



State of Oregon  
 Water Resources Department  
 725 Summer Street NE, Suite A  
 Salem, Oregon 97301-1266  
 (503) 986-0900

# Application for Water Right Temporary or Drought Temporary Transfer Part 1 of 5 – Minimum Requirements Checklist

**This temporary 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.

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## FOR ALL TEMPORARY TRANSFER APPLICATIONS

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

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- Part 1 – Completed Minimum Requirements Checklist.
  - Part 2 – Completed Temporary Transfer Application Map Checklist.
  - Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the new online fee calculator at: [http://apps.wrd.state.or.us/apps/misc/wrd\\_fee\\_calculator](http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator). If you have questions, call Customer Service at (503) 986-0801.
  - Part 4 – Completed Applicant Information and Signature.
  - Part 5 – Information about Transferred Water Rights: **How many water rights are to be transferred? 2 List them here: 82158, 82685**
- Please include a separate Part 5 for each water right. (See instructions on page 6)
- N/A For standard Temporary Transfer (one to five years) **Begin Year 2017 End Year 2021.**
  - N/A Temporary Drought Transfer (Only in counties where the Governor has declared drought)

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**Attachments:**

- Completed Temporary Transfer Application Map.
- Completed Evidence of Use Affidavit and supporting documentation.
- Current recorded deed for the land **from** which the authorized place of use is temporarily being moved.
- N/A Affidavit(s) of Consent from Landowner(s) (if the applicant does not own the land the water right is on.)
- N/A Supplemental Form D – For water rights served by or issued in the name of a district. Complete when the temporary transfer applicant is not the district.
- N/A Land Use Information Form with approval and signature (or signed land use form receipt stub). Not required if water is to be diverted, conveyed, and/or used only on federal lands or if **all** of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone.
- N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation (if necessary to convey water to the proposed place of use).

**(For Staff Use Only)**  
**WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):**

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

## Part 2 of 5 – Temporary Transfer Application Map Checklist

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

**Please be sure that the temporary transfer 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 good quality paper.
- The size of the map can be 8½ x 11 inches, 8½ x 14 inches, 11 x 17 inches, or up to 30 x 30 inches. For 30 x 30 inch maps, one extra copy is required.
- A north arrow, a legend, and scale.
- The scale of the map must be: 1 inch = 400 feet, 1 inch = 1,320 feet, the scale of the Final Proof/Claim of Beneficial Use Map (the map used when the permit was certificated), the scale of the county assessor map if the scale is not smaller than 1 inch = 1,320 feet, or a scale that has been pre-approved by the Department.
- Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines.
- Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
- Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.
- Major water delivery system features from the point(s) of diversion/appropriation such as main pipelines, canals, and ditches.
- Existing place of use that includes separate hachuring for each water right, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions. If less than the entirety of the water right is being changed, a separate hachuring is needed for lands left unchanged.
- N/A Proposed temporary 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) to convey water to the new temporary place of use, show the proposed location and label it clearly with distance and bearing or coordinates. If GPS coordinates are used, latitude-longitude coordinates may be expressed as either degrees-minutes-seconds with at least one digit after the decimal (example – 42°32'15.5") or degrees-decimal with five or more digits after the decimal (example – 42.53764°).

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## Part 4 of 5 – Applicant Information and Signature

### Applicant Information

APPLICANT/BUSINESS NAME <b>JERALD AND VERLINDA SIMMONS</b>			PHONE NO. <b>541-576-3500</b>	ADDITIONAL CONTACT NO. <b>541-419-8475</b>
ADDRESS <b>61040 North Oil Dry Rd</b>			FAX NO.	
CITY <b>Christmas Valley</b>	STATE <b>Or</b>	ZIP <b>97641</b>	E-MAIL <b>justluckyent@gmail.com</b>	
<b>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.</b>				

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

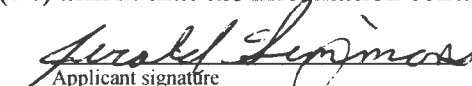
AGENT/BUSINESS NAME <b>Dennis R. Glender dba Glender's Hydro Tech Services</b>			PHONE NO. <b>541-362-6734</b>	ADDITIONAL CONTACT NO. <b>n/a</b>
ADDRESS <b>8664 SW Sand Ridge Rd</b>			FAX NO. <b>n/a</b>	
CITY <b>Crooked River Ranch</b>	STATE <b>Or</b>	ZIP <b>97760</b>	E-MAIL <b>djglender@msn.com</b>	
<b>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.</b>				


Explain in your own words what you propose to accomplish with this transfer application; and why: Water Rights are being moved to more productive soils.

