

Application for Permanent Water Right Transfer

Part 1 of 5 – Minimum Requirements Checklist

This transfer application will be returned if Parts 1 through 5 and all required attachments are not completed and included.

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

Check all it	ems included with this application. ($N/A = Not Applicable$)
\boxtimes	Part 1 – Completed Minimum Requirements Checklist.
\boxtimes	Part 2 – Completed Transfer Application Map Checklist.
	Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, a completed Fee Worksheet, page 3. Try the new online fee calculator at: http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator . If you have questions, call Customer Service at (503) 986-0801.
\boxtimes	Part 4 – Completed Applicant Information and Signature.
	Part 5 – Information about Water Rights to be Transferred: How many water rights are be transferred? 1 List them here: C-36598 Please include a separate Part 5 for each water right. (See instructions on page 6)
	Attachments:
\boxtimes	Completed Transfer Application Map.
\boxtimes	Completed Evidence of Use Affidavit and supporting documentation.
□ N/A	Affidavit(s) of Consent from Landowner(s) (if the applicant does not own the land the warright is on.)
□ 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 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 if all of the following apply: a) a change in place of use only, b) no structural changes, c) use of water is for irrigation only, and d) the use is located within an irrigation district or a exclusive farm use zone.
□ N/A	Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or addition point(s) of appropriation.
□ ⊠ N/A	Geologist Report for a change from a surface water point of diversion to a ground water per of appropriation (well), if the proposed well is more than 500' from the surface water sour and more than 1000' upstream or downstream from the point of diversion. See OAR 690-380-2130 for requirements and applicability.
EIVED BY OM	(For Staff Use Only)
	Application fee not enclosed/insufficient Land Use Form not enclosed or incomplete [For Staff Use Only) [For Staff Use Only) [For Staff Use Only) Map not included or incomplete
AN 2 3 2015	Additional signature(s) required Part is incomplete
	Other/Explanation RECEIVED BY OW Staff: 503-986-0 Date: / /

Permanent Transfer Application Form – Page 1 of 10

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JAN 2 3 2015

		nster application will be returned if any of the map requirements listed below are not met.
	Please matche	be sure that the transfer application map you submit includes all the required items and s the existing water right map. Check all boxes that apply.
	☐ N/.	Certified Water Right Examiner (CWRE) Stamp and Original Signature. For a list of CWREs, see http://apps.wrd.state.or.us/apps/wr/cwre_license_view/ . CWRE stamp and signature are not required for substitutions.
	N/A	A If more than three water rights are involved, separate maps are needed for each water right.
\geq		Permanent quality printed with dark ink on good quality paper.
\geq		The size of the map can be $8\frac{1}{2} \times 11$ inches, $8\frac{1}{2} \times 14$ inches, 11×17 inches, or up to 30×30 inches. For 30×30 inch maps, one extra copy is required.
\boxtimes]	A north arrow, a legend, and scale.
		The scale of the map must be: $1 \text{ inch} = 400 \text{ feet}$, $1 \text{ inch} = 1,320 \text{ feet}$, 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 $1 \text{ inch} = 1,320 \text{ feet}$, or a scale that has been pre-approved by the Department.
\boxtimes		Township, Range, Section, 1/4 1/4, DLC, Government Lot, and other recognized public land survey lines.
\boxtimes		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.
\boxtimes		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 $-42^{\circ}32^{\circ}15.5^{\circ}$) or degrees-decimal with five or more digits after the decimal (example -42.53764°).

	FEE WORKSHEET for PERMANENT TRANSFER (Part 3 of 5	5 – Fee	Worksheet
1	Base Fee (includes one type of change to one water right for up to 1 cfs)	1	\$1,000
	Types of change proposed:	1	Ψ1,000
	Place of Use	ECEIVI	ED BY OWE
	Character of Use		
	Point of Diversion/Appropriation	IAN	2 3 2015
	Number of above boxes checked = $\frac{1}{2}$	JAIN	2 6 2010
	Subtract 1 from the number in line $2a = 0$ (2b) If only one change, this will be 0	C 8	= 0 0 CT
2	Multiply line 2b by \$800 and enter » » » » » » » » » » » » » » »	2 ^{SA}	LEM, OR
	Number of water rights included in transfer 1 (3a)		
	Subtract 1 from the number in 3a above: 0 (3b) If only one water right this will		
2	be 0		
3	Multiply line 3b by \$450 and enter » » » » » » » » » » » » » » »	3	0
	Do you propose to add or change a well, or change from a surface water POD		
	to a well?		
4	No: enter 0 »» » » » » » » » » » » » » » » » » »		
7	Yes: enter \$350 » » » » » » » » » » » » » » » » » » »	4	0
	Do you propose to change the place of use or character of use?		
	No: enter 0 on line 5 » » » » » » » » » » » » » » » » » »		
	Yes: enter the cfs for the portions of the rights to be transferred (see example below*): (5a)		
	Subtract 1.0 from the number in 5a above: (5a) (5b)		
	If 5b is 0 or less, enter 0 on line 5 » » » » » » » » » » » » » » » » » »		
	If 5b is greater than 0, round up to the nearest whole number:(5c)		
5	and multiply 5c by \$300, then enter on line 5 » » » » » » » » »	5	0
6	Add entries on lines 1 through 5 above » » » » » » » » » Subtotal:	<i>5</i>	1,000
	Is this transfer:	0	1,000
	necessary to complete a project funded by the Oregon Watershed		
	Enhancement Board (OWEB) under ORS 541.932?		
	endorsed in writing by ODFW as a change that will result in a net		
	benefit to fish and wildlife habitat?		
	If one or more boxes is checked, multiply line 6 by 0.5 and enter on line 7 »		
7	If no box is applicable, enter 0 on line 7» » » » » » » » » » » » » » » » »	7	500
8	Subtract line 7 from line 6 » » » » » » » » » » » » » Transfer Fee:	8	500
mn1	for I in a 51-14'	U	000

