

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

	, /	ms included with this application. (N/A = Not Applicable)	MAY 3 0 2017
	N N	Part 1 – Completed Minimum Requirements Checklist. Part 2 – Completed Application Map Checklist.	OWRD
		Part 3 – Application Fee, payable by check to the Oregon Water Recompleted Fee Worksheet, page 3. Try the new online fee calculate http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator . If you has Customer Service at (503) 986-0801.	esources Department, and or at:
		Part 4 - Completed Applicant Information and Signature.	
		Part 5 – Information about the Transferred Water Rights: How matransferred? List them here: Please include a separate Part 5 for each water right. (See instructions)	
	Attachments		F-6/
	Ø .	Completed Application Map (Does not have to be prepared by a Canada Examiner).	ertified Water Right
R.	Ø	completed Evidence of Use Affidavit and supporting documentation been used on the land for five years prior to transfer filing AND discurrent point of diversion/appropriation for more than 10 years.	2
		Statement from the local Watermaster, based upon the Watermaster Department records, that no complaint of injury has been made due actual, current point of diversion/appropriation.	_
		Land Use Information Form with approval and signature (or signed stub).	d land use form receipt
	□ D\N/A	Affidavit(s) of Consent from Landowner (if the applicant does not right is on.)	own the land the water
	⊠ √ N/A	Water Well Report/Well Log for changes in point(s) of appropriation.	on (well(s)) or additional
		(For Staff Use Only)	
		Land Use Form not enclosed or incomplete	/ING REASON(S): ed or incomplete
		Other/Explanation	•

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. Permanent quality printed with dark ink on white or clear paper or film. The size of the map can be 8½ x 11 inches, 8½ x 14 inches, or up to 30 x 30 inches. For 30 x 30 inch maps, three (3) paper copies and an electronic copy in a .pdf, .tiff or .jpg format are required. A north arrow, a legend, and scale. The scale of the map must be: 1 inch = 400 feet, 1 inch = 1.320 feet, the scale of the Final Proof/Claim of Beneficial Use Map (the map used when the permit was certificated), the scale of the county assessor map if the scale is not smaller than 1 inch = 1,320 feet, or a scale that has been pre-approved by the Department. Township, Range, Section, 1/4 1/4, DLC, Government Lot, and other recognized public land survey lines. Tax lot boundaries (property lines) and county tax lot numbers are required. N Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads. Major water delivery system features from the point(s) of diversion/appropriation such as X 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. Actual, current point of diversion/appropriation. Show the location and label it clearly with M 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 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.

