



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)**

AUG 28 2017

- Part 1 – Completed Minimum Requirements Checklist.
  - Part 2 – Completed Temporary Transfer Application Map Checklist.
  - CK 1009 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: 46573, 32994**
- 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 2022.**
  - 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).

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**(For Staff Use Only)**

**WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):**

<input type="checkbox"/> Application fee not enclosed/insufficient	<input type="checkbox"/> Map not included or incomplete
<input type="checkbox"/> Land Use Form not enclosed or incomplete	<input type="checkbox"/> Part ____ is incomplete
<input type="checkbox"/> Additional signature(s) required	

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°).

AUG 28 2017

JUL 31 2017





## Part 4 of 5 – Applicant Information and Signature

### Applicant Information

APPLICANT/BUSINESS NAME <b>Daniel Mclean (Hugo Holdings LLC)</b>		PHONE NO. <b>707-295-0075</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>8627 Monument Dr. *Mail: PO Box 1387</b>		<b>Grants Pass, OR</b>	FAX NO.
CITY <b>Grants Pass</b>	STATE <b>OR</b>	ZIP <b>97526</b>	E-MAIL <b>dgmclean@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>Scott Fein Water Rights</b>		PHONE NO. <b>541-842-0795</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>600 Tyler Creek Rd.</b>		FAX NO.	
CITY <b>Ashland</b>	STATE <b>OR</b>	ZIP <b>97520</b>	E-MAIL <b>sfeinsurveyor@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>			


Explain in your own words what you propose to accomplish with this transfer application; and why: Temporarily transfer place of use to better crop cultivation areas. Serve 8.9 acres of temporary place of from a well as a temporary point of appropriation to serve temporary place of use. Ensure crop yields are economically viable in new places of use for a sustained period of time prior to submitting a permanent transfer application.

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.**

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Applicant signature

**Daniel Mclean**  
Print Name (and Title if applicable)

**6/14/17**  
Date

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\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Print Name (and Title if applicable)

\_\_\_\_\_  
Date

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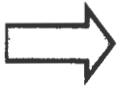
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Check here if any of the water rights proposed for transfer are or will be located within or served by an irrigation or other water district. (Tip: Complete and attach Supplemental Form D.)

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>Josephine County Planning</b>	ADDRESS <b>700 NW Dimmick St.</b>	
CITY <b>Grants Pass</b>	STATE <b>OR</b>	ZIP <b>97526</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.

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### 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 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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## 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.

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### Description of Water Delivery System

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System capacity: 1 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. **Pumping station on creek to 6 inch line to deliver to wheel lines, tripod sprinklers, and various hand water methods.**

**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)
<b>POD</b>	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		35 S	6 W	2	S S E W	1100	From 1/4 cor. sec. 2 & 11; N 1200 FT. W 785 FT.
<b>POA 1</b>	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	<b>JOSE 17429</b>	35 S	6 W	2	S S E W	1100	From 1/4 cor. sec. 2 & 11; N 1260 FT. W 250 FT.
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed							RECEIVED BY OWRD
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed							JUL 31 2017

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**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.





**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: 46573

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
Proposed P.O.A. 1 JOSE 17429	yes	Jose17429	200	6 inch	101	25	none	Artesian to 16 ft. when pumping	Gravel & decomposed granite	50 GPM

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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.

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### Description of Water Delivery System

System capacity: 1 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. **Pumping station on creek to 6 inch line to deliver to wheel lines, tripod sprinklers, and various hand water methods.**

**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)
POD	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		35 S	6 W	2	S S E W	1100	From 1/4 cor. sec. 2 & 11; N 1200 FT. W 785 FT.
POA 1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	JOSE 17429	35 S	6 W	2	S S E W	1100	From 1/4 cor. sec. 2 & 11; N 1200 FT. W 250 FT.
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed							
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed							

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**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 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 # 32994**

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 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	1/4	1/4	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	1/4	1/4	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	
35	S	6	W	2	SW	SE	1100	30	IRRIGATION	POD	1904	POU/POA	35	S	6	W	2	SE	SW	1100	7.05	Irrigation	POA 1	1904
												NO CHANGE	35	S	6	W	2	SE	SW	1100	22.95	Irrigation	POD	1904
							TOTAL ACRES	30.0												TOTAL ACRES	30.0			