*Example for Line 5a calculation to transfer 45.0 acres of Primary Certificate 12345 (total 1.25 cfs for 100 acres) and 45.0 acres of Supplemental Certificate 87654 (1/80 cfs per acre) on the same land:

1. For irrigation calculate cfs for each water right involved as follows:

a. Divide total authorized cfs by total acres in the water right (for C12345, 1.25 cfs \div 100 ac); then multiply by the number of acres to be transferred to get the transfer cfs (x 45 ac= 0.56 cfs).

b. If the water right certificate does not list total cfs, but identifies the allowable use as 1/40 or 1/80 of a cfs per acre; multiply number of acres proposed for change by either 0.025 (1/40) or 0.0125 (1/80). (For C87654, 45.0 ac x 0.0125 cfs/ac = 0.56 cfs)

2. Add cfs for the portions of water rights on all the land included in the transfer; however do not count cfs for supplemental rights on acreage for which you have already calculated the cfs fee for the primary right on the same land. The fee should be assessed only once for each "on the ground" acre included in the transfer. (In this example, blank 5a would be only 0.56 cfs, since both rights serve the same 45.0 acres. Blank 5b would be 0 and Line 5 would then also become 0).

	FEE WORKSHEET for SUBSTITUTION		
1	Base Fee (includes change to one well)	1	\$725.00
	Number of wells included in substitution(2a) Subtract 1 from the number in 3a above:(2b) If only one well this will be 0	-	Ψ123.00
2	Multiply line 2b by \$350 and enter » » » » » » » » » » » » » »	2	
3	Add entries on lines 1 through 2 above » » » » » Fee for Substitution:	3	

Part 4 of 5 - Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME			PHONE NO. ADDITIONAL CONTA				
Raphael and Sandra Davis			541-934-2424	NA			
ADDRESS			012 701 2121	FAX NO.			
48306 Cribbage Lane				rax No.			
CITY	STATE	ZIP	E-MAIL				
Monument	OR	97864	NA				
By PROVIDING AN E-MAIL A	DDRESS, C	ONSENT IS GIVEN	TO RECEIVE ALL COR	RESPONDENCE FROM THE			
DEPARTMENT ELECTRONICA	ALLY. CO	PIES OF THE FINA	L ORDER DOCUMENTS	S WILL ALSO DE MALLED			
			DOCUMENT	THE ALSO DE MAILED.			

AGENT/BUSINESS NAME Bryan Vogt Monument Soil and Water Con	servation	District	PHONE NO. 541-934-2141	ADDITIONAL CONTACT NO. NA
ADDRESS P.O. Box 95	servation	District		FAX NO.
CITY Monument	STATE OR	ZIP 97864	E-MAIL mswcd@centuryte bryan.vogt@centu	rytel.net
BY PROVIDING AN E-MAIL AI DEPARTMENT ELECTRONICA	DDRESS, C	ONSENT IS GIVEN PIES OF THE FINA	TO RECEIVE ALL C	ORRESPONDENCE EDOM THE
Explain in your own words of propose to change my poin Carris Ditch POD#3. This wonded and ODFW supported C-36598	it of diver ill be mo	sion from author re efficient use o	ized Carris Ditch f the water. It also	POD#5 to the relocated will allow for the OWFR
f you need additional space, conti	nue on a se	parate piece of pape	r and attach to the ap	olication as "Attachment 1".
f you need additional space, conti Check this box if this pro Reinvestment Act. (Fede	ject is ful	lly or partially fu		

suggest publishing the notice in the following newspaper: Blue Mountain Eagle

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



Date RECEIVED BY OWRD

Sandra Davis
Print Name (and Title if applicable)

/<u>-/2</u>-/5 JAN 2 3 2015

SALEM, OPTACS

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 deeded landowners (and mailing and/or e-mail addresses) if different than the applicant's) or attach affidavits of consent (and mailing and/or e-mail addresses) from all landowners or individuals/entities to which the water right(s) were conveyed.

