

# **Application for** Historic Change in Point of **Diversion/Appropriation**

Part 1 of 5 - Minimum Requirements Checklist

This historic change in point of diversion/appropriation 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.

			RECEIVED BY OWRD
Check	k all items i	included with this application. $(N/A = Not Applicable)$	
	Pa	art 1 - Completed Minimum Requirements Checklist.	MAY 1 6 2016
V	Pa	rt 2 - Completed Application Map Checklist.	SALEM, OR
	co htt	art 3 – Application Fee, payable by check to the Oregon Water Resoumpleted Fee Worksheet, page 3. Try the new online fee calculator at tp://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator. If you have quastomer Service at (503) 986-0801.	rces Department, and
	Pa	rt 4 - Completed Applicant Information and Signature.	
	tra	art 5 – Information about the Transferred Water Rights: <b>How many wansferred?</b> 1 List them here: 16397  1 ease include a separate Part 5 for each water right. (See instructions of	
Attacl	hments:		
		ompleted Application Map (Does not have to be prepared by a Certificaminer).	ed Water Right
	be	ompleted Evidence of Use Affidavit and supporting documentation shen used on the land for five years prior to transfer filing AND diverter rrent point of diversion/appropriation for more than 10 years.	
	Đe	atement from the local Watermaster, based upon the Watermaster's kepartment records, that no complaint of injury has been made due to tual, current point of diversion/appropriation.	•
		and Use Information Form with approval and signature (or signed lan lb).	d use form receipt
		ffidavit(s) of Consent from Landowner (if the applicant does not own ght is on.)	the land the water
		ater Well Report/Well Log for changes in point(s) of appropriation (vint(s) of appropriation.	well(s)) or additional
RECEIVED BY	OWRD	(For Staff Use Only)	
MAR 1 7 20	016	WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING  Application fee not enclosed/insufficient  Land Use Form not enclosed or incomplete  Map not included or  Land Use Form not enclosed or incomplete	incomplete
SALEM, C	)R	Additional signature(s) requiredis incomposition	/

Revised 7/1/2013

Historic Change in Point of Diversion/Appropriation Application - Page 1 of 8

### Part 2 of 5 - Historic Change in Point of Diversion/Appropriation Application Map Checklist

Your historic change in point of diversion/appropriation application will be returned if any of the map requirements listed below are not met.

Please be sure that the historic change in point of diversion/appropriation application map you submit includes all the required items and matches the existing water right map. Check all boxes that apply. N/A If more than three water rights are involved, separate maps are needed for each water right. M Permanent quality printed with dark ink on white or clear paper or film. X 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 .jpg format are required. X A north arrow, a legend, and scale.  $\square$ 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.  $\square$ Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines. X Tax lot boundaries (property lines) and county tax lot numbers are required. M Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads. M Major water delivery system features from the point(s) of diversion/appropriation such as main pipelines, canals, and ditches. X Authorized 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. M Actual, current point of diversion/appropriation. Show the 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°). M 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 If for more than one actual, current point of diversion/appropriation, separate hachuring is needed for each place of use served by each point of diversion/appropriation, including the RECEIVED BY OWRID mber 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. MAR 1 7 2016 **RECEIVED BY OWRD** 

SALEM, OR

Revised 7/1/2013 Historic Change in Point of Diversion/Appropriation Application - Page 2 of 8 MAXC1 6 2016