If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1".

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

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

  
Applicant signature

  
Applicant signature

**Jerald Simmons**  
Print Name (and Title if applicable)

**5/31/17**  
Date

**Verlinda Simmons**  
Print Name (and Title if applicable)

**5/31/17**  
Date

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

If NO, include signatures of all landowners (and mailing 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) has been conveyed.

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

DISTRICT NAME	ADDRESS	
CITY	STATE	ZIP

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

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP



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

ENTITY NAME <b>Lake County</b>	ADDRESS <b>513 Center</b>	
CITY <b>Lakeview</b>	STATE <b>OR</b>	ZIP <b>97630</b>

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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## 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.

### 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 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.

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.

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

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

**CERTIFICATE # 82158**

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**Description of Water Delivery System**

System capacity: 0.60 cubic feet per second (cfs) **OR**  
 \_\_\_\_\_ gallons per minute (gpm)

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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. Turbine pump with wheel line sprinkle irrigation.

**Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)**

(Note: If the POD/POA name is not specified on the certificate, assign it a name or number here.)

POD/POA Name or Number	Is this POD/POA Authorized on the Certificate or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-____)	Twp		Rng		Sec		¼ ¼	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
POA #1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	LAKE 312	26	S	14	E	1	NW	NE	102	40' S & 1330' E FROM THE NW CORNER OF THE NW¼ NE¼, SECTION 1.
POA #2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	LAKE 4342	25	S	14	E	16	NE	NW	1401	1312' S & 1358' E FROM THE NW CORNER, SECTION 16.
POA #3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	LAKE 116, LAKE 51424	25	S	14	E	16	NW	SW	1500	2660' S & 1320' E FROM THE NW CORNER, SECTION 16.
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed										

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

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

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

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

Please use additional pages of Table 2 as needed

**Table 2. Description of Changes to Water Right Certificate # 82158**

List only the part of the right that will be changed. For the acreage in each ¼ ¼, list the change proposed. If more than one change, specify the acreage associated with each change. If more than one POD/POA, specify the acreage associated with each POD/POA.

Authorized ("from" lands) as they appear BEFORE THE CHANGES											Proposed Changes (see "CODES" from previous page)	Proposed ("to" lands) AFTER THE CHANGES																	
Twp	Rng			Sec		¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate		POD(s) or POA(s) (name or number from Table 1)	Priority Date	Twp	Rng			Sec		¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/POA(s) to be used (from Table 1)	Priority Date			
2	S	9	E	15	NE	NW	100		15.0	Irrigation	POD #1 POD #2	1901	POU/POD	2	S	9	E	1	NW	NW	500	1	10.0		POD #5	1901			
"	"	"	"	"	"	"	"	"	"	EXAMPLE	"	"	"	2	S	9	E	2	SW	NW	500		5.0		POD #6	1901			
													POU/POA	25	S	14	E	16	SW	SW	3300		17.9		POA #2-& POA #3	4-18-1985			
													"	"	"	"	"	SE	SW	2400		30.3		"	"				
TOTAL ACRES										TOTAL ACRES									48.2										

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Additional remarks: \_\_\_\_\_

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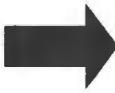
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**For Place of Use or Character of Use Changes**

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

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

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

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

Ground water supplemental Permit or Certificate # \_\_\_\_\_;

Surface water primary Certificate # \_\_\_\_\_

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

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

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

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

**OR**

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

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

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

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

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## Part 5 of 5 – Water Right Information

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.