RECEIVED BY OWRD

JAN 2 3 2015

SALEM, OR

Check the following boxes	that apply):				
The applicant is respond to be sent	ponsible f to the app	for compl licant.	letion of ch	ange(s). No	tices and corre	spondence should
The receiving lando final order is issued	wner will . Copies	be respo	onsible for s and corre	completing the spondence sl	he proposed cl nould be sent t	nange(s) after the o this landowner.
Both the receiving l Copies of notices ar	andowner id corresp	and app	licant will should be	be responsible sent to this la	le for completendowner and	on of change(s). the applicant.
At this time, are the lands in	n this tran	sfer appl	lication in t	he process of	f being sold?	☐ Yes ⊠ No
If YES, and you know vinformation table below assignment will have to	. If you o	do not kn	ow who th	be, please con e new landov	mplete the recover will be, the	eiving landowner nen a request for
If a property sells, the counless a sale agreement http://www.oregon.gov/	or other c	document	t states oth	erwise. For 1	more informat	ne new owner, ion see:
RECEIVING LANDOWNER NAME NA				HONE NO. NA	ADDITION NA	NAL CONTACT NO.
ADDRESS NA					FAX NO.	
CITY NA	STATE NA	ZIP NA	1 33	-MAIL N A		
Check here if any of the an irrigation or other wa	water rig ter distric	hts propo t. (Tip :	Complete a	nsfer are or v and attach Su	will be located applemental Fo	within or served by orm D.)
IRRIGATION DISTRICT NAME NA			ADDRESS			
CITY NA			INA			
Check here if water for a			NA STATE NA		ZIP NA	
for stored water with a fe			STATE NA applied und		NA	nt or other contract
ENTITY NAME			STATE NA applied und ther entity. ADDRESS		NA	nt or other contract
ENTITY NAME NA			STATE NA applied und ther entity. ADDRESS NA		NA rvice agreeme	nt or other contract
ENTITY NAME			STATE NA applied und ther entity. ADDRESS		NA	nt or other contract
ENTITY NAME NA CITY	ederal age	ency or o	state NA upplied und ther entity. ADDRESS NA STATE NA ments, you	must list all	NA rvice agreeme	nunicipal
ENTITY NAME NA CITY NA To meet State Land Use Corcorporation, or tribal govern ENTITY NAME Grant County	ederal age	ency or o	state NA upplied und ther entity. ADDRESS NA STATE NA ments, you	must list all ion water wi	NA rvice agreeme	nunicipal
ENTITY NAME NA CITY NA To meet State Land Use Corcorporation, or tribal govern ENTITY NAME Grant County CITY	ederal age	ency or o	pplied und ther entity. ADDRESS NA STATE NA ments, you se jurisdict ADDRESS 200 South STATE	must list all ion water wi	ZIP NA county, city, n ll be diverted,	nunicipal
ENTITY NAME NA CITY NA To meet State Land Use Corcorporation, or tribal govern ENTITY NAME Grant County	ederal age	ency or o	pplied und ther entity. ADDRESS NA STATE NA ments, you se jurisdict ADDRESS 200 South	must list all ion water wi	ZIP NA county, city, n	nunicipal
ENTITY NAME NA CITY NA To meet State Land Use Corcorporation, or tribal govern ENTITY NAME Grant County CITY Canyon City	ederal age	ency or o	ADDRESS NA STATE NA Ments, you se jurisdict ADDRESS 200 South STATE OR	must list all ion water wi	ZIP NA county, city, n ll be diverted,	nunicipal

JAN 2 3 2015

INSTRUCTIONS for editing the Application Form

To add additional lines to tables within the forms or to copy and paste additional Part 5 pages, please **save the application form to your computer**. Unlock the document by using one of the following

instructions for your Microsoft Word software version:

Microsoft Word 2003

Unlock the document by one of the following:

Using the Tools menu => click Unprotect Document;
 OR

• Using the Forms toolbar => click on the Protect/Unprotect icon.

To relock the document to enable the checkboxes to work, you will need to:

Using the Tools menu => click Protect Document;
 OR

• Using the **Forms** toolbar => click on the **Protect/Unprotect** icon.

Once the application has been unlocked, you may:

- add additional rows to tables using the Table tools, and
- select and copy the pages of Part 5 and paste as many additional sets of Part 5 pages as needed at the end of the application.

After editing, re-lock the document to enable checkboxes to work.

Microsoft Word 2007

- Unlock the document by clicking the Review tab, then click Protect Document, then click Stop Protect
- To relock the document, click Editing Restrictions, then click Allow Only This Type of Editing, select Filling In Forms from the drop-down menu, then check Yes, Start Enforcing Protection.

Microsoft Word 2010

- Unlock the document by clicking the **Review** tab, toggle the **Restrict Editing icon** at the upper right, then click **Stop Protect** at the bottom right. Then uncheck the "**Allow only this type of editing** in the document: **Filling in forms**" in the "Editing restrictions" section on the right-hand list of options.
- To relock the document, check the **Editing Restrictions/Allow Only This Type of Editing/Filling In Forms** box from the drop-down menu, then check **Yes, Start Enforcing Protection**. You do not need to assign a password for the editing restrictions.

Other Alternatives:

- Photocopy pages or tables in Part 5, -mark-through any non-applicable information, insert/attach photocopied pages to document in the appropriate location, and manually amend page numbers as necessary (e.g. Page 5 6 of 9 10).
- You may refer to additional attachments that you may include, such as separately produced tables or spreadsheets to convey large numbers of rows of place of use listings, owner/property parcels, etc. You may contact the Department at 503-986-0900 and ask for Transfer Staff if you have questions.

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Please use a separate Part 5 for each water right being changed. See instructions on page 6, to

copy and paste additional Part 5s, or to add additional rows to tables within the form. CERTIFICATE # 36598 RECEIVED BY OWRD **Description of Water Delivery System** JAN 2 3 2015 System capacity: 77.9 cubic feet per second (cfs) OR gallons per minute (gpm) SALEM, OR 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. The relocated Carris Ditch POD #3 is located on the east bank of Cottonwood Creek, water is diverted at a headgate and delivered in buried pipe then in open ditch. A feeder ditch comes off Carris Ditch for irrigation, domestic & stock use. 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)	Т	`wp	R	ng	Sec	1/4	1/4 1/4		1/4 1/4		1/4 1/4		V ₄ V ₄		1/4 1/4		Measured Distances (from a recognized survey corner)
POD # 5	□ Authorized □ Proposed		9	S	28	E	18	NE	sw		3470' South & 1420' East from NW corner Sec.18 T9S, R28E								
POD #3	☐ Authorized ☐ Proposed		9	S	28	E	18	NE	sw		3830' South & 1250' West from N1/4 corner Sec. 18, T9S, R28E								
	☐ Authorized ☐ Proposed																		
	☐ Authorized																		
	Proposed																		

