

Application for Permanent Water Right Transfer

Part 1 of 5 - Minimum Requirements Checklist

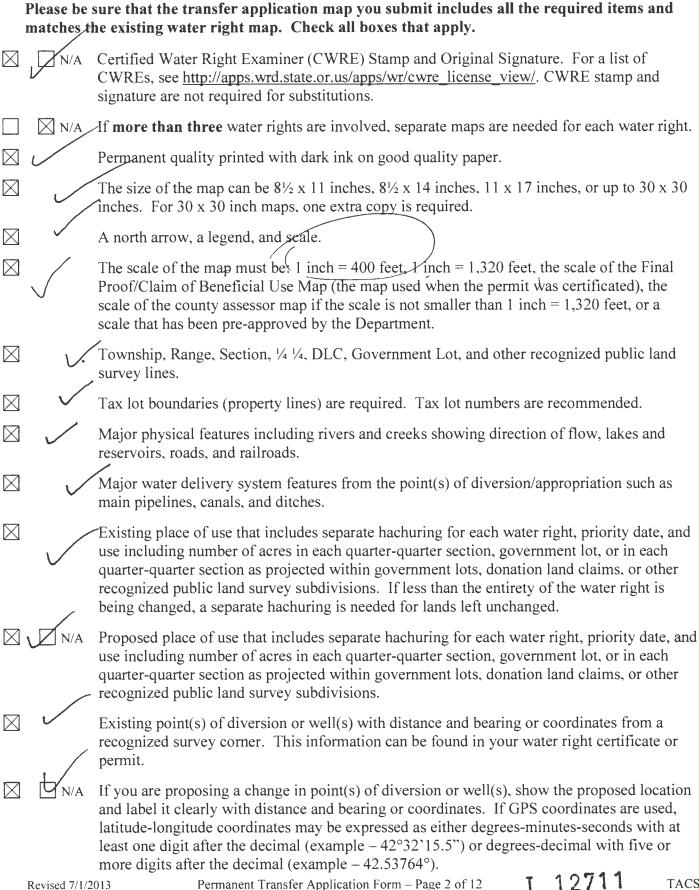
This transfer application will be returned if Parts 1 through 5 and all required attachments are not completed and included.

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

	ck all iter	ns included with this application. (N/A = Not Applicable)	JUL 0 5 2017
\boxtimes		Part 1 – Completed Minimum Requirements Checklist.	302 0 0 2011
\boxtimes	V	Part 2 – Completed Transfer Application Map Checklist.	SALEM, OF
		Part 3 – Application Fee, payable by check to the Oregon Water completed Fee Worksheet, page 3. Try the new online fee calculator. If you Customer Service at (503) 986-0801.	lator at:
\boxtimes	V.	Part 4 – Completed Applicant Information and Signature.	oner box left blank
		Part 5 – Information about Water Rights to be Transferred: How be transferred? 1 List them here: C-67558 Please include a separate Part 5 for each water right. (See instructions)	
		Attachments:	
\boxtimes		Completed Transfer Application Map.	
\boxtimes .		Completed Evidence of Use Affidavit and supporting document	ation.
□ [≀]	N/A	Affidavit(s) of Consent from Landowner(s) (if the applicant doe right is on.)	s not own the land the water
	N/A €	Supplemental Form D – For water rights served by or issued in district. Complete when the transfer applicant is not the irrigation	•
	N/A N/A	Land Use Information Form with approval and signature (or signature). Not required if water is to be diverted, conveyed, and/or if all of the following apply: a) a change in place of use only, b) use of water is for irrigation only, and d) the use is located within exclusive farm use zone.	used only on federal lands or no structural changes, c) the
\boxtimes	N/A	Water Well Report/Well Log for changes in point(s) of appropriation.	ation (well(s)) or additional
	⊠ N/A	Geologist Report for a change from a surface water point of divergence of appropriation (well), if the proposed well is more than 500' from the point of 380-2130 for requirements and applicability.	om the surface water source
		(For Staff Use Only) WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOW Application fee not enclosed/insufficient Map not includ Land Use Form not enclosed or incomplete Additional signature(s) required Part is ir Other/Explanation Staff: 503-986-0 Date: /	ed or incomplete

JUL 0 5 2017

Your transfer application wships Mened if any of the map requirements listed below are not met.