1   Base Fee (includes Historic POD change to one water right for up to 1 cfs)   1   \$1,000		FEE W	ORKSHI	EET for HISTOR	IC POD/POA TRAN	ISFER		
Subtract 1 from the number in 2a above:    O (2b) If only one water right this	1	Base Fee (includes His	storic PO	D change to one v	vater right for up to 1	cfs)	1	\$1,000
2   Multiply line 2b by \$450 and enter								
Do you propose to change a well, or change from a surface water POD to a well?	i	1	number in	2a above:0	(2b) If only one water	r right this		
Do you propose to change a well, or change from a surface water POD to a well?    No: enter 0 >> > > > > > > > > > > > > > > > > >	2		\$450 and	enter » » » »			2	n
Well?	1							
3		1		.,				
Add entries on lines 1 through 3 above								
Check this box if this project is fully or partially funded by the American Recovery and RECEIVED BY OWNINGSTMENT Act. (Federal stimulus dollars)  RECEIVED BY OWNINGSTMENT Act. (Federal stimulus dollars)  RECEIVED BY RECEI								
Part 4 of 5 - Applicant Information and Signature    Applicant Information   SEE ATTACHED ADDITIONAL APPLICANT INFORMATION	4							\$1,000
Part 4 of 5 – Applicant Information and Signature    Applicant Information   SEE ATTACHED ADDITIONAL APPLICANT INFORMATION   Note: Applicant must be an INDIVIDUAL, as defined by OAR 690-380-2120, that is "a natural person and do not include a government body, organization, business enterprise, or other such entity."    Applicant/Business Name   Susan D. Prulhiere   S41-531-1611   FAX NO.		Check this box if this pr	roject is fi	ully or partially fi	inded by the Americ	an Recove	ry and	
Applicant Information  SEE ATTACHED ADDITIONAL APPLICANT INFORMATION Note: Applicant must be an INDIVIDUAL, as defined by OAR 690-380-2120, that is "a natural person and do not include a government body, organization, business enterprise, or other such entity."  APPLICANT/BUSINESS NAME Susan D. Prulhiere  ADDRESS & SO RODE STATE OR  STATE OR  APPLICANT/BUSINESS NAME SUSAN D. PHONE NO.  ADDITIONAL CONTACT NO.  FAX NO.  FAX NO.  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.  AGENT/BUSINESS NAME  PHONE NO.  ADDITIONAL CONTACT NO.  E-MAIL  BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE	D BY C	Kennyestment Act. (Fed	leral stimi	ilus dollars)		F	RECEI	VED BY
Applicant Information  SEE ATTACHED ADDITIONAL APPLICANT INFORMATION Note: Applicant must be an INDIVIDUAL, as defined by OAR 690-380-2120, that is "a natural person and do not include a government body, organization, business enterprise, or other such entity."  APPLICANT/BUSINESS NAME Susan D. Prulhiere  ADDRESS & SO RODE STATE OR  STATE OR  APPLICANT/BUSINESS NAME SUSAN D. PHONE NO.  ADDITIONAL CONTACT NO.  FAX NO.  FAX NO.  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.  AGENT/BUSINESS NAME  PHONE NO.  ADDITIONAL CONTACT NO.  E-MAIL  BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE								
Applicant Information Note: Applicant must be an INDIVIDUAL, as defined by OAR 690-380-2120, that is "a natural person and do not include a government body, organization, business enterprise, or other such entity."  APPLICANT/BUSINESS NAME Susan D. Prulhiere  ADDRESS 3650 Rose Lane State OR STATE OR STATE OR STATE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.  AGENT/BUSINESS NAME AGENT/BUSINESS NAME PHONE NO. ADDITIONAL CONTACT NO.  E-MAIL darinandsusie@charter.net 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.  AGENT/BUSINESS NAME PHONE NO. ADDITIONAL CONTACT NO.  ADDRESS FAX NO.  CITY STATE ZIP E-MAIL BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE	<b>1</b> 7 2016			Part 4 o	f 5 – Annlicant Info	ormation	and Ma	Y 1.6.20