	☐ Proposed												
Check	Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses):												
	Place of Use								Primary Use (S	5.7			
	Character of	Use (USE)				Point o	f Appr	opriation	on/Well (POA)	,			
\boxtimes	Point of Dive	ersion (POD)				Additio	nal Point of Appropriation (APOA						
	Additional Po	oint of Divers	sion (APC	OD)		Substitution (SUB)							
	Surface Water POA (SW/GV		ound Wa	ter		Govern	ment A	Action	POD (GOV)				
Will all	of the propos	ed changes a	ffect the	entire v	water	right?							
Yes	I all of the proposed changes affect the entire water right? Yes Complete only the Proposed ("to" or "on" 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 port	ion o	f the wa	ter rig	ht to be	e changed.				

Please use and attach additional pages of Table 2 as needed. See page 6 for instructions.

Contact the Department at 503-986-0900 and ask for Transfer Staff. Do you have questions about how to fill-out the tables?

Table 2. Description of Changes to Water Right Certificate # 36598

List the change proposed for the acreage in each 1/4 1/4. If more than one change is proposed, specify the acreage associated with each change. If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

	>					T	T		T				
S)	Priority Date		1901	1901	1879								OWA
CHANG	POD(s)/ POA(s) to be used (from	Table 1)	Pod#5	POD#6	POD#3								VED BY
PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES	New Type of USE												
" or "o	res		10.0	5.0	3.0								3.0
(the "to" cear AFTE)	Gvt Lot or DLC		1										ES:
SED (1	Tax		200	200	2300								TOTAL ACRES:
OPOS	1/4 1/4		MM	WW	SE								COTAI
PR g as it			NW	SW	SE								
isting	Sec		_	7									
The I	Rng		9 E	9 E	27 E						-		
	Twp		S	S	S								
			7	2	0		7				-	0	
Proposed Changes (cae	"CODES" from previous page)	EXAMPLE	POU/POD		POD					= *		e F	
NGES	Priority Date		1901		1879								
ls) OSED CH/ be changed.	POD(s) or POA(s) (name Priority or number Date from Table 1)		POD#1 POD#2		POD #5								
AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.	Type of USE listed on Certificate		Irrigation		Irrigation, Domestic &, Stock								
rom" e BEI water	Acres		15.0		3.0								3.0
(the "fertificat n of the	Tax Gvt Lot or Acres DLC				2 2								
RIZED the control	Tax		100		2300								TOTAL ACRES:
THO]	7, 4,		WW		SE								OTAL
AU appe	74		NE		SE								Ţ
that tonly	Sec		15		н								
isting	Rng		回		7 E								
The 1	Twp		6 S		S 27								
	T		7		6								

Additional remarks: POD CHANGE ONLY.

Revised 7/1/2013

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TACS 11972

SALEM, OR

For]	Place of Use o	r Charac	ter of Us	e Change	es			Cei	rtificate # 3	<u>6598</u>
Are	e there other w h the "from" o	ater right	certificat	es, water	use perm	its or groun	ıd water reg	gistrations	associated	
	YES, list the co					water regis	stration nur	nbers:		
Pur a p to a	rsuant to ORS rimary right pa ground water lication.	540.510, roposed for	any "laye or transfe	ered" wate r must be	er use suc included	h as an irrig	gation right	t that is sup	oplemental t	50
For S	ubstitution (g	ground wa rrigation)	ter supple	emental ir	rigation v	will be subs	stituted for	surface wa	ter primary	
Gro Surf	und water supplace water prin	plemental nary Certi	Permit o ficate#_	r Certifica	ate #	2				
For a	change from	Supplem	ental Irr	igation U	se to Pri	mary Irrig	ation Use			
	tify the primar									
	change in poi							anneaneia	tions	
	Well log(s) a with the correct Tip: You may http://apps.wi	re attache esponding y search f	d for each well(s) it for well lo	n authoriz n Table 1 ogs on the	ed and prabove and Departm	oposed we don the ac ent's web r	ll(s) that ar	o olooply le	- لـ بـ ا ا ا ا ا ا	ssociated
AND	O/OR									
	Describe the chave a well lo requested info driller, geolog to complete T	ormation egist, or cer	<i>oposea</i> и element ii	<i>etts not y</i> i the table	et constri e. The De	<i>ucted or bu</i> partment re	<i>ilt</i> , provide	"a best est	timate" for	each
Any well accompar application well(s) with	Construction (s) in this listing application until it is recall access the sale by law from	ng must be ion map. ceived. To ame source	e clearly Failure to he inform ce aquifer	tied to control provide nation is not as the au	rrespondi the inforn ecessary thorized	nation will for the dep point(s) of	delay the partment to	assess who	of your trar	ısfer
Proposed or Authorized POA	Is well	n existing well: RD Well	Total		Casing	Saal	Perforated	Static water level of	Source	Well -specific rate (cfs or

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). <u>If</u> less han full rate of water right
							RECE	TIV (re-re-		
								IVED BY	OWRD	
							J,	AN 2 3 20	15	

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SALEM, OR

Applicant Information

A DDI TO LA IM/DATOR IMPO								
APPLICANT/BUSINESS NAME			PHONE NO. ADDITIONAL CONTACT NO.					
Harold and Dixie Reynolds		541-278-6175	NA					
ADDRESS			FAX NO.					
4202 SW Vista Ave.				TAXNO.				
CITY	STATE	ZIP	E-MAIL					
Pendleton	OR	97801	NA					
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE								
DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.								
				THE THE OBE WITH THE P.				

