



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem, Oregon 97301-1266
 (503) 986-0900
 www.wrd.state.or.us

Application to Split A Permit and Request for Issuance of Replacement Permits (ORS 537.225)

Part 1 of 5 – Minimum Requirements Checklist

This 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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Check all items included with this application.

SEP 20 2017

- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Application Map Checklist.
- Part 3 – Completed Application with non-refundable \$125.00 Application Fee, Applicant(s) Information and Signature(s).
- Part 4 – Other Landowner Information and proportionate rate(s).
- Part 5 – Water Right Permit Information. List the permit number to be assigned here:

WATER RESOURCES DEPT
 SALEM, OREGON

G16159 2151491

Attachments:

- Completed application map prepared by Certified Water Right Examiner (CWRE).
- Completed Affidavit(s) from the applicant(s):
 - Certifying the permit has not been conveyed or withheld, and remains appurtenant to the applicant's land.
 - Certifying the applicant has read the permit.
- Copy(s) of current recorded deed(s) showing that the applicant(s) is/are an owner of the land(s) to which the permit is appurtenant.

INSTRUCTIONS for editing the Application Form

Photocopy pages or tables in Part 5, ~~mark through~~ any non-applicable information, insert/attach photocopied pages to document in the appropriate location, and manually amend page numbers as necessary (e.g., Page 5 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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For Staff Accounting Purposes Only – PCA #46110 Object # _____

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Part 2 of 5 - Application Map Checklist

This application will be returned if any of the map requirements listed below are not met.

Please be sure that the map you submit is based upon the original water right application map or permit amendment map and includes all the items listed below and meets the requirements of OAR 690-325-0050. Check all boxes that apply.

The map shall not include any unauthorized change to the authorized place of use outside of its original perimeters as exhibited on the original water right application map or approved permit amendment map nor any unauthorized change to the location of the point(s) of diversion or appropriation as exhibited on the original water right application map or approved permit amendment map.

- Certified Water Right Examiner (CWRE) Stamp and Signature. For a list of CWRE's, see http://apps.wrd.state.or.us/apps/wr/cwre_license_view/.
- 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, or up to 30 x 30 inches. For 30 x 30 inch maps, one additional paper copy and an electronic copy in a .pdf, .tiff or .jpg format 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 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.
- The place of use of each applicant's portion of the water right permit shall be clearly defined by outline and shaded or hachured and shall show the number of acres for each portion in each quarter-quarter section, government lot, or quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions. If the permit has multiple priority dates or uses, the lands to be served by each priority date and on which use is authorized, must be separately identified.
- The place of use of any part of the permit **not** being assigned shall be clearly defined by outline and shaded or hachured and shall show the number of acres for each portion in each quarter-quarter section, government lot, or quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions. If the permit has multiple priority dates or uses, the lands to be served by each priority date and on which use is authorized, must be separately identified.
- Each applicant's portion of the permit shall be referenced, by either alphabet letter or number, to each applicant(s) listed in the application form.
- The rate and any applicable acre-feet allowance of water use under the permit for each applicant's portion of the permit shall be clearly labeled on the map.
- The location of each authorized point of diversion or appropriation.

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Please use additional pages as needed

Part 3 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Craig W. Obermiller Eileen D. Obermiller		MAP ID (LETTER OR NUMBER) TL 200	PHONE NO. 541-350-7436	ADDITIONAL CONTACT NO. 541-923-2777
ADDRESS 9605 SW Reif Road				FAX NO. NONE
CITY Powell Butte	STATE OR	ZIP 97153	E-MAIL eileen@DappledEarth.com ccobie@gmail.com	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.				

Agent Information – This agent is authorized to represent the above applicant in all matters relating to this application

AGENT/BUSINESS NAME		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS			FAX NO.
CITY	STATE	ZIP	E-MAIL
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.			

ORS 536.050(1)(aa) authorizes the Oregon Water Resources Department (OWRD) to collect fees based upon the actual cost of work to process an application under ORS 537.225.

I (we) understand the following:

- Upon receipt of my complete application and the non-refundable application fee in the amount of \$125.00, OWRD will, within fifteen (15) days, notify me in writing of the estimate of the cost of work.
- The non-refundable \$125.00 fee covers the cost of OWRD's staff to evaluate and provide the cost of work estimate for processing the application.
- Upon receiving the estimate I may agree or decline to enter into a formal contract to pay the estimated cost of work in advance to initiate the processing of the application.
- If I decline to enter into a formal contract, OWRD will close my application.
- An incomplete or inaccurate application may delay the process and increase the cost to process my request.
- OWRD does not guarantee a favorable review of the application.

I (we) affirm that the most recent water use (if any) under my (our) portion of the permit has been exercised within the relevant terms and conditions of the permit.

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



Eileen Obermiller
Applicant signature

Eileen Obermiller
Name (and title if applicable) (print)

9-16-17
Date

Craig W. Obermiller
Applicant signature

CRAIG W OBERMILLER
Name (and title if applicable) (print)

16 SEP 2017
Date

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Applicant Information

APPLICANT/BUSINESS NAME <i>Susan Cole Dennis Cole</i>		MAP ID (LETTER OR NUMBER) <i>TL604</i>	PHONE NO. <i>541- 548-0183</i>	ADDITIONAL CONTACT NO.
ADDRESS <i>P.O. Box 213</i>				FAX NO.
CITY <i>Towell Butte</i>	STATE <i>OR</i>	ZIP <i>97753</i>	E-MAIL <i>cole136@jps.net</i>	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.				

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



<u><i>Dennis Cole</i></u> Applicant signature	<u><i>DENNIS COLE</i></u> Name (and title if applicable) (print)	<u><i>9-16-17</i></u> Date
<u><i>Susan Cole</i></u> Applicant signature	<u><i>SUSAN COLE</i></u> Name (and title if applicable) (print)	<u><i>9-16-17</i></u> Date

Applicant Information

APPLICANT/BUSINESS NAME		MAP ID (LETTER OR NUMBER)	PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	
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_____ Applicant signature	_____ Name (and title if applicable) (print)	_____ Date
_____ Applicant signature	_____ Name (and title if applicable) (print)	_____ Date

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SALEM, OREGON

Applicant Information

APPLICANT/BUSINESS NAME <i>Cameron + Becky Teater</i>		MAP ID (LETTER OR NUMBER) <i>300</i>	PHONE NO. <i>541-771-8786</i>	ADDITIONAL CONTACT NO. <i>541-771-8785</i>
ADDRESS <i>10001 SW Reif Rd</i>				FAX NO.
CITY <i>Powell Butte</i>	STATE <i>OR</i>	ZIP <i>97753</i>	E-MAIL <i>cjtbt@yahoo.com</i>	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.				

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ADDRESS			FAX NO.
CITY	STATE	ZIP	E-MAIL
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I (we) affirm that the information contained in this application is true and accurate.



<i>Cameron Teater</i> Applicant signature	<i>Cameron Teater</i> Name (and title if applicable) (print)	<i>9/18/17</i> Date
<i>Becky Teater</i> Applicant signature	<i>Becky Teater</i> Name (and title if applicable) (print)	<i>9/18/17</i> Date

Applicant Information

APPLICANT/BUSINESS NAME		MAP ID (LETTER OR NUMBER)	PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	
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_____ Applicant signature	_____ Name (and title if applicable) (print)	_____ Date
_____ Applicant signature	_____ Name (and title if applicable) (print)	_____ Date

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See below

Applicant Information

APPLICANT/BUSINESS NAME <i>RICHARD T KOON KATHRYN S. KOON</i>		MAP ID (LETTER OR NUMBER) <i>501</i>	PHONE NO. <i>541-923-5568</i>	ADDITIONAL CONTACT NO.
ADDRESS <i>13333 S.W. Umbarger Rd</i>				FAX NO.
CITY <i>POWELL BUTTE</i>	STATE <i>OR</i>	ZIP <i>97753</i>	E-MAIL <i>RTKOON@EARTHLINK.NET</i>	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.				

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_____ Applicant signature	_____ Name (and title if applicable) (print)	_____ Date
_____ Applicant signature	_____ Name (and title if applicable) (print)	_____ Date

Applicant Information

APPLICANT/BUSINESS NAME <i>RICHARD T KOON KATHRYN S. KOON</i>		MAP ID (LETTER OR NUMBER) <i>501</i>	PHONE NO. <i>541-923-5568</i>	ADDITIONAL CONTACT NO.
ADDRESS <i>13333 S.W. Umbarger Rd</i>				FAX NO.
CITY <i>POWELL BUTTE</i>	STATE <i>OR</i>	ZIP <i>97753</i>	E-MAIL <i>RTKOON@EARTHLINK.NET</i>	
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<i>Richard T Koon</i> _____ Applicant signature	<i>RICHARD T. KOON</i> _____ Name (and title if applicable) (print)	<i>9/15/17</i> _____ Date
<i>Kathryn S. Koon</i> _____ Applicant signature	<i>KATHRYN S. KOON</i> _____ Name (and title if applicable) (print)	<i>9/15/17</i> _____ Date

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SALEM, OREGON

OR 16-114

Applicant Information

APPLICANT/BUSINESS NAME EDWARD & KRISTINE SEUFERT		MAP ID (LETTER OR NUMBER) 603	PHONE NO. 541-504-4645	ADDITIONAL CONTACT NO. 541-279-0216
ADDRESS 13469 SW UMBARGER ROAD				FAX NO. —
CITY POWELL BUTTE	STATE OR	ZIP 97753	E-MAIL eseuferte@gmail.com	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.				

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ADDRESS			FAX NO.
CITY	STATE	ZIP	E-MAIL
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I (we) affirm that the information contained in this application is true and accurate.



Edward Seufert
Applicant signature

Kristine Seufert
Applicant signature

EDWARD SEUFERT III 9/18/17
Name (and title if applicable) (print) Date

KRISTINE L. SEUFERT 9/18/17
Name (and title if applicable) (print) Date

Applicant Information

APPLICANT/BUSINESS NAME		MAP ID (LETTER OR NUMBER)	PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	
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I (we) affirm that the information contained in this application is true and accurate.



Applicant signature

Name (and title if applicable) (print)

Date

Applicant signature

Name (and title if applicable) (print)

Date

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SALEM, OREGON

Applicant Information

APPLICANT/BUSINESS NAME <i>GAYLAND PATRICIA LOONEY</i>		MAP ID (LETTER OR NUMBER) <i>503</i>	PHONE NO. <i>503-799-5527</i>	ADDITIONAL CONTACT NO. <i>503-913-6915</i>
ADDRESS <i>13535 SW UMBARGER ROAD</i>				FAX NO.
CITY <i>POWELL BUTE</i>	STATE <i>OR</i>	ZIP <i>97753</i>	E-MAIL <i>G.LOONEY@PERLO.BIZ</i>	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.				

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ADDRESS			FAX NO.
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I (we) affirm that the information contained in this application is true and accurate.



<i>[Signature]</i> Applicant signature	<i>GAYLAND R. LOONEY</i> Name (and title if applicable) (print)	<i>9-14-2017</i> Date
<i>Patricia M. Looney</i> Applicant signature	<i>PATRICIA M. LOONEY</i> Name (and title if applicable) (print)	<i>9-14-2017</i> Date

Applicant Information

APPLICANT/BUSINESS NAME		MAP ID (LETTER OR NUMBER)	PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	
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Applicant signature	Name (and title if applicable) (print)	Date
Applicant signature	Name (and title if applicable) (print)	Date

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Please use additional pages as needed

Part 4 of 5 - Other Landowner Information

Please list the owner(s) of land under the permit who are not submitting the assignment and request for issuance of replacement water right permit.

Landowner Information

LANDOWNER/BUSINESS NAME Robert & Judy Calcote 20004		MAP ID (LETTER OR NUMBER) 504	
MAILING ADDRESS 2004 NE 48th Circle	CITY Vancouver	STATE WA	ZIP 98682
TOTAL NUMBER OF ACRES UNDER THE PERMIT (AS DEPICTED ON MAP) 0.5	PROPORTIONATE RATE 0.006		

Landowner Information

LANDOWNER/BUSINESS NAME Anthony Dorsch Brian Post		MAP ID (LETTER OR NUMBER) 901	
MAILING ADDRESS 203 N Canyon Drive	CITY Redmond	STATE OR	ZIP 97756
TOTAL NUMBER OF ACRES UNDER THE PERMIT (AS DEPICTED ON MAP) 0.5	PROPORTIONATE RATE 0.006		

Landowner Information

LANDOWNER/BUSINESS NAME Gary Likens Kathryn Likens		MAP ID (LETTER OR NUMBER) 502	
MAILING ADDRESS 88680 Promise Parkway	CITY Veneta	STATE OR	ZIP 97487
TOTAL NUMBER OF ACRES UNDER THE PERMIT (AS DEPICTED ON MAP) 0.5	PROPORTIONATE RATE 0.006		

Landowner Information

LANDOWNER/BUSINESS NAME		MAP ID (LETTER OR NUMBER)	
MAILING ADDRESS	CITY	STATE	ZIP
TOTAL NUMBER OF ACRES UNDER THE PERMIT (AS DEPICTED ON MAP)	PROPORTIONATE RATE		

Part 5 of 5 – Permit Information

PERMIT #

Completion date of the permit:

Name(s) currently appearing on permit:

Type(s) of use as listed on permit:

Note: Type of use must be one or more of the following uses approved for assignment under ORS 537.225(1) and OAR 690-325-0010: irrigation, nursery, temperature control, stock watering, or agricultural water use.

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

POD/POA Name or Number	If POA, OWRD Well Log ID# (or Well ID Tag # L-___)	Twp	Rng	Sec	1/4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Lot 500	CR00 3243	16 S	14 E	3	SW 1/4 NW 1/4	500	1230' south of 300' east from the NW corner of Section 3

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Please use additional pages of Table 2 as needed

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Table 2. Description of Permit #

List all parts of the permit (both assigned and unassigned). For the acreage or place(s) of use in each 1/4 1/4, list the Map ID (letter or number from map and Parts 3 and 4) for each parcel. The acreage listed must equal the total acreage on the permit.

Description of Permitted Lands											
Twp	Rng	Sec	1/4 1/4		Tax Lot	Gvt Lot or DLC	Acre (if applicable)	Type of Use	POD(s) or POA(s) (name or number from Table 1)	Map ID (letter or number from map and Parts 3 and 4)	
2	S	9	E	15	NE NW	100		15.0	IR	POD #1	"A"
2	S	9	E	15	NE NW	200		4.0	NU	POD #2	"B"
↑EXAMPLE↑											
15	S	14	E	34	SW SE	603		0.5	IR	500	603 Seufert
15	S	14	E	34	SW SE	604		0.5	IR	500	604 Cole
16	S	14	E	3 ³		200	1	0.5	IR	500	200 Obermiller
16	S	14	E	3		300	1	0.5	IR	500	300 Teaten
						400	1	0.5	IR		400 Granger
						502	1	0.5	IR		502 Likens
						501	2	0.5	IR		501 Koon
						503	2	0.5	IR		503 Looney
						504	2	0.5	IR		504 Calcate
16	S	14	E	4	SE SE	901		0.5	IR		901 Dorsch/ Rost
TOTAL ACRES							5.0				

Permit #

Check the appropriate box, if applicable: NO

Check here if any portion of the permit is located within an irrigation or other water district.

IRRIGATION DISTRICT NAME	ADDRESS	
CITY	STATE	ZIP

Check here if water for any portion of the permit is 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

Additional Remarks:

ACCEPTED
OCT 03 2017

RECEIVED

SEP 20 2017

WATER RESOURCES DEPT
SALEM DIVISION TACS

RECEIVED

SEP 20 2017

WATER RESOURCES DEPT
SALEM, OREGON

Please use additional pages as needed

Part 3 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME <i>Craig W. Obermiller Eileen D. Obermiller</i>		MAP ID (LETTER OR NUMBER) <i>TL 200</i>	PHONE NO. <i>541-350-7436</i>	ADDITIONAL CONTACT NO. <i>541-923-2777</i>
ADDRESS <i>9605 SW Reif Road</i>				FAX NO. <i>NONE</i>
CITY <i>Powell Butte</i>	STATE <i>OR</i>	ZIP <i>97153</i>	E-MAIL <i>eileen@DappledEarth.com cc.ohie@gmail.com</i>	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.				

Agent Information – This agent is authorized to represent the above applicant in all matters relating to this application

AGENT/BUSINESS NAME		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS			FAX NO.
CITY	STATE	ZIP	E-MAIL
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.			

ORS 536.050(1)(aa) authorizes the Oregon Water Resources Department (OWRD) to collect fees based upon the actual cost of work to process an application under ORS 537.225.

I (we) understand the following:

- Upon receipt of my complete application and the non-refundable application fee in the amount of \$125.00, OWRD will, within fifteen (15) days, notify me in writing of the estimate of the cost of work.
- The non-refundable \$125.00 fee covers the cost of OWRD's staff to evaluate and provide the cost of work estimate for processing the application.
- Upon receiving the estimate I may agree or decline to enter into a formal contract to pay the estimated cost of work in advance to initiate the processing of the application.
- If I decline to enter into a formal contract, OWRD will close my application.
- An incomplete or inaccurate application may delay the process and increase the cost to process my request.
- OWRD does not guarantee a favorable review of the application.

ACCEPTED
OCT 03 2017

I (we) affirm that the most recent water use (if any) under my (our) portion of the permit has been exercised within the relevant terms and conditions of the permit.

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



Eileen Obermiller
Applicant signature

Eileen Obermiller
Name (and title if applicable) (print)

9-16-17
Date

Craig W. Obermiller
Applicant signature

CRAIG W OBERMILLER
Name (and title if applicable) (print)

16 SEP 2017
Date

RECEIVED

SEP 20 2017



WATER RESOURCES DEPT
SALEM, OREGON
Oregon Water Resources
Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

Split A Permit and Request for
Issuance of Replacement
Permits

Affidavit of Non-Conveyance and
Reading of Permit ____

State of Oregon)
County of) ss
)

Craig & Eileen Obermiller 9605 SW Peif Rd Powell Butte OR 97753

I/We, _____, mailing address _____, telephone number (_____)_____, being first duly sworn depose and say:

G16159

1. Permit _____, has not been conveyed or withheld and remains appurtenant to my/our land.
2. I/We attest that I/we have read Permit G-16159

Eileen Obermiller
Signature of Affiant

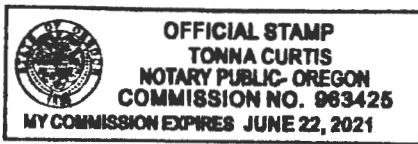
9-18-17
Date

[Signature]
Signature of Affiant

18 SEP 2017
Date

Signed and sworn to (or affirmed) before me this 18th day of Sept, 2017.

Tonna Curtis
Notary Public for Oregon



My Commission Expires: June 22nd 2021

ACCEPTED
OCT 03 2017

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SEP 20 2017

WATER RESOURCES DEPT
SALEM, OREGON

FORM No. 633 - WARRANTY DEED (Individual or Corporate).

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NS



48561411

MICHAEL D., DIANE M., AND JOHN A. UMBARGER
10851 S. POWELL BUTTE HWY
POWELL BUTTE OR 97753

Grantor's Name and Address

CRAIG W. AND EILEEN D. OBERMILLER
6216 SOUTH STILLMAN ROAD
POWELL BUTTE, OR 97753

Grantee's Name and Address

After recording, return to (Name, Address, Zip):

SAME

Until requested otherwise, send all tax statements to (Name, Address, Zip):

SAME

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON, } ss.
County of _____

I certify that the within instrument was received for record on the _____ day of _____, 19____, at _____ o'clock _____ M., and recorded in book/reel/volume No. _____ on page _____ and/or as fee/file/instrument/microfilm/reception No. _____, Record of Deeds of said County.

Witness my hand and seal of County affixed.

By _____, Deputy.

WARRANTY DEED

KNOW ALL BY THESE PRESENTS that MICHAEL D. UMBARGER AND DIANE M. UMBARGER, HUSBAND AND WIFE, AND JOHN A. UMBARGER, NOT AS TENANTS IN COMMON BUT WITH RIGHTS OF SURVIVORSHIP, hereinafter called grantor, for the consideration hereinafter stated, to grantor paid by CRAIG S. OBERMILLER AND EILEEN D. OBERMILLER, HUSBAND AND WIFE, hereinafter called grantee, does hereby grant, bargain, sell and convey unto the grantee and grantee's heirs, successors and assigns, that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in CROOK County, State of Oregon, described as follows, to-wit:

PARCEL 1 OF PARTITION PLAT 1998-13, RECORDED APRIL 10, 1998 IN PARTITIONS MF NO. 140204, RECORDS OF CROOK COUNTY, OREGON, LOCATED IN A PORTION OF PARCEL 3 OF PARTITION PLAT 1996-04, RECORDED FEBRUARY 13, 1996 IN PARTITIONS MF NO. 125655, RECORDS OF CROOK COUNTY, OREGON, BEING A PORTION OF SECTION 3, TOWNSHIP 16 SOUTH, RANGE 14 EAST OF THE WILLAMETTE MERIDIAN, CROOK COUNTY, OREGON.