OWRD

MAY 3 0 2017

	Base Fee (includes Historic PO	D change to one	water right for up	to 1 cfs)	1	\$1,000
_	Number of water rights include					
	Subtract 1 from the number is	n 2a above:	(2b) If only one w	vater right this		
	will be 0				•	
	Multiply line 2b by \$450 and				2	
	Do you propose to change a we well?	ell, or change from	m a surface water	POD to a		
	No: enter 0 »» » » »			" " "		
	Yes: enter \$350 » » »				3	
	Add entries on lines 1 through				4	
7						
_	Check this box if this project is a Reinvestment Act. (Federal stim		runded by the Am	erican Recove	ry and	
	Remvestment Act. (Federal still	iuius dollars)				
		Don't 4	. F. F		1.0	
		Part 4	Of 5 – Applicant	Information	and Si	ignature
pp	licant Information					
ote	: Applicant must be an INDIVIDU	AL, as defined by	OAR 690-380-2120	, that is "a natur	ral pers	on and do
	not include a government b	ody, organization	, business enterprise	, or other such	entity."	,
PPI	ICANT/BUSINESS NAME	11.11.19	PHONE NO.	ADDITIONA	L CONT	ACT NO.
	RETT HELFRICHTVING	Dtz-Hurica	7 541-227-174		12/-	7/57
DI	RESS			FAX NO.		
		. 0			フコー	1444
(0072 TABLE ROCK &		E-MAIL	541-7	0 -	
(Z)	ENTRAL POINT OR	97502	EADSINUE	541-7 STMENTS!	261	nail acc
BY	PROVIDING AN E-MAIL ADDRESS,	97502 CONSENT IS GIVE	EADS INVE	541-7 STMENTS	ence f	NAIL .CC
BY	ENTRAL POINT OR	97502 CONSENT IS GIVE	EADS INVE	541-7 STMENTS	ence f	NAIL .CC
BY	PROVIDING AN E-MAIL ADDRESS, PARTMENT ELECTRONICALLY. CO	2P 97502 CONSENT IS GIVE OPIES OF THE FIN	EADS INVE EN TO RECEIVE ALL IAL ORDER DOCUM	541-7 STMENTS CORRESPONDE	26nce fi	NAIL CO ROM THE IAILED.
BY	PROVIDING AN E-MAIL ADDRESS,	2P 97502 CONSENT IS GIVE OPIES OF THE FIN	EADS INVE EN TO RECEIVE ALL IAL ORDER DOCUM	541-7 STMENTS CORRESPONDE	ence from the control of the control	NAIL CO ROM THE IAILED.
BY	PROVIDING AN E-MAIL ADDRESS, PARTMENT ELECTRONICALLY. Cont Information — The agent is au	2P 97502 CONSENT IS GIVE OPIES OF THE FIN	EADS INVE	541-7 STMENTS (CORRESPONDE ENTS WILL ALS	ence from the control of the control	NAIL CO ROM THE IAILED.
BY DE	PROVIDING AN E-MAIL ADDRESS, PARTMENT ELECTRONICALLY. Cont Information — The agent is au	2P 97502 CONSENT IS GIVE OPIES OF THE FIN	EADS INVE	541-7 STMENTS (CORRESPONDE ENTS WILL ALS	ence from the control of the control	NAIL CO ROM THE IAILED.
BY DE GE	PROVIDING AN E-MAIL ADDRESS, PARTMENT ELECTRONICALLY. Cont Information — The agent is au NT/BUSINESS NAME RESS	2P 97502 CONSENT IS GIVE OPIES OF THE FIN thorized to represe	EADS INVE	541-7 STMENTS (CORRESPONDE ENTS WILL ALS Il matters relation ADDITIONA	ence from the control of the control	NAIL CO ROM THE IAILED.
BY DE	PROVIDING AN E-MAIL ADDRESS, PARTMENT ELECTRONICALLY. Cont Information — The agent is au NT/BUSINESS NAME RESS	2P 97502 CONSENT IS GIVE OPIES OF THE FIN	EADS INVE	541-7 STMENTS (CORRESPONDE ENTS WILL ALS Il matters relation ADDITIONA	ence from the control of the control	NAIL CO ROM THE IAILED.
BY DE GE	PROVIDING AN E-MAIL ADDRESS, PARTMENT ELECTRONICALLY. Cont Information — The agent is au NT/BUSINESS NAME STATE	CONSENT IS GIVE OPIES OF THE FIN	EADS INVE	SYI-7 STMENTS CORRESPONDE ENTS WILL ALS II matters relation ADDITIONA FAX NO.	ENCE FOR BE MADE	NAIL CO ROM THE IAILED. his applicat CACT NO.
BY BY	PROVIDING AN E-MAIL ADDRESS, PARTMENT ELECTRONICALLY. Cont Information — The agent is au NT/BUSINESS NAME RESS	CONSENT IS GIVE	EADS INVECTOR TO RECEIVE ALL PHONE NO. E-MAIL EN TO RECEIVE ALL EN TO RECEIVE ALL	SYI-7 STMENTS CORRESPONDE ENTS WILL ALS II matters relation ADDITIONA FAX NO. CORRESPONDE	ENCE FI	NAIL COROM THE IAILED. This applicate fact No.