### Description of Water Delivery System

System capacity: 1.96 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. **2 - Certer Pivot sprinkle irrigation systems and 2 50 hp turbine pumps.**

**Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)**

(Note: If the POD/POA name is not specified on the certificate, assign it a name or number here.)

POD/POA Name or Number	Is this POD/POA Authorized on the Certificate or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-___)	Twp	Rng	Sec	¼	¼	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
POA 4	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	LAKE 4419	27 S	14 E	33	N	N	1401	30' S & 1370' E from the NW Corner of the NE NW, Sec 33.
POA 3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	LAKE 116	25 S	14 E	16	N	S	1500	2660' S & 1320' E from the NW Corner, Sec 16
POA 2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	LAKE 4342	25 S	14 E	16	N	N	1500	1312' S & 1358' E from the NW Corner, Sec 16.
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed								

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Place of Use (POU)        | <input checked="" type="checkbox"/> Appropriation/Well (POA)      |
| <input type="checkbox"/> Point of Diversion (POD)             | <input type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Additional Point of Diversion (APOD) |   |

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

- |   |   |
|---|---|
| <input type="checkbox"/> Place of Use (POU)       | <input type="checkbox"/> Point of Appropriation/Well (POA)        |
| <input type="checkbox"/> Character of Use (USE)   | <input type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Point of Diversion (POD) | <input type="checkbox"/> Additional Point of Diversion (APOD)     |

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

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

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Please use 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 Temporary Changes to Water Right Certificate # 82685**

List only the part of the right that will be changed. For the acreage in each ¼ ¼, list the change proposed. If more than one change, specify the acreage associated with each change. If more than one POD/POA, specify the acreage associated with each POD/POA.

AUTHORIZED (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.											Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.														
Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date	Twp		Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date						
<b>EXAMPLE</b>																										
2	S	9		15	NE	NW	100		15.0	Irrigation	POD #1 POD #2	1901	POU/POD	2	S	9	E	1	NW	NW	500	1	10.0		POD #5	1901
"	"	"	"	"	"	"	"	"	"	EXAMPLE	"	"	"	2	S	9	E	2	SW	NW	500		5.0		POD #6	1901
													POU/POA	25	S	14	E	16	NE	NW	1401		25.1		POA 2	4-18-1985
													POU/POA	25	S	14	E	16	NW	NW	1401		0.5		POA 2	4-18-1985
													POU/POA	25	S	14	E	16	SW	NW	1500		28.7		POA 2	4-18-1985
													POU/POA	25	S	14	E	16	SE	SW	1500		29.4		POA 2	4-18-1985
													POU/POA	25	S	14	E	16	NE	SW	1500		31.5		POA 3	4-18-1985
													POU/POA	25	S	14	E	16	NW	SW	1500		30.7		POA 3	4-18-1985
													POU/POA	25	S	14	E	16	SW	SW	3300		11.6		POA 3	4-18-1985
TOTAL ACRES											TOTAL ACRES											157.5				

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Additional remarks: See Temp Transfer 11334. This Teemporary Transfer application is to be applied to the same irrigated area.

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**For Place of Use Changes**

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

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



Pursuant to ORS 540.525, any “layered” water use such as an irrigation right that is supplemental to a primary right proposed for temporary transfer can be included in the transfer or remain unused on the authorized place of use. If the primary water right does not revert soon enough to allow use of the supplemental right within five years, the supplemental right shall become subject to cancellation for nonuse under ORS 540-610.

**For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation if necessary to convey the water to the new temporary place of use:**

Well log(s) are attached for each authorized and proposed well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map. (Tip: You may search for well logs on the Department’s web page at: [http://apps.wrd.state.or.us/apps/gw/well\\_log/Default.aspx](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 any wells that do not have a well log. For *proposed wells not yet constructed or built*, provide “a best estimate” for each requested information element in the table. The Department recommends you consult a licensed well driller, geologist, or certified water right examiner to assist with assembling the information necessary to complete Table 3.

**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 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). If less than full rate of water right

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"To"

STATE OF OREGON  
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)  
Instructions for completing this report are on the last page of this form.