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

# JOSE  
17429

355/6W/2  
 (START CARD) # 70309

**(1) OWNER:**

Name Linda Lynch Well Number \_\_\_\_\_  
 Address 602 NW Third, Apt A  
 City Grants Pass State OR Zip 97526

**(2) TYPE OF WORK:**

New Well  Deepen  Recondition  Abandon

**(3) DRILL METHOD:**

Rotary Air  Rotary Mud  Cable  
 Other \_\_\_\_\_

**(4) PROPOSED USE:**

Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Other \_\_\_\_\_

**(5) BORE HOLE CONSTRUCTION:**

Special Construction approval  Yes  No Depth of Completed Well 200 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	25	Bentonite	0	25	16 sacks
6	25	200				

How was seal placed: Method  A  B  C  D  E  
 Other Poured dry

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

**(6) CASING/LINER:**

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing	6	+2	101	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 101

**(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"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
85		200	(1 hr.)
70		100	

Temperature of Water 55 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 Joseph Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 35 N or S, Range 6 E or W, WM. \_\_\_\_\_  
 Section 2 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Tax Lot 1100 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) \_\_\_\_\_  
8627 Monument Drive

**(10) STATIC WATER LEVEL:**

8 ft. below land surface. Date 10/26/94  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**

Depth at which water was first found 105

From	To	Estimated Flow Rate	SWL
105	110	20	8
145	147	20	8
162	168	45	8

**(12) WELL LOG:**

Ground elevation \_\_\_\_\_

Material	From	To	SWL
Brown clay, small boulder, gravel-cemented, consolidated	0	105	
Decomposed granite, consolidated	105	121	8
Tombstone granite, consolidated	121	200	8

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 NOV 2 1994  
 WATER RESOURCES DEPT. GRANTS PASS, OR

Date started 10/24/94 Completed 10/26/94

**(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed Michael Pierce WWC Number 1462  
 Date 10-26-94

**(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 well construction standards. This report is true to the best of my knowledge and belief.

Signed Dol Quinn WWC Number 675  
 Date 10-27-94

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**PUMP TEST DATA SHEET**

Application: \_\_\_\_\_ Permit: \_\_\_\_\_ Certificate: \_\_\_\_\_ Pod\_Id: \_\_\_\_\_

All water-level measurements must either be in feet and inches, or feet and decimal fractions.

**Drawdown Data**

**Recovery Data**

Date	Time	Time Since Pump Started (minutes)	Depth to Water Below Measuring Pt	Depth to Water Below Land Surface	Comments	Date	Time	Time Since Pump Stopped (minutes)	Depth to Water Below Measuring Pt	Depth to Water Below Land Surface	Comments
3-9-17	9:20 AM		ARTESIAN		SHUT-IN PRESSURE 0	3-9-17	14:20 PM		15' 10"		
	9:40 AM		ARTESIAN		SHUT-IN PRESSURE 0		14:22 PM		9' 1"		
	10:00 AM		ARTESIAN		SHUT-IN PRESSURE 0		14:24 PM		7' 0"		
	10:20 AM		ARTESIAN		SHUT-IN PRESSURE 0		14:26 PM		6' 2"		
	10:22 AM		5' 2"		16 GPM		14:28 PM		5' 11"		
	10:24 AM		7' 5"				14:30 PM		5' 5"		
	10:26 AM		7' 11"				14:35 PM		4' 11"		
	10:28 AM		8' 5"				14:40 PM		4' 5"		
	10:30 AM		8' 10"		16 GPM		14:45 PM		4' 1"		
	10:35 AM		9' 4"				14:50 PM		3' 7"		
	10:40 AM		10' 0"				15:05 PM		3' 1"		
	10:45 AM		10' 4"		16 GPM		15:20 PM		2' 6"		
	10:50 AM		10' 10"				15:35 PM		2' 2"		
	11:05 AM		11' 7"				15:50 PM		1' 10"		
	11:20 AM		12' 3"		16 GPM		16:05 PM		1' 6"		
	11:35 AM		12' 11"				16:20 PM		1' 3"		
	11:50 AM		13' 3"								
	12:05 PM		13' 10"		16 GPM						
	12:20 PM		14' 1"								
	12:35 PM		14' 4"								
	13:05 PM		14' 10"								
	13:20 PM		15' 0"								
	13:35 PM		15' 3"		16 GPM						RECEIVED BY OWRD
	13:50 PM		15' 6"								
	14:05 PM		15' 8"								AUG 28 2017
	14:20 PM		15' 10"		16 GPM						
											SALEM, OR
											RECEIVED BY OWRD
											JUL 31 2017
											SALEM, OR