TAX ACCOUNT NO.: 1614 TL 700 (PORTION)

AMERITILE

ACCEPTED

OCT 03 2017

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

To Have and to Hold the same unto grantee and grantee's heirs, successors and assigns forever. And grantor hereby covenants to and with grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized in fee simple of the above granted premises, free from all encumbrances except (if no exceptions, so state): SEE ATTACHED EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

and that grantor will warrant and forever defend the premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 66,500.00. However, the actual consideration consists of or includes other property or value given or promised which is the whole part of the (indicate which) consideration. (The sentence between the symbols Φ , if not applicable, should be deleted. See ORS 93.030.)

In construing this deed, where the context so requires, the singular includes the plural, and all grammatical changes shall be made so that this deed shall apply equally to corporations and to individuals.

In witness whereof, the grantor has executed this instrument this 29 day of APRIL, 1998; if grantor is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so by order of its board of directors.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN

Michael D. Umbarger

RECEIVED

SEP 30 2017

WATER RESOURCES DEPT
SALEM, OREGON

FORM No. 723 - BARGAIN AND SALE DEED (Individual or Corporate)

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NS



CRAIG S. OBERMILLER & EILEEN D. OBERMILLER

STATE OF OREGON, } ss.
County of CROOK

Grantor's Name and Address
CRAIG W. & EILEEN D. OBERMILLER

145897

I certify that the within instrument was received for record on the 22nd day of January, 1999 at 11:20 o'clock A. M., and recorded in book/reel/volume No. _____ on page DEEDS and/or as fee/file/instrument/microfilm/reception No. 145897, Records of said County.



Witness my hand and seal of County affixed.

Grantee's Name and Address
After recording, return to (Name, Address, Zip):
CRAIG W. & EILEEN D. OBERMILLER

~~DEANNAE DEEMAN~~
NAME TITLE

Until requested otherwise, send all tax statements to (Name, Address, Zip):
CRAIG W. & EILEEN D. OBERMILLER

By Virginia M. Woolley Deputy. 35.00

BARGAIN AND SALE DEED

KNOW ALL BY THESE PRESENTS that CRAIG S. OBERMILLER AND EILEEN D. OBERMILLER,
HUSBAND AND WIFE

hereinafter called grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto CRAIG W. OBERMILLER AND EILEEN D. OBERMILLER, HUSBAND AND WIFE, hereinafter called grantee, and unto grantee's heirs, successors and assigns, all of that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in CROOK County, State of Oregon, described as follows, to-wit:

PARCEL ONE (1) OF PARTITION PLAT NO. 1998-13, RECORDED APRIL 10, 1998, IN PARTITIONS MF NO. 140204, RECORDS OF CROOK COUNTY, OREGON, LOCATED IN A PORTION OF PARCEL THREE (3) OF PARTITION PLAT NO. 1996-94, RECORDED FEBRUARY 13, 1996 IN PARTITIONS MF NO. 125655, RECORDS OF CROOK COUNTY, OREGON, BEING A PORTION OF SECTION 3, TOWNSHIP 16 SOUTH, RANGE 14 EAST OF THE WILLAMETTE MERIDIAN, CROOK COUNTY, OREGON.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

To Have and to Hold the same unto grantee and grantee's heirs, successors and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 0. However, the actual consideration consists of or includes other property or value given or promised which is part of the the whole (indicate which) consideration. (The sentence between the symbols ©, if not applicable, should be deleted. See ORS 93.030.)

In construing this deed, where the context so requires, the singular includes the plural, and all grammatical changes shall be made so that this deed shall apply equally to corporations and to individuals.

IN WITNESS WHEREOF, the grantor has executed this instrument this 19 day of JANUARY, 1999; if grantor is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so by order of its board of directors.

Craig S. Obermiller

UJ57W001

AMERITILE

EXHIBIT A

1. Reservations contained in Patents from the United States of America and in Deeds from the State of Oregon.
2. Existing rights of way for roads, highways, irrigation ditches, canals, and pole lines.
3. An Easement created by instrument, subject to the terms and provisions thereof:
Recorded: September 15, 1938
Book/Page No.: Book 50 of Deeds at page 435 (Records of Crook County, Oregon)
Grantor: Agnes E. Basler and Vernon I. Basler
In Favor of: Pacific Power & Light Company
Purpose: For an electrical transmission and distributing line
4. Dedications, Covenants, Conditions, Easements, and Restrictions, if any, as shown on Partition Plat 1996-04 and 1998-13, but deleting any covenant, condition or restriction indicating a preference, limitation or discrimination based on race, color, religion, sex, handicap, familial status, or national origin to the extent such covenants, conditions or restriction violate 42 USC 3604(c).
5. Declaration of Easement, subject to the terms and provisions thereof:
Dated: March 1, 1996
Recorded: March 4, 1996
Microfilm No.: 126078 (Records of Crook County, Oregon)
Declarants: Michael D. Umbarger and Diane M. Umbarger, husband and wife, and John A. Umbarger, not as tenants in common but with rights of survivorship
6. An Underground Right-of-way Easement created by instrument, subject to the terms and provisions thereof:
Dated: March 13, 1995
Recorded: March 18, 1996
Microfilm No.: 126325 (Records of Crook County, Oregon)
Grantor: Michael D. Umbarger, Diane M. Umbarger, and John A. Umbarger
In Favor of: Pacificorp, a corporation, d/b/a Pacific Power & Light Company, its successors and assigns
Purpose: For underground electric distribution line
7. Access, Domestic Waterline and Public Utility Easements as shown on the face of the plat.
8. Supplemental Declaration of Covenants and Restrictions recorded April 27, 1998, as Microfilm No. 140516, Records of Crook County, Oregon.
9. A Road Maintenance Declaration recorded April 27, 1998, as Microfilm No. 140517, Records of Crook County, Oregon.
10. An Agreement recorded April 27, 1998, as Microfilm No. 140518, Records of Crook County, Oregon.

RECEIVED

SEP 20 2017

WATER RESOURCES DEPT
SALEM, OREGON



ACCEPTED
OCT 0 3 2017

KEY PUNCHED MICROFILM
MAY 11 1998
STATE OF OREGON } ss 140709
COUNTY OF CROOK }
I CERTIFY THAT THE WITHIN INSTRUMENT WAS
RECEIVED FOR RECORD ON THE 1st DAY OF
May 1998, AT 11:30 A.M.
AND RECORDED IN Deeds
RECORDS OF SAID COUNTY IN NO. 140709
DEANNA E. BERMAN, CROOK COUNTY CLERK
BY: *Deanna E. Berman* DEPUTY

406

RECEIVED

SEP 20 2017

WATER RESOURCES DEPT
SALEM, OREGON

Applicant Information

APPLICANT/BUSINESS NAME <i>Cameron + Becky Teater</i>		MAP ID (LETTER OR NUMBER) <i>300</i>	PHONE NO. <i>541-771-8786</i>	ADDITIONAL CONTACT NO. <i>541-771-8785</i>
ADDRESS <i>10001 SW Reif Rd</i>				FAX NO.
CITY <i>Powell Butte</i>	STATE <i>OR</i>	ZIP <i>97753</i>	E-MAIL <i>cjtbtj@yahoo.com</i>	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.				

Agent Information – This agent is authorized to represent the above applicant in all matters relating to this application

AGENT/BUSINESS NAME		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS			FAX NO.
CITY	STATE	ZIP	E-MAIL
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.			

I (we) affirm that the most recent water use (if any) under my (our) portion of the permit has been exercised within the relevant terms and conditions of the permit.

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



Cameron Teater
Applicant signature

Becky Teater
Applicant signature

Cameron Teater
Name (and title if applicable) (print)

Becky Teater
Name (and title if applicable) (print)

9/18/17
Date

9/18/17
Date

Applicant Information

APPLICANT/BUSINESS NAME		MAP ID (LETTER OR NUMBER)	PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.				

Agent Information – This agent is authorized to represent the above applicant in all matters relating to this application

AGENT/BUSINESS NAME		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS			FAX NO.
CITY	STATE	ZIP	E-MAIL
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.			

I (we) affirm that the most recent water use (if any) under my (our) portion of the permit has been exercised within the relevant terms and conditions of the permit.

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



Applicant signature

Applicant signature

Name (and title if applicable) (print)

Name (and title if applicable) (print)

Date

Date

ACCEPTED
OCT 03 2017

RECEIVED

SEP 20 2017

WATER RESOURCES DEPT
SALEM, OREGON



Oregon Water Resources
Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

Application to Split A Permit and Request for Issuance of Replacement Permits

Affidavit of Non-Conveyance and Reading of Permit ____

State of Oregon)
County of Deschutes) ss

I/We, Cameron & Becky Teater, mailing address 10001 SW Reid Rd Powell Butte, OR 97153, telephone number (541) 711-8785, being first duly sworn depose and say:

- 1. Permit G-16159, has not been conveyed or withheld and remains appurtenant to my/our land.
- 2. I/We attest that I/we have read Permit G-16159

Cameron Teater
Signature of Affiant

9/18/17
Date

Becky Teater
Signature of Affiant

9/18/17
Date

Signed and sworn to (or affirmed) before me this 18 day of Sept., 20 17.



Justin Easlon
Notary Public for Oregon

My Commission Expires: 8-16-19

...as specifically set forth herein in the County of CROOK and State of Oregon, to wit:

1614 TL700 REF#1931 CODE#1

PARCEL 2 OF PARTITION PLAT NO. 1996-04, RECORDED FEBRUARY 7, 1996 IN PARTITIONS MF NO. 125655 RECORDS OF CROOK COUNTY, OREGON, LOCATED IN GOVERNMENT LOTS 1,2,3 AND 4 OF SECTION 3, TOWNSHIP 16 SOUTH, RANGE 14 EAST OF THE WILLAMETTE MERIDIAN, CROOK COUNTY, OREGON.

SUBJECT TO: all those items of record and those apparent upon the land, if any, as of the date of this deed and those shown below, if any; and the grantor will warrant and forever defend the said premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

The true and actual consideration for this conveyance is \$ 47,500.00.

Until a change is requested, all tax statements shall be sent to Grantee at the following address: 434 SW 13TH STREET, REDMOND, OR 97756

Dated this 1st day of March, 1996.

Michael D. Umbarger
MICHAEL D. UMBARGER

Diane M. Umbarger
DIANE M. UMBARGER

John A. Umbarger
JOHN A. UMBARGER



STATE OF OREGON } ss 126079
COUNTY OF CROOK }
I CERTIFY THAT THE WITHIN INSTRUMENT WAS RECEIVED FOR RECORD ON THE 4th DAY OF March, 19 96, AT 3:00 P.M., AND RECORDED IN Deeds RECORDS OF SAID COUNTY MF NO. 126079 DEANNA E. BERMAN, CROOK COUNTY CLERK BY: *Chaise Brummer* DEPUTY

NOTARY ACKNOWLEDGEMENT

KEY PUNCHED

MICROFILM

MAR 11 1996

STATE OF OREGON
COUNTY OF CROOK

ss. MARCH 01 19 96

Personally appeared the above named MICHAEL D. UMBARGER, DIANE M. UMBARGER AND JOHN A. UMBARGER

and acknowledged the foregoing instrument to be THEIR voluntary act.



Before me:
April F. Hensley
Notary Public for OREGON

My commission expires 09/05/98

(seal)

RECEIVED

ACCEPTED
OCT 03 2017

SEP 20 2017

WATER RESOURCES DEPT
SALEM, OREGON

Return to:
CAMERON J. TEATER
434 SW 13TH STREET

CROOK COUNTY CLERK DEANNA E. BERMAN

WARRANTY DEED

MICHAEL D. UMBARGER AND DIANE M. UMBARGER, HUSBAND AND WIFE, AND JOHN A. UMBARGER, NOT AS TENANTS IN COMMON BUT WITH RIGHTS OF SURVIVORSHIP, Grantor(s) hereby grant, bargain, sell and convey to CAMERON J. TEATER and BECKY JEAN TEATER, husband and wife, Grantee(s) and grantee's heirs, successors and assigns the following described real property, free of encumbrances except as specifically set forth herein in the County of CROOK and State of Oregon, to wit:

1614 TL700 REF#1931 CODE#1
PARCEL 2 OF PARTITION PLAT NO. 1996-04, RECORDED FEBRUARY 7, 1996 IN PARTITIONS MF NO. 125655 RECORDS OF CROOK COUNTY, OREGON, LOCATED IN GOVERNMENT LOTS 1,2,3 AND 4 OF SECTION 3, TOWNSHIP 16 SOUTH,RANGE 14 EAST OF THE WILLAMETTE MERIDIAN, CROOK COUNTY, OREGON.

SUBJECT TO: all those items of record and those apparent upon the land, if any, as of the date of this deed and those shown below, if any: and the grantor will warrant and forever defend the said premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

The true and actual consideration for this conveyance is \$ 47,500.00.

Until a change is requested, all tax statements shall be sent to Grantee at the following address: 434 SW 13TH STREET, REDMOND, OR 97756

Dated this 1st day of March, 1996.

Signature of Michael D. Umbarger
MICHAEL D. UMBARGER

Signature of Diane M. Umbarger
DIANE M. UMBARGER

Signature of John A. Umbarger
JOHN A. UMBARGER



STATE OF OREGON } ss 126079
COUNTY OF CROOK

I CERTIFY THAT THE WITHIN INSTRUMENT WAS RECEIVED FOR RECORD ON THE 4th DAY OF

March, 1996, AT 3:00 P.M.

AND RECORDED IN Deeds

RECORDS OF SAID COUNTY MF NO. 126079

DEANNA E. BERMAN, CROOK COUNTY CLERK

BY: Claire Brunner DEPUTY

4000000000

VERTICAL RECORD TITLE WARRANT BY WAGON RECORDS

RECEIVED

SEP 20 2017

WATER RESOURCES DEPT
SALEM, OREGON

Applicant Information

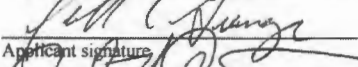
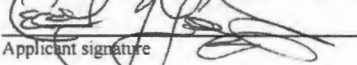
APPLICANT/BUSINESS NAME <i>Scott & Cecelia Granger</i>		MAP ID (LETTER OR NUMBER) <i>1614-3-400</i>	PHONE NO. <i>503-799-8406</i>	ADDITIONAL CONTACT NO. _____
ADDRESS <i>13120 SW UMBARGER ROAD, PO Box 24</i>				FAX NO. _____
CITY <i>POWER BUTTE</i>	STATE <i>OR</i>	ZIP <i>97753</i>	E-MAIL <i>scgran3463@aol.com</i>	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.				

Agent Information – This agent is authorized to represent the above applicant in all matters relating to this application

AGENT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.				

I (we) affirm that the most recent water use (if any) under my (our) portion of the permit has been exercised within the relevant terms and conditions of the permit.

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

Applicant signature	<i>SCOTT C. GRANGER</i>	<i>9/20/2017</i>
	Name (and title if applicable) (print)	Date
Applicant signature	<i>CECELIA Y. GRANGER</i>	<i>9/20/2017</i>
	Name (and title if applicable) (print)	Date

Applicant Information



APPLICANT/BUSINESS NAME		MAP ID (LETTER OR NUMBER)	PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.				

Agent Information – This agent is authorized to represent the above applicant in all matters relating to this application

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ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	
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I (we) affirm that the information contained in this application is true and accurate.

Applicant signature	Name (and title if applicable) (print)	Date
Applicant signature	Name (and title if applicable) (print)	Date

ACCEPTED
OCT 03 2017

RECEIVED

SEP 20 2017

WATER RESOURCES DEPT
SALEM, OREGON



Oregon Water Resources
Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

Application to
Split A Permit and Request for
Issuance of Replacement
Permits

Affidavit of Non-Conveyance and
Reading of Permit G-16159

State of Oregon)
County of) ss
)

SCOTT C. GRANGER &
CECELA Y. GRANGER
13120 SW ULM BARGER ROAD
PO BOX 24
POWELL BUTTE, OR 97753

I We mailing address telephone number (503) 999-8406, being first duly sworn depose and say:

1. Permit G-16159 has not been conveyed or withheld and remains appurtenant to my/our land.
2. I We attest that I we have read Permit G-16159

Signature of Affiant SCOTT C. GRANGER

9/19/2017
Date

Signature of Affiant CECELA Y. GRANGER

9/19/2017
Date

Signed and sworn to (or affirmed) before me this 19 day of Sept., 2017.



Notary Public for Oregon

My Commission Expires: 8/20/2018

RECEIVED

SEP 20 2017

WATER RESOURCES DEPT
SALEM, OREGON

WARRANTY DEED -- STATUTORY FORM

^{R.}
NEIL MCGINNIS and JOAN S. MCGINNIS, husband and wife, Grantor,

conveys and warrants to

SCOTT C. GRANGER and CECELIA Y. GRANGER, as tenants by the entirety, Grantee,

the following described real property, free of encumbrances except as specifically set forth herein, to wit:

SEE EXHIBIT A WHICH IS MADE A PART HEREOF BY THIS REFERENCE
Tax Account No(s): 15207
Map/Tax Lot No(s): 1614-3-400

This property is free from encumbrances, EXCEPT: All those items of record, if any, as of the date of this deed, including any real property taxes due, but not yet payable.

The true consideration for this conveyance is \$680,000.00 .

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 197.352. THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930 AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY UNDER ORS 197.352.

Dated this 13 day of September, 2006.

Neil McGinnis

NEIL MCGINNIS

Joan S. McGinnis

JOAN S. MCGINNIS

STATE OF OREGON, COUNTY OF DESCHUTES) SS.

This instrument was acknowledged before me on September 13, 2006 by NEIL R. MCGINNIS and JOAN S. MCGINNIS.

Tara A. Thompson

(Notary Public for Oregon)
My commission expires 8-14-10

ACCEPTED
OCT 03 2017

After recording return to:
WESTERN TITLE & ESCROW COMPANY
1345 NW WALL STREET, SALEM, OREGON 97301



^{A,}
NEIL MCGINNIS and JOAN S. MCGINNIS, husband and wife, Grantor,

conveys and warrants to

SCOTT C. GRANGER and CECELIA Y. GRANGER, as tenants by the entirety, Grantee,

the following described real property, free of encumbrances except as specifically set forth herein, to wit:

SEE EXHIBIT A WHICH IS MADE A PART HEREOF BY THIS REFERENCE
Tax Account No(s): 15207
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Dated this 13 day of September, 2006.

Neil McGinnis
NEIL MCGINNIS

Joan S. McGinnis
JOAN S. MCGINNIS

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SEP 20 2017
WATER RESOURCES DEPT
SALEM, OREGON

STATE OF OREGON, COUNTY OF DESCHUTES) SS.

This instrument was acknowledged before me on September 13, 2006 by NEIL R. MCGINNIS and JOAN S. MCGINNIS.

Tara A. Thompson
(Notary Public for Oregon)
My commission expires 8-14-10

After recording return to:
WESTERN TITLE & ESCROW COMPANY
1345 NW WALL STREET, STE 200
BEND, OR 97701



Until a change is requested all tax statements shall be sent to the following address:
SCOTT C. GRANGER AND CECELIA Y. GRANGER
1364 SW BENCHVIEW TERRACE
TIGARD, OR 97223

TITLE NO. 10-0271006
ESCROW NO. 10-0271006

Crook County Official Records 2006-216574
DEED-D 11/14/06 11:14 AM
Cnt=1 Str=6 COUNTER \$36.00
\$10.00 \$11.00 \$5.00 \$10.00



KEY PUNCHED

NOV 15 2006

I, Deanna Berman, County Clerk for Crook County, Oregon, certify that the instrument identified herein was recorded in the Clerk records.

Deanna Berman



AMERITITLE 78537

(2 pgs)

EXHIBIT A

Located in CROOK COUNTY, OREGON:

Parcel Two (2) of Partition Plat No. 1998-13, Recorded April 10, 1998 in Partitions MF No. 140204, Records of Crook County, Oregon, Located in a portion of Parcel Three (3) of Partition Plat No. 1996-04, Recorded February 13, 1996 in Partitions MF No. 125655, Records of Crook County, Oregon, being a portion of Section 3, Township 16 South, Range 14 East of the Willamette Meridian, Crook County, Oregon.