Lake  
51424

WELL I.D. # L 63875 63882  
STANT CARD # 146733

(1) LAND OWNER  
Name Beckall Sigmund S Well Number \_\_\_\_\_  
Address PO Box 35  
City FULT AVE State OR Zip 97355

(2) TYPE OF WORK  
 New Well  Deepening  Alteration (repair/recondition)  Abandonment

(3) DRILL METHOD:  
 Rotary Air  Rotary Mud  Cable  Auger  
 Other \_\_\_\_\_

(4) PROPOSED USE:  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Livestock  Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval  Yes  No Depth of Completed Well 450  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
11"	120	360				
8 1/4"	360	450				

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

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

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: <u>No casing</u>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: <u>10"</u>	<u>-100</u>	<u>360</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used  Inside  Outside  None  
Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:  
 Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian Time
<u>2500</u>		<u>450</u>	<u>Dr.</u>

Pump  Bailer  Air  Flowing Artesian

Temperature of water 40° Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done?  Yes By whom \_\_\_\_\_  
Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
Depth of strata: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
County Lake Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 25 N of Range 14 W of W. M.  
Section 16 SW 1/4 22 1/4  
Tax Lot 1500 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 63875 Cabin Lane  
PO FULT AVE OR 97355

(10) STATIC WATER LEVEL:  
59 ft. below land surface. Date \_\_\_\_\_  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
<u>440</u>	<u>450</u>	<u>1500</u>	

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
<u>Black Lidex 100</u>	<u>360</u>	<u>440</u>	
<u>Red Linn Arcash</u>	<u>440</u>	<u>450</u>	
<u>Arch</u>			

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AUG 21 2003 OCT 24 2003  
WATER RESOURCES DEPT - SALEM, OREGON WATER RESOURCES DEPT - SALEM, OREGON

Date started 6-25-03 Completed 7-16-03

(unbonded) Water Well Constructor Certification:  
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.  
WVC Number \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

(bonded) Water Well Constructor Certification:  
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.  
WVC Number 1654  
Signed [Signature] Date 7-1-03

ORIGINAL - WATER RESOURCES DEPARTMENT FIRST COPY - CONSTRUCTOR SECOND COPY - CUSTOMER

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JUN 05 2017

SALEM, OR

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"From" Lake 4419

273/14E-33 66

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

JUN 17 1988 PLEASE TYPE or PRINT IN INK

(for official use only)

(1) OWNER: SALEM, OREGON Name: Chuck & Edith Edwards Address: Holdout Road - Box 71 City: Silver Lake State: Oregon

(10) LOCATION OF WELL by legal description: County: Lake NW 1/4 N 1/4 of Section 33 Township: 27S Range: 14E WM.

(2) TYPE OF WORK (check): New Well [X] Deepening [ ] Reconditioning [ ] Abandon [ ]

(3) TYPE OF WELL: Rotary Air [ ] Driven [ ] Rotary Mud [ ] Dug [ ] Cable [X] Bored [ ]

(4) PROPOSED USE (check): Domestic [ ] Industrial [ ] Municipal [ ] Irrigation [X] Withdrawal [ ] Rejection [ ] Other: Piezometric [ ] Grounding [ ] Test [ ]

(5) CASING INSTALLED: Steel [X] Threaded [ ] Plastic [ ] Welded [X] 14" Diam. from 27 ft. to 22 ft. Gauge: 25

LINER INSTALLED: Steel [ ] Threaded [ ] Plastic [ ] Welded [ ]

(6) PERFORATIONS: Perforated? [ ] Yes [X] No [ ] Size of perforations in. by in.

(7) SCREENS: Well screen installed? [ ] Yes [X] No [ ] Manufacturer's Name: Type: Model No.

(8) WELL TESTS: Drawdown is amount water level is lowered below static level Was a pump test made? [ ] Yes [X] No [ ]

(9) CONSTRUCTION: Special standards: Yes [ ] No [X] Well seal - Material used: Cement Well sealed from land surface to 19 ft.

MAILING ADDRESS OF WELL (or nearest address): 38165 Baspage Ln. Springfield Oregon 97478

(11) WATER LEVEL of COMPLETED WELL: Depth at which water was first found 480 ft. Static level 28 ft. below land surface. Date Feb-88

(12) WELL LOG: Diameter of well below casing 14 Depth drilled 490 ft. Depth of completed well 490 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation.