AGENT/BUSINESS NAME Bryan Vogt Monument Soil and Water Con	servation	District	PHONE NO. 541-934-2141	ADDITIONAL CONTACT NO. NA			
ADDRESS P.O. Box 95		2 lott let		FAX NO. 541-934-2141			
CITY Monument	STATE OR	ZIP 97864	E-MAIL mswcd@centurytel.net bryan.vogt@centurytel.net				
BY PROVIDING AN E-MAIL AND DEPARTMENT ELECTRONICATION OF THE PROVIDENCE OF T	odress, o ally. Co	CONSENT IS GIVEN PIES OF THE FINA	TO RECEIVE ALL	CORRESPONDENCE FROM THE			
Explain in your own words We propose to change our p proposed POD #8 on lower users at POD #8. This will a C-36598	oint of di Cottonwo	version from the ood Creek. This	authorized Rober is a better location	tson Ditch POD #1 to			
If you need additional space, conti	nue on a se	eparate piece of pap	er and attach to the ap	plication as "Attachment 1".			
Check this box if this pro Reinvestment Act. (Fede	ject is fu	ılly or partially fu					
authorized to pursue the transf	enster, I wi er as ident	III be required to pro ified in OAR 690-3	f the draft preliminary	nformation and evidence that I am			

of the transfer application, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the water right is located, once per week for two consecutive weeks. If more than one qualifying newspaper is available, I suggest publishing the notice in the following newspaper: Blue Mountain Eagle

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



<u>Harold Reynolds</u> Print Name (and Title if applicable)

<u>Dixie Reynolds</u> Print Name (and Title if applicable)

Is the applicant the sole owner of the land on which the water right, or portion thereof, proposed for transfer is located? X Yes No If NO, include signatures of all deeded landowners (and mailing and/or e-mail addresses if different than the applicant's) or attach affidavits of consent (and mailing and/or e-mail addresses) from all landowners or individuals/entities to which the water right(s) were conveyed.

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Check the following boxes	that app	ly:			
	sponsible	for completion	of change(s). No	otices and correspondence s	should
The receiving lander final order is issued	owner wi l. Copies	ll be responsible of notices and o	e for completing to	the proposed change(s) afte hould be sent to this landov	er the
Both the receiving	landowne	er and applicant	will be responsib	ele for completion of chang andowner and the applicant	
At this time, are the lands i	n this tra	nsfer application	in the process o	f being sold? \(\sigma\) \(\sigma\)	т_
If YES, and you know	who the 1 v. If you	new landowner v do not know wh	will be, please co	mplete the receiving landowner will be, then a request	
If a property sells, the cunless a sale agreement http://www.oregon.gov/	or other	document states	OTHERWISE HOP	nd belong to the new owner more information see:	r,
RECEIVING LANDOWNER NAME NA			PHONE NO.	ADDITIONAL CONTACT N	IO.
ADDRESS NA			1111	FAX NO.	
CITY	STATE	ZIP	E-MAIL	NA	
NA	NA	NA	NA NA		
IRRIGATION DISTRICT NAME NA	water rig ter distric	hts proposed for t. (Tip : Comple ADDRE NA	ete and attach Su	vill be located within or ser pplemental Form D.)	ved by
CITY NA		STATE		ZIP	
Check here if water for an for stored water with a fe	ny of the deral age	NA rights supplied to ncy or other ent	under a water sei	vice agreement or other co	ntract
ENTITY NAME NA		ADDRES	SS		
CITY		NA STATE		- Tue	
NA		NA NA		ZIP NA	
To meet State Land Use Conscorporation, or tribal governm	sistency I nents with	Requirements, yo hin whose jurisd	ou must list all c liction water will		l used.
ENTITY NAME Grant County		ADDRES		,	
CITY Canyon City		STATE OR	th Humbort	ZIP 97820	
ENTITY NAME		ADDRESS	S	77020	
CITY		STATE		ZIP	
					- 1



Please use a separate Part 5 for each water right being changed. See instructions on page 6, to copy and paste additional Part 5s, or to add additional rows to tables within the form.

CERTIFICATE # 36598

Description of Water Delivery System System capacity: 54.5 cubic feet per second (cfs) OR gallons per minute (gpm) Describe the current water delivery system or the system

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. The relocated Robertson Ditch POD #2 is located on the east bank of Cottonwood Creek; water is diverted at a head gate and delivered in buried pipe, then in open ditch. We have pumped water from POD #6 for irrigation, domestic, & stock.

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)	Т	`wp	R	ng	Sec	1/4	1/4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)	
POD # 1	□ Authorized □ Proposed		9	s	28	E	18	SE	NW		1450' South & 1450' East from NW corner Sec.18, T9S, R28E	
POD #8	Authorized Proposed		9	S	27	E	12	NW	NE		4500' North & 2790' East of SW Corner of Sec. 12, T9S, R27E	
	☐ Authorized☐ Proposed											

1	Authorized							1		, 1, 2, 1, 1, 1	
	☐ Proposed										
	Пторозец										
Check	all type(s) of c	hange(s) pro	posed b	elow	(cha	ange '	'COD	ES" a	re prov	vided in parentheses):	
	Place of Use	(POU)				-				Primary Use (S to P)	
	Character of	Use (USE)								on/Well (POA)	
\boxtimes	Point of Dive	ersion (POD)				_				Appropriation (APOA)	
	Additional Point of Diversion (APOD)				_		ıtion ((512)		
	Surface Water POD to Ground Water POA (SW/GW)						Government Action POD (GOV)				
Will all	of the propose	ed changes a	ffect the	enti	re w	ater r	ight?				
Yes	of the proposed changes affect the entire water right? Complete only the Proposed ("to" or "on" lands) section of Table 2 on the next page. Use the "CODES" listed above to describe the proposed changes.										
⊠ No	Complete all								ht to be	changed.	