BY BY	PROVIDING AN E-MAIL ADDRESS, STATE OR PROVIDING AN E-MAIL ADDRESS, PARTMENT ELECTRONICALLY. Cont Information — The agent is au NT/BUSINESS NAME PROVIDING AN E-MAIL ADDRESS,	CONSENT IS GIVE	EADS INVECTOR TO RECEIVE ALL PHONE NO. E-MAIL EN TO RECEIVE ALL EN TO RECEIVE ALL	SYI-7 STMENTS CORRESPONDE ENTS WILL ALS II matters relation ADDITIONA FAX NO. CORRESPONDE	ENCE FI	NAIL COROM THE IAILED. This applicate fact No.
GE GE DD BY	PROVIDING AN E-MAIL ADDRESS, PARTMENT ELECTRONICALLY. Cont Information — The agent is au NT/BUSINESS NAME PROVIDING AN E-MAIL ADDRESS, PARTMENT ELECTRONICALLY. Contact of the contact o	CONSENT IS GIVE thorized to represe	EADS INVERN TO RECEIVE ALL AL ORDER DOCUMENT TO RECEIVE ALL EN TO RECEIVE ALL AL ORDER DOCUMENT TO RECEIVE ALL AL ORDER DOCUMENT.	SYNEATS (CORRESPONDE ADDITION	ENCE FI	NAILED. AILED. ACT NO. ROM THE
GE DD BY DE	PROVIDING AN E-MAIL ADDRESS, PARTMENT ELECTRONICALLY. Cont Information — The agent is au NT/BUSINESS NAME PROVIDING AN E-MAIL ADDRESS, PARTMENT ELECTRONICALLY. Control of the control o	CONSENT IS GIVE thorized to represent the consent is give thorized to represent the consent is give the consent is given	EADS INVERN TO RECEIVE ALL AL ORDER DOCUMENT OF THE PROPERTY O	STMENTS (CORRESPONDE ENTS WILL ALS ADDITIONAL FAX NO.	ENCE FI O BE M Ing to the AL CONT	NAIL CORON THE IAILED. ACT NO. ROM THE IAILED.
GE DD TTY	PROVIDING AN E-MAIL ADDRESS, PARTMENT ELECTRONICALLY. Cont Information — The agent is au NT/BUSINESS NAME PROVIDING AN E-MAIL ADDRESS, PARTMENT ELECTRONICALLY. Control of diversion/appropriation.	CONSENT IS GIVE OPIES OF THE FIN CONSENT IS GIVE CONSENT IS GIVE OPIES OF THE FIN derstand that price, I will be require	EADS INVEEN TO RECEIVE ALL LAL ORDER DOCUMENT OF THE PROPERTY	STMENTS (CORRESPONDE ENTS WILL ALS ADDITIONAL FAX NO. CORRESPONDE ENTS WILL ALS	ENCE FI O BE M CONT CO	ROM THE TAILED. ROM THE TAILED. ROM THE TAILED.
GE DD TTY	PROVIDING AN E-MAIL ADDRESS, PARTMENT ELECTRONICALLY. Cont Information — The agent is au NT/BUSINESS NAME PROVIDING AN E-MAIL ADDRESS, PARTMENT ELECTRONICALLY. Control of the control o	CONSENT IS GIVE OPIES OF THE FIN CONSENT IS GIVE CONSENT IS GIVE OPIES OF THE FIN derstand that price, I will be require	EADS INVEEN TO RECEIVE ALL LAL ORDER DOCUMENT OF THE PROPERTY	STMENTS (CORRESPONDE ENTS WILL ALS ADDITIONAL FAX NO. CORRESPONDE ENTS WILL ALS	ENCE FINCE F	ROM THE ALLED. ROM THE ALLED. ROM THE LAILED. ic change on and (5).
GE DD TTY	PROVIDING AN E-MAIL ADDRESS, PARTMENT ELECTRONICALLY. Cont Information — The agent is au NT/BUSINESS NAME PROVIDING AN E-MAIL ADDRESS, PARTMENT ELECTRONICALLY. Control of diversion/appropriation.	CONSENT IS GIVE OPIES OF THE FIN CONSENT IS GIVE CONSENT IS GIVE OPIES OF THE FIN derstand that price, I will be require	EADS INVEEN TO RECEIVE ALL LAL ORDER DOCUMENT OF THE PROPERTY	STMENTS (CORRESPONDE ENTS WILL ALS ADDITIONAL FAX NO. CORRESPONDE ENTS WILL ALS	ENCE FINCE F	ROM THE ALLED. ROM THE ALLED. ROM THE LAILED. ic change on and (5).