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SEP 20 2017

WATER RESOURCES DEPT
SALEM, OREGON

78537

ACCEPTED
OCT 03 2017

State of Oregon }
County of Crook }

I hereby certify that the instrument # 2006-216574 (two page)
within has been compared with the original
and that it is a correct and whole transcript
of the original as the same appears of record
in the County Clerk's office in Crook County,
Oregon.

09/19/2017 Date
[Signature] Cheryl W. Seely
County Clerk
Deputy



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SEP 20 2017
WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED

SEP 20 2017

WATER RESOURCES DEPT
SALEM, OREGON

See below

Applicant Information

APPLICANT/BUSINESS NAME Richard T Koon KATHRYN S. KOON		MAP ID (LETTER OR NUMBER) 501	PHONE NO. 541-923- 5568	ADDITIONAL CONTACT NO.
ADDRESS 13333 S.W. Umbarger Rd				FAX NO.
CITY Powell Butte	STATE OR	ZIP 97753	E-MAIL RTKoon@EARTHINK.NET	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.				

Agent Information – This agent is authorized to represent the above applicant in all matters relating to this application

AGENT/BUSINESS NAME		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS			FAX NO.
CITY	STATE	ZIP	E-MAIL
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.			

I (we) affirm that the most recent water use (if any) under my (our) portion of the permit has been exercised within the relevant terms and conditions of the permit.

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



Applicant signature _____	Name (and title if applicable) (print) _____	Date _____
Applicant signature _____	Name (and title if applicable) (print) _____	Date _____

Applicant Information

APPLICANT/BUSINESS NAME Richard T Koon KATHRYN S. KOON		MAP ID (LETTER OR NUMBER) 501	PHONE NO. 541-923- 5568	ADDITIONAL CONTACT NO.
ADDRESS 13333 S.W. Umbarger Rd				FAX NO.
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Agent Information – This agent is authorized to represent the above applicant in all matters relating to this application

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ADDRESS			FAX NO.
CITY	STATE	ZIP	E-MAIL
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.			

I (we) affirm that the most recent water use (if any) under my (our) portion of the permit has been exercised within the relevant terms and conditions of the permit.

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



Applicant signature <u>Richard T Koon</u>	Name (and title if applicable) (print) <u>Richard T. Koon</u>	Date <u>9/15/17</u>
Applicant signature <u>Kathryn S. Koon</u>	Name (and title if applicable) (print) <u>KATHRYN S. KOON</u>	Date <u>9/15/17</u>

ACCEPTED

OCT 0 3 2017

RECEIVED

SEP 20 2017

WATER RESOURCES DEPT
SALEM, OREGON



Oregon Water Resources
Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

**Application to
Split A Permit and Request for
Issuance of Replacement
Permits**

**Affidavit of Non-Conveyance and
Reading of Permit**

State of Oregon)
) ss
County of)

Richard T. Koon
KATHRYN S. KOON
13333 S.W. Umbarger Rd. Powell Butte OR, 97753

I/We, _____, mailing address _____, telephone number (541) ⁹²³⁻5568, being first duly sworn depose
and say:

1. Permit G16159, has not been conveyed or withheld and remains appurtenant to my/our land.
2. I/We attest that I/we have read Permit G16159

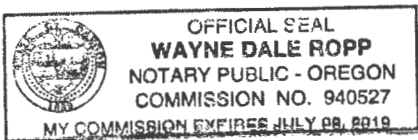
Richard T. Koon
Signature of Affiant

9/15/17
Date

Kathryn S. Koon
Signature of Affiant

9/15/17
Date

Signed and sworn to (or affirmed) before me this 15 day of September, 2017.



Wayne Dale Ropp
Notary Public for Oregon

My Commission Expires: July 08, 2019

WARRANTY DEED

MICHAEL D. UMBARGER AND DIANE M. UMBARGER, HUSBAND AND WIFE, AND JOHN A. UMBARGER, NOT AS TENANTS IN COMMON BUT WITH RIGHTS OF SURVIVORSHIP., Grantor(s) hereby grant, bargain, sell, warrant and convey to:

RICHARD T. KOON

Grantee(s) and grantee's heirs, successors and assigns the following described real property, free of encumbrances except as specifically set forth herein in the County of CROOK and State of Oregon, to wit:

1614 3 TL500 (PORTION) REF#15205 CODE#1
PARCEL TWO (2) OF PARTITION PLAT 1999-03, RECORDED MARCH 3, 1999 IN PARTITIONS AT MF NO. 146861, RECORDS OF CROOK COUNTY, OREGON BEING LOCATED IN SECTION 3, TOWNSHIP 16 SOUTH, RANGE 14 EAST OF THE WILLAMETTE MERIDIAN.

TAX ACCOUNT NO.: 1614 3 TL500 (FOR)

SUBJECT TO: all those items of record and those apparent upon the land, if any, as of the date of this deed and those shown below, if any: and the grantor will warrant and forever defend the said premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

The true and actual consideration for this conveyance is \$ 85,000.00. * PURSUANT TO AN IRC§1031 EXCHANGE ON BEHALF OF THE GRANTEE.

Until a change is requested, all tax statements shall be sent to Grantee at the following address:

Dated this 21 day of July, 1999.

RECEIVED

SEP 20 2017

WATER RESOURCES DEPT SALEM, OREGON

Signature of Michael D. Umbarger
MICHAEL D. UMBARGER

Signature of Diane M. Umbarger
DIANE M. UMBARGER

Signature of John A. Umbarger
JOHN A. UMBARGER

STATE OF Oregon

COUNTY OF Crook

ss. July 21 19 99

Personally appeared the above named Michael D. Umbarger Diane M. Umbarger and John A. Umbarger

ACCEPTED OCT 03 2017

1614 3 TL500

1614 3 TL500

1614 3 TL500(POR) REF#15205 CODE#1
PARCEL TWO (2) OF PARTITION PLAT 1999-03, RECORDED MARCH 3, 1999 IN
PARTITIONS AT MF NO. 146861, RECORDS OF CROOK COUNTY, OREGON BEING
LOCATED IN SECTION 3, TOWNSHIP 16 SOUTH, RANGE 14 EAST OF THE WILLAMETTE
MERIDIAN.

TAX ACCOUNT NO.: 1614 3 TL500 (POR)

SUBJECT TO: all those items of record and those apparent upon the land, if
any, as of the date of this deed and those shown below, if any:
and the grantor will warrant and forever defend the said premises and every
part and parcel thereof against the lawful claims and demands of all persons
whomsoever, except those claiming under the above described encumbrances.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT
IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR
ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY
SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY
APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST
PRACTICES AS DEFINED IN ORS 30.930.

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Until a change is requested, all tax statements shall be sent to Grantee at the
following address:

Dated this 21 day of July, 1999.

RECEIVED

SEP 20 2017

WATER RESOURCES DEPT
SALEM, OREGON

Michael D. Umbarger
MICHAEL D. UMBARGER

Diane M. Umbarger
DIANE M. UMBARGER

John A. Umbarger
JOHN A. UMBARGER

STATE OF Oregon ss. July 21 1999
COUNTY OF CROOK

Personally appeared the above named Michael D. Umbarger
Diane M. Umbarger and John A. Umbarger
and acknowledged the foregoing instrument to be their voluntary act.



(seal)

Before me:
April J. Hensley
Notary Public for Oregon
My commission expires _____

ESCROW NO. CT54943AH STATE OF OREGON } ss 150036
COUNTY OF CROOK }
I CERTIFY THAT THE WITHIN INSTRUMENT WAS
RECEIVED FOR RECORD ON THE 26th DAY OF
July, 1999, AT 11:20 A M,
AND RECORDED IN Deeds
RECORDS OF SAID COUNTY MF NO. 150036
DEANNA E. BERMAN, CROOK COUNTY CLERK
BY Deanna E. Berman CLERK

Return to:
RICHARD T. KOON



35.00

MICROFILM

7/21/99

RECEIVED

SEP 20 2017

WATER RESOURCES DEPT
SALEM, OREGON

Applicant Information

APPLICANT/BUSINESS NAME <i>GAYLAND PATRICIA LOONEY</i>		MAP ID (LETTER OR NUMBER) <i>503</i>	PHONE NO. <i>503-799-5527</i>	ADDITIONAL CONTACT NO. <i>503-913-6915</i>
ADDRESS <i>13535 SW UMBARGER ROAD</i>				FAX NO.
CITY <i>POWELL BUTTE</i>	STATE <i>OR</i>	ZIP <i>97753</i>	E-MAIL <i>G.LOONEY@PERLO.BIZ</i>	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.				

Agent Information – This agent is authorized to represent the above applicant in all matters relating to this application

AGENT/BUSINESS NAME		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS			FAX NO.
CITY	STATE	ZIP	E-MAIL
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.			

I (we) affirm that the most recent water use (if any) under my (our) portion of the permit has been exercised within the relevant terms and conditions of the permit.

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



<i>[Signature]</i> Applicant signature	<i>GAYLAND R. LOONEY</i> Name (and title if applicable) (print)	<i>9-14-2017</i> Date
<i>Patricia M. Looney</i> Applicant signature	<i>PATRICIA M. LOONEY</i> Name (and title if applicable) (print)	<i>9-14-2017</i> Date

Applicant Information

APPLICANT/BUSINESS NAME		MAP ID (LETTER OR NUMBER)	PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.				

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CITY	STATE	ZIP	E-MAIL
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I (we) affirm that the information contained in this application is true and accurate.



_____	_____	_____
Applicant signature	Name (and title if applicable) (print)	Date
_____	_____	_____
Applicant signature	Name (and title if applicable) (print)	Date

ACCEPTED
OCT 03 2017

RECEIVED

SEP 20 2017

WATER RESOURCES DEPT
SALEM, OREGON



Oregon Water Resources
Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

Application to
Split A Permit and Request for
Issuance of Replacement
Permits

Affidavit of Non-Conveyance and
Reading of Permit _____

State of Oregon)
County of) ss
)

I/We , mailing address _____, telephone number 503-799-5527
and say: 13,535 SW UMBARGER ROAD, being first duly sworn depose
POWELL BUTTE, OR 97753

1. Permit G-16159 has not been conveyed or withheld and remains appurtenant to my/our land.
2. I/We attest that I/we have read Permit G-16159

Signature of Affiant

9-14-2017
Date

Patricia M. Looney
Signature of Affiant

9/14/2017
Date

Signed and sworn to (or affirmed) before me this 14 day of Sept., 20 17.

Notary Public for Oregon

My Commission Expires: 8/31/21



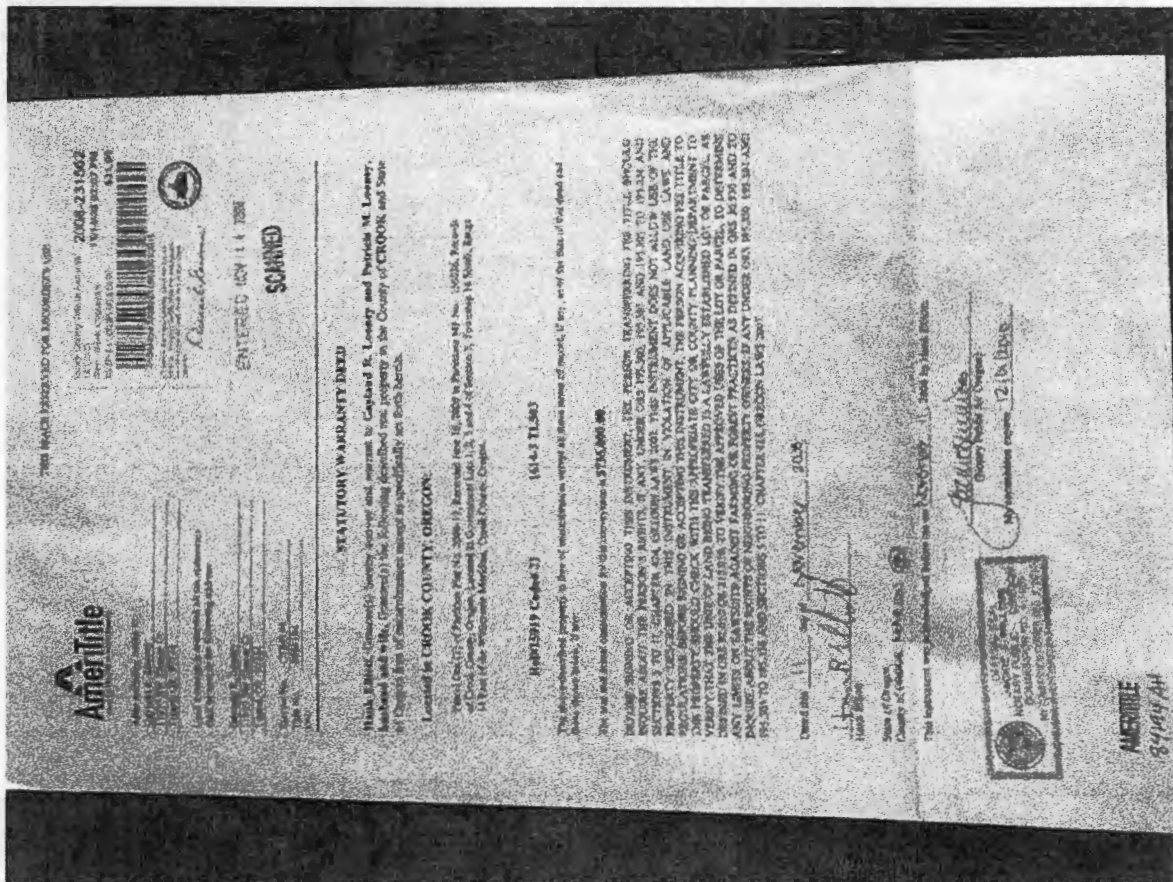
eileen@dappledearth.com

From: Gayland Looney <glooney@perlo.biz>
Sent: Thursday, September 14, 2017 7:00 PM
To: Eileen@DappledEarth.com
Cc: Gayland Looney
Subject: Deed

Eileen,

Hopefully this works for you. I can't scan it from home for some reason so I took a picture of it. If you need it scanned and sent over I'll do it on Monday.

Thanks



Gayland Looney
Owner
Perlo Construction
503.799.5527

Sent from my iPhone

RECEIVED

SEP 20 2017

WATER RESOURCES DEPT
SALEM, OREGON

ACCEPTED
OCT 0 3 2017



Crook County Property Summary Report

Report Date: 9/18/2017 3:55:33 PM

Disclaimer

The information and maps presented in this report are provided for your convenience. Every reasonable effort has been made to assure the accuracy of the data and associated maps. Crook County makes no warranty, representation or guarantee as to the content, sequence, accuracy, timeliness or completeness of any of the data provided herein. Crook County explicitly disclaims any representations and warranties, including, without limitation, the implied warranties of merchantability and fitness for a particular purpose. Crook County shall assume no liability for any errors, omissions, or inaccuracies in the information provided regardless of how caused. Crook County assumes no liability for any decisions made or actions taken or not taken by the user of this information or data furnished hereunder.

Account Summary

Account Information

Mailing Name: LOONEY GAYLAND R & PATRICIA M
Map and Taxlot: 16140300-00503-15919
Account: 15919
Tax Status: Taxable
Situs Address: 13535 SW UMBARGER RD POWELL BUTTE, OR 97753

Property Taxes

Current Tax Year: 2016
Tax Code Area: 21

Assessment

Subdivision: PART PLAT YEAR & # NO PARCEL #
Lot: 19
Block: 0
Assessor Acres: 10.00
Property Class: 471

Ownership

Mailing Address:
LOONEY GAYLAND R & PATRICIA M
11977 SW ELEMAR CT
TIGARD, OR 97224

Valuation

Real Market Values as of Jan. 1,

Land \$184,760
Structures \$760,040
Total \$944,800

Current Assessed Values:

Maximum Assessed \$613,592
Assessed Value \$613,592
Veterans Exemption \$0.00

Warnings, Notations, and Special Assessments

Valuation History *All values are as of January 1 of each year. Tax year is July 1st through June 30th of each year.*

	2012 - 2013	2013 - 2014	2014 - 2015	2015 - 2016	2016 - 2017
Real Market Value - Land	\$165,120	\$134,380	\$157,810	\$184,760	\$184,760
Real Market Value - Structures	\$496,480	\$604,820	\$629,220	\$726,400	\$760,040
Total Real Market Value	\$661,600	\$739,200	\$787,030	\$911,160	\$944,800
Maximum Assessed Value	\$545,168	\$561,523	\$578,369	\$595,720	\$613,592
Total Assessed Value	\$545,168	\$561,523	\$578,369	\$595,720	\$613,592
Exemption Value	\$0	\$0	\$0	\$0	\$0

RECEIVED

SEP 20 2017

WATER RESOURCES DEPT
SALEM, OREGON

ACCEPTED
OCT 0 3 2017

2017 - 2018

\$216,510

\$795,860

\$1,012,370

\$632,000

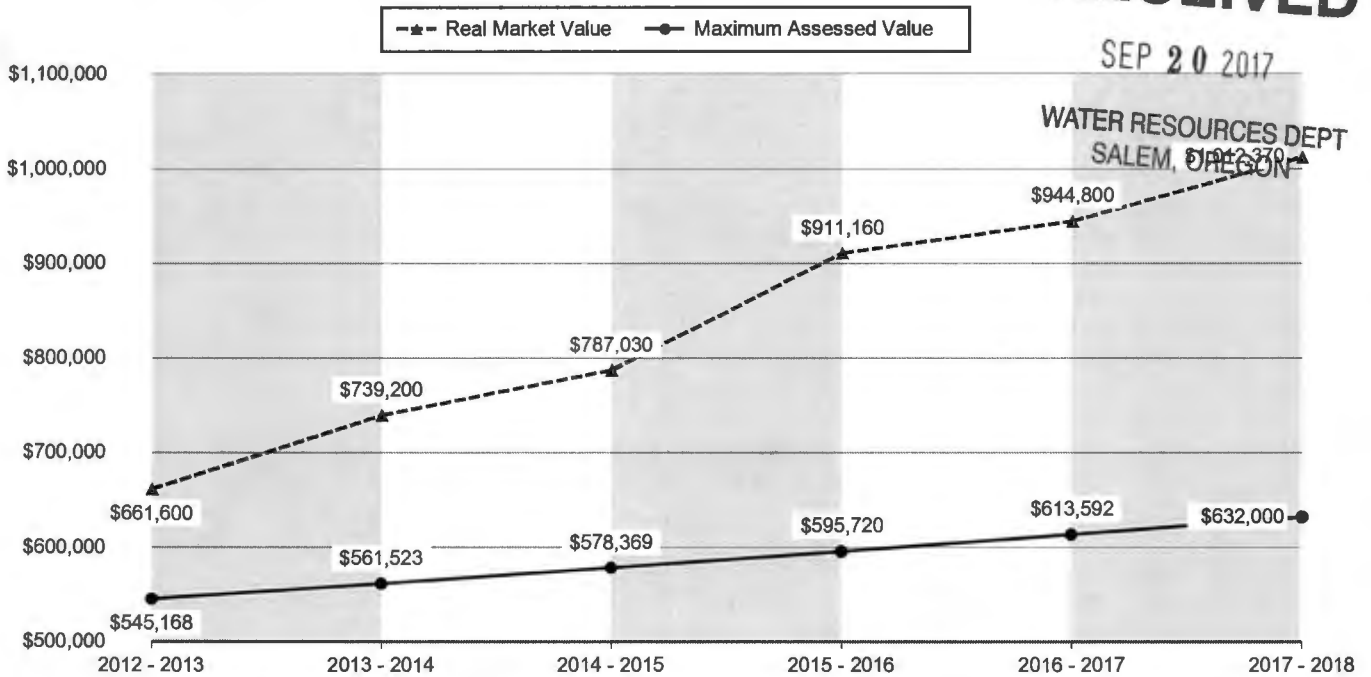
\$632,000

\$0

RECEIVED

SEP 20 2017

WATER RESOURCES DEPT
SALEM, OREGON



Tax Payment History

Year	Date Due	Transaction Type	Transaction Date	As Of Date	Amount Received	Tax Due	Discount Amount	Interest Charged	Refund Interest
2016	11/15/2016	IMPOSED	11/15/2016	11/15/2016	\$0.00	\$7,628.18	\$0.00	\$0.00	\$0.00
2016	11/15/2016	PAYMENT	10/28/2016	11/15/2016	\$7,399.33	(\$7,628.18)	\$228.85	\$0.00	\$0.00
					Total:	\$0.00			
2015	11/15/2015	IMPOSED	11/15/2015	11/15/2015	\$0.00	\$7,295.78	\$0.00	\$0.00	\$0.00
2015	11/15/2015	PAYMENT	11/09/2015	11/15/2015	\$7,076.91	(\$7,295.78)	\$218.87	\$0.00	\$0.00
					Total:	\$0.00			
2014	11/15/2014	IMPOSED	11/15/2014	11/15/2014	\$0.00	\$6,986.76	\$0.00	\$0.00	\$0.00
2014	11/15/2014	PAYMENT	10/24/2014	11/15/2014	\$6,777.16	(\$6,986.76)	\$209.60	\$0.00	\$0.00
					Total:	\$0.00			
2013	11/15/2013	PAYMENT	11/20/2013	11/15/2013	\$6,767.61	(\$6,976.92)	\$209.31	\$0.00	\$0.00
2013	11/15/2013	IMPOSED	11/15/2013	11/15/2013	\$0.00	\$6,976.92	\$0.00	\$0.00	\$0.00
					Total:	\$0.00			
2012	11/15/2012	IMPOSED	11/15/2012	11/15/2012	\$0.00	\$6,779.93	\$0.00	\$0.00	\$0.00
2012	11/15/2012	PAYMENT	11/07/2012	11/15/2012	\$6,576.53	(\$6,779.93)	\$203.40	\$0.00	\$0.00
					Total:	\$0.00			
2011	11/15/2011	IMPOSED	11/15/2011	11/15/2011	\$0.00	\$6,544.85	\$0.00	\$0.00	\$0.00
2011	11/15/2011	PAYMENT	11/15/2011	11/15/2011	\$6,348.50	(\$6,544.85)	\$196.35	\$0.00	\$0.00
					Total:	\$0.00			
2010	11/15/2010	IMPOSED	11/15/2010	11/15/2010	\$0.00	\$6,411.75	\$0.00	\$0.00	\$0.00
2010	11/15/2010	PAYMENT	11/12/2010	11/15/2010	\$6,219.40	(\$6,411.75)	\$192.35	\$0.00	\$0.00
					Total:	\$0.00			
2009	11/15/2009	IMPOSED	11/15/2009	11/15/2009	\$0.00	\$6,215.52	\$0.00	\$0.00	\$0.00
2009	11/15/2009	PAYMENT	11/02/2009	11/15/2009	\$6,029.05	(\$6,215.52)	\$186.47	\$0.00	\$0.00
					Total:	\$0.00			
2008	11/15/2008	PAYMENT	11/17/2008	11/15/2008	\$6,001.13	(\$6,186.73)	\$185.60	\$0.00	\$0.00
2008	11/15/2008	IMPOSED	11/15/2008	11/15/2008	\$0.00	\$6,186.73	\$0.00	\$0.00	\$0.00
					Total:	\$0.00			