not include a government body, organization, business enterprise, or other such entity."  APPLICANT/BUSINESS NAME Susan D. Prulhiere  ADDRESS & So Roge Lane State State OR Department Electronically. (Tax lot 600)  CITY Control OR Department Electronically. Copies of the Final Order documents will also be mailed.  Agent Information — The agent is authorized to represent the applicant in all matters relating to this applicat AGENT/BUSINESS NAME  PHONE NO. ADDITIONAL CONTACT NO.  ADDRESS FAX NO.  CITY STATE ZIP PHONE NO. ADDITIONAL CONTACT NO.  ADDRESS FAX NO.  CITY STATE ZIP E-MAIL  BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE E-MAIL  BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE E-MAIL	An	licant Information	SEE ATTA					5
not include a government body, organization, business enterprise, or other such entity."  APPLICANT/BUSINESS NAME Susan D. Prulhiere  ADDRESS & So Roge Lane State State OR Department Electronically. (Tax lot 600)  CITY Control OR Department Electronically. Copies of the Final Order documents will also be mailed.  Agent Information — The agent is authorized to represent the applicant in all matters relating to this applicat AGENT/BUSINESS NAME  PHONE NO. ADDITIONAL CONTACT NO.  ADDRESS FAX NO.  CITY STATE ZIP PHONE NO. ADDITIONAL CONTACT NO.  ADDRESS FAX NO.  CITY STATE ZIP E-MAIL  BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE E-MAIL  BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE E-MAIL	EM, OH	Applicant must be an IN	DIVIDITA	Las defined by O	AP 600.380.2120. the	t is "a natu	S	ALEM, C
Susan D. Prulhiere  ADDRESS 36 50 Road Lane (Tax lot 600)  CITY Control of STATE OR 21P 97502 E-MAIL darinandsusie@charter.net  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.  Agent Information — The agent is authorized to represent the applicant in all matters relating to this applicat AGENT/BUSINESS NAME  PHONE NO. ADDITIONAL CONTACT NO.  CITY STATE ZIP E-MAIL  By Providing an E-MAIL Address, Consent is given to receive all correspondence from the	Note	Applicate must be at his	ernment be	ody, organization, l	ousiness enterprise, or	other such	entity."	on and doe
ADDRESS & So						ADDITION	AL CONTA	ACT NO.
STATE OR O7441  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.  Agent Information — The agent is authorized to represent the applicant in all matters relating to this applicat AGENT/BUSINESS NAME  PHONE NO.  ADDRESS  FAX NO.  CITY  STATE ZIP  E-MAIL  BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE	ADI	RESS 8650 Rose		_ </td <td>041-051-1011</td> <td>FAX NO.</td> <td></td> <td></td>	041-051-1011	FAX NO.		
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.  Agent Information — The agent is authorized to represent the applicant in all matters relating to this applicant agent/business name  PHONE NO.  ADDRESS  FAX NO.  CITY  STATE ZIP  E-MAIL  BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE	CIT	Central Doint	STATE	ZIP 975025	E-MAIL darinandsusie@ch	arter.net		
Agent Information — The agent is authorized to represent the applicant in all matters relating to this applicat  AGENT/BUSINESS NAME  PHONE NO.  ADDITIONAL CONTACT NO.  FAX NO.  CITY  STATE ZIP  E-MAIL  BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE	By	PROVIDING AN E-MAIL A	DDRESS, (	<del></del>			ENCE FR	OM THE
AGENT/BUSINESS NAME  PHONE NO.  ADDITIONAL CONTACT NO.  FAX NO.  CITY  STATE ZIP  E-MAIL  BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE	Di	PARTMENT ELECTRONIC	ALLY. CO	PIES OF THE FINA	L ORDER DOCUMENTS	S WILL ALS	O BE M	AILED.
AGENT/BUSINESS NAME  PHONE NO.  ADDITIONAL CONTACT NO.  FAX NO.  CITY  STATE ZIP  E-MAIL  BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE	Age	nt Information – The ac	ent is auth	norized to represent	the annlicant in all ma	atters relatio	no to thi	s applicat
ADDRESS FAX NO.  CITY STATE ZIP E-MAIL  BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE			50111 10 4411	iorizod to represent				
CITY STATE ZIP E-MAIL  BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE								
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE	ADI	RESS				FAX NO.		
	CIT	1	STATE	ZIP	E-MAIL	L.,		
			<u> </u>	L				
						RESPONDE	ENCE FR	OM THE