	FEE WORKSHEET for PERMANENT TRANSFER Part 3 of 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: Place of Use Character of Use RECEIVED BY OW	RD	
	Number of above boxes checked = 1 (2a)		
	Subtract 1 from the number in line $2a = \frac{0}{2b}$ If only one change, this gift tend. OR		
2	Multiply line 2b by \$800 and enter » » » » » » » » » » » » » » »	2	0
	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 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?		
	No: enter 0 » » » » » » » » » » » » » » » » » »		
4	Yes: enter \$350 » » » » » » » » » » » » » » » »	4	0
	Do you propose to change the place of use or character of use?		
	No: enter 0 on line 5 » » » » » » » » » » » » » » » » » »		
	example below*): (5a)		
	Subtract 1.0 from the number in 5a above: (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:	6	1000.00
	Is this transfer:		
	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	
8	Subtract line 7 from line 6 » » » » » » » » » » » » » » » » Transfer Fee:	8	1450

*Example for Line 5a calculation to transfer 45.0 acres of Primary Certificate 12345 (total 1.25 cfs for 100 acres) and 45.0 acre 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		
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 NAM	IE .		PHONE NO.	ADDITIONAL CONTACT NO.
BANE INVESTMENTS,	, LLC		541-426-3344	
ADDRESS				FAX NO.
P.O. BOX 337				
CITY	STATE	ZIP	E-MAIL	
ENTERPRISE	ORE	97828		
BY PROVIDING AN E-M	AIL ADDRESS,	CONSENT IS G	IVEN TO RECEIVE ALL	CORRESPONDENCE FROM THE
DEPARTMENT ELECTI	RONICALLY. CO	PIES OF THE	FINAL ORDER DOCUME	ENTS WILL ALSO BE MAILED.

DRESS 26 RIDGE DRIVE TY A GRANDE 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. Explain in your own words what you propose to accomplish with this transfer application, and why: Check this box if this project is fully or partially funded by the American Recovery and Reinvestment Act. (Federal stimulus dollars) Check One Box By signing this application, I understand that, upon receipt of the draft preliminary determination and prior to Department approval of the transfer, I will be required to provide landownership information and evidence that I am authorized to pursue the transfer as identified in OAR 690-380-4010(5); OR I affirm the applicant is a municipality as defined in ORS 540.510(3)(b) and that the right is in the name of the municipality or a predecessor; OR I affirm the applicant is an entity with the authority to condemn property and is acquiring by condemnation the property to which the water right proposed for transfer is appurtenant and have supporting documentation.	BY PROVIDING AN E-MAIL A DEPARTMENT ELECTRONICA					1
DDRESS DDRESS TY A GRANDE TY STATE ORE DORE DOR DOR	gent Information – The ag	ent is auth	norized to repres	ent the applicant in	all matters relating	to this application.
DDRESS 26 RIDGE DRIVE TY A GRANDE ORE 97850 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. Explain in your own words what you propose to accomplish with this transfer application, and why: (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) Check One Box By signing this application, I understand that, upon receipt of the draft preliminary determination and prior to Department approval of the transfer, I will be required to provide landownership information and evidence that I am authorized to pursue the transfer as identified in OAR 690-380-4010(5); OR RECEIVED BY I affirm the applicant is an unnicipality as defined in ORS 540.510(3)(b) and that the right is in the name of the municipality or a predecessor; OR I affirm the applicant is an entity with the authority to condemn property and is acquiring by condemnation the property to which the water right proposed for transfer is appurtenant and have supporting documentation. SALEM, C understand that prior to Department approval of the transfer application, I may be required to submit payment 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, uggest publishing the notice in the following newspaper: La Grande Observer (we) affirm that the information contained in this application is true and accurate. Limber Applicant signature Print Name (and Title if applicable) Date The Applicant signature Print Name (and Title if applicable) Date	AGENT/BUSINESS NAME			PHONE NO.	ADDITIONAL C	ONTACT NO.
STATE ZIP GENALL STATE ZIP E-MAIL GRANDE STATE ZIP E-MAIL GRANDE STATE	GREG BLACKMAN WATER	RIGHTS	*	541-963-6771	541-786-2859)
STATE ZIP ORE 97850 glblackan@yahoo.com Bby 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. Explain in your own words what you propose to accomplish with this transfer application, and why: 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) Check One Box	ADDRESS				FAX NO.	
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Applicant signature Print Name (and Title if applicable) Applicant signature Print Name (and Title if applicable) Date Print Name (and Title if applicable) Date Some the applicant the sole owner of the land on which the water right, or portion thereof, proposed for	the Department for publication right is located, once per week suggest publishing the notice is I (we) affirm that the inform	n of a notice of for two continues the following the follo	ce in a newspape onsecutive week owing newspape tained in this a	er with general circus. If more than one Is La Grande Observ. Is true a	lation in the area w qualifying newsparer rer	here the water per is available, I
	Applicant signature	/ V	Print Name (and	d Title if applicable)	Date	
	Is the applicant the sole own	ner of the	land on which	the water right or	nortion thereof r	proposed for
				_	•	•