ACCEPTED
OCT 0 9 2017

Year	Date Due	Transaction Type	Transaction Date	As Of Date	Amount Received	Tax Due	Discount Amount	Interest Charged	Refund Interest
2007	11/15/2007	IMPOSED	11/15/2007	11/15/2007	\$0.00	\$5,806.06	\$0.00	\$0.00	\$0.00
2007	11/15/2007	PAYMENT	10/31/2007	11/15/2007	\$5,631.88	(\$5,806.06)	\$174.18	\$0.00	\$0.00
					Total:	\$0.00			

Sales History

Sale Date	Seller	Buyer	Sale Amount	Sale Type	Recording
06/26/2000	UMBARGER, MICHAEL D & DIANE M	LAU, DAVID K & NANCY L	\$97,500	WARRANTY DEED	156261
12/29/2003	LAU, DAVID K & NANCY L	ELLIOTT CONSTRUCTION & DEVELOPMENT INC	\$127,500	WARRANTY DEED	196664
11/14/2008	ELLIOTT HANK	LOONEY GAYLAND R	\$735,000	STATUTORY WARRANTY DEED	231562

Structures

Stat Class/Description	Improvement Description	Code Area	Year Built	Total Sq Ft
61 Grade 6 - : DWELL	DWELL	21	2004	4821

Accessories

Improvement Type	Sq Ft
Paving	5728
Barbecue	1

Land Characteristics

Land Description	Acres	Land Classification
13 - Market	10.00	
18 - Yard Improvements	0.00	
19 - 1ST OSD	0.00	

Related Accounts

Related accounts apply to a property that may be on one map and tax lot but due to billing have more than one account. This occurs when a property is in multiple tax code areas. In other cases there may be business personal property or a manufactured home on this property that is not in the same ownership as the land.

No Related Accounts found.

Ownership

Name Type	Name	Ownership Type	Ownership Percentage
Taxpayer	LOONEY GAYLAND R & PATRICIA M		0.00%
Owner	LOONEY GAYLAND R		0.00%
Owner	LOONEY PATRICIA M		0.00%

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 WATER RESOURCES DEPT
 SALEM, OREGON

7/1/2016 to 6/30/2017 Real Property TAX STATEMENT
 CROOK COUNTY TAX COLLECTOR, 200 NE SECOND ST. PRINEVILLE OR 97754-1999

PROPERTY DESCRIPTION

MAP: 16140300-00503-15919

ACCOUNT NO: 15919

13535 SW UMBARGER RD
 POWELL BUTTE OR 97753

Code Area: 21 Acres: 10.000

LOONEY GAYLAND R & PATRICIA M
 LOONEY PATRICIA M
 LOONEY GAYLAND R
 11977 SW ELEMAR CT
 TIGARD OR 97224-2572

2016 - 2017 CURRENT TAX BY DISTRICT:

CENTRAL OR COMM COLLEGE 380.67
 CROOK COUNTY SCHOOL DIST 2,936.41
 HIGH DESERT ESD 59.15
EDUCATION TOTAL: 3,376.23

AG EXTENSION SERVICE 74.06
 CEMETERY DISTRICT 60.99
 CROOK CO FIRE & RESCUE 975.61
 CROOK CO HISTORICAL FUND 36.82
 CROOK COUNTY GENERAL FUND 2,374.72
GENERAL GOVERNMENT TOTAL: 3,522.20

CC SCHOOL BOND 592.00
 COCC BOND & INTEREST 74.92
 LIBRARY BOND 62.83
EXCLUDE FROM LIMIT TOTAL: 729.75

2016-2017 Tax Before Discount 7,628.18

VALUES:	LAST YEAR:	THIS YEAR:
REAL MARKET VALUES (RMV):		
RMV LAND	184,760	184,760
RMV IMPROV	726,400	760,040
RMV TOTAL	911,160	944,800
ASSESSED VALUE (AV):	595,720	613,592
TOTAL TAXABLE AV	595,720	613,592
MAV TOTAL	595,720	613,592
PROPERTY TAXES	7,295.78	7,628.18

Please Make Payment To: CROOK COUNTY TAX COLLECTOR
 (Refer to back of statement and insert enclosed for more information)

Questions about your statement? Please Call:
 Tax Collector (541)447-6554 or Assessor (541)447-4133

DELINQUENT TAXES:

0.00

TOTAL (after discount) 7,399.33
 Delinquent tax amount due is included in payment options listed below.

(See back of statement for instructions)

TAX PAYMENT OPTIONS			
<u>Payment Options</u>	<u>DATE DUE</u>	<u>Discount Allowed</u>	<u>Net Amount Due</u>
FULL PAYMENT	Nov 15th 2016	228.85 3% Discount	7,399.33
2/3 PAYMENT	Nov 15th 2016	101.71 2% Discount	4,983.74
1/3 PAYMENT	Nov 15th 2016	No Discount	2,542.72

↑ TEAR HERE **PLEASE RETURN THIS PORTION WITH YOUR PAYMENT** See back of Statement for instructions: TEAR ↑ HERE

2016-2017 Property Tax Payment Crook County, Oregon
 PROPERTY LOCATION: 13535 SW UMBARGER RD

ACCOUNT NO: 15919

Unpaid delinquent tax due is included in payment options.

FULL PAYMENT	(Includes 3% Discount)	DUE Nov 15th, 2016	7,399.33
2/3 PAYMENT	(Includes 2% Discount)	DUE Nov 15th, 2016	4,983.74
1/3 PAYMENT	(No Discount offered)	DUE Nov 15th, 2016	2,542.72

DISCOUNT IS LOST AND INTEREST APPLIES AFTER DUE DATE.

Mailing address change or name change on back

Enter Amount Paid

RECEIVED

Please make payment to:

SEP 20 2017

CROOK COUNTY TAX COLLECTOR
 200 NE SECOND ST
 PRINEVILLE OR 97754-1999

LOONEY GAYLAND R & PATRICIA M
 11977 SW ELEMAR CT
 TIGARD OR 97224-2572

WATER RESOURCES DEPT
 SALEM, OREGON

ACCEPTED
 OCT 03 2017

THIS SPACE RESERVED FOR RECORDER'S USE



After recording return to:
Gayland R. Looney
11977 SW Elemar Ct
Tigard, OR 97224

Until a change is requested all tax statements shall be sent to the following address:

Gayland R. Looney
11977 SW Elemar Ct
Tigard, OR 97224

Escrow No. CT84194
Title No. 0084194
SWD

Crook County Official Records 2008-231562
DEED-D
Cnt=1 Stn=6 COUNTER 11/14/08 02:07 PM
\$5.00 \$11.00 \$5.00 \$10.00 \$31.00



I, Deanna Bertram, County Clerk for Crook County, Oregon, certify that the instrument identified herein was recorded in the Clerk's records.



Deanna Bertram

ENTERED NOV 14 2008

SCANNED

STATUTORY WARRANTY DEED

Hank Elliott, Grantor(s) hereby convey and warrant to Gayland R. Looney and Patricia M. Looney, husband and wife, Grantee(s) the following described real property in the County of CROOK and State of Oregon free of encumbrances except as specifically set forth herein:

Located in CROOK COUNTY, OREGON:

Parcel One (1) of Partition Plat No. 2000-19, Recorded June 16, 2000 in Partitions MF No. 156036, Records of Crook County, Oregon, Located in Government Lots 1, 2, 3 and 4 of Section 3, Township 16 South, Range 14 East of the Willamette Meridian, Crook County, Oregon.

Ref#15919 Code# 21 1614-3 TL503

The above-described property is free of encumbrances except all those items of record, if any, as of the date of this deed and those shown below, if any:

The true and actual consideration for this conveyance is \$735,000.00.

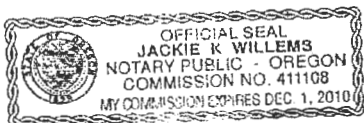
BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007. THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930 AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007.

Dated this 11 day of November, 2008

Hank Elliott
Hank Elliott

State of Oregon
County of CROOK MARION

This instrument was acknowledged before me on November 11, 2008 by Hank Elliott.



Jackie K. Willems
(Notary Public for Oregon)
My commission expires 12/01/2010

RECEIVED

SEP 20 2017

WATER RESOURCES DEPT
SALEM, OREGON

AMERITITLE
84194AH

PARCEL DETAILS

Parcel ID: 1614030000503
Related Tax Accounts: 15919
Subdivision:
Lot / Block:

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WATER RESOURCES DEPT
SALEM, OREGON



GENERAL INFORMATION

Taxpayer Mailing:

LOONEY GAYLAND R & PATRICIA M
11977 SW ELEMAR CT
TIGARD, OR 97224

Location:

County: CROOK, OREGON
Map / Taxlot: 16140300 / 00503
Lat / Lon: 44.21776111 / -121.03594307

Owners: (2)

LOONEY GAYLAND R
LOONEY PATRICIA M

Situs Addresses:

13535 SW UMBARGER RD, POWELL BUTTE, 97753

ASSESSMENT SUMMARY

Calculated Acres: 9.91 (431,871 sf)
Assessed Acres: 10.00 (435,600 sf)
RM Land: \$184,760
RM Impr: \$760,040
RM Total: \$944,800
Total AV: \$613,592
Taxes: \$7,628

Zoning:

R10 - COUNTY - Rural Residential

Land Use:

471 - PERM FARM USE DISQ IMPROVED

Improvement Totals:

SqFt: 4821 Bedrooms: 3 Full Baths: 2.0 Half Baths: 1

IMPROVEMENTS

Code	Description	SqFt	Year Built	Beds	Baths (F/H)	Floor Types
ATTGAR	RESIDENCE: Attached Garage	1437	2004			0
BARBQ	MISC: Barbeque Built In	1	2004			0
DWELL	RESIDENCE: Dwelling	4821	2004	3	2.0 / 1	0
MISC	MISC: Miscellaneous	72	2004			0
MISC	MISC: Miscellaneous	224	2004			0
MISC	MISC: Miscellaneous	553	2004			0
MISC	MISC: Miscellaneous	660	2004			0
PAV	MISC: Paving	5728	2004			0

RECENT TRANSACTIONS

Date	Ref #	Type	Price	Seller	Buyer
11/14/2008	231562	STATUTOR	\$735,000	ELLIOTT HANK	
04/30/2008	228222	BARGAIN &	\$0		
12/29/2003	196664	WARRANTY	\$127,500	LAU, DAVID K & NANCY L	
06/26/2000	156261	WARRANTY	\$97,500	UMBARGER, MICHAEL D & DIANE M	

ACCEPTED
OCT 03 2017

Created for the original recipient only, not for further distribution

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WATER RESOURCES DEPT
SALEM, OREGON

OR-KW

Applicant Information

APPLICANT/BUSINESS NAME EDWARD & KRISTINE SEUFERT		MAP ID (LETTER OR NUMBER) 603	PHONE NO. 541-504-4645	ADDITIONAL CONTACT NO. 541-279-0216
ADDRESS 13469 SW UMBARGER ROAD				FAX NO. —
CITY POWELL BUTTE	STATE OR	ZIP 97153	E-MAIL eseufert@gmail.com	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.				

Agent Information – This agent is authorized to represent the above applicant in all matters relating to this application

AGENT/BUSINESS NAME		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS			FAX NO.
CITY	STATE	ZIP	E-MAIL
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.			

I (we) affirm that the most recent water use (if any) under my (our) portion of the permit has been exercised within the relevant terms and conditions of the permit.

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



Edward Seufert
Applicant signature

Kristine Seufert
Applicant signature

EDWARD SEUFERT III 9/18/17
Name (and title if applicable) (print) Date

KRISTINE L. SEUFERT 9/18/17
Name (and title if applicable) (print) Date

Applicant Information

APPLICANT/BUSINESS NAME		MAP ID (LETTER OR NUMBER)	PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.				

Agent Information – This agent is authorized to represent the above applicant in all matters relating to this application

AGENT/BUSINESS NAME		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS			FAX NO.
CITY	STATE	ZIP	E-MAIL
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.			

I (we) affirm that the most recent water use (if any) under my (our) portion of the permit has been exercised within the relevant terms and conditions of the permit.

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



Applicant signature

Name (and title if applicable) (print)

Date

Applicant signature

Name (and title if applicable) (print)

Date

ACCEPTED

OCT 03 2017

TACS



Oregon Water Resources
 Department
 725 Summer Street NE, Suite A
 Salem, Oregon 97301-1266
 (503) 986-0900
 www.wrd.state.or.us

Application to Split A Permit and Request for Issuance of Replacement Permits

Affidavit of Non-Conveyance and Reading of Permit _____

State of Oregon)
) ss
 County of)

12469 SW Umbarger Rd
 Powell Butte, OR 97753

I/We, We mailing address A telephone number 541 504 4695 being first duly sworn depose
 and say:

1. Permit A ⁶¹⁶¹⁵⁹ has not been conveyed or withheld and remains appurtenant to my/our land.
2. I/We attest that I/we have read Permit A ⁶¹⁶¹⁵⁹

Kristina Skuflet
 Signature of Affiant

9/18/17
 Date

Edward Skuflet
 Signature of Affiant

9/18/17
 Date

Signed and sworn to (or affirmed) before me this 18th day of September, 2017.

[Signature]
 Notary Public for Oregon

My Commission Expires: 07.05.2019

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SEP 20 2017

WATER RESOURCES DEPT
 SALEM, OREGON



WARRANTY DEED

Instrument

CT55071AH

MICHAEL D. UMBARGER and DIANE M. UMBARGER, husband and wife,
Grantor(s) hereby grant, bargain, sell, warrant and convey to:
EDWARD SEUFERT III and KRISTINE SEUFERT, husband and wife,
Grantee(s) and grantee's heirs, successors and assigns the following described
real property, free of encumbrances except as specifically set forth herein in
the County of CROOK and State of Oregon, to wit:

SEE EXHIBIT A WHICH IS MADE A PART HEREOF BY THIS REFERENCE
1514-34 TL600 (PORTION) REF#1023 CODE#1

SUBJECT TO: all those items of record and those apparent upon the land, if
any, as of the date of this deed and those shown below, if any:
and the grantor will warrant and forever defend the said premises and every
part and parcel thereof against the lawful claims and demands of all persons
whomsoever, except those claiming under the above described encumbrances.

~~THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT
IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR
ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY
SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY
APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST
PRACTICES AS DEFINED IN ORS 30.930.~~

The true and actual consideration for this conveyance is 85,000.00.

Until a change is requested, all tax statements shall be sent to Grantee at the
following address: 25391 S. HUGHES LANE, CAMBY, OR 97013

Dated this 2nd day of December, 1999.

AMERITITLE

[Signature]
MICHAEL D. UMBARGER

[Signature]
DIANE M. UMBARGER



State of Oregon
County of CROOK

This instrument was acknowledged before me on December 2, 1999 by
MICHAEL D. UMBARGER AND DIANE M. UMBARGER.

[Signature]
(Notary Public for Oregon)

My commission expires 9/5/02

ESCROW NO. CT55071AH

Return to:
EDWARD SEUFERT III
25391 S. HUGHES LANE
CAMBY, OR 97013

RECEIVED

SEP 20 2017

WATER RESOURCES DEPT
SALEM, OREGON

ACCEPTED

OCT 0 3 2017

0055071

EXHIBIT A

Located in CROOK COUNTY, OREGON:

Parcel 1 of Partition Plat No. 1999-28, Recorded December 8, 1999 in Partitions MF No. 152600, Records of Crook County, Oregon, Located in the NE 1/4 SW 1/4 and W 1/2 SE 1/4 of Section 34, Township 15 South, Range 14 East of the Willamette Meridian, Crook County, Oregon.

This property is currently described as follows:

A parcel of land located in the Southwest one-quarter of the Southeast one-quarter (SW 1/4 SE 1/4) of Section 34, Township 15 South, Range 14 East of the Willamette Meridian, Crook County, Oregon, more particularly described as follows: Beginning at the Southwest corner of the SW 1/4 SE 1/4, thence North 00°01'16" West along the East line of said SW 1/4 SE 1/4 a distance of 679.75 feet; thence South 89°20'36" East a distance of 641.00 feet; thence South 00°01'16" East a distance of 679.75 feet to the South line of said SW 1/4 SE 1/4; thence North 89°20'36" West along said line a distance of 641.00 feet to the point of beginning.

TOGETHER WITH a non-exclusive easement for access and public utility purposes over a portion of the Southwest one-quarter of the Southeast one-quarter (SW 1/4 SE 1/4) of Section 34, Township 15 South, Range 14 East of the Willamette Meridian, Crook County, Oregon, more particularly described as follows: Commencing at the Southwest corner of said SW 1/4 SE 1/4, thence South 89°20'36" East along the South line of said SW 1/4 SE 1/4 a distance of 641.00 feet to the True Point of Beginning. Thence continuing South 89°20'36" East along said line a distance of 184.47 feet; thence North 00°39'24" East a distance of 35.00 feet; thence North 89°20'36" West a distance of 149.88 feet; thence North 00°01'16" West a distance of 650.52 feet; thence South 81°16'29" West a distance of 35.41 feet; thence South 00°01'16" East a distance of 679.75 feet to the True Point of Beginning.

KEY PUNCHED

MICROFILM

DEC 14 1999

STATE OF OREGON } ss. 152603
COUNTY OF CROOK }

I CERTIFY THAT THE WITHIN INSTRUMENT WAS RECEIVED FOR RECORD ON THE 8th DAY OF December, 19 99, AT 3:50 P.M.