1 12382

If YES, informat assignment	and you know vition table below						$\square$ Yes $\boxtimes N$	lo
16	ent will have to	v. If you o		ner wil	ll be, please c	omplete	the receiving	landown
unless a	sale agreement ww.oregon.gov	or other	document s	tates o	therwise. For	more i		
RECEIVING LAN Susan D. P	NDOWNER NAME rulhiere				PHONE NO. 541-531-16	11	ADDITIONAL CO	NTACT NO.
ADDRESS 4955 Mea	ndowood Lm. '8'	450 R	oss L	-ne			FAX NO.	
	Man Format		ZIP 97	502	E-MAIL dari	nandsus	ie@charter.ne	ŧ
Describe any	y special owner	rship circu	ımstances l	nere: _			whom to	عبدو
Tran	<u> </u>	- المحد	~ ~ ~ ~					
for store	ere if water for d water with a	•	ency or oth	er enti	ty.	service	•	other con
		•	ency or oth	-	ty.	service :	•	EIVED
for store		•	ency or oth	er enti	ty.	service :	•	EIVED
for store		•	ency or oth	ner enti	ty.	service :	REC	MAY 1
To meet State city, municip conveyed or	d water with a see Land Use Coral corporation,	federal ag	Requirement	ADDRES STATE  nts, yo t) withi	ty. s u must list all n whose juris	local go	REC ZIP  overnments (ex	MAY 1 SALEM
for store ENTITY NAME CITY  To meet State city, municip	e Land Use Coral corporation, used.	federal ag	Requirement	addres  State  nts, you t) within	ty. s u must list all n whose juris	local go	REC ZIP  overnments (ex	MAY 1  SALEMACH COURT
To meet State city, municip conveyed or the entity name.	e Land Use Coral corporation, used.	federal ag	Requirement	addres  State  nts, you t) within	ty. s u must list all n whose juris	local go	REC ZIP  overnments (ex	MAY 1 ( SALEM ach county)
To meet State city, municip conveyed or to ENTITY NAME Jackson Corry	e Land Use Coral corporation, used.	federal ag	Requirement	addres state  nts, yo t) withi  address 10 S. state	ty. s u must list all n whose juris S Oakdale	local go	ZIP  Overnments (exwater will be overnments)	MAY 1 ( SALEM ach county)
To meet State city, municip conveyed or co	e Land Use Coral corporation, used.	federal ag	Requirement	nts, you withit ADDRES  ADDRES  ADDRES  10 S.  STATE  OR	ty. s u must list all n whose juris S Oakdale	local go	ZIP  Overnments (exwater will be overnments)	MAY 1  SALEMACH COURT

From: Prulhiere darinandsusie@chartennet

Subject: Attachment 1

Date: March 1, 2016 at 5:43 PM

To: suecudd@aol.com



#### Attachment 1

I have recently inherited this property from my father, Lee Hanson. The original point of diversion was an open ditch that was destroyed in a flood around 10 years ago. The movement of the pump location has been changed. It is currently no causing any damage to surrounding areas. The purpose of this document is to get the authorized historic pump POD in compliance with the underlying water rights certificate. This is required by the water master to continue to use the pump station.

Sent from my iPhone

RECEIVED BY OWRD

MAY 1 6 2016

SALEM, OR

RECEIVED BY OWRD

MAR 1 7 2016

SALEM, OR

### **INSTRUCTIONS for editing the Application Form**

- 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.