Check the following boxes t	nat appiy	•				
The applicant is resp continue to be sent to			etion of	change(s). Not	ces and correspondent	ce should
					e proposed change(s) a ould be sent to this lan	
					e for completion of chandowner and the application	
At this time, are the lands in	n this tran	sfer appli	ication in	n the process of	being sold? Yes [⊠ No
If YES, and you know vinformation table below assignment will have to	. If you c	lo not kno	ow who			
If a property sells, the counless a sale agreement http://www.oregon.gov/	or other o	document	states o	therwise. For r	nore information see:	wner,
RECEIVING LANDOWNER NAME				PHONE NO.	ADDITIONAL CONTA	ACT NO.
ADDRESS					FAX NO.	
CITY	STATE	ZIP		E-MAIL		
Describe any special owner Check here if any of the	water rig	hts propo	sed for	transfer are or v		or served b
Describe any special owner	water rig	hts propo	sed for	transfer are or v te and attach Su		or served b
Describe any special owner Check here if any of the an irrigation or other wa	water rig	hts propo	osed for Comple	transfer are or v te and attach Su		or served b
Describe any special owner Check here if any of the an irrigation or other was IRRIGATION DISTRICT NAME	water rig	thts proportion (Tip:	ADDRES STATE	transfer are or vete and attach Sussembles	pplemental Form D.) 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.

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.