AND RECORDED IN Deeds

RECORDS OF SAID COUNTY MF NO. 152603

DEANNA E. BERMAN, CROOK COUNTY CLERK
BY: *Deanna E. Berman* DEPUTY

RECEIVED

SEP 20 2017

WATER RESOURCES DEPT
SALEM, OREGON



4000

RECEIVED

SEP 20 2017

WATER RESOURCES DEPT SALEM, OREGON

Applicant Information

APPLICANT/BUSINESS NAME <i>Susan Cole Dennis Cole</i>		MAP ID (LETTER OR NUMBER) <i>TL004</i>	PHONE NO. <i>541- 548-0783</i>	ADDITIONAL CONTACT NO.
ADDRESS <i>P.O. Box 213</i>				FAX NO.
CITY <i>Powell Butte</i>	STATE <i>OR</i>	ZIP <i>97153</i>	E-MAIL <i>cole136@jps.net</i>	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.				

Agent Information – This agent is authorized to represent the above applicant in all matters relating to this application

AGENT/BUSINESS NAME		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS			FAX NO.
CITY	STATE	ZIP	E-MAIL
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.			

I (we) affirm that the most recent water use (if any) under my (our) portion of the permit has been exercised within the relevant terms and conditions of the permit.

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



D. Cole
Applicant signature

Susan Cole
Applicant signature

DENNIS COLE
Name (and title if applicable) (print)

SUSAN COLE
Name (and title if applicable) (print)

9-16-17
Date

9-16-17
Date

Applicant Information

APPLICANT/BUSINESS NAME		MAP ID (LETTER OR NUMBER)	PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.				

Agent Information – This agent is authorized to represent the above applicant in all matters relating to this application

AGENT/BUSINESS NAME		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS			FAX NO.
CITY	STATE	ZIP	E-MAIL
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.			

I (we) affirm that the most recent water use (if any) under my (our) portion of the permit has been exercised within the relevant terms and conditions of the permit.

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



Applicant signature

Applicant signature

Name (and title if applicable) (print)

Name (and title if applicable) (print)

Date

Date

ACCEPTED

OCT 0 3 2017

RECEIVED

SEP 20 2017

WATER RESOURCES DEPT
SALEM, OREGON



Oregon Water Resources
Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

Application to
Split A Permit and Request for
Issuance of Replacement
Permits

Affidavit of Non-Conveyance and
Reading of Permit G-16159

State of Oregon

County of CROOK Deschutes

I/We, ^{Susan Cole} Dennis Cole, mailing address ^{PO Box 213} Powell, telephone number ^{Bulk OK} 97753 ⁵⁴⁸ 0783 being first duly sworn deposes
and say:

1. Permit G-16159, has not been conveyed or withheld and remains appurtenant to my/our land.
2. I/We attest that I/we have read Permit G-16159

Susan Cole
Signature of Affiant

9-15-17
Date

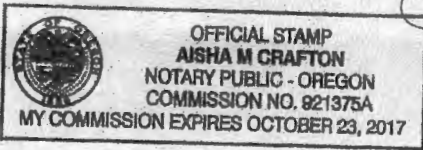
D Cole
Signature of Affiant

9-15-17
Date

Signed and sworn to (or affirmed) before me this 15th day of Sept., 2017.

Aisha Crafton

Notary Public for Oregon



My Commission Expires: Oct 23, 2017

ACCEPTED
OCT 03 2017

CT56085AH

WARRANTY DEED

MICHAEL D. UMBARGER and DIANE M. UMBARGER, husband and wife, Grantor(s) hereby grant, bargain, sell, warrant and convey to: DENNIS COLE and SUSAN COLE, husband and wife, Grantee(s) and grantee's heirs, successors and assigns the following described real property, free of encumbrances except as specifically set forth herein in the County of CROOK and State of Oregon, to wit: SEE EXHIBIT A WHICH IS MADE A PART HEREOF BY THIS REFERENCE 1514-34 TL600 (PORTION) REF#1023 CODE#1

SUBJECT TO: all those items of record and those apparent upon the land, if any, as of the date of this deed and those shown below, if any: and the grantor will warrant and forever defend the said premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

The true and actual consideration for this conveyance is 90,000.00.

Until a change is requested, all tax statements shall be sent to Grantee at the following address: 7351 SCHOOLHOUSE ROAD, SOMERSET, CA 95684

Dated this 2nd day of December, 1999

[Signature of Michael D. Umbarger]

MICHAEL D. UMBARGER

[Signature of Diane M. Umbarger]

DIANE M. UMBARGER



State of Oregon
County of CROOK

This instrument was acknowledged before me on December 2, 1999 by MICHAEL D. UMBARGER AND DIANE M. UMBARGER.

[Signature of April F. Hensley]

(Notary Public for Oregon)

My commission expires 9/5/02

ESCROW NO. CT56085AH

Return to:
DENNIS COLE
7351 SCHOOLHOUSE ROAD
SOMERSET, CA 95684

AMERITITLE

RECEIVED
SEP 20 2017
WATER RESOURCES DEPT
SALEM, OREGON



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem, Oregon 97301
 (503) 986-0900
 www.wrd.state.or.us

Request for Assignment

RECEIVED BY OWRD

SEP 14 2012

SALEM, OR

If for multiple rights, a separate form and fee for each right will be required.

I, MIKE UMBARGER AND JOHN UMBARGER

(Name of Applicant / Permit / Transfer Holder / License Holder/GR Certificate of Registration)

10881 SW POWELL BUTTE HWY

POWELL BUTTE OR 97753

(Mailing Address)

(City)

(State)

(Zip)

(Phone #)

- hereby assign all my interest in and to application/permit/transfer/license/GR Certificate of Registration;
- hereby assign all my interest in and to a portion of application/permit/transfer/license/GR Certificate of Registration; (You must include a map showing the portion of the application/permit/transfer/license/GR Certificate of Registration to be assigned.)
- hereby assign a portion of my interest in and to the entire application/permit/transfer/license/GR Certificate of Registration:

Application # G-16483; Permit # G-16159; Transfer # _____

-OR-

License # _____; GR Statement # _____; GR Certificate of Registration # _____

As filed in the office of the Water Resources Director, to:

SEE ATTACHED LANDOWNERS / CONTACT INFORMATION

(Name of New Owner)

OR

(Mailing Address)

(City)

(State)

(Zip)

(Phone #)

Note: If there are other owners of the property described in the Application, Permit, Transfer, License, or GR Certificate of Registration, you must provide a list of all other owners' names and mailing addresses and attach it to this form.

I hereby certify that I have notified all other owners of the property described in this Application, Permit, Transfer, License, or GR Certificate of Registration of this Request for Assignment

Witness my hand this 13th day of September, 2012.

Applicant/Permit Holder _____

Applicant/Permit Holder _____

ASSIGNMENT TO 10 NEWLANDS
L. M. S. 9/14/12

DO NOT WRITE IN THIS BOX

This certifies assignment and record change at Oregon Water Resources Department effective 8:00 a.m. on date of receipt at Salem, Oregon.

Fee receipt # 106235
 For Director by Jerry Sauter, Program Analyst in Water Rights Division

The completed "Request for Assignment" form must be submitted to the Department along with the recording fee of \$75.

ACCEPTED
OCT 03 2012

cc: Watermaster 11

Edward Seufert III and Kristine Seufert

Dennis and Susan Cole

Scott and Ceclia Y. Granger

Richard T. and Kathryn S. Koon

Gayland R. and Patricia M. Looney

Robert and Judy Calcote

Craig W. and Eileen D. Obermiller

Cameron J. and Becky Jean Teater

Blain C. and Patricia C. Boles

Anthony J. Dorsch and Brian M. and Jeffrey T. Rost

John Short

Data Center, OWRD (cover letter & request)

Hydrographics

File

Assignment of Oregon water right permit G-16159 to current owners of the place of use originally identified in the permit:

SEUFERT, EDWARD III & KRISTINE
13469 SW UMBARGER RD
POWELL BUTTE, OR 97753

COLE, DENNIS & SUSAN
P.O. BOX 213
POWELL BUTTE, OR 97753

GRANGER, SCOTT C. & CECELIA Y.
PO BOX 24
POWELL BUTTE, OR 97753

KOON, RICHARD T. & KATHRYN S.
13333 SW UMBARGER ROAD
POWELL BUTTE, OR 97753

LOONEY, GAYLAND R. & PATRICIA M.
11977 SW ELEMAR CT
TIGARD, OR 97224

CALCOTE, ROBERT & JUDY
20004 NE 48th Circle
VANCOUVER, WA 98682

OBERMILLER, CRAIG W. & EILEEN D.
9605 SW REIF ROAD
POWELL BUTTE, OR 97753

TEATER, CAMERON J. & BECKY JEAN
10001 SW REIF ROAD
POWELL BUTTE, OR 97753

BOLES, BLAIN C. & PATRICIA C.
11461 SE FALBROOK DRIVE
CLACKAMAS, OR 97015

DORSCH, ANTHONY J.
ROST, BRIAN M.
ROST, JEFFREY T.
203 N CANYON DRIVE
REDMOND, OR 97756

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SALEM, OR

ACCEPTED
OCT 03 2017

Water Right Services, LLC

John A. Short CCB# 197121

541-389-2837

P.O. Box 1830
Bend, OR 97709

johnshort@usa.com
www.oregonwater.us

TWP	RNG	MER	SEC	QQ	GOV LOT	TAX LOT	ACRES	OWNER
15S	14E	WM	34	SWSE		603	0.5	SEUFERT
						604	0.5	COLE
16S	14E	WM	3	SWNE		400	0.5	GRANGER
						501	0.5	KOON
						503	0.5	LOONEY
						504	0.5	CALCOTE
				SENE		200	0.5	OBERMILLER
						300	0.5	TEATER
						502	0.5	BOLES
16S	14E	WM	4	SESE		901	0.5	DORSCH / ROST
							5.0	TOTAL

RECEIVED BY OWRD

SEP 14 2012

SALEM, OR

Water Right Services, LLC

John A. Short CCB# 197121

541-389-2837

P.O. Box 1830
Bend, OR 97709

johnshort@usa.com
www.oregonwater.us

STATE OF OREGON

COUNTY OF CROOK

PERMIT TO APPROPRIATE THE PUBLIC WATERS

THIS PERMIT IS HEREBY ISSUED TO

MIKE UMBARGER AND JOHN UMBARGER
10881 SW POWELL BUTTE HWY
POWELL BUTTE, OR 97753

The specific limits and conditions of the use are listed below.

APPLICATION FILE NUMBER: G-16483

SOURCE OF WATER: A WELL (CROO 3243) IN DRY RIVER BASIN

PURPOSE OR USE: IRRIGATION OF 5.0 ACRES

MAXIMUM RATE: 0.06 CUBIC FOOT PER SECOND

PERIOD OF USE: APRIL 1 THROUGH OCTOBER 31

DATE OF PRIORITY: JUNE 13, 2005

WELL LOCATION: SW $\frac{1}{4}$ NW $\frac{1}{4}$, SECTION 3, T16S, R14E, W.M.; 1230 FEET SOUTH
& 300 FEET EAST FROM NW CORNER, SECTION 3

The amount of water used for irrigation under this right, together with the amount secured under any other right existing for the same lands, is limited to a diversion of ONE-EIGHTIETH of one cubic foot per second (or its equivalent) and 3.0 acre-feet for each acre irrigated during the irrigation season of each year.

THE PLACE OF USE IS LOCATED AS FOLLOWS:

SW $\frac{1}{4}$ SE $\frac{1}{4}$ 1.0 ACRE
SECTION 34
TOWNSHIP 15 SOUTH, RANGE 14 EAST, W.M.

SW $\frac{1}{4}$ NE $\frac{1}{4}$ 2.0 ACRES
SE $\frac{1}{4}$ NE $\frac{1}{4}$ 1.5 ACRES
SECTION 3
SE $\frac{1}{4}$ SE $\frac{1}{4}$ 0.5 ACRE
SECTION 4
TOWNSHIP 16 SOUTH, RANGE 14 EAST, W.M.

ACCEPTED
OCT 03 2017

Measurement, recording and reporting conditions:

- A. Before water use may begin under this permit, the permittee shall install a meter or other suitable measuring device as approved by the Director. The permittee shall maintain the meter or measuring device in good working order, shall keep a complete record of the amount of water used each month and shall submit a report which includes the recorded water use measurements to the Department annually or more frequently as may be required by the Director. Further, the Director may require the permittee to report general water use information, including the place and nature of use of water under the permit.
- B. The permittee shall allow the watermaster access to the meter or measuring device; provided however, where the meter or measuring device is located within a private structure, the watermaster shall request access upon reasonable notice.

Use of water under authority of this permit may be regulated if analysis of data available after the permit is issued discloses that the appropriation will measurably reduce the surface water flows necessary to maintain the free-flowing character of a scenic waterway in quantities necessary for recreation, fish and wildlife in effect as of the priority date of the right or as those quantities may be subsequently reduced. However, the use of ground water allowed under the terms of this permit will not be subject to regulation for Scenic Waterway flows so long as mitigation is maintained.

GROUND WATER MITIGATION CONDITIONS

Mitigation Obligation: 9.0 acre-feet annually in the General Zone of Impact, located anywhere in the Deschutes River Basin above the Madras Gage, which is located below Lake Billy Chinook.

Mitigation Source: 9.0 Mitigation Credits from mitigation project MP-25, which originated from transfer T-9687, a permanent instream water right that meets the requirements of OAR 690-505-0610(2)-(5), within the General Zone of Impact.

Mitigation water must be legally protected instream for instream use within the General River Zone of Impact and committed for the life of the permit and subsequent certificate(s). Regulation of the use and/or cancellation of the permit, or subsequent certificate(s), will occur if the required mitigation is not maintained.

If mitigation is from a secondary right for stored water from a storage project not owned or operated by the permittee the use of water under this right is subject to the terms and conditions of a valid contract, a copy of which must be on file in the records of the Water Resources Department prior to use of water.

The permittee shall provide additional mitigation if the Department determines that average annual consumptive use of the subject appropriation has increased beyond the originally mitigated amount.

Failure to comply with these mitigation conditions shall result in the Department regulating the ground water permit, or subsequent certificate(s), proposing to deny any permit extension application for the ground water permit, and proposing to cancel the ground water permit, or subsequent certificate(s).

STANDARD CONDITIONS

If substantial interference with a senior water right occurs due to withdrawal of water from any well listed on this permit, then use of water from the well(s) shall be discontinued or reduced and/or the schedule of withdrawal shall be regulated until or unless the Department approves or implements an alternative administrative action to mitigate the interference. The Department encourages junior and senior appropriators to jointly develop plans to mitigate interferences.

The wells shall be constructed in accordance with the General Standards for the Construction and Maintenance of Water Wells in Oregon. The works shall be equipped with a usable access port, and may also include an air line and pressure gauge adequate to determine water level elevation in the well at all times.

The use shall conform to such reasonable rotation system as may be ordered by the proper state officer.

Prior to receiving a certificate of water right, the permit holder shall submit the results of a pump test meeting the department's standards, to the Water Resources Department. The Director may require water level or pump test results every ten years thereafter.

Failure to comply with any of the provisions of this permit may result in action including, but not limited to, restrictions on the use, civil penalties, or cancellation of the permit.

This permit is for the beneficial use of water without waste. The water user is advised that new regulations may require the use of best practical technologies or conservation practices to achieve this end.

By law, the land use associated with this water use must be in compliance with statewide land-use goals and any local acknowledged land-use plan.

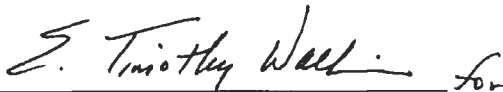
ACCEPTED
OCT 6 3 2017

The use of water shall be limited when it interferes with any prior surface or ground water rights.

Complete application of the water to the use shall be made on or before October 1, 2011. If the water is not completely applied before this date, and the permittee wishes to continue development under the permit, the permittee must submit an application for extension of time, which may be approved based upon the merit of the application.

Within one year after complete application of water to the proposed use, the permittee shall submit a claim of beneficial use, which includes a map and report, prepared by a Certified Water Rights Examiner (CWRE).

Issued MARCH 1, 2007

A handwritten signature in cursive script, appearing to read "P. Timothy Ward", followed by the word "for" written in a smaller, less distinct cursive hand.

Phillip C. Ward, Director
Water Resources Department

Completion Checklist for Claims of Beneficial Use

Application # C-116483 Transfer # _____
 Date Received 9/25/2012
 CWRE Name Cathy DeJasnet Claim Logged
 File Marked _____
 Oversized Map # _____
 Reviewer C. U.

*partial claim - Cameron T.L. 300
Bickley Tator*

Map Review:

- Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))
- Application & permit #; or transfer # (OAR 690-014-0100(1))
- Disclaimer (OAR 690-014-0170(5))
- North arrow (OAR 690-310-0050(2)(c))
- CWRE stamp and signature (OAR 690-014 & 310-0050)
- Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
- Township, range, section, and tax lot numbers (OAR 690-310-0050(4))
- _____ Source illustrated if surface water (OAR 690-014-0170(3))
- _____ Point(s) of diversion or appropriation (illustrated) (OAR 690-014(4) & 690-310-0050)
- _____ Point(s) of diversion or appropriation (coordinates)(OAR 690-014(4) & 690-310-0050)
- _____ Conveyance structures illustrated (pump, pipelines, ditches, etc.) (OAR 690-310-0050)
- _____ Description of the location, in relation to the point of diversion or appropriation, of any fish screens, by-pass devices, and measuring devices required (OAR 690-014-0170(4))
- _____ Place of use (1/4 1/4, or projected 1/4 1/4 lines within DLCs, or Gov Lots; if irrigation, # of acres in each subdivision; if for domestic or human consumption, location of dwelling or spigot) (OAR 690-310-0050, 690-014, 690-380-6010)

Report Review:

- On form or format provided by the Department (OAR 690-014-0100(1))
- Application & permit #; or transfer # (OAR 690-014)
- Ownership information (OAR 690-014)
- Date of survey (OAR 690-014)
- Person interviewed (OAR 690-014)
- County (OAR 690-014)
- _____ Description of conveyances system (from POD to POU) (OAR 690-014-0100)
- _____ Source(s) of water (OAR 690-014-0100)
- _____ Place of use location (OAR 690-014-0100)
- _____ Type of use (OAR 690-014-0100)
- _____ Extent of use (OAR 690-014-0100)
- _____ Rate and Duty (OAR 690-014-0100)
- _____ Diversion rate for each use (OAR 690-014-0100)
- _____ Diversion works description (pump make, serial model, capacity, and description) (OAR 690-014-0100)
- _____ System capacity (OAR 690-014-0100)
 - _____ Calculated capacity of system (required)
 - _____ Measured amount of use (optional)
- _____ Permit/Transfer Final Order Conditions (OAR 690-014-0100)
 - _____ Time limits
 - _____ Initial water level measurements
 - _____ Annual static water level measurements
 - _____ Measurement, recording, and reporting
 - _____ Meter/measuring device
 - _____ Water use reporting
 - _____ Fish screening and/or by-pass
 - _____ Pump test (ground water)
 - _____ Other conditions
- CWRE stamp and signature (OAR 690-014-0100)
- Signature(s) of permittee of transfer holder (OAR 690-014-0100)

ACCEPTED
OCT 03 2017

DEF = deficient
N/A = Not Applicable

**CLAIM OF
BENEFICIAL USE
for Ground Water Permits
claiming 0.1 cfs or less**



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

**A fee of \$150 must accompany this form to be accepted for permits
with a priority date of July 9, 1987, or later. (ORS 536.050(1))**

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:
http://www.wrd.state.or.us/OWRD/WR/cwre_info.shtml#.

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

If you have questions regarding the completion of this form, please call 503-986-0900 and ask for the Certificate Section.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see http://www.wrd.state.or.us/OWRD/mgmt_reimbursement_authority.shtml.