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Oregon Water Resources Department  
**PUMP TEST FORM COVER SHEET**

**Well Owner:**

Name: DAN MCLEAN  
 Address: 8627 MONUMENT DRIVE  
 County: JOSEPHINE  
 City: GRANTS PASS State: OR Zip: \_\_\_\_\_  
 Original owner (from well log): Linda Lynch

**Well Location:**

Township: 35 S Range: 6 E  
 Section: 2 1/4: SE 1/16: NW 1/64: SE  
 Well depth: 200.0 Date drilled: 10/27/1994  
 Owners well no. (if any): \_\_\_\_\_  
 POD ID: \_\_\_\_\_

**Water Right Information:**

Application: \_\_\_\_\_ Permit: \_\_\_\_\_ Certificate: \_\_\_\_\_  
 Is this well listed on more than one water right?  Yes If yes, list additional water rights below:  
 Application: \_\_\_\_\_ Permit: \_\_\_\_\_ Certificate: \_\_\_\_\_  
 Application: \_\_\_\_\_ Permit: \_\_\_\_\_ Certificate: \_\_\_\_\_

**Pump Test:**

Test Conducted by: NATE BROOKS Well Owner?  Yes  
 Company: HYDRO-FLOW, INC  
 Address: PO BOX 3849 Date of Test: 03/09/2017  
 City: CENTRAL POINT State: OR Zip: 97501  
 Daytime phone: 541-772-4453

Method of discharge measurement (see our brochure for more information): Flow meter  
 Method of water-level measurement (pick one or enter other method used): Electric tape  
 Length of air line (if used): \_\_\_\_\_

Pump type (pick one or enter other method used): Submersible  
 Was the pump test conducted during normal use of the well?  Yes Note: \_\_\_\_\_

Are you aware of any wells, other than domestic or stock wells, pumping within 1000 feet of the tested well during the test or within 24 hours prior to the test?  Yes Note: \_\_\_\_\_  
 If yes, give approximate distances to each and approximate pumping rate of each. If possible, indicate if they were turned on or off during the test: \_\_\_\_\_

Is there a lake, stream or other surface water body within 1/4 mile of the tested well?  Yes If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head. Approx. distance: 300.00 ft Approx. elevation difference: 50.00 ft

Well elevation is above surface water body.

Description of measuring point (e.g. top port of 1 inch port pipe, west side) 1/2" HOLE IN WELL SEAL-

Measuring point distance above land surface 0.67 feet.

**Static water level measurements:** (A minimum of three measurements are required in the hour before pumping begins at no less than 20 minutes apart):

Time	Depth to water below meas. point	Depth to water below land surface
<u>9:20 am</u>	<u>0.00</u>	<u>0.00</u>
<u>9:40 am</u>	<u>0.00</u>	<u>0.00</u>
<u>10:00 am</u>	<u>0.00</u>	<u>0.00</u>

**Discharge measurements:** (A discharge measurement is required at the start of pumping and at least once an hour during the test; additional measurements should be noted on the Pump Test Data Sheet):

Time	Discharge Rate	Discharge Units (e.g. gpm, cfs, etc)
<u>10:20 am</u>	<u>16.00</u>	<u>gpm (gallons per minute)</u>
<u>11:20 am</u>	<u>16.00</u>	<u>gpm (gallons per minute)</u>
<u>12:20 pm</u>	<u>16.00</u>	<u>gpm (gallons per minute)</u>
<u>1:20 pm</u>	<u>16.00</u>	<u>gpm (gallons per minute)</u>
<u>2:20 pm</u>	<u>16.00</u>	<u>gpm (gallons per minute)</u>

Time pump turned on: Date 03/09/2017 Time 10:20 am  
 Time pump turned off: Date 03/09/2017 Time 2:20 pm  
 Total pumping time: 4 hours 0 minutes

**Note:** Well must be idle for at least 16 hours prior to the test.

Additional forms can be obtained from our web site at: <http://www.wrd.state.or.us>

OWRD 2/9/2000

Required Signature: \_\_\_\_\_

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