RECEIVED BY OWRD

MAY 1 6 2016

SALEM, OR

RECEIVED BY OWRD

MAR 1 7 2016

SALEM, OR

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

								RECEIVED BY OWRD
				CERT	TIFICA	ATE #	<u>163</u> 97	
Descrip	tion of W	ater Deliv	ery Syste	m				MAR <b>1 7</b> 2016
System o	capacity:	cub	ic feet pe	r secon	d (cfs)	OR		
		89 gal	lons per r	ninute (	gpm)		SALEM, OR	
five year	rs. Includ	le informati	on on the	pumps	, canal	s, pipelin	es and	place at some time within the last sprinklers used to divert, convey ected foot valve to 2.0HP electric
motor dri	iven jet pu	mp with 2" No	etafim wate	er meter	and 2" ן	primary PV	/C pipe	connected to extensive, buried
PVC pip	es, and sp	rikler system	with hose	bib augr	nentatio	n to exten	d area o	f coverage as needed for irrigation per
	ht 16397.							
water ng	iii. 10007.							
(Note: If the P								OD) or Appropriation (POA) name or number here.)
POD/POA Name or Number POD/ has b	D/POA corized on Certificate is it the current /POA that been used nore than years?	IFPOA, OWED Well Log ID# (or Well IB— Teg# L)	Тwp	Rng	Sec	44	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Joiusby	uthorized urrent							Goldsby ditch POD obliterated after 1926. Geo location unknown.
Tullinere   —	uthorized urrent		3 9	3 V	13	SE NW	600	42.17827846, -123.004751952
-	uthorized urrent							RECEIVED BY OW
	uthorized				<del> </del>	<del> </del>		
Cı	urrent							MAY 1 6 2016
Check a parenth	eses):	of historic		s) prop	osed b			CODES" are provided in SALEM, OR Point of Diversion (APOD)
		Appropriat	,	(POA)		Addit	tional P	Point of Appropriation (APOA)
Will the				. ,		ropriatio	n affec	t the entire water right?
		te only the	•			-		<b>O</b>

Complete all of Table 2 to describe the portion of the water right to be changed.

Historic Change in Point of Diversion/Appropriation Application - Page 6 of 8

Revised 7/1/2013

Please use and attach additional pages of Table 2 as needed. Do you have questions about how to fill-out the tables? See page 5 for instructions, or contact the Department at 503-986-0900 and ask for Transfer Staff.

## Table 2. Description of Changes to Water Right Certificate # 1639 子

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 actual, current POD/POA, specify the acreage associated with each actual, current POD/POA.

Α	uthoriz	ed ("	from"	lands	) as the	ey appea	r before the	e changes		Current		
Twp	Rng	Sec	1/4	1/4		Gvt Lot or DLC		POD(s) or POA(s) (name or number from Table 1)	Proposed Change (POD, POA, APOD, or APOA)	(in use for more than ten years) POD(s)/ POA(s) to be used (from Table 1)	Priority Date	
.3 4	11 1	15	WE	MI	1686)		13,11	POD #1 POD #2	37(3))	11(21) 85	1,990	
2			†	1.7	16	14	£1/11/1/13	N. C.	64	65	(s.	
363	3 w	۱3	SE	Nω	600		18.98	D.tem	DoD	Prulhid Goo	1872	
											RECEI	VED BY OWRD
											MA	AY 1 <b>6</b> 2016
											S	ALEM, OR
onal rema		w d	خــد	Cer	<del>(</del>		o Co	trans	ection exter	15	De	
												Y OWRD
										M	AR 17	2016

MAR **1 7** 2016

SALEM, OR

Revised 7/1/2013 Historic Change in Point of Diversion/Appropriation Application – Page 7 of 8

	Certificate #
<del>-For a c</del>	change in point(s) of appropriation (well(s)) or additional point(s) of appropriation:
	Well log(s) are attached for each authorized and current 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: <a href="http://apps.wrd.state.or.us/apps/gw/well_log/">http://apps.wrd.state.or.us/apps/gw/well_log/</a> )
OR	
	Describe the construction of the authorized and current well(s) in Table 3 for any wells that do not have a well log.
Any well(s) in the	ruction of Point(s) of Appropriation his listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the pplication map. Failure to provide adequate information is likely to delay the processing of you ion.

Current or Authorized POA Name or Number	OWRD Well ID Tag No. L (if available)	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** 

MAY 1 6 2016

SALEM, OR

**RECEIVED BY OWRD** 

MAR 17 2016

SALEM, OR