Please use and attach additional pages of Table 2 as needed. See page 6 for instructions.

Do you have questions about how to fill-out the tables? Contact the Department at 503-986-0900 and ask for Transfer Staff.

Table 2. Description of Changes to Water Right Certificate # 36598

List the change proposed for the acreage in each 1/4 1/4. If more than one change is proposed, specify the acreage associated with each change. If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

	ity				6	6								
ES	Priority Date		1901	1901	1879	1879	2		9.4	111	Zivya,			
CHANG	POD(s)/ POA(s) to be used (from	Table 1)	POD #5	POD #6	POD #8	POD #8	8							
PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES	New Type of USE													
to" or "c	Gvt Acres		10.0	5.0	10.0	5.6							15.6	2.01
(the "t	Gvt Lot or Ac		-										T.	
SED dappe	Tax Lot		200	500	100	100							ACR	7 7 7
PROPOSED (the "to" it would appear AFT!	1,4 1,4		NW	WW	Z	N. N.							TOTAL ACRES.	
Pl g as it			WW	SW	NW	NE								
listing	Sec		E 1	正 2	E 12	E 12		-						
	Rng		6	6	27	27							-	
0	Twp		2	2 S	0 0	ο 0			-					
Proposed	Changes (see "CODES" from previous page)	EXAMPLE	POU/POD		POD	POD								Table Angles of Language and Apple
NGES	A COMMONTO A COMMON AND A COMMO		1901		1879	1879		140000000			-05 285			
ds) POSED CHA	POD(s) or POA(s) (name Priority or number Date from Table 1)		POD #1 POD #2		POD #1	POD#1								
AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed	Type of USE listed on Certificate		Irrigation		Irrigation, Domestic, Stock	Irrigation, Domestic, Stock								
cate BE	Acres		15.0		10.0	5.6							15.6	
D (the certifi	Tax Gvt Lot Lot or DLC												ES:	1
RIZE n the r porti	Tax Lot		100		100	100							ACR	
DTHO ears o	1/4 1/4		NE NW		NE	NE							TOTAL ACRES:	4
Al at app	7.		NE		12 NW	Ä							I	-
ng tha	Sec		E 15		E 12	E 12								-
le listi	Rng		6		27	27								۷ 11.7.
T	Тwр		2 S		9 S	9 S								<

Additional remarks: POD CHANGE ONLY.

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Permanent Transfer Application Form – Page 5 of 6

TACS



	For Place of Use or Character of Use Changes	Certificate # <u>36598</u>
	Are there other water right certificates, water use permits or ground water registra with the "from" or the "to" lands? \square Yes \boxtimes No	ations associated
4	If YES, list the certificate, water use permit, or ground water registration number	s·
1	Pursuant to ORS 540.510, any "layered" water use such as an irrigation right that a primary right proposed for transfer must be included in the transfer or be cancel to a ground water registration must be filed separately in a ground water registration application.	is supplemental to
	For Substitution (ground water supplemental irrigation will be substituted for surfairrigation)	ice water primary
	Ground water supplemental Permit or Certificate #; Surface water primary Certificate #;	
1	For a change from Supplemental Irrigation Use to Primary Irrigation Use	
	Identify the primary certificate to be cancelled. Certificate #	
F	For a change in point(s) of appropriation (well(s)) or additional point(s) of appr	anrietion.
	Well log(s) are attached for each authorized and proposed well(s) that are cle with the corresponding well(s) in Table 1 above and on the accompanying ap Tip : You may search for well logs on the Department's web page at: http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx	
	AND/OR	
	Describe the construction of the authorized and proposed well(s) in Table 3 for have a well log. For <i>proposed wells not yet constructed or built</i> , provide "a be requested information element in the table. The Department recommends you driller, geologist, or certified water right examiner to assist with assembling the complete Table 3.	est estimate" for each

Table 3. Construction of Point(s) of Appropriation

to complete Table 3.

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 the information will delay the processing of your transfer application until it is received. The information is necessary for the department to assess whether the proposed well(s) will access the same source aquifer as the authorized point(s) of appropriation (POA). The Department is prohibited by law from approving POA changes that do not access the same source aquifer.

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). <u>If</u> less han full rate o water right

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Applicant Informat	tion	n
---------------------------	------	---

APPLICANT/BUSINESS NAME								
			PHONE NO.	ADDITIONAL CONTACT NO.				
Robert Troy Cox and Stacy L.	Robinson-(Cox	541-934-2155	NA				
ADDRESS				FAX NO.				
50214 Hwy 402				TIME NO.				
CITY	STATE	ZIP	E-MAIL					
Monument	OR	97864	NA					
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE								
DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.								
			E CHEBIT DOCUMENT	S WILL WESO DE MAILED.				