BY DE GE	PROVIDING AN E-MAIL ADDRESS, PARTMENT ELECTRONICALLY. Cont Information — The agent is au NT/BUSINESS NAME PROVIDING AN E-MAIL ADDRESS, PARTMENT ELECTRONICALLY. Control of diversion/appropriation evidence that I am authorized to	CONSENT IS GIVE OPIES OF THE FIN thorized to represe ZIP CONSENT IS GIVE OPIES OF THE FIN derstand that price, I will be require pursue the chan	EADS INVERN TO RECEIVE ALL AL ORDER DOCUMENT TO RECEIVE ALL AL ORDER DOCUMENT TO DEPARTMENT A Red to provide landing as identified in the second seco	STMENTS (CORRESPONDE ENTS WILL ALS ADDITIONAL FAX NO. CORRESPONDE ENTS WILL ALS WILL	ENCE FINCE F	ROM THE TAILED. ROM THE TAILED. ROM THE TAILED.
BY DE GE	PROVIDING AN E-MAIL ADDRESS, PARTMENT ELECTRONICALLY. Cont Information — The agent is au NT/BUSINESS NAME PROVIDING AN E-MAIL ADDRESS, PARTMENT ELECTRONICALLY. Control of diversion/appropriation.	CONSENT IS GIVE OPIES OF THE FIN thorized to represe CONSENT IS GIVE OPIES OF THE FIN derstand that price I will be require pursue the chan ntained in this ap	EADS INVERN TO RECEIVE ALL AL ORDER DOCUMENT TO RECEIVE ALL AL ORDER DOCUMENT TO DEPARTMENT AND ADDRESS OF TO DEPARTMENT ADDRESS OF TO DEPARTMENT AND ADDRESS OF TO DEPARTMENT ADDRESS OF TO DEPARTMENT ADDRESS OF TO DEPARTMENT ADDRESS OF TO DEPARTMEN	STMENTS (CORRESPONDE ENTS WILL ALS ADDITIONAL FAX NO. CORRESPONDE ENTS WILL ALS ADDITIONAL FAX NO. CORRESPONDE ENTS WILL ALS ADDITIONAL FAX NO.	ENCE FINCE F	ROM THE ALLED. ROM THE ALLED. ROM THE LAILED. ROM THE LAILED. ROM THE LAILED.
BY DE GE	PROVIDING AN E-MAIL ADDRESS, PARTMENT ELECTRONICALLY. Cont Information — The agent is au NT/BUSINESS NAME PROVIDING AN E-MAIL ADDRESS, PARTMENT ELECTRONICALLY. Control of the control o	CONSENT IS GIVE OPIES OF THE FIN thorized to represe ZIP CONSENT IS GIVE OPIES OF THE FIN derstand that price, I will be require pursue the chan REFT H	EADS INVERN TO RECEIVE ALL AL ORDER DOCUMENT OF TO RECEIVE ALL AL ORDER DOCUMENT OF TO Department and to provide landing as identified in a splication is true and the splication is tr	STMENTS (CORRESPONDE ENTS WILL ALS ADDITIONAL FAX NO. CORRESPONDE ENTS WILL ALS WILL	ENCE FINCE F	ROM THE ALLED. ROM THE ALLED. ROM THE LAILED. ic change on and (5).
BY DE GE	PROVIDING AN E-MAIL ADDRESS, PARTMENT ELECTRONICALLY. Cont Information — The agent is au NT/BUSINESS NAME PROVIDING AN E-MAIL ADDRESS, PARTMENT ELECTRONICALLY. Control of diversion/appropriation evidence that I am authorized to	CONSENT IS GIVE OPIES OF THE FIN thorized to represe ZIP CONSENT IS GIVE OPIES OF THE FIN derstand that price, I will be require pursue the chan REFT H	EADS INVERN TO RECEIVE ALL AL ORDER DOCUMENT TO RECEIVE ALL AL ORDER DOCUMENT TO DEPARTMENT AND ADDRESS OF TO DEPARTMENT ADDRESS OF TO DEPARTMENT AND ADDRESS OF TO DEPARTMENT ADDRESS OF TO DEPARTMENT ADDRESS OF TO DEPARTMENT ADDRESS OF TO DEPARTMEN	STMENTS (CORRESPONDE ENTS WILL ALS ADDITIONAL FAX NO. CORRESPONDE ENTS WILL ALS WILL	ENCE FINCE F	ROM THE ALLED. ROM THE ALLED. ROM THE LAILED. ROM THE LAILED. ROM THE LAILED.
BY DE GE	PROVIDING AN E-MAIL ADDRESS, PARTMENT ELECTRONICALLY. Cont Information — The agent is au NT/BUSINESS NAME PROVIDING AN E-MAIL ADDRESS, PARTMENT ELECTRONICALLY. Control of the control o	CONSENT IS GIVE OPIES OF THE FIN thorized to represe ZIP CONSENT IS GIVE OPIES OF THE FIN derstand that price I will be require pursue the chan REFT H Print Name (an	EADS INVERN TO RECEIVE ALL AL ORDER DOCUMENT OF TO RECEIVE ALL AL ORDER DOCUMENT OF TO Department and to provide landing as identified in a splication is true and the splication is tr	STMENTS (CORRESPONDE ENTS WILL ALS ADDITIONAL FAX NO. CORRESPONDE ENTS WILL ALS WILL	ENCE FINCE F	ROM THE ALLED. ROM THE ALLED. ROM THE LAILED. ROM THE LAILED. ROM THE LAILED.