•	ion of Water			11111011	IL #			
System c		Delivery Sy	stem					
·	apacity: 0.9	cubic feet pe	r second	(cfs) OR				
		gallons pe	er minute	e (gpm)				
Describe	the current w	ater delivery	system	or the sys	tem th	at was in pla	ice at se	ome time within the last
five years	s. Include inf	ormation on	the pum	ps, canals	, pipel	lines and spr	inklers	used to divert, convey
								mped from a
-								line runs North from
								g the property line to the
								to the East line of
								of the property.
								0 feet. The water has
								d irrigates the land. Then the wells are
								well supplying water to
•	t parcel. The							
THE TYPES	parout Inc	TOTAL BY STORE	10 111 011				, ,	
able 1. Loca	ation of Auth	orized and F	roposeo	l Point(s)	of Di	version (PO	D) or	Appropriation (POA)
		OILLOW WILL I	Lopost	A A CAMPE(D)	OI DI	version (1 C	וט (עי	Appropriation (1 OA)
	OD/POA nam							number here.)
Note: If the P	Is this	ne is not spec						number here.)
POD/POA Name or Number	The same of the sa	ne is not spec					me or 1	
POD/POA Name or Number	Is this POD/POA Authorized on he Certificate or	If POA, OWRD Well Log ID# (or Well ID	ified on	the certifi	cate, a	assign it a na	Tax Lot, DLC or Gov't	Measured Distances (from a recognized
POD/POA Name or Number	Is this POD/POA Authorized on the Certificate or is it Proposed? Authorized Proposed	If POA, OWRD Well Log ID# (or Well ID Tag # L) WALL 249 641 WALL	Twp	Rng	Sec	assign it a na	Tax Lot, DLC or Gov't	Measured Distances (from a recognized survey corner) S 1370' & W 400' from N1/4 cor sec. 35
POD/POA Name or Number North Well	Is this POD/POA Authorized on the Certificate or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L) WALL 249 641	Twp	Rng	Sec	assign it a na	Tax Lot, DLC or Gov't	Measured Distances (from a recognized survey comer) S 1370' & W 400' from
POD/POA Name or Number to	Is this POD/POA Authorized on the Certificate or is it Proposed? Authorized Proposed Authorized	If POA, OWRD Well Log ID# (or Well ID Tag # L) WALL 249 641 WALL NO RECORD	Twp	Rng 44 E	Sec 35	assign it a na	Tax Lot, DLC or Gov't	Measured Distances (from a recognized survey comer) S 1370' & W 400' from N1/4 cor sec. 35 S 1470' & W 450' from N
POD/POA Name or Number to	Is this POD/POA Authorized on the Certificate or is it Proposed? Authorized Proposed Authorized Proposed Proposed	If POA, OWRD Well Log ID# (or Well ID Tag # L) WALL 249 641 WALL NO RECORD	Twp	Rng 44 E	Sec 35	assign it a na	Tax Lot, DLC or Gov't	Measured Distances (from a recognized survey comer) S 1370' & W 400' from N1/4 cor sec. 35 S 1470' & W 450' from N
POD/POA Name or Number North Well	Is this POD/POA Authorized on the Certificate or is it Proposed? Authorized Proposed Authorized Proposed Authorized Authorized Authorized Authorized	If POA, OWRD Well Log ID# (or Well ID Tag # L) WALL 249 641 WALL NO RECORD	Twp	Rng 44 E	Sec 35	assign it a na	Tax Lot, DLC or Gov't	Measured Distances (from a recognized survey comer) S 1370' & W 400' from N1/4 cor sec. 35 S 1470' & W 450' from N

Point of Appropriation/Well (POA)

Additional Point of Appropriation (APOA)

Substitution (SUPCEIVED BY OWRD

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Character of Use (USE)

Point of Diversion (POD)

Additional Point of Diversion (APOD)

	Surface Water POD to Ground Water POA (SW/GW)		Government Action POD (GOV)	
Will all	of the proposed changes affect the entire	wate	r right?	
Yes	Complete only the Proposed ("to" or "on" "CODES" listed above to describe the pro		,	Use the
⊠ No	Complete all of Table 2 to describe the po-	rtion	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 Changes to Water Right Certificate # C-67558

List the change proposed for the acreage in each ¼ ¼. 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.