Agent Information – The ag	gent is auth	norized to represen		all matters relating to this application			
AGENT/BUSINESS NAME Bryan Vogt Monument Soil and Water Con			PHONE NO. 541-934-2141	ADDITIONAL CONTACT NO.			
ADDRESS P.O. Box 95				FAX NO. 541-934-2141			
CITY Monument	Monument OR 97864 mswcd@centurytel. bryan.vogt@centur						
BY PROVIDING AN E-MAIL A DEPARTMENT ELECTRONICA	ddress, c ally. Coi	ONSENT IS GIVEN PIES OF THE FINAL	TO RECEIVE ALL	CORRESPONDENCE FROM THE ENTS WILL ALSO BE MAILED.			
Explain in your own words We propose to change our p POD #8 on lower Cottonwo proposed POD #8. This is a C-36598	oint of di od Creek.	version from the Also, we propo	authorized Carrisse to change from	ransfer application, and why: s Ditch POD #5 to proposed m authorized POD #6 to users at POD #8.			
If you need additional space, cont	inue on a se	enarate niece of nano	r and attack to the				
Check this box if this pro	oject is fu	lly or partially fu					
 By signing this application, I appartment approval of the trauthorized to pursue the trans I affirm the applicant is a munname of the municipality or a I affirm the applicant is an ent condemnation the property to supporting documentation. 	anster, I will fer as identi icipality as predecessority with the	Il be required to prov fied in OAR 690-38 defined in ORS 540 r; OR authority to condem	the draft preliminar vide landownership 0-4010(5); OR .510(3)(b) and that the property and is ac	information and evidence that I am the right is in the			
right is located, once per week to suggest publishing the notice in	of a notice for two cor the follow	in a newspaper was ecutive weeks. I ving newspaper: <u>Bl</u>	ith general circula f more than one q ue Mountain Eag				
(we) affirm that the informa Nolast Twy C Applicant signature	tion conta	ined in this application in this application in the Robert Troy Co Print Name (and Title	x	8-26-15 Date			

amm that the information contains	ined in this application is true	and accurate.
Applicant signature	Robert Troy Cox Print Name (and Title if applicable)	8-26-15 Date
Applied it signature	Stacy L. Robinson-Cox Print Name (and Title if applicable)	8 - 31 - 15

Is the applicant the sole owner of the land on which the water right, or portion thereof, proposed for transfer is located? X Yes No If NO, include signatures of all deeded landowners (and mailing and/or e-mail addresses if different than the applicant's) or attach affidavits of consent (and mailing and/or e-mail addresses) from all landowners or individuals/entities to which the water right(s) were conveyed.

Revised 7/1/2013

Check the following boxes	that appl	y:						
The applicant is rescontinue to be sent	ponsible to the app	for comp olicant.	oletion of	change(s).	Notices	and correspondence should		
The receiving lando final order is issued	wner wil . Copies	l be resp of notice	onsible for	or completin	ng the proceed should	oposed change(s) after the be sent to this landowner.		
Both the receiving I	andowne	r and app	plicant w	ill be respon	sible for	completion of change(s). wner and the applicant.		
At this time, are the lands in								
If YES, and you know y	who the n	ew land do not ki	owner wi now who	ll be, please	complet	te the receiving landowner will be, then a request for		
If a property sells, the counless a sale agreement http://www.oregon.gov/	or other	documer	nt states o	therwise. F	or more	long to the new owner, information see:		
RECEIVING LANDOWNER NAME NA				PHONE NO.		ADDITIONAL CONTACT NO.		
ADDRESS				NA		NA		
NA						FAX NO. NA		
CITY NA	STATE NA	ZIP NA		E-MAIL NA				
Check here if any of the an irrigation or other was IRRIGATION DISTRICT NAME NA	water rig ter distric	hts prope t. (Tip :	Osed for to Complet ADDRESS NA	e and attach	or will be Supplen	e located within or served b nental Form D.)	У	
CITY			STATE			ZIP		
NA			NA			NA		
Check here if water for a for stored water with a fe	ny of the deral age	rights su ency or o	applied un other entit	nder a water y.	rservice	agreement or other contrac	t	
ENTITY NAME			ADDRESS	}				
NA CITY			NA STATE		- TIP			
NA			NA			ZIP NA		
To meet State Land Use Concorporation, or tribal government	sistency l nents wit	Requirer hin who	nents, yo se jurisdi	u must list a	all county will be d	v city municipal		
ENTITY NAME			ADDRESS			-		
Grant County			and the second second second	h Humbolt				
CITY Canyon City			STATE ZIP 97820					
ENTITY NAME			ADDRESS 97820					
CITY			STATE			ZIP		

Please use a separate Part 5 for each water right being changed. See instructions on page 6, to copy and paste additional Part 5s, or to add additional rows to tables within the form.

CERTIFICATE # 36598

Description of Water Delivery System

System capacity: <u>54.5</u> 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. The relocated Carris Ditch POD #3 is located on the east bank of Cottonwood Creek, water is diverted at a headgate and delivered in buried pipe then in open ditch. We have pumped water from POD#6 to irrigate pasture & use for stock water, domestic lawn & garden.

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.)