1 12678

and/or e-mail addresses) conveyed.	jrom all lar				
At this time, are the lands If YES, and you know information table belo assignment will have	who the now. If you	ew landowner wido not know who	ll be, please cor the new landov	mplete the receiving	ng landowner
If a property sells, the unless a sale agreement http://www.oregon.go	nt or other	document states	otherwise. For r	nore information	
RECEIVING LANDOWNER NAME			PHONE NO.	ADDITIONAL (CONTACT NO.
ADDRESS				FAX NO.	
СПУ	STATE	ZIP	E-MAIL		
Describe any special own	ersmp enec	anstances here.			
					<u>.</u>
Check here if water for for stored water with a			ity.	ervice agreement o	or other contract
		gency or other en	ity.	ervice agreement o	or other contract ECEIV MAY 3 0 20
for stored water with a	a federal ag	ADDRE STATE Requirements, ye	ou must list all l	ZIP ocal governments	MAY 3 0 20 OWRL (each county,
for stored water with a ENTITY NAME CITY To meet State Land Use Control on the component of the component	a federal ag	Requirements, you government) with	ou must list all lain whose jurisd	ZIP ocal governments iction water will b	MAY 3 0 20 OWRL (each county,
for stored water with a ENTITY NAME COTY To meet State Land Use Conveyed or used. ENTITY NAME COUNTY NAME COUNTY NAME	a federal ag	Requirements, you address of the state of th	ou must list all lain whose jurisd	ZIP ocal governments iction water will b	MAY 3 0 20 OWRL (each county,

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.