Table with columns: MATERIAL, From, To, SWL. Rows include: Top Soil, Rock Hole (LAVA), SAND STONE BROWN, ROCK (HARD), Clay, ROCK HARD, GRAVEL & SAND w/ BINDERS.

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Date work started 11-23-87 / completed 8-1-88 Date well drilling machine moved off of well 6-1-88

(unbonded) Water Well Constructor Certification (if applicable): This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief. [Signed] Walter K Baert Date 6-15-88

(bonded) Water Well Constructor Certification: Bond SB 468 48 Issued by: Oregon Auto Ins. (number) (Surety Company Name) On behalf of WALTER K. BAERT (type or print name of Water Well Constructor)

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. [Signed] Walter K Baert (Water Well Constructor) (Dated) 6-15-88

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

WATER RESOURCES DEPARTMENT, SALEM, OREGON 97310 within 30 days from the date of well completion

SP-48886-600

12682



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

12  
LAKE 4342

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JUL 11 1994

25S/14E/16  
(START CARD) # 61334

(1) OWNER:  
Name Jeff Campbell  
Address Cabin Lake RD  
City Fair Rock State OR Zip 97135

Well Number WATER RESOURCES DEPT. OREGON  
LOCATION OF WELL by legal description:  
County LAKE Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 25S N or S. Range 14E E or W. Wid. \_\_\_\_\_  
Section 16 NE 1/4 NE 1/4 \_\_\_\_\_  
Tax Lot 1460 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Cabin Lake RD  
Fair Rock

(2) TYPE OF WORK:  
 New Well  Deepen  Recondition  Abandon  
(3) DRILL METHOD:  
 Rotary Air  Rotary Mud  Cable  
 Other \_\_\_\_\_

(10) STATIC WATER LEVEL:  
60 ft. below land surface. Date 6-8-94  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(4) PROPOSED USE:  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Other \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 36

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval  Yes  No Depth of Completed Well 350 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

From	To	Estimated Yield	Rate	SWL
<u>35'</u>	<u>36'</u>	<u>5 gal</u>		<u>SW</u>

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
<u>18"</u>	<u>0 54 1/2</u>	<u>Cement</u>	<u>0 54 1/2</u>	<u>55 sacks</u>	
<u>12"</u>	<u>54 1/2 120</u>				
<u>8"</u>	<u>120 350</u>				

(12) WELL LOG:  
Ground elevation \_\_\_\_\_

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

Material	From	To	SWL
<u>Sand Gravel clay</u>	<u>0</u>	<u>25</u>	
<u>BROWN CLAY</u>	<u>25</u>	<u>118</u>	
<u>BROWN SAND</u>	<u>118</u>	<u>156</u>	
<u>CINDERS BROWN</u>	<u>156</u>	<u>218</u>	
<u>BROWN SAND</u>	<u>218</u>	<u>265</u>	
<u>BROWN SILT</u>	<u>265</u>	<u>300</u>	
<u>BROWN STONE</u>	<u>300</u>	<u>350</u>	

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
<u>14"</u>	<u>14</u>	<u>54 1/2</u>	<u>3.50</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: \_\_\_\_\_

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

(7) PERFORATIONS/SCREENS:  
 Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Date started 3-30 94 Complete: 6-8-94  
(unbonded) Water Well Constructor Certificate

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

Pump  Balls  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>1500</u>		<u>350</u>	<u>1 hr.</u>

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. My report and information reported above are true to my best knowledge and belief.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Temperature of Water: 57 Depth Artesian Water Found \_\_\_\_\_  
Was a water analysis done?  yes by whom \_\_\_\_\_  
Did any strata contain water not suitable for intended use?  Yes list: \_\_\_\_\_  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
Depth of \_\_\_\_\_

(bonded) Water Well Constructor Certificate  
I have performed the work on this well during the construction, alteration, or abandonment of this well during this time in compliance with Oregon well construction standards. My report is true to the best of my knowledge and belief.

Signed Jeff Campbell Water Well Number 517  
6-8-94