

Part 3 of 4 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME <i>Shotgun Ranch, LLC by Cal Cannon</i>		PHONE NO. <i>541 480-6000</i>	ADDITIONAL CONTACT NO.
ADDRESS <i>2730 NW Nightfall Circle</i>			FAX NO.
CITY <i>Bend</i>	STATE <i>OR</i>	ZIP <i>97701</i>	E-MAIL

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

AGENT/BUSINESS NAME <i>Shonce Langford, and Wyatt</i>		PHONE NO. <i>503-540-4261</i>	ADDITIONAL CONTACT NO.
ADDRESS <i>530 Center St. NE, Suite 400</i>			FAX NO. <i>503-796-2900</i>
CITY <i>Salem</i>	STATE <i>OR</i>	ZIP <i>97301</i>	E-MAIL <i>slangford@schwabe.com</i>

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

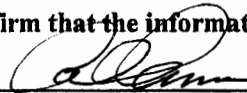
If NO, include signatures of all landowners (and mailing address if different than the applicant's) or attach affidavits of consent (and mailing addresses) from all landowners or individuals/entities to which the water right(s) has been conveyed.

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 **RECEIVED BY OWRD** condemnation the property to which the water right proposed for transfer is appurtenant and have supporting documentation.

FEB 24 2014

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


Applicant signature

Cal Cannon
Name (and title if applicable) (print)

5-20-13
Date

SALEM, OR

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): To move the water rights to better soil and be able to better manage under the pivots.

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	

RECEIVED BY QWRD

Describe any special ownership circumstances here: _____ FEB 24 2014

SALEM, OR

- 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.)

NA

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.

NA

ENTITY NAME		ADDRESS	
CITY	STATE	ZIP	

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 <i>Crook County</i>		ADDRESS <i>300 NE Third St.</i>	
CITY <i>Prineville</i>	STATE <i>OR</i>	ZIP <i>97754</i>	

ENTITY NAME		ADDRESS	
CITY	STATE	ZIP	

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 # 649

Description of Water Delivery System

System capacity: 2 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. Delivery by ditch from Drake Creek to spreader ditches at the fields

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	1/4 1/4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
<i>Ream Ditch</i>	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		17 S	20 E	10	NW SW	TL 600	220' S & 260' E from W 1/4 cor sec. 10
	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	<i>add'l</i>	17 S	20 E	10	SW SW	TL 600	90' N & 670' E from SW cor sec. 10
	<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 checked="" type="checkbox"/> Additional Point of Diversion (APOD) | <input type="checkbox"/> Substitution (SUB) |
| <input type="checkbox"/> Surface Water POD to Ground Water POA (SW/GW) | <input type="checkbox"/> Government Action POD (GOV) |

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.

RECEIVED BY OWRD

FEB 24 2014

Please use additional pages of Table 2 as needed

Table 2. Description of Changes to Water Right Certificate # 649

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 Changes (see "CODES" from previous page)	Proposed ("to" lands) AFTER THE CHANGES												
Twp	Rng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	Type of USE listed on Certificate		POD(s) or POA(s) (name or number from Table 1)	Twp	Rng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	New Type of USE	POD(s)/POA(s) to be used (from Table 1)		
2	S	9	E	15	NE	NW	100	15.0	Irrigation	POD #1 POD #2	POU/POB	2	S	9	E	1	NW	NW	500	1	10.0	POD #5
"	"	"	"	"	"	"	"	EXAMPLE				2	S	9	E	2	SW	NW	500		3.0	POD #6
										POU	A POD	17S	20E	3	SWSW	400		62				
										"	"	"	"	4	NE SE	600		10				
										"	"	"	"	4	SE SE	"		304				
										"	"	"	"	9	NE NE	800		42				
										"	"	"	"	10	NW NW	600		02				
TOTAL ACRES										TOTAL ACRES									420			

RECEIVED BY OWRD

FEB 24 2014

SALEM, OR.

Additional remarks: Add'l POD in SWSW authorized under permits R-14644, R-14645 & R-14646 with fish screen approved by ODF&W

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: C- 81673
C- 10844



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:

NA 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)

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

RECEIVED BY OWRD

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 # 81673

Description of Water Delivery System

System capacity: 2 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. Ditch delivery to spreader ditches at the field

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	1/4 1/4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Ream Ditch	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		17 S	20 E	10	NW SW	TL 600	220'S & 260'E from W 1/4 cor sec 10
	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	add'l	17 S	20 E	10	SW SW	TL 600	90'N & 670'E from SW cor Sec 10
Shotgun	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		17 S	20 E	9	SE NW	TL 800	1940'S & 100'W from N 1/4 Cor sec 9
	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		17 S	20 E	9	SW SW	TL 800	2040'S & 920'E from W 1/4 cor sec 9

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 checked="" type="checkbox"/> Point of Diversion (POD) | <input type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input checked="" type="checkbox"/> Additional Point of Diversion (APOD) | <input type="checkbox"/> Substitution (SUB) |
| <input type="checkbox"/> Surface Water POD to Ground Water POA (SW/GW) | <input type="checkbox"/> Government Action POD (GOV) |

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.