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

CERTIFICATE	#	31	74	5
-------------	---	----	----	---



Twp me or mber Current POD/POA that has been used for more than 10 years? Authorized Current					CERT	IFICA	TE# 2	114.	
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. PARNICO TO UNDERGROUND PLACE IN GOMMAN IN GENERAL SPECIAL SP	De	escription of V	Vater Deliv	ery Syst	em				MAY 3 0 2017
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. PREVIOUS PUMP WAS INGEM. HOUSE TO UNDERGROUND PIPELWE AND SPENNELGES able 1. Location of Authorized and Current 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.) Is this POD/POA that has been used for more than 10 years? Authorized Current Authorized Current Authorized Authorized Authorized Current Authorized Current Authorized Current Authorized Current Authorized Current Check all type(s) of historic change(s) proposed below (change "CODES" are provided in parentheses): Point of Diversion (POD) Additional Point of Diversion (APOD) Point of Appropriation/Well (POA) Additional Point of Appropriation (APOA) Will the historic change in point of diversion/appropriation affect the entire water right? Yes Complete only the proposed section of Table 2 on the next page.	Sy	stem capacity:		-			OR		
able 1. Location of Authorized and Current 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.) Is this POD/POA	fiv	e years. Includ	ent water de	elivery sy	ystem or e pumps	the sys	s, pipelin	es and	place at some time within the last sprinklers used to divert, convey
Note: If the POD/POA name is not specified on the certificate, assign it a name or number here.) Is this	_	Hooken	TO UN	deegi	eour	ρρ	IPELL	NE.	AND SPENKLERS
POD/POA Authorized on the Certificate or is it the Current POD/POA that has been used for more than 10 years? Authorized Current Authorized Authorized Current Authorized Current Authorized Current Authorized Current Authorized Authorized Authorized Authorized Current Authorized Authorized Authorized Authorized Authorized Authorized Current Authorized Au									
Current Authorized See Loc NTION IN C-31765 SWSE 1400 THE S. QUARTER CORNEL SEE LOC NTION IN C-31765 See Loc NTION IN	D/POA ame or umber	POD/POA Authorized on the Certificate or is it the Current POD/POA that has been used for more than	OWRD Well Log ID# (or Well ID	Тwp	Rng	Sec	1/4 1/4	Lot, DLC or Gov't	(from a recognized
Authorized Current 365 2W 25 5W52 1501 497' No2+H 974EAST FROM THE S 14 CORNER SEC 25 Current Check all type(s) of historic change(s) proposed below (change "CODES" are provided in parentheses): Point of Diversion (POD) Additional Point of Diversion (APOD) Point of Appropriation/Well (POA) Additional Point of Appropriation (APOA) Will the historic change in point of diversion/appropriation affect the entire water right? Yes Complete only the proposed section of Table 2 on the next page.	#2	,		365	2W	25	SWSE	1400	802' NORTH 878' EAST FROM
Check all type(s) of historic change(s) proposed below (change "CODES" are provided in parentheses): Point of Diversion (POD) Point of Appropriation/Well (POA) Will the historic change in point of diversion/appropriation affect the entire water right? Yes Complete only the proposed section of Table 2 on the next page.		_							SEE LOCATION IN C-31765
Check all type(s) of historic change(s) proposed below (change "CODES" are provided in parentheses): Point of Diversion (POD) Point of Appropriation/Well (POA) Additional Point of Appropriation (APOA) Will the historic change in point of diversion/appropriation affect the entire water right? Yes Complete only the proposed section of Table 2 on the next page.	1189	Current		365	26	25	3W5E	1501	497' NORTH 974EAST FROM THE S 14 CORNER SEC 25
parentheses): Point of Diversion (POD) Point of Appropriation/Well (POA) Additional Point of Diversion (APOD) Additional Point of Appropriation (APOA) Will the historic change in point of diversion/appropriation affect the entire water right? Yes Complete only the proposed section of Table 2 on the next page.									
Point of Diversion (POD) Point of Appropriation/Well (POA) Additional Point of Diversion (APOD) Additional Point of Appropriation (APOA) Will the historic change in point of diversion/appropriation affect the entire water right? Yes Complete only the proposed section of Table 2 on the next page.) of histori	c change	(s) prop	osed b	elow (ch	ange "	CODES" are provided in
Point of Appropriation/Well (POA) Additional Point of Appropriation (APOA) Will the historic change in point of diversion/appropriation affect the entire water right? Yes Complete only the proposed section of Table 2 on the next page.	[_	Diversion	(POD)			Addi	tional I	Point of Diversion (APOD)
Will the historic change in point of diversion/appropriation affect the entire water right? Yes Complete only the proposed section of Table 2 on the next page.		Point of	Appropria	tion/Well	(POA)	X			, ,
Yes Complete only the proposed section of Table 2 on the next page.	W	•							
	_						-		
									. •

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

Revised 7/1/2013

TACS

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 # 31765

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.

	A	utho	oriz	ed ("1	from"	lands) as the	y appea	r before the	e changes	BURN	Current	- 1 10
Twp		R	ng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	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
2	S	9	E	15	NE	NW	100		15.0	POD #1 POD #2	POD	POD #5	1897
66	66	66	66	66	66	66	66	66	EXAMPLE	66	54	66	66
36	5	2	W	25	3W	SE	1501		2.4	POA # 2		ROA#4	1962
34	5					SE			1.6	POA#2		P04#4	1962
	_	-	_										

Additional remarks: WE WY	applying	TOY	mound nant	s to
Additional remarks: WE are	ic USe.	U		



MAY 3 0 2017

OWRD

or a	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: http://apps.wrd.state.or.us/apps/gw/well_log/)
OR	
	Describe the construction of the authorized and current 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.