SECTION 1

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GENERAL INFORMATION

SEP 25 2012

1. File Information

APPLICATION # G-16483	PERMIT # (IF APPLICABLE) G-16159	PERMIT AMENDMENT # (IF APPLICABLE) SALEM OR
---------------------------------	--	---

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME CAMERON J. & BECKY JEAN TEATER	PHONE No. 541-923-0515	ADDITIONAL CONTACT No.
ADDRESS 10001 SW REIF ROAD		
CITY POWELL BUTTE	STATE OR	ZIP 97753
E-MAIL		

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. **The COBU must be signed by each permit holder of record.**

ACCEPTED
OCT 03 2012

3. Permit holder of record (this may, or may not, be the current property owner)

PERMIT HOLDER OF RECORD CAMERON J. & BECKY JEAN TEATER		
ADDRESS 10001 SW REIF ROAD		
CITY POWELL BUTTE	STATE OR	ZIP 97753

ADDITIONAL PERMIT HOLDER OF RECORD SEE ATTACHED LIST PER ASSIGNMENT RECEIVED BY OWRD SEPT. 14, 2012.		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection: **SEPT 3, 2012**

5. Person(s) interviewed and description of their association with the project:

NAME	DATE	ASSOCIATION WITH THE PROJECT
BECKY / CAM TEATER	SEPT 3, 2012	OWNER
BUTCH ROGERS	SEPT 18, 2012	PUMP INSTALLER

6. County: **CROOK**

7. If any property described in the place of use of the permit final order is excluded from this report, identify the owner of record for that property (ORS 537.230(4)):

**Mark "NA" if there are no owners of property not included in this claim

OWNER OF RECORD SEE ATTACHED LIST PER ASSIGNMENT RECEIVED BY OWRD SEPT. 14, 2012.		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

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SEP 25 2012

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SALEM, OR

OCT 03 2012

SECTION 2
SYSTEM DESCRIPTION

A. Points of Appropriation

1. Point(s) of Appropriation (POA):

POA NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
WELL	CROO 3243	

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

2 Developed use(s), period of use, and rate for each use:

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	RATE OR VOLUME FOR USE (CFS, GPM, OR AF)
WELL	IRRIGATION	LANDSCAPING, GARDEN, LAWN	APR 1 – OCT 31	0.12 CFS PER 2005 PUMP TEST
Total Quantity of Water Used				0.12 CFS

3. Provide a general narrative description of the distribution works. This description must trace the water system from each point of appropriation to the place of use:

SUBMERSIBLE PUMP IN WELL FILLS 3,300 GALLON CISTERN #2 FROM WHICH SECOND SUBMERSIBLE PUMP FEEDS PRESSURIZED MANUAL SYSTEM OF SPRINKLERS AND DRIP IRRIGATION.

Reminder: The map associated with this claim must identify the location of the point(s) of appropriation, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

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OCT 03 2017

SECTION 2

SYSTEM DESCRIPTION (B through G)

Are there multiple POAs?

NO

If "YES" you will need to copy and complete Sections 2B through 2G for each POA.

POA Name or Number this section describes (only needed if there is more than one):

B. Place of Use

Attach Claim of Beneficial Use map.

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (Gov Lot), Quarter-Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, Gov Lot, and QQ.

C. Appropriation and Delivery System Information

Provide the following information concerning the appropriation and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used?

YES

If "NO" items 2 through item 5 may be deleted.

2. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
			SUBMERSIBLE

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If a well, the water level during pumping	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
15 HP	60 PSI	502'	100'	0.14 CFS

4. Provide pump calculations:

$15 \text{ HP} \times 7.04 / (60 \times 2.54 + 502 + 100) = 0.14 \text{ CFS}$

5. Measured Pump Capacity (using meter if meter was present and system was operating)

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
NA			

Reminder: For pump calculations use the reference information at the end of this document.

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SEP 25 2012

6. Sprinkler Information

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
.125	50 PSI	3.2 GPM		3	0.02 CFS

Reminder: For sprinkler output determination use the reference information at the end of this document.

7. Additional notes or comments related to the system:

DIVERSE SYSTEM INCLUDES HOSE TYPE LAWN SPRINKLERS DOWN TO DRIP AND MIRCO SPRAY IN GARDEN.

D. Groundwater Source Information (Well and Sump)

1. Describe the access port (type and location) or other means to measure the water level in the well:

TURTLE BACK CAP WITHOUT ACCESS PORT

2. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
NA						

3. In addition to the information requested in item "2" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

NA

4. Is the appropriation from a dug well (sump)? NO

If "NO", items 5 through 7 relating to this section may be deleted.

E. Storage

1. Does the distribution system include in-system storage (i.e. storage tank, bulge in system / reservoir) YES

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a: YES
 Storage Tank YES
 Bulge in System / Reservoir NO

Complete appropriate table(s), unused table may be deleted.

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
FIBERGLASS	3,300	ABOVE

ACCEPTED

OCT 0 3 2017

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F. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe?

NO

If "NO", items 2 through 4 relating to this section may be deleted.

G. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Provide description and calculations if necessary:

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ACCEPTED
OCT 03 2012

SEP 25 2012

SALEM, OR

SECTION 3 CONDITIONS

All conditions contained in the permit, permit amendment, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Permits and any extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or extension final order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	MAR 1, 2007		
BEGIN CONSTRUCTION (A)	NA	AUG 21, 1995	WELL INSTALLED PRIOR TO PERMIT ISSUANCE.
COMPLETE CONSTRUCTION (B)	NA		
COMPLETE APPLICATION OF WATER (C)	OCT 1, 2011	SEPT 30, 2011	COMPLETE METERED BENEFICIAL USE OF WATER.

* MUST BE WITHIN PERIOD BETWEEN PERMIT OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

2. Is there an extension final order(s)? NO

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? NO

If "NO", items 3b through 3d relating to this section may be deleted.

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? NO

If "NO", items 4b through 4e relating to this section may be deleted.

5. Pump Test (Required for most ground water permits prior to issuance of a certificate)

a. Did the permit require the submittal of a pump test? YES

If "NO", items 5b through 5e relating to this section may be deleted.

b. Has the pump test been previously submitted to the Department? NO

c. Is the pump test attached to this claim? NO

d. Has the pump test been approved by the Department? NO

e. Has a pump test exemption been approved by the Department? ACCEPTED YES

6. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? RECEIVED BY OWRD YES

If "NO", items 6b through 6f relating to this section may be deleted.

~~OCT 0 3 2017~~

RECEIVED BY OWRD YES

Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of appropriation.

b. Has a meter been installed? YES

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
LOT 300	SENSUS	50851557	WORKING	3362475.5	PRIOR TO 2005
WELL	SENSUS	60974999	WORKING	20976780 9-18-2012	

If a meter has been installed, items 6d through 6f relating to this section may be deleted.

7. Recording and reporting conditions

a. Is the water user required to report the water use to the Department? YES

If "NO", item 7b relating to this section may be deleted.

b. Have the reports been submitted? YES

METHOD OF SUBMITTING REPORT (PAPER OR ELECTRONIC)	WATER USER REPORTING ID
PAPER	29894

If the reports have not been submitted, attach a copy of the reports if available.

8. Other conditions required by permit, permit amendment final order, or extension final order

a. Were there special well construction standards? NO

b. Was submittal of a ground water monitoring plan required? NO

c. Other conditions? YES

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

PERMIT REQUIRED 9.0 GENERAL ZONE OF IMPACT MITIGATION CREDITS.

OWRD RECEIVED DOCUMENTARY EVIDENCE OF 9.0 PERMANENT GENERAL ZONE MITIGATION CREDITS FROM MITIGATION PROJECT MP-25 ON DEC 8, 2006.

SECTION 4

VARIATIONS

Include a description of variations from the permit, permit amendment final order, or extension final order. (i.e. "The permit allowed three points of appropriation. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

NONE NOTED.

ACCEPTED
OCT 03 2017

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SEP 25 2012

**SECTION 5
ATTACHMENTS**

Provide a list of any additional documents you are attaching to this report:

ATTACHMENT NAME	DESCRIPTION
OWNER LIST	LIST OF OWNERS UNDER PENDING ASSIGNMENT
CROO 3243	WELL LOG
COBU MAP	COBU MAP

**SECTION 6
CLAIM SUMMARY**

POA NAME OR #	MAXIMUM RATE AUTHORIZED BY PERMIT	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED BY PERMIT	# OF ACRES DEVELOPED
WELL	0.006 CFS	0.02 CFS	NA	IRRIGATION	0.5	0.5

**SECTION 7
CLAIM OF BENEFICIAL USE MAP**

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

ONSITE PHYSICAL MEASUREMENT, OWRD TRAVERSE TOOL



Map Checklist

Please be sure that the map you submit includes ALL the items listed below.
(Reminder: Incomplete maps and/or claims may be returned.)

- Map on polyester film.
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation.

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- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Source illustrated if surface water
- Disclaimer (“This map is not intended to provide legal dimensions or locations of property ownership lines”)
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature

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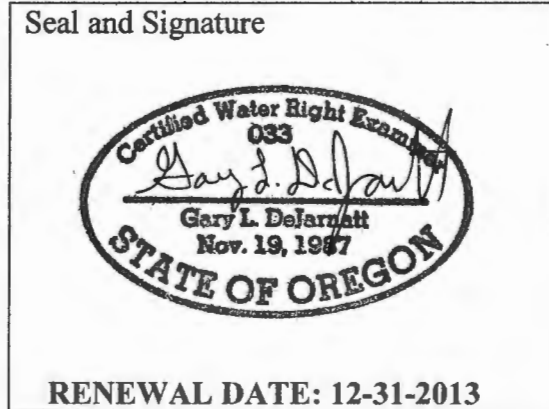
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OCT 03 2012

**SECTION 8
SIGNATURES**

CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



CWRE NAME GARY L. DEJARNATT JOB # 12048		PHONE NO. 541-382-4192	ADDITIONAL CONTACT NO. JOHN SHORT 541-389-2837
ADDRESS 20735 DOUBLE PEAKS DRIVE			
CITY BEND	STATE OR	ZIP 97701	E-MAIL

Permit Holder's of Record Signature or Acknowledgement

This Claim of Beneficial Use must be signed by each permit or transfer holder of record.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	DATE
<i>Cameron J. Teater</i>	Cameron J. Teater	9/21/12
<i>Becky Jean Teater</i>	Becky Jean Teater	9/21/12

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Permit G-16159 current owners with POU corrected to match Claim of Beneficial Use maps:

SEUFERT, EDWARD III & KRISTINE
13469 SW UMBARGER RD
POWELL BUTTE, OR 97753

COLE, DENNIS & SUSAN
P.O. BOX 213
POWELL BUTTE, OR 97753

GRANGER, SCOTT C. & CECELIA Y.
PO BOX 24
POWELL BUTTE, OR 97753

KOON, RICHARD T. & KATHRYN S.
13333 SW UMBARGER ROAD
POWELL BUTTE, OR 97753

LOONEY, GAYLAND R. & PATRICIA M.
11977 SW ELEMAR CT
TIGARD, OR 97224

CALCOTE, ROBERT & JUDY
20004 NE 48th Circle
VANCOUVER, WA 98682

OBERMILLER, CRAIG W. & EILEEN D.
9605 SW REIF ROAD
POWELL BUTTE, OR 97753

TEATER, CAMERON J. & BECKY JEAN
10001 SW REIF ROAD
POWELL BUTTE, OR 97753

BOLES, BLAIN C. & PATRICIA C.
11461 SE FALBROOK DRIVE
CLACKAMAS, OR 97015

DORSCH, ANTHONY J.
ROST, BRIAN M.
ROST, JEFFREY T.
203 N CANYON DRIVE
REDMOND, OR 97756

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OCT 03 2017

Water Right Services, LLC

John A. Short CCB# 197121

541-389-2837

P.O. Box 1830
Bend, OR 97709

johnshort@usa.com
www.oregonwater.us

Property ownership with Quarter-Quarter sections corrected from permit to match COBU maps.

TWP	RNG	MER	SEC	QQ	GOV LOT	TAX LOT	ACRES	OWNER
15S	14E	WM	34	SWSE		603	0.5	SEUFERT
						604	0.5	COLE
16S	14E	WM	3		1	200	0.5	OBERMILLER
						300	0.5	TEATER
						400	0.5	GRANGER
						502	0.5	BOLES
					2	501	0.5	KOON
						503	0.5	LOONEY
						504	0.5	CALCOTE
16S	14E	WM	4	SESE		901	0.5	DORSCH / ROST
							5.0	TOTAL

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Water Right Services, LLC

John A. Short CCB# 197121

541-389-2837

P.O. Box 1830
Bend, OR 97709

johnshort@usa.com
www.oregonwater.us

CROO
3243

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1651145/0388

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

SEP 01 1995

(START CARD) # 80392

Instructions for completing this report are on the last page of this form.

(1) OWNER:

Name MIKE UHNSAELER
Address 10851 S POWELL BUTTE HWY
City POWELL BUTTE State OR Zip 97253

(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 590 ft.

Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	32	BENTONITE	0	32	19 SACKS
8"	32	590				

How was seal placed: Method A B C D E

Other BENTONITE POWERS KEY

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:	8"	+1	39	30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	6"	10	590		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method FACTORY

From	To	Slot size #	Number	Diameter	Tele/pipe size	Casing	Liner
570	570	1/8	720	6.25	6.168	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Pump	Bailer	Air	Flowing Artesian
Yield gal/min				
Drawdown				
Drill stem at				
Time				
	50 gpm	0	570	1 hr.

Temperature of water 76° 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: _____

LOCATION OF WELL by legal description:

County CROOK Latitude _____ Longitude _____
Township 16 N or S Range 14 W or W. WM.
Section 3 NW 1/4 NW 1/4
Tax Lot 700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) POWELL BUTTE HWY

(10) STATIC WATER LEVEL:

502' ft. below land surface. Date 8/21/95
Artesian pressure 0 lb. per square inch. Date 8/21/95

(11) WATER BEARING ZONES:

Depth at which water was first found 505'

From	To	Estimated Flow Rate	SWL
505	507	5 Gpm	502
535	542	2.5 Gpm	502
561	564	2.5 Gpm	502

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
SAND + BOULDER	0	25	
SANDSTONE	25	74	
MEDIUM LAVA	74	168	
BROWN SANDSTONE	168	415	
MEDIUM LAVA	415	471	
BROWN SANDSTONE	471	506	
YELLOW SANDSTONE	506	590	502
CONGLOMERATE			

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Date started 8/16/95 Completed 8/21/95
(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.

ACCEPTED

Signed OCT 0 3 2017 Date _____ WWC Number _____

(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.

Signed Bill [Signature] Date 8/21/95 WWC Number 1555

Completion Checklist for Claims of Beneficial Use

Application # G 16 483 Transfer # _____
Date Received 9/24/2012
CWRE Name Gary De Jarnatt Claim Logged _____
File Marked _____
Oversized Map # _____
Reviewer C.J.
partial Richard Koon T.L. 501

Map Review:

- Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))
- Application & permit #; or transfer # (OAR 690-014-0100(1))
- Disclaimer (OAR 690-014-0170(5))
- North arrow (OAR 690-310-0050(2)(c))
- CWRE stamp and signature (OAR 690-014 & 310-0050)
- Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
- Township, range, section, and tax lot numbers (OAR 690-310-0050(4))
- Source illustrated if surface water (OAR 690-014-0170(3))
- Point(s) of diversion or appropriation (illustrated) (OAR 690-014(4) & 690-310-0050)
- Point(s) of diversion or appropriation (coordinates) (OAR 690-014(4) & 690-310-0050)
- Conveyance structures illustrated (pump, pipelines, ditches, etc.) (OAR 690-310-0050)
- Description of the location, in relation to the point of diversion or appropriation, of any fish screens, by-pass devices, and measuring devices required (OAR 690-014-0170(4))
- Place of use (1/4 1/4, or projected 1/4 1/4 lines within DLCs, or Gov Lots; if irrigation, # of acres in each subdivision; if for domestic or human consumption, location of dwelling or spigot) (OAR 690-310-0050, 690-014, 690-380-6010)

Report Review:

- On form or format provided by the Department (OAR 690-014-0100(1))
- Application & permit #; or transfer # (OAR 690-014)
- Ownership information (OAR 690-014)
- Date of survey (OAR 690-014)
- Person interviewed (OAR 690-014)
- County (OAR 690-014)
- Description of conveyances system (from POD to POU) (OAR 690-014-0100)
- Source(s) of water (OAR 690-014-0100)
- Place of use location (OAR 690-014-0100)
- Type of use (OAR 690-014-0100)
- Extent of use (OAR 690-014-0100)
- Rate and Duty (OAR 690-014-0100)
- Diversion rate for each use (OAR 690-014-0100)
- Diversion works description (pump make, serial model, capacity, and description) (OAR 690-014-0100)
- System capacity (OAR 690-014-0100)
 - Calculated capacity of system (required)
 - Measured amount of use (optional)
- Permit/Transfer Final Order Conditions (OAR 690-014-0100)
 - Time limits
 - Initial water level measurements
 - Annual static water level measurements
 - Measurement, recording, and reporting
 - Meter/measuring device
 - Water use reporting
 - Fish screening and/or by-pass
 - Pump test (ground water)
 - Other conditions
- CWRE stamp and signature (OAR 690-014-0100)
- Signature(s) of permittee of transfer holder (OAR 690-014-0100)

ACCEPTED
OCT 03 2012

DEF = deficient

N/A = Not Applicable

S:\groups\wr\certs\Resource Center\Forms Checklists Mailing Instructions\COBU Checklist 1-11-2012.rtf

CLAIM OF BENEFICIAL USE for Ground Water Permits claiming 0.1 cfs or less



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

**A fee of \$150 must accompany this form to be accepted for permits
with a priority date of July 9, 1987, or later. (ORS 536.050(1))**

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:
http://www.wrd.state.or.us/OWRD/WR/cwre_info.shtml#.

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

If you have questions regarding the completion of this form, please call 503-986-0900 and ask for the Certificate Section.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see http://www.wrd.state.or.us/OWRD/mgmt_reimbursement_authority.shtml.

SECTION 1

GENERAL INFORMATION

1. File Information

APPLICATION # G-16483	PERMIT # (IF APPLICABLE) G-16159	PERMIT AMENDMENT # (IF APPLICABLE)
--------------------------	-------------------------------------	------------------------------------

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME RICHARD T. KATHRYN S. KOON		PHONE NO. 541-923-5568	ADDITIONAL CONTACT NO.
ADDRESS 13333 SW UMBARGER ROAD			
CITY POWELL BUTTE	STATE OR	ZIP 97753	E-MAIL

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. **The COBU must be signed by each permit holder of record.**

ACCEPTED
OCT 0 3 2017

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SALEM, OR

3. Permit holder of record (this may, or may not, be the current property owner)

PERMIT HOLDER OF RECORD RICHARD T. & KATHRYN S. KOON		
ADDRESS 13333 SW UMBARGER ROAD		
CITY POWELL BUTTE	STATE OR	ZIP 97753

ADDITIONAL PERMIT HOLDER OF RECORD SEE ATTACHED LIST PER ASSIGNMENT RECEIVED BY OWRD SEPT. 14, 2012.		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

5. Person(s) interviewed and description of their association with the project:

NAME	DATE	ASSOCIATION WITH THE PROJECT
RICHARD KOON	SEPT 11, 2012	OWNER
BUTCH ROGERS	SEPT 18, 2012	PUMP INSTALLER

6. County:

7. If any property described in the place of use of the permit final order is excluded from this report, identify the owner of record for that property (ORS 537.230(4)):

**Mark "NA" if there are no owners of property not included in this claim

OWNER OF RECORD SEE ATTACHED LIST PER ASSIGNMENT RECEIVED BY OWRD SEPT. 14, 2012.		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

ACCEPTED
~~OCT 0 9 2012~~

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**SECTION 2
SYSTEM DESCRIPTION**

A. Points of Appropriation

1. Point(s) of Appropriation (POA):

POA NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
WELL	CROO 3243	

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

2. Developed use(s), period of use, and rate for each use:

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	RATE OR VOLUME FOR USE (CFS, GPM, OR AF)
WELL	IRRIGATION	LANDSCAPING, GARDEN, LAWN	APR 1 – OCT 31	0.12 CFS PER 2005 PUMP TEST
Total Quantity of Water Used				0.12 CFS

3. Provide a general narrative description of the distribution works. This description must trace the water system from each point of appropriation to the place of use:

SUBMERSIBLE PUMP IN WELL FILLS CISTERN #1 FROM WHICH SECOND SUBMERSIBLE PUMP FEEDS PRESSURIZED SYSTEM OF SPRINKLERS, DRIP, AND MIRCO SPRAY IRRIGATION ON 12 ZONE CONTROLLER.

Reminder: The map associated with this claim must identify the location of the point(s) of appropriation, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

ACCEPTED

OCT 0 3 2012

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SECTION 2
SYSTEM DESCRIPTION (B through G)

Are there multiple POAs?

NO

If "YES" you will need to copy and complete Sections 2B through 2G for each POA.

POA Name or Number this section describes (only needed if there is more than one):

B. Place of Use

Attach Claim of Beneficial Use map.

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (Gov Lot), Quarter-Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, Gov Lot, and QQ.

C. Appropriation and Delivery System Information

Provide the following information concerning the appropriation and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used?

YES

If "NO" items 2 through item 5 may be deleted.

2. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
			SUBMERSIBLE

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
15 HP	60 PSI	502'	60'	0.15 CFS

4. Provide pump calculations:

$$15 \text{ HP} \times 7.04 / (60 \times 2.54 + 502 + 60) = 0.15 \text{ CFS}$$

5. Measured Pump Capacity (using meter if meter was present and system was operating)

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
NA			

Reminder: For pump calculations use the reference information at the end of this document.