RECEIVED BY OWRD

Please use additional pages of Table 2 as needed

Table 2. Description of Changes to Water Right Certificate # 81673

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 Changes (see "CODES" from previous page)	Proposed ("to" lands) AFTER THE CHANGES										
Twp	Rng	Sec	1/4 1/4	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)		Twp	Rng	Sec	1/4 1/4	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	New Type of USE	POD(s)/POA(s) to be used (from Table 1)		
2	S	9	E	15	NE NW	100	15.0	Irrigation	POD #1 POD #2	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
								Shotgun Cr.	POU POD		17S	20E	8	NW NW	800		4 B	} 10 3		
							" "	" "	POU POD		17S	20E	9	NE NW	800		1 L			
							" "	" "	POU POD		17S	20E	9	NW NW	800		4 F			
								Drake Cr	POU APOD		17S	20E	4	NE SE	600		11 I			
Shotgun Cr.	17S	20E	4	NWSE	TL 800		10 3	irr	Shotgun											
Drake Cr.	17S	20E	4	NWSE	TL 800		11 I	irr	Ream Ditch											
TOTAL ACRES						22 0				TOTAL ACRES						22 0				

Shotgun Cr.
Drake Cr.

Additional remarks: Add 1 POD in SW SW Section 10 authorized under permits R-14644, R-14645 & R-14646 with fish screen approved by ODF&W

RECEIVED BY OWRD

FEB 24 2014

SALEM, OR

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: C-649
C-10844



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)

NA

OR

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

NA

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

RECEIVED BY OWRD

FEB 24 2014

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 # 10844

Description of Water Delivery System

System capacity: 3 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. Ditch delivery to spreader ditches at the fields

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	1/4 1/4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Shotgun Cr	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		17 S	20 E	9	SE NW	TL 800	1940'S & 100' W from N 1/4 cor. sec 9
Drake Cr Ream Ditch	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		17 S	20 E	10	NW SW	TL 600	220'S & 260'E from W 1/4 cor. sec 10
Shotgun Cr.	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		17 S	20 E	9	SW SW	TL 800	2040'S & 920'E from W 1/4 cor. sec 9
Drake Cr.	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	add'l	17 S	20 E	10	SW SW	TL 600	90'N & 670'E from SW cor. sec 10

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 checked="" type="checkbox"/> Point of Diversion (POD) | <input type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input checked="" type="checkbox"/> Additional Point of Diversion (APOD) | <input type="checkbox"/> Substitution (SUB) |
| <input type="checkbox"/> Surface Water POD to Ground Water POA (SW/GW) | <input type="checkbox"/> Government Action POD (GOV) |

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.

RECEIVED BY OWRD

Please use additional pages of Table 2 as needed

Table 2. Description of Changes to Water Right Certificate # 10814

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 Changes (see "CODES" from previous page)	Proposed ("to" lands) AFTER THE CHANGES											
Twp	Rng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)		Twp	Rng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	New Type of USE	POD(s)/POA(s) to be used (from Table 1)		
2	S	9	E	15	NE	NW	100	15.0	Irrigation	POD #1 POD #2	POB/POD	2	S	9	E	1	NW	NW	500	1	10.0	POD #5
"	"	"	"	"	"	"	EXAMPLE				2	S	9	E	2	SW	NW	500		3.0	POD #6	
17S	20E	4	SW	NE	TL 800		20	irr	Ream Ditch	POU	APOD	17S	20E	4	SW	NE	TL 600		10			
"	"	"	4	NE	SE	TL 600	50	irr	Ream Ditch	"	"	17S	20E	4	SE	NE	600		160			
"	"	"	4	NW	SE	TL 800	60	irr	"	"	"	"	"	4	NE	SE	600		91			
"	"	"	4	SE	SE	TL 600	280	irr	"	"	"	"	"	4	NW	SE	800		149			
TOTAL ACRES							410	TOTAL ACRES							410							

Additional remarks: Add'l POP in SWSW section 10 authorized under permits R-14644, R-14645 & R-14646 with fish screen approved by ODF&W

RECEIVED BY OREGON

FEB 24 2014

SALEM, OR

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: _____
C-649 C-81673



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.

NA

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:

NA

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)

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

NA

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

RECEIVED BY OWRD

FEB 24 2014