**(1) OWNER:**

Name 70 Lakes Ranch  
Address HC 60 Bx 640  
City Lakeview, State OR Zip \_\_\_\_\_

Well Number \_\_\_\_\_

**(9) LOCATION OF WELL by legal description:**

County Lake Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 38S N or S, Range 20E E or W, WM.  
Section 18 NW 1/4 SW 1/4  
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Water Right  
Certificate # G-9735

**(2) TYPE OF WORK:**

New Well  Deepen  Recondition  Abandon

**(3) DRILL METHOD**

Rotary Air  Rotary Mud  Cable  
 Other \_\_\_\_\_

**(4) PROPOSED USE:**

Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Other \_\_\_\_\_

**(10) STATIC WATER LEVEL:**

flowing ft. below land surface. Date 3/19/91  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(5) BORE HOLE CONSTRUCTION:**

Special Construction approval Yes  No  Depth of Completed Well 503 ft.  
Explosives used Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE SEAL

Diameter	From	To	Material	From	To	Amount
----------	------	----	----------	------	----	--------

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

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

**(11) WATER BEARING ZONES:**

Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
------	----	---------------------	-----

**(6) CASING/LINER:**

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
----------	------	----	-------	-------	---------	--------	----------

Final location of shoe(s) \_\_\_\_\_

**(12) WELL LOG:**

Ground elevation \_\_\_\_\_

Material	From	To	SWL
----------	------	----	-----

Measure into 419'  
Ball sand to 503'  
Brush perforations  
Lower 16' liner to 503'

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Date started 2/21/91 Completed 3/19/91

**(7) PERFORATIONS/SCREENS:**

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tel./pipe size	Casing	Liner
------	----	-----------	--------	----------	----------------	--------	-------

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

Pump  Bailor  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
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**(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 well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1228

Signed Larry D. Oelstein Date 3/23/91



NOTICE TO WATER WELL CONTRACTOR  
The original and first copy  
of this report are to be  
filed with the

*Lake  
2007*

WATER WELL REPORT

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STATE ENGINEER, SALEM, OREGON 97310  
within 30 days from the date  
of well completion.

(Please type or print)

(Do not write above this line)

FEB 17 1979

State Permit No. \_\_\_\_\_

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(1) OWNER:

Name 70 Ranch  
Address Lake View Ore

(2) TYPE OF WORK (check):

New Well  Deepening  Reconditioning  Abandon

If abandonment, describe material and procedure in Item 13.

(3) TYPE OF WELL:

Driven   
 Jetted   
 Bored

(4) PROPOSED USE (check):

Domestic  Industrial  Municipal   
Irrigation  Test Well  Other

(5) CASING INSTALLED:

Threaded  Welded

36" Diam. from 0 ft. to 40 ft. Gage 325  
16" Diam. from 0 ft. to 500 ft. Gage 250  
" Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Gage \_\_\_\_\_

(6) PERFORATIONS:

Perforated?  Yes  No.

Type of perforator used Pre-Perforated

Size of perforations 1/8 in. by 2 1/2 in.

\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ 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

Was a pump test made?  Yes  No. If yes, by whom? Interstate Pump

Yield: 2300 gal./min. with 83 ft. drawdown after 12 hrs.

Flow test \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.

Artesian flow \_\_\_\_\_ g.p.m.

Temperature of water \_\_\_\_\_ Depth artesian flow encountered \_\_\_\_\_ ft.

(9) CONSTRUCTION:

Well seal—Material used Cement

Well sealed from land surface to 38 ft.

Diameter of well bore to bottom of seal 32 in.

Diameter of well bore below seal 24 in.

Number of sacks of cement used in well seal 1 1/4 yds sacks

Number of sacks of bentonite used in well seal \_\_\_\_\_ sacks

Brand name of bentonite \_\_\_\_\_

Number of pounds of bentonite per 100 gallons of water \_\_\_\_\_ lbs./100 gals.

Was a drive shoe used?  Yes  No. Flugs \_\_\_\_\_ Size: location \_\_\_\_\_ ft.

Did any strata contain unusable water?  Yes  No

Type of water? \_\_\_\_\_ depth of strata \_\_\_\_\_

Method of sealing strata off \_\_\_\_\_

Was well gravel packed?  Yes  No. Size of gravel: 3/8-3/4

Gravel placed from 0 ft. to 500 ft.

(10) LOCATION:

County LAKE Driller's well number \_\_\_\_\_

NW 1/4 SW 1/4 Section 38 T. 39, R. 20 W.M.

Bearing and distance from section or subdivision corner \_\_\_\_\_

(11) WATER LEVEL: Completed well.

Depth at which water was first found 70' ft.

Static level 5 ft. below land surface. Date 6/8/77

Artesian pressure \_\_\_\_\_ lbs. per square inch. Date \_\_\_\_\_

(12) WELL LOG:

Diameter of well below casing 0

Depth drilled 500 ft. Depth of completed well 500 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
TOP Soil	0	4'	
Sandy Clay	4	38'	
Cemented gravel	38	70	
Clay + Sand	70	90	
Cementaceous Gravel	90	216	
Green Clay	216	275	
Sandy Clay + Gravel	275	301	
Brown Sand + Clay	301	338	
Blue clay - yellowish	338	431	
Small Gravel. With a			
Little clay.	431	500	

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Work started 4/26 1977 Completed 6/8 1977

Date well drilling machine moved off of well 6/8 1977

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] C. E. Enloe Date 6/25, 1977

(Drilling Machine Operator)

Drilling Machine Operator's License No. 316

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 C. E. Enloe Drilling

(Person, firm or corporation)

(Type or print)

Address P.O. Box 333 Davis, Calif., 96023

[Signed] Carl V Enloe

(Water Well Contractor)

Contractor's License No. 503 Date 6/25, 1977

(USE ADDITIONAL SHEETS IF NECESSARY)

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