ACCEPTED
OCT 0 3 2017

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SALEM, OR

6. Sprinkler Information

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
BLUE	60 PSI	2.14 GPM		5	0.02 CFS

Reminder: For sprinkler output determination use the reference information at the end of this document.

7. Additional notes or comments related to the system:

TWELVE ZONE SYSTEM INCLUDES RAINBIRD 5000 SRINKLERS DOWN TO DRIP AND MIRCO SPRAY IN GARDEN.

D. Groundwater Source Information (Well and Sump)

1. Describe the access port (type and location) or other means to measure the water level in the well:

TURTLE BACK CAP WITHOUT ACCESS PORT

2. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
NA						

3. In addition to the information requested in item "2" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

NA

4. Is the appropriation from a dug well (sump)? NO

If "NO", items 5 through 7 relating to this section may be deleted.

E. Storage

1. Does the distribution system include in-system storage (i.e. storage tank, bulge in system / reservoir) YES

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a: YES
 Storage Tank YES
 Bulge in System / Reservoir NO

Complete appropriate table(s), unused table may be deleted.

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
CONCRETE	9,000	BURIED

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 OCT 03 2017

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F. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe?

NO

If "NO", items 2 through 4 relating to this section may be deleted.

G. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Provide description and calculations if necessary:

NA

ACCEPTED
OCT 0 8 2012

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SEP 24 2012

SALEM, OR

SECTION 3 CONDITIONS

All conditions contained in the permit, permit amendment, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Permits and any extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or extension final order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	MAR 1, 2007		
BEGIN CONSTRUCTION (A)	NA	AUG 21, 1995	WELL INSTALLED PRIOR TO PERMIT ISSUANCE.
COMPLETE CONSTRUCTION (B)	NA		
COMPLETE APPLICATION OF WATER (C)	OCT 1, 2011	SEPT 30, 2011	COMPLETE METERED BENEFICIAL USE OF WATER.

* MUST BE WITHIN PERIOD BETWEEN PERMIT OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

2. Is there an extension final order(s)? NO

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? NO

If "NO", items 3b through 3d relating to this section may be deleted.

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? NO

If "NO", items 4b through 4e relating to this section may be deleted.

5. Pump Test (Required for most ground water permits prior to issuance of a certificate)

a. Did the permit require the submittal of a pump test? YES

If "NO", items 5b through 5e relating to this section may be deleted.

b. Has the pump test been previously submitted to the Department? NO

c. Is the pump test attached to this claim? NO

d. Has the pump test been approved by the Department? NO

e. Has a pump test exemption been approved by the Department?

YES
ACCEPTED
OCT 03 2017

6. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? YES

If "NO", items 6b through 6f relating to this section may be deleted.

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Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of appropriation.

b. Has a meter been installed? YES

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
LOT 501	SENSUS	54583021	WORKING	2129117.7 9-11-2012	PRIOR TO 2005
WELL	SENSUS	60974999	WORKING	20976780 9-18-2012	PRIOR TO 2005

If a meter has been installed, items 6d through 6f relating to this section may be deleted.

7. Recording and reporting conditions

a. Is the water user required to report the water use to the Department? YES

If "NO", item 7b relating to this section may be deleted.

b. Have the reports been submitted? YES

METHOD OF SUBMITTING REPORT (PAPER OR ELECTRONIC)	WATER USER REPORTING ID
PAPER	29894

If the reports have not been submitted, attach a copy of the reports if available.

8. Other conditions required by permit, permit amendment final order, or extension final order

a. Were there special well construction standards? NO

b. Was submittal of a ground water monitoring plan required? NO

c. Other conditions? YES

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

PERMIT REQUIRED 9.0 GENERAL ZONE OF IMPACT MITIGATION CREDITS.

OWRD RECEIVED DOCUMENTARY EVIDENCE OF 9.0 PERMANENT GENERAL ZONE MITIGATION CREDITS FROM MITIGATION PROJECT MP-25 ON DEC 8, 2006.

**SECTION 4
VARIATIONS**

Include a description of variations from the permit, permit amendment final order, or extension final order. (i.e. "The permit allowed three points of appropriation. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

NONE NOTED.

ACCEPTED
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**SECTION 5
ATTACHMENTS**

Provide a list of any additional documents you are attaching to this report:

ATTACHMENT NAME	DESCRIPTION
OWNER LIST	LIST OF OWNERS UNDER PENDING ASSIGNMENT
CROO 3243	WELL LOG
COBU MAP	COBU MAP

**SECTION 6
CLAIM SUMMARY**

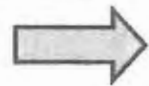
POA NAME OR #	MAXIMUM RATE AUTHORIZED BY PERMIT	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED BY PERMIT	# OF ACRES DEVELOPED
WELL	0.006 CFS	0.02 CFS	NA	IRRIGATION	0.5	0.5

**SECTION 7
CLAIM OF BENEFICIAL USE MAP**

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

ONSITE PHYSICAL MEASUREMENT, OWRD TRAVERSE TOOL



Map Checklist

Please be sure that the map you submit includes ALL the items listed below.
(Reminder: Incomplete maps and/or claims may be returned.)

- Map on polyester film.
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation.

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- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Source illustrated if surface water
- Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature

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**SECTION 8
SIGNATURES**

CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



CWRE NAME GARY L. DEJARNATT JOB # 12051		PHONE No. 541-382-4192	ADDITIONAL CONTACT No. JOHN SHORT 541-389-2837
ADDRESS 20735 DOUBLE PEAKS DRIVE			
CITY BEND	STATE OR	ZIP 97701	E-MAIL

Permit Holder's of Record Signature or Acknowledgement

This Claim of Beneficial Use must be signed by each permit or transfer holder of record.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	DATE
<i>Richard T. Koon</i>	RICHARD T. KOON	9/21/12
<i>Kathryn S. Koon</i>	KATHRYN S. KOON	9/21/12

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Permit G-16159 current owners with POU corrected to match Claim of Beneficial Use maps:

SEUFERT, EDWARD III & KRISTINE
13469 SW UMBARGER RD
POWELL BUTTE, OR 97753

COLE, DENNIS & SUSAN
P.O. BOX 213
POWELL BUTTE, OR 97753

GRANGER, SCOTT C. & CECELIA Y.
PO BOX 24
POWELL BUTTE, OR 97753

KOON, RICHARD T. & KATHRYN S.
13333 SW UMBARGER ROAD
POWELL BUTTE, OR 97753

LOONEY, GAYLAND R. & PATRICIA M.
11977 SW ELEMAR CT
TIGARD, OR 97224

CALCOTE, ROBERT & JUDY
20004 NE 48th Circle
VANCOUVER, WA 98682

OBERMILLER, CRAIG W. & EILEEN D.
9605 SW REIF ROAD
POWELL BUTTE, OR 97753

TEATER, CAMERON J. & BECKY JEAN
10001 SW REIF ROAD
POWELL BUTTE, OR 97753

BOLES, BLAIN C. & PATRICIA C.
11461 SE FALBROOK DRIVE
CLACKAMAS, OR 97015

DORSCH, ANTHONY J.
ROST, BRIAN M.
ROST, JEFFREY T.
203 N CANYON DRIVE
REDMOND, OR 97756

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Water Right Services, LLC

John A. Short CCB# 197121

541-389-2837

P.O. Box 1830
Bend, OR 97709

johnshort@usa.com
www.oregonwater.us

Property ownership with Quarter-Quarter sections corrected from permit to match COBU maps.

TWP	RNG	MER	SEC	QQ	GOV LOT	TAX LOT	ACRES	OWNER
15S	14E	WM	34	SWSE		603	0.5	SEUFERT
						604	0.5	COLE
16S	14E	WM	3			200	0.5	OBERMILLER
						300	0.5	TEATER
						400	0.5	GRANGER
						502	0.5	BOLES
						501	0.5	KOON
						503	0.5	LOONEY
						504	0.5	CALCOTE
16S	14E	WM	4	SESE		901	0.5	DORSCH / ROST
							5.0	TOTAL

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OCT 03 2012

Water Right Services, LLC

John A. Short CCB# 197121

541-389-2837

P.O. Box 1830
Bend, OR 97709

johnshort@usa.com
www.oregonwater.us

CROO
3243

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165145/0388

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

SEP 01 1995

(START CARD) # 80392

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number. OREGON LOCATION OF WELL by legal description:
Name MIKE VANSAELEN
Address 10851 S POWELL BUTTE HWY
City POWELL BUTTE State OR Zip 97253

County CROOK Latitude _____ Longitude _____
Township 16 N or S Range 14 E or W. WM.
Section 3 NW 1/4 NW 1/4
Tax Lot 700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) POWELL BUTTE HWY

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

(10) STATIC WATER LEVEL:
502' ft. below land surface. Date 8/21/95
Artesian pressure 0 lb. per square inch. Date 8/21/95

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

(11) WATER BEARING ZONES:
Depth at which water was first found 505'

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 590 ft.
Explosives used Yes No Type _____ Amount _____

From	To	Estimated Flow Rate	SWL
505	507	5 GPM	502
535	542	2.5 GPM	502
561	564	2.5 GPM	502

HOLE		SEAL		Material	Sacks or pounds	
Diameter	From To	From To				
12"	0 32	0 32	19 SACKS	BENTONITE		
8"	32 590					

How was seal placed: Method A B C D E
 Other BENTONITE Poured Dry
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(12) WELL LOG:
Ground Elevation _____

Casing/Liner	Diameter	From To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing:	8"	+1 39	220	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	6"	10 590		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Material	From	To	SWL
SAND + BOULDER	0	25	
SANDSTONE	25	74	
MEDIUM LAVA	74	168	
BROWN SANDSTONE	168	415	
MEDIUM LAVA	415	471	
BROWN SANDSTONE	471	506	
YELLOW SANDSTONE	506	590	502
CONGLOMERATE			

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method FACTORY
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
510	570	1/8	720	6" R 1/4	6" 168	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date started 8/16/95 Completed 8/21/95
(unbonded) Water Well Constructor Certification:

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 50 + 6pm Drawdown 0 Drill stem at 570 Time 1 hr.

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.

ACCEPTED
OCT 0 3 2017 WWC Number _____
Signed _____ Date _____

Temperature of water 76° 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: _____

(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.

WWC Number 1555
Signed Bill [Signature] Date 8/21/95

Completion Checklist for Claims of Beneficial Use

Application # G16483 Transfer # _____
 Date Received 9/29/2012
 CWRE Name Gary DeJarnett Claim Logged
 File Marked
 Oversized Map # _____
 Reviewer partial - Scott Swanger T.L. 400

Map Review:

- Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))
- Application & permit #; or transfer # (OAR 690-014-0100(1))
- Disclaimer (OAR 690-014-0170(5))
- North arrow (OAR 690-310-0050(2)(c))
- CWRE stamp and signature (OAR 690-014 & 310-0050)
- Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
- Township, range, section, and tax lot numbers (OAR 690-310-0050(4))
- _____ Source illustrated if surface water (OAR 690-014-0170(3))
- _____ Point(s) of diversion or appropriation (illustrated) (OAR 690-014(4) & 690-310-0050)
- _____ Point(s) of diversion or appropriation (coordinates) (OAR 690-014(4) & 690-310-0050)
- _____ Conveyance structures illustrated (pump, pipelines, ditches, etc.) (OAR 690-310-0050)
- _____ Description of the location, in relation to the point of diversion or appropriation, of any fish screens, by-pass devices, and measuring devices required (OAR 690-014-0170(4))
- _____ Place of use (1/4 1/4, or projected 1/4 1/4 lines within DLCs, or Gov Lots; if irrigation, # of acres in each subdivision; if for domestic or human consumption, location of dwelling or spigot) (OAR 690-310-0050, 690-014, 690-380-6010)

Report Review:

- On form or format provided by the Department (OAR 690-014-0100(1))
- Application & permit #; or transfer # (OAR 690-014)
- Ownership information (OAR 690-014)
- Date of survey (OAR 690-014)
- Person interviewed (OAR 690-014)
- County (OAR 690-014)
- _____ Description of conveyances system (from POD to POU) (OAR 690-014-0100)
- _____ Source(s) of water (OAR 690-014-0100)
- _____ Place of use location (OAR 690-014-0100)
- _____ Type of use (OAR 690-014-0100)
- _____ Extent of use (OAR 690-014-0100)
- _____ Rate and Duty (OAR 690-014-0100)
- _____ Diversion rate for each use (OAR 690-014-0100)
- _____ Diversion works description (pump make, serial model, capacity, and description) (OAR 690-014-0100)
- _____ System capacity (OAR 690-014-0100)
 - _____ Calculated capacity of system (required)
 - _____ Measured amount of use (optional)
- _____ Permit/Transfer Final Order Conditions (OAR 690-014-0100)
 - _____ Time limits
 - _____ Initial water level measurements
 - _____ Annual static water level measurements
 - _____ Measurement, recording, and reporting
 - _____ Meter/measuring device
 - _____ Water use reporting
 - _____ Fish screening and/or by-pass
 - _____ Pump test (ground water)
 - _____ Other conditions
- _____ CWRE stamp and signature (OAR 690-014-0100)
- Signature(s) of permittee of transfer holder (OAR 690-014-0100)

ACCEPTED
OCT 0 3 2017

DEF = deficient

N/A = Not Applicable

CLAIM OF BENEFICIAL USE for Ground Water Permits claiming 0.1 cfs or less



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

**A fee of \$150 must accompany this form to be accepted for permits
with a priority date of July 9, 1987, or later. (ORS 536.050(1))**

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:
http://www.wrd.state.or.us/OWRD/WR/cwre_info.shtml#.

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

If you have questions regarding the completion of this form, please call 503-986-0900 and ask for the Certificate Section.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see http://www.wrd.state.or.us/OWRD/mgmt_reimbursement_authority.shtml.

SECTION 1

GENERAL INFORMATION

1. File Information

APPLICATION # G-16483	PERMIT # (IF APPLICABLE) G-16159	PERMIT AMENDMENT # (IF APPLICABLE)
---------------------------------	--	------------------------------------

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME SCOTT C. & CECELIA Y. GRANGER		PHONE No.	ADDITIONAL CONTACT No.
ADDRESS P.O. BOX 24			
CITY POWELL BUTTE	STATE OR	ZIP 97753	E-MAIL

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. **The COBU must be signed by each permit holder of record.** RECEIVED BY OWRD

3. Permit holder of record (this may, or may not, be the current property owner)

PERMIT HOLDER OF RECORD SCOTT C. & CECELIA Y. GRANGER		
ADDRESS P.O. BOX 24		
CITY POWELL BUTTE	STATE OR	ZIP 97753

ADDITIONAL PERMIT HOLDER OF RECORD SEE ATTACHED LIST PER ASSIGNMENT RECEIVED BY OWRD SEPT. 14, 2012.		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

5. Person(s) interviewed and description of their association with the project:

NAME	DATE	ASSOCIATION WITH THE PROJECT
SCOTT GRANGER	SEPT 3, 2012	OWNER
BUTCH ROGERS	SEPT 18, 2012	PUMP INSTALLER

6. County:

7. If any property described in the place of use of the permit final order is excluded from this report, identify the owner of record for that property (ORS 537.230(4)):

**Mark "NA" if there are no owners of property not included in this claim

OWNER OF RECORD SEE ATTACHED LIST PER ASSIGNMENT RECEIVED BY OWRD SEPT. 14, 2012.		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

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**SECTION 2
SYSTEM DESCRIPTION**

A. Points of Appropriation

1. Point(s) of Appropriation (POA):

POA NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
WELL	CROO 3243	

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

2. Developed use(s), period of use, and rate for each use:

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	RATE OR VOLUME FOR USE (CFS, GPM, OR AF)
WELL	IRRIGATION	LAWN & LANDSCAPING	APR 1 – OCT 31	0.12 CFS PER 2005 PUMP TEST
Total Quantity of Water Used				0.12 CFS

3. Provide a general narrative description of the distribution works. This description must trace the water system from each point of appropriation to the place of use:

SUBMERSIBLE PUMP IN WELL FILLS 3,300 GALLON CISTERN #2 FROM WHICH SECOND SUBMERSIBLE PUMP FEEDS PRESSURIZED SYSTEM OF SPRINKLERS AND DRIP IRRIGATION ON FIVE DIFFERENT CONTROLLERS.

Reminder: The map associated with this claim must identify the location of the point(s) of appropriation, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

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OCT 0 3 2017

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SECTION 2
SYSTEM DESCRIPTION (B through G)

Are there multiple POAs? NO

If "YES" you will need to copy and complete Sections 2B through 2G for each POA.

POA Name or Number this section describes (only needed if there is more than one):

B. Place of Use

Attach Claim of Beneficial Use map.

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (Gov Lot), Quarter-Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, Gov Lot, and QQ.

C. Appropriation and Delivery System Information

Provide the following information concerning the appropriation and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used? YES

If "NO" items 2 through item 5 may be deleted.

2. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
			SUBMERSIBLE

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If a well, the water level during pumping	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
15 HP	60 PSI	502'	100'	0.14 CFS

4. Provide pump calculations:

$$15 \text{ HP} \times 7.04 / (60 \times 2.54 + 502 + 100) = 0.14 \text{ CFS}$$

5. Measured Pump Capacity (using meter if meter was present and system was operating)

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
NA			

Reminder: For pump calculations use the reference information at the end of this document.

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SALEM, OR

6. Sprinkler Information

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
3.0	50 PSI	4.7 GPM		3	0.03 CFS

Reminder: For sprinkler output determination use the reference information at the end of this document.

7. Additional notes or comments related to the system:

DIVERSE SYSTEM INCLUDES SPRINKLERS FROM RAINBIRD 42-SA WITH 3.0 NOZZLES DOWN TO DRIP RUNNING ON FIVE SEPARATE CONTROLLERS.

D. Groundwater Source Information (Well and Sump)

1. Describe the access port (type and location) or other means to measure the water level in the well:

TURTLE BACK CAP WITHOUT ACCESS PORT

2. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
NA						

3. In addition to the information requested in item "2" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

NA

4. Is the appropriation from a dug well (sump)?

NO

If "NO", items 5 through 7 relating to this section may be deleted.

E. Storage

1. Does the distribution system include in-system storage (i.e. storage tank, bulge in system / reservoir)

YES

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a:

Storage Tank

YES

Bulge in System / Reservoir

NO

Complete appropriate table(s), unused table may be deleted.

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
FIBERGLASS	3,300	ABOVE

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OCT 03 2017

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F. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe?

NO

If "NO", items 2 through 4 relating to this section may be deleted.

G. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Provide description and calculations if necessary:

NA

ACCEPTED
OCT 03 2017

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SEP 24 2012

SECTION 3 CONDITIONS

All conditions contained in the permit, permit amendment, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Permits and any extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or extension final order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	MAR 1, 2007		
BEGIN CONSTRUCTION (A)	NA	AUG 21, 1995	WELL INSTALLED PRIOR TO PERMIT ISSUANCE.
COMPLETE CONSTRUCTION (B)	NA		
COMPLETE APPLICATION OF WATER (C)	OCT 1, 2011	SEPT 30, 2011	COMPLETE METERED BENEFICIAL USE OF WATER.

* MUST BE WITHIN PERIOD BETWEEN PERMIT OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

2. Is there an extension final order(s)? NO

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? NO

If "NO", items 3b through 3d relating to this section may be deleted.

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? NO

If "NO", items 4b through 4e relating to this section may be deleted.

5. Pump Test (Required for most ground water permits prior to issuance of a certificate)

a. Did the permit require the submittal of a pump test? YES

If "NO", items 5b through 5e relating to this section may be deleted.

b. Has the pump test been previously submitted to the Department? NO

c. Is the pump test attached to this claim? NO

d. Has the pump test been approved by the Department? NO

e. Has a pump test exemption been approved by the Department?

YES
ACCEPTED
OCT 03 2017

6. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? YES

If "NO", items 6b through 6f relating to this section may be deleted.

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Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of appropriation.

b. Has a meter been installed? YES

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
WELL	BADGER METER	33155862	WORKING	2576193.7	PRIOR TO 2005

If a meter has been installed, items 6d through 6f relating to this section may be deleted.

7. Recording and reporting conditions

a. Is the water user required to report the water use to the Department? YES

If "NO", item 7b relating to this section may be deleted.

b. Have the reports been submitted? YES

METHOD OF SUBMITTING REPORT (PAPER OR ELECTRONIC)	WATER USER REPORTING ID
PAPER	29894

If the reports have not been submitted, attach a copy of the reports if available.