,	The	e lis	-	-	t app	ears o	n the	ertific	cate BE		POSED CHA	NGES	Proposed			Th	e lis	ting			appea	ar AF	TER P	on" lands) ROPOSED	CHANC	GES
Tv	vp	Rn		Sec		part o	Tax Lot	Gvt Lot or DLC		Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date	Changes (see "CODES" from previous page)		vp	Rı	ng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC		New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date
													EXAMPLE													
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
												-		2	S	9	E	2	sw	NW	500		5.0		POD #6	1901
1	S	44	E	35	SE	NE	1700		29.2	irrig	north well & south well	5/19/ 1980	POD	1	S	44	E	35	SE	NE	1700		29.2		N well	5/19/198
1	s	44	E	35	sw	NE	1700		9.8	irrig	north well & south well	5/19/ .1980	POD	1	S	44	E	35	sw	NE	1700		9.8		N well	5/19/198
1	S	44	E	35	sw	NE	1800		14.4	irrig	north well & south well	5/19/ 1980	POD	1	S	44	E	35	sw	NE	1800		14.4		S well	5/19/198
1	S	44	E	35	SE	NW	1800		4.3	irrig	north well & south well	5/19/ 1980	POD	1	S	44	E	35	SE	NW	1800		4.3		S well	5/19/198
4																										
<u>د</u> د																										
77																										
						TOTA	L ACF	EC.	57.7										<u> </u>	TOTA	L ACF	RES.	57.7			

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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 with the "from" or the "to" lands? Yes No	er registrations associated								
If YES, list the certificate, water use permit, or ground water registration	n 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	d for surface water primary								
irrigation)	RECEIVED BY OWRD								
Ground water supplemental Permit or Certificate #;									
Surface water primary Certificate #	JUL 0 5 2017								
For a change from Supplemental Irrigation Use to Primary Irrigation	u Use SALEM, OR								
Identify the primary certificate to be cancelled. Certificate #	SALEW, OR								
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) to with the corresponding well(s) in Table 1 above and on the accompanies. You may search for well logs on the Department's web page a http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx	panying application map.								
AND/OR									
Describe the construction of the authorized and proposed well(s) in have a well log. For proposed wells not yet constructed or built, prequested information element in the table. The Department recommenderiller, geologist, or certified water right examiner to assist with as to complete Table 3.	rovide "a best estimate" for each umends you consult a licensed well								
able 3. Construction of Point(s) of Appropriation Any well(s) in this listing must be clearly tied to corresponding well(s) description map. Failure to provide the information will dela									

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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.

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 han full rate of water right
yes	L-95133	126'	12"	18-126	21'	50-126	17'	gravel	200 gpm
yes	no record fnd.	300'	12"	?	?	?	?	gravel	300 gpm
	already built? ((Yes or No)	Is well well: OWRD Well D Tag No. L- yes L-95133 OWRD Tag No. L- To Tag No.	Is well already built? OWRD Well built? ID Tag No. Well depth yes L-95133 126' ves no record 300'	Is well already built? OWRD Well ID Tag No. (Yes or No) L- Casing depth Diameter yes L-95133 126' 12" Nes no record 300' 12"	Is well already built? OWRD Well ID Tag No. (Yes or No) L- Casing depth Diameter (feet) yes L-95133 126' 12" 18-126	Is well already built? OWRD Well ID Tag No. (Yes or No) L- Casing depth Diameter (feet) Seal depth(s) (intervals) yes L-95133 126' 12" 18-126 21' yes no record 300' 12" 2 2	Is well already built? OWRD Well ID Tag No. (Yes or No) L- Casing Diameter Casing Intervals (feet) Casing Casing Intervals (in feet) Casing Casing Intervals (feet) Casing Casing Casing Intervals (in feet) Casing Casing Casing Intervals (in feet) Casing Casing Casing Casing Casing Casing Casing Casing Casing Intervals (in feet) Casing Ca	Is well already built? (Yes or No) Well: USAN DEPTH OF THE LEVISOR OF THE LEVIS O	Is well already built? (Yes or No) L- Casing Intervals (feet) Casing Intervals (feet) Casing Intervals (feet) Casing Intervals (feet) Casing Intervals (in feet) Casing Intervals (feet) Casing Intervals (feet) Casing Intervals (in feet) Casing Intervals (in feet) Source aquifer (sand, gravel, in feet) Source aquifer (sand, gravel, in feet) Source apuifer (sand, gravel, in feet) Source apuifer (sand, gravel, in feet) Total Well (in feet) Source apuifer (sand, gravel, in feet)

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