Name or Number	No. L (if available)	well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	or screened intervals (in feet)	level of completed well (in feet)	aquifer (sand, gravel, basalt, etc.)	(cfs or gpm). If less than full rate of water right



MAY 3 0 2017

OWRD

WATER WELL REPORT STATE OF OREGON

SALEM, OREGON

RECEIVED

JUL 13 1981 State Well No. 36 20 - 25

SALEM, OREGON

(1) OWNER:	(10) LOCATION OF WELL:
Name ORVILLE EARY	County GC SCA Driller's well number
Address 6006 TABLE ROCK 20	SE 4 SE 4 Section 25DT 36 R. DW W.
City (ENTRAL POINT State OR	Tax Lot # /600 Lot Bik Subdivision
(2) TYPE OF WORK (check):	Address at well location: 6006 TABLE ROCK RD.
	CENTRAL POINT, OR
New Well Deepening □ Reconditioning □ Abandon □ If abandonment, describe material and procedure in Item 12.	(11) WATER LEVEL: Completed well.
(3) TYPE OF WELL: (4) PROPOSED USE (check):	Depth at which water was first found 39 Static level ft. below land surface. Date 111
Rotsry Air Driven Domestic Industrial Municipal	Artesian pressure lbs. per square inch. Date
Rotary Mud Dug Irrigation Test Well Other	- /4
Cable	
CASING INSTALLED: Steel Plastic Welded Dimension of the Course Co	Depth drilled A ft. Depth of completed well A ft. Depth of completed well A ft. Depth of completed well A formation: Describe color, texture, grain size and structure of materials; and sh thickness and nature of each stratum and aquifer penetrated, with at least one en for each change of formation. Report each change in position of Static Water Leand indicate principal water-bearing strata.
LINER INSTALLED:	MATERIAL From To SWL
	Soil Brown 01
(6) PERFORATIONS: Perforated? ☐ Yes V No	Clay Brown 138
Type of perforator used	Gravel Small 3814 12
Size of perforations in. by in.	
perforations from	
perforations from	
perforations from	
(7) SCREENS: Well screen installed? Yes No	
Manufacturer's Name	DECENTER
Type Model No	- NEUEIVEU
Diam. Slot Size Set from ft. to ft. Diam. Slot Size Set from ft. to ft.	
Drouglown is amount water level is lowered	MAY 3 0 2017
(8) WELL TESTS: below static level	, MA) 0 CON
Was a pump test made? Yes No If res, by whom?	OWDD
Yield: gal/min. wifi ft. drawdown after hrs.	OWND
Air test 45 gal/min. with drill stem at 44 ft. hrs.	
Bailer test gal/min. with ft. drawdown after hrs.	
Artesian flow g.p.m.	
Temperature of water Depth artesian flow encountered ft.	Work started 9 July 19 81 Completed 9, July 196
CONSTRUCTION: Special stundards: Yes O No X	Date well drilling machine moved off of well 9.
Well seal-Material used Togt land Comenit	Drilling Machine Operator's Certification:
Well sealed from land surface to	This well was constructed under my direct supervision. Materials us
Diameter of well bore to bottom of seal in.	and information reported above are true to my best knowledge and belie
Diameter of well bore below seal	[Signed] Drilling Machine Operator) Date
Number of sacks of cement used in well sealsacks	Drilling Machine Operator's License No
How was cement grout placed?	Water Well Contractor's Certification:
	This well was drilled under my jurisdiction and this report is true the best of my knowledge and belief.
Was pump installed?	Name MARTINSON WELL DRILLING, INC.
Was a drive shoe used? Yes \(\subseteq \) No \(\begin{array}{c} a	(Person, firm or corporation) (Type or print)
Type of Water? depth of strata	Address Ch. BALLACD, GATOLE POWI, OIC
Method of sealing strata off	[Signed] Kunacld Martinon
Was well gravel packed? ☐ Yes ☑ No ☐ Size of gravel:	Contractor's License No. 662 Date 7-10 198
Grayel placed from	Contractor 8 License No. U. W. Z. Date Z. Z. Q. 193
NOTICE DEATER WELL CONTRACTOR The official and first copy of this report to to be filed with the	WATER RESOURCES DEPARTMENT, SP*126584 SALEM, OREGON 97310 within 30 days from the date of well completion.

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