1 de destanteure, assign it à name of number nere.)											
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)	Т	'wp	R	Rng Sec		V4 V4		Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
POD # 5	□ Authorized □ Proposed		9	S	28	E	18	NE	SW		3470' South & 1420' East from NW corner Sec.18 T9S, R28E
POD #6	□ Authorized □ Proposed		9	S	27	E	12	NW	NE		Actual location POD#6 is 4260' North & 2930' East of SW corner Sec. 12, T9S, R27E
POD #8	☐ Authorized ☐ Proposed		9	S	27	E	12	NW	NE		4500' North & 2790' East of SW Corner of Sec. 12, T9S, R27E

					Sec. 12, T9S, R27E	
Check	all type(s) of change(s) proposed below	(chang	e "CODES	" are prov	rided in parenthe	ses):
	Place of Use (POU)				Primary Use (S to	- 5
	Character of Use (USE)				on/Well (POA)	,
\boxtimes	Point of Diversion (POD)				Appropriation (AP	OA)
	Additional Point of Diversion (APOD)		Substitutio			
	Surface Water POD to Ground Water POA (SW/GW)		Governme	nt Action	POD (GOV)	
Will all	of the proposed changes affect the enti	re wate	r right?			
Yes	Complete only the Proposed ("to" or "or "CODES" listed above to describe the p	n" lands) section of	Table 2 or	the next page. U	se the
⊠ No	Complete all of Table 2 to describe the p		_	right to be	changed.	

Please use and attach additional pages of Table 2 as needed. See page 6 for instructions.

Contact the Department at 503-986-0900 and ask for Transfer Staff. Do you have questions about how to fill-out the tables?

Table 2. Description of Changes to Water Right Certificate # 36598

List the change proposed for the acreage in each 1/4 1/4. If more than one change is proposed, specify the acreage associated with each change. If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

				and the same								
ES	Priority Date	-	1901	1001	1879	1879	1879					
CHANG	POD(s)/ POA(s) to be used (from	Table 1)	POD#5	A# COd	POD #8	POD #8	POD #8					
PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES	New Type of USE											
"to" or "o	gvt Cot or Acres		10.0	5.0	3.9	11.6	11.6					27.1
(the "to" car AFTE are made.	Gvt Cot or DLC		-						+			
ED (t	Tax		200	500	200	200	200					ACRE
OPOS	7, 4,		WW WW	NW	NE	NE	NE					TOTAL ACRES:
PR as it			MM	SW	NW	N N	NE					T
isting	Sec		-	12	12	12	12					
The li	Rng		9 E	9 E	27 E	27 E	27 E					
	Twp	9.75	2 8	2	8	8	8					
pò	(See joins joins	EXAMPLE						25				
Propos	Proposed Changes (see "CODES" from previous page)		POU/POD		POD	POD	POD					
		国	1901		1879	1879	1879			1 200	i i i i i i i i i i i i i i i i i i i	
ds) POSED CHA	Type of USE POA(s) or listed on or number Date from Table 1)		POD#1 POD#2		POD #5	POD #6	POD #6					
AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.	Type of USE listed on Certificate		Irrigation		Irrigation, Domestic, Stock	Irrigation, Domestic, Stock	Irrigation, Domestic, Stock					
"from" ate BE	Gvt Lot or Acres DLC		15.0		3.9	11.6	11.6					27.1
(the ertific n of th	Gvt Lot or DLC											
UZED the ce	Tax Lot		100		200	200	200					TOTAL ACRES:
THOI ars or part or	7,7		MM		NE	NE	NE					OTAL
AU appe	1,4 1,4		NE		NW	NW	NE					T
g that st only	Sec		13		12	12	12					
listin	Rng		9 E		27 E	27 E	国					
The	Twp		S		8	ν γ	S 27					
	Ţ		7		6	6	6					

Additional remarks: POD CHANGE ONLY.

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Permanent Transfer Application Form - Page 5 of 6

TACS

For	Place of U	se or Charac	cter of U	se Chang	es				T CHILCTICO II -	70370
Aı	re there oth	er water right n" or the "to'	certifica	tes, water	use perm	its or grour	nd water reg	gistrations	associated	
If	YES, list t	he certificate,	water us	e permit,	or ground	l water regi	stration nu	mbers:		
Pro a j	ursuant to C primary rig	DRS 540.510, ht proposed f ater registrati	any "lay or transfe	ered" wat er must be	er use sud included	ch as an irri	gation righ	t that is su	pplemental	to
For	Substitutio	on (ground wa irrigation)	nter suppl	emental i	rrigation	will be sub	stituted for	surface wa	ater primary	r
Gro Sui	ound water face water	supplementa primary Cert	Permit of the second se	or Certific	ate #	<u>;</u>				
For a	change fr	om Supplem	ental Iri	igation U	Jse to Pri	mary Irrig	ation Use			
		imary certific								
		point(s) of a						ammus	4.	
	Well log(with the c Tip : You	(s) are attache corresponding may search b s.wrd.state.or	ed for eac g well(s) for well le	h authoriz in Table 1 ogs on the	zed and pa above ar Departm	roposed we nd on the action is web a	ll(s) that ar	o alaamir 1	ala 1 - 1 - 1	associated
ANI	D/OR									
	requested driller, ge	the constructive ll log. For print information cologist, or center Table 3.	element i	n the table	et constr e. The De	ucted or bu	<i>ilt</i> , provide	"a best es	timate" for	each
accompa applicati well(s) w	I(s) in this I mying apploration until it	ion of Point(sting must be listing must be lication map. s received. The same sour om approving	e clearly Failure to the inform ce aquife	tied to co o provide nation is r	rrespondithe information in the	mation will for the dep	delay the partment to	orocessing assess wh	of your trai	nsfer
Proposed or Authorized POA Name or Number	Is well already built? ((Yes or No)	If an existing well: OWRD Well ID Tag No.	Total well depth	Casing	Casing Intervals	Seal depth(s)		Static water level of completed	Source aquifer (sand, gravel,	Well-specific rate (cfs or gpm). If less han full rate of

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(sand, gravel, basalt, etc.)

water right

(in feet)

(in feet)

((Yes or No)

depth

Casing Diameter

(feet)

depth(s) (intervals)