8. Other conditions required by permit, permit amendment final order, or extension final order

a. Were there special well construction standards? NO

b. Was submittal of a ground water monitoring plan required? NO

c. Other conditions? YES

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

PERMIT REQUIRED 9.0 GENERAL ZONE OF IMPACT MITIGATION CREDITS.

OWRD RECEIVED DOCUMENTARY EVIDENCE OF 9.0 PERMANENT GENERAL ZONE MITIGATION CREDITS FROM MITIGATION PROJECT MP-25 ON DEC 8, 2006.

SECTION 4 VARIATIONS

Include a description of variations from the permit, permit amendment final order, or extension final order. (i.e. "The permit allowed three points of appropriation. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

NONE NOTED.

ACCEPTED
OCT 03 2017

RECEIVED BY OWRD

**SECTION 5
ATTACHMENTS**

Provide a list of any additional documents you are attaching to this report:

ATTACHMENT NAME	DESCRIPTION
OWNER LIST	LIST OF OWNERS UNDER PENDING ASSIGNMENT
CROO 3243	WELL LOG
COBU MAP	COBU MAP

**SECTION 6
CLAIM SUMMARY**

POA NAME OR #	MAXIMUM RATE AUTHORIZED BY PERMIT	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED BY PERMIT	# OF ACRES DEVELOPED
WELL	0.006 CFS	0.03 CFS	NA	IRRIGATION	0.5	0.5

**SECTION 7
CLAIM OF BENEFICIAL USE MAP**

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

ONSITE PHYSICAL MEASUREMENT, OWRD TRAVERSE TOOL

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Map Checklist

SEP 24 2012

Please be sure that the map you submit includes ALL the items listed below.
(Reminder: Incomplete maps and/or claims may be returned.)

SALEM, OR

- Map on polyester film.
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation.

- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Source illustrated if surface water
- Disclaimer (“This map is not intended to provide legal dimensions or locations of property ownership lines”)
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature

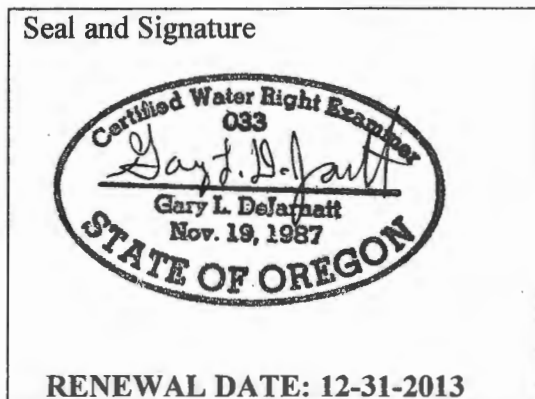
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**SECTION 8
SIGNATURES**

CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



CWRE NAME GARY L. DEJARNATT JOB # 12049		PHONE No. 541-382-4192	ADDITIONAL CONTACT No. JOHN SHORT 541-389-2837
ADDRESS 20735 DOUBLE PEAKS DRIVE			
CITY BEND	STATE OR	ZIP 97701	E-MAIL

Permit Holder's of Record Signature or Acknowledgement

This Claim of Beneficial Use must be signed by each permit or transfer holder of record.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	DATE
	SCOTT C. GRANGER	9/21/2012
	CECEZIA Y. GRANGER	9/21/2012

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Permit G-16159 current owners with POU corrected to match Claim of Beneficial Use maps:

SEUFERT, EDWARD III & KRISTINE
13469 SW UMBARGER RD
POWELL BUTTE, OR 97753

COLE, DENNIS & SUSAN
P.O. BOX 213
POWELL BUTTE, OR 97753

GRANGER, SCOTT C. & CECELIA Y.
PO BOX 24
POWELL BUTTE, OR 97753

KOON, RICHARD T. & KATHRYN S.
13333 SW UMBARGER ROAD
POWELL BUTTE, OR 97753

LOONEY, GAYLAND R. & PATRICIA M.
11977 SW ELEMAR CT
TIGARD, OR 97224

CALCOTE, ROBERT & JUDY
20004 NE 48th Circle
VANCOUVER, WA 98682

OBERMILLER, CRAIG W. & EILEEN D.
9605 SW REIF ROAD
POWELL BUTTE, OR 97753

TEATER, CAMERON J. & BECKY JEAN
10001 SW REIF ROAD
POWELL BUTTE, OR 97753

BOLES, BLAIN C. & PATRICIA C.
11461 SE FALBROOK DRIVE
CLACKAMAS, OR 97015

DORSCH, ANTHONY J.
ROST, BRIAN M.
ROST, JEFFREY T.
203 N CANYON DRIVE
REDMOND, OR 97756

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Water Right Services, LLC

John A. Short CCB# 197121

541-389-2837

P.O. Box 1830
Bend, OR 97709

johnshort@usa.com
www.oregonwater.us

Property ownership with Quarter-Quarter sections corrected from permit to match COBU maps.

TWP	RNG	MER	SEC	QQ	GOV LOT	TAX LOT	ACRES	OWNER
15S	14E	WM	34	SWSE		603	0.5	SEUFERT
						604	0.5	COLE
16S	14E	WM	3		1	200	0.5	OBERMILLER
						300	0.5	TEATER
						400	0.5	GRANGER
						502	0.5	BOLES
					2	501	0.5	KOON
						503	0.5	LOONEY
						504	0.5	CALCOTE
16S	14E	WM	4	SESE		901	0.5	DORSCH / ROST
							5.0	TOTAL

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Water Right Services, LLC

John A. Short CCB# 197121

541-389-2837

P.O. Box 1830
Bend, OR 97709

johnshort@usa.com
www.oregonwater.us

CROO
3243

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1651148/03BB

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

SEP 01 1995

(START CARD) # 80392

Instructions for completing this report are on the last page of this form.

(1) OWNER:

Name MIKE WASSER
Address 10851 S POWELL BUTTE HWY
City POWELL BUTTE State OR Zip 97253

Well Number _____, OREGON DEPT. _____

LOCATION OF WELL by legal description:

County CROOK Latitude _____ Longitude _____
Township 16 N or S Range 14 E or W, WM.
Section 3 NW 1/4 NW 1/4
Tax Lot 700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) POWELL BUTTE HWY

(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 590 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	32	BENTONITE	0	34	19 SACKS
8"	32	590				

How was seal placed: Method A B C D E
 Other BENTONITE POURED IN

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: 8"	+1	39	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	10	590		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method FACTORY
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
510	570	1/8"	720	6.25"	6.188"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
50 + 6 gpm	0	570	1 hr.

Temperature of water 76° 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: _____

(10) STATIC WATER LEVEL:

502' ft. below land surface. Date 8/21/95
Artesian pressure 0 lb. per square inch. Date 8/21/95

(11) WATER BEARING ZONES:

Depth at which water was first found 505'

From	To	Estimated Flow Rate	SWL
505	507	5 gpm	502
535	542	25 gpm	502
561	564	25 gpm	502

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
SAND + BOULDER	0	25	
SANDSTONE	25	74	
MEDIUM LAVA	74	168	
BROWN SANDSTONE	168	415	
MEDIUM LAVA	415	471	
BROWN SANDSTONE	471	506	
YELLOW SANDSTONE	506	590	502
CONGLOMERATE			

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Date started 8/18/95 Completed 8/21/95
(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.

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Signed _____ WWC Number _____ 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.

Signed Bill [Signature] WWC Number 1555 Date 8/21/95

Completion Checklist for Claims of Beneficial Use

Application # G 16483 Transfer # _____
Date Received 9/24/2012
CWRE Name Gary De Jasnatt Claim Logged
File Marked
Oversized Map # _____
Reviewer _____

partial Dennis Cole T.L. 604

Map Review:

- Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))
- Application & permit #; or transfer # (OAR 690-014-0100(1))
- Disclaimer (OAR 690-014-0170(5))
- North arrow (OAR 690-310-0050(2)(c))
- CWRE stamp and signature (OAR 690-014 & 310-0050)
- Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
- Township, range, section, and tax lot numbers (OAR 690-310-0050(4))
- _____ Source illustrated if surface water (OAR 690-014-0170(3))
- _____ Point(s) of diversion or appropriation (illustrated) (OAR 690-014(4) & 690-310-0050)
- _____ Point(s) of diversion or appropriation (coordinates)(OAR 690-014(4) & 690-310-0050)
- _____ Conveyance structures illustrated (pump, pipelines, ditches, etc.) (OAR 690-310-0050)
- _____ Description of the location, in relation to the point of diversion or appropriation, of any fish screens, by-pass devices, and measuring devices required (OAR 690-014-0170(4))
- _____ Place of use (1/4 1/4, or projected 1/4 1/4 lines within DLCs, or Gov Lots; if irrigation, # of acres in each subdivision; if for domestic or human consumption, location of dwelling or spigot) (OAR 690-310-0050, 690-014, 690-380-6010)

Report Review:

- On form or format provided by the Department (OAR 690-014-0100(1))
- Application & permit #; or transfer # (OAR 690-014)
- Ownership information (OAR 690-014)
- Date of survey (OAR 690-014)
- Person interviewed (OAR 690-014)
- County (OAR 690-014)
- _____ Description of conveyances system (from POD to POU) (OAR 690-014-0100)
- _____ Source(s) of water (OAR 690-014-0100)
- _____ Place of use location (OAR 690-014-0100)
- _____ Type of use (OAR 690-014-0100)
- _____ Extent of use (OAR 690-014-0100)
- _____ Rate and Duty (OAR 690-014-0100)
- _____ Diversion rate for each use (OAR 690-014-0100)
- _____ Diversion works description (pump make, serial model, capacity, and description) (OAR 690-014-0100)
- _____ System capacity (OAR 690-014-0100)
 - _____ Calculated capacity of system (required)
 - _____ Measured amount of use (optional)
- _____ Permit/Transfer Final Order Conditions (OAR 690-014-0100)
 - _____ Time limits
 - _____ Initial water level measurements
 - _____ Annual static water level measurements
 - _____ Measurement, recording, and reporting
 - _____ Meter/measuring device
 - _____ Water use reporting
 - _____ Fish screening and/or by-pass
 - _____ Pump test (ground water)
 - _____ Other conditions
- _____ CWRE stamp and signature (OAR 690-014-0100)
- Signature(s) of permittee of transfer holder (OAR 690-014-0100)

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OCT 0 3 2012

DEF = deficient

N/A = Not Applicable

S:\groups\wr\certs\Resource Center\Forms Checklists Mailing Instructions\COBU Checklist 1-11-2012.rtf

CLAIM OF BENEFICIAL USE for Ground Water Permits claiming 0.1 cfs or less



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

**A fee of \$150 must accompany this form to be accepted for permits
with a priority date of July 9, 1987, or later. (ORS 536.050(1))**

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:
http://www.wrd.state.or.us/OWRD/WR/cwre_info.shtml#.

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

If you have questions regarding the completion of this form, please call 503-986-0900 and ask for the Certificate Section.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see http://www.wrd.state.or.us/OWRD/mgmt_reimbursement_authority.shtml.

SECTION 1

GENERAL INFORMATION

1. File Information

APPLICATION # G-16483	PERMIT # (IF APPLICABLE) G-16159	PERMIT AMENDMENT # (IF APPLICABLE)
---------------------------------	--	------------------------------------

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME DENNIS & SUSAN COLE		PHONE No. 541-548-0783	ADDITIONAL CONTACT No.	
ADDRESS P.O. BOX 213				
CITY POWELL BUTTE	STATE OR	ZIP 97753	E-MAIL	

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. **The COBU must be signed by each permit holder of record.**

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3. Permit holder of record (this may, or may not, be the current property owner)

PERMIT HOLDER OF RECORD DENNIS & SUSAN COLE		
ADDRESS P.O. BOX 213		
CITY POWELL BUTTE	STATE OR	ZIP 97753

ADDITIONAL PERMIT HOLDER OF RECORD SEE ATTACHED LIST PER ASSIGNMENT RECEIVED BY OWRD SEPT. 14, 2012.		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

5. Person(s) interviewed and description of their association with the project:

NAME	DATE	ASSOCIATION WITH THE PROJECT
SUSAN COLE	SEPT 11, 2012	OWNER
BUTCH ROGERS	SEPT 18, 2012	PUMP INSTALLER

6. County:

7. If any property described in the place of use of the permit final order is excluded from this report, identify the owner of record for that property (ORS 537.230(4)):

**Mark "NA" if there are no owners of property not included in this claim

OWNER OF RECORD SEE ATTACHED LIST PER ASSIGNMENT RECEIVED BY OWRD SEPT. 14, 2012.		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

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**SECTION 2
SYSTEM DESCRIPTION**

A. Points of Appropriation

1. Point(s) of Appropriation (POA):

POA NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
WELL	CROO 3243	

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

2. Developed use(s), period of use, and rate for each use:

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	RATE OR VOLUME FOR USE (CFS, GPM, OR AF)
WELL	IRRIGATION	LANDSCAPING, LAWN	APR 1 – OCT 31	0.12 CFS PER 2005 PUMP TEST
Total Quantity of Water Used				0.12 CFS

3. Provide a general narrative description of the distribution works. This description must trace the water system from each point of appropriation to the place of use:

SUBMERSIBLE PUMP IN WELL FILLS CISTERN #1 FROM WHICH SECOND SUBMERSIBLE PUMP FEEDS PRESSURIZED SYSTEM OF SPRINKLERS AND DRIP IRRIGATION ON SEVERAL CONTROLLERS.

Reminder: The map associated with this claim must identify the location of the point(s) of appropriation, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

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SECTION 2

SYSTEM DESCRIPTION (B through G)

Are there multiple POAs?

NO

If "YES" you will need to copy and complete Sections 2B through 2G for each POA.

POA Name or Number this section describes (only needed if there is more than one):

B. Place of Use

Attach Claim of Beneficial Use map.

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (Gov Lot), Quarter-Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, Gov Lot, and QQ.

C. Appropriation and Delivery System Information

Provide the following information concerning the appropriation and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used?

YES

If "NO" items 2 through item 5 may be deleted.

2. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
			SUBMERSIBLE

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If a well, the water level during pumping	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
15 HP	60 PSI	502'	60'	0.15 CFS

4. Provide pump calculations:

15 HP X 7.04 / (60X2.54+502+60) = 0.15 CFS

5. Measured Pump Capacity (using meter if meter was present and system was operating)

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
NA			

Reminder: For pump calculations use the reference information at the end of this document.

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6. Sprinkler Information

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
	60 PSI	1.09 GPM		5	0.01 CFS

Reminder: For sprinkler output determination use the reference information at the end of this document.

7. Additional notes or comments related to the system:

SYSTEM INCLUDES RAINBIRD 5000 SPRINKLERS PLUS DRIP ON ONE FIXED AND THREE IN-LINE CONTROLLERS.

D. Groundwater Source Information (Well and Sump)

1. Describe the access port (type and location) or other means to measure the water level in the well:

TURTLE BACK CAP WITHOUT ACCESS PORT

2. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
NA						

3. In addition to the information requested in item "2" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

NA

4. Is the appropriation from a dug well (sump)?

NO

If "NO", items 5 through 7 relating to this section may be deleted.

E. Storage

1. Does the distribution system include in-system storage (i.e. storage tank, bulge in system / reservoir)

YES

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a:

Storage Tank

YES

Bulge in System / Reservoir

NO

Complete appropriate table(s), unused table may be deleted.

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
CONCRETE	9,000	BURIED

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~~OCT 08 2017~~

SEP 24 2012

F. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe?

NO

If "NO", items 2 through 4 relating to this section may be deleted.

G. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Provide description and calculations if necessary:

NA

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OCT 03 2017

SEP 24 2012

SALEM, OR

SECTION 3 CONDITIONS

All conditions contained in the permit, permit amendment, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Permits and any extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or extension final order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	MAR 1, 2007		
BEGIN CONSTRUCTION (A)	NA	AUG 21, 1995	WELL INSTALLED PRIOR TO PERMIT ISSUANCE.
COMPLETE CONSTRUCTION (B)	NA		
COMPLETE APPLICATION OF WATER (C)	OCT 1, 2011	SEPT 30, 2011	COMPLETE METERED BENEFICIAL USE OF WATER.

* MUST BE WITHIN PERIOD BETWEEN PERMIT OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

2. Is there an extension final order(s)? NO

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? NO

If "NO", items 3b through 3d relating to this section may be deleted.

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? NO

If "NO", items 4b through 4e relating to this section may be deleted.

5. Pump Test (Required for most ground water permits prior to issuance of a certificate)

a. Did the permit require the submittal of a pump test? YES

If "NO", items 5b through 5e relating to this section may be deleted.

b. Has the pump test been previously submitted to the Department? NO

c. Is the pump test attached to this claim? NO

d. Has the pump test been approved by the Department? NO

e. Has a pump test exemption been approved by the Department? YES

6. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? YES

If "NO", items 6b through 6f relating to this section may be deleted.

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OCT 03 2017

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Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of appropriation.

b. Has a meter been installed? YES

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
LOT 604	SENSUS	64616667	WORKING	01182158 9-11-2012	PRIOR TO 2005
WELL	SENSUS	60974999	WORKING	20976780 9-18-2012	PRIOR TO 2005

If a meter has been installed, items 6d through 6f relating to this section may be deleted.

7. Recording and reporting conditions

a. Is the water user required to report the water use to the Department? YES

If "NO", item 7b relating to this section may be deleted.

b. Have the reports been submitted? YES

METHOD OF SUBMITTING REPORT (PAPER OR ELECTRONIC)	WATER USER REPORTING ID
PAPER	29894

If the reports have not been submitted, attach a copy of the reports if available.

8. Other conditions required by permit, permit amendment final order, or extension final order

a. Were there special well construction standards? NO

b. Was submittal of a ground water monitoring plan required? NO

c. Other conditions? YES

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

PERMIT REQUIRED 9.0 GENERAL ZONE OF IMPACT MITIGATION CREDITS.

OWRD RECEIVED DOCUMENTARY EVIDENCE OF 9.0 PERMANENT GENERAL ZONE MITIGATION CREDITS FROM MITIGATION PROJECT MP-25 ON DEC 8, 2006.

SECTION 4 VARIATIONS

Include a description of variations from the permit, permit amendment final order, or extension final order. (i.e. "The permit allowed three points of appropriation. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

NONE NOTED.

ACCEPTED

OCT 0 8 2017

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**SECTION 5
ATTACHMENTS**

Provide a list of any additional documents you are attaching to this report:

ATTACHMENT NAME	DESCRIPTION
OWNER LIST	LIST OF OWNERS UNDER PENDING ASSIGNMENT
CROO 3243	WELL LOG
COBU MAP	COBU MAP

**SECTION 6
CLAIM SUMMARY**

POA NAME OR #	MAXIMUM RATE AUTHORIZED BY PERMIT	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED BY PERMIT	# OF ACRES DEVELOPED
WELL	0.006 CFS	0.01 CFS	NA	IRRIGATION	0.5	0.5

**SECTION 7
CLAIM OF BENEFICIAL USE MAP**

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

ONSITE PHYSICAL MEASUREMENT, OWRD TRAVERSE TOOL



Map Checklist

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Please be sure that the map you submit includes ALL the items listed below.
(Reminder: Incomplete maps and/or claims may be returned.)

SEP 24 2012

- Map on polyester film.
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation.

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- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Source illustrated if surface water
- Disclaimer (“This map is not intended to provide legal dimensions or locations of property ownership lines”)
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature

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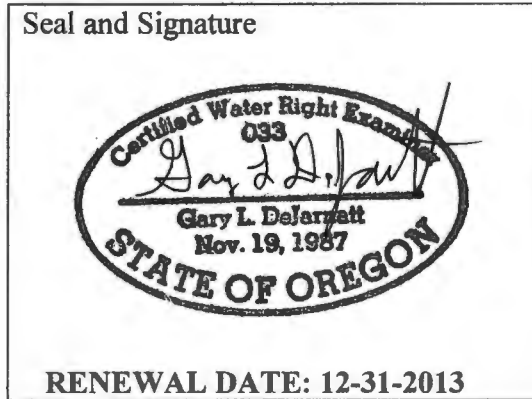
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**SECTION 8
SIGNATURES**

CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



CWRE NAME GARY L. DEJARNATT JOB # 12054		PHONE NO. 541-382-4192	ADDITIONAL CONTACT NO. JOHN SHORT 541-389-2837
ADDRESS 20735 DOUBLE PEAKS DRIVE			
CITY BEND	STATE OR	ZIP 97701	E-MAIL

Permit Holder's of Record Signature or Acknowledgement

This Claim of Beneficial Use must be signed by each permit or transfer holder of record.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	DATE
	DENNIS COLE	9/21/12
	SUSAN COLE	9/21/12

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WR

Permit G-16159 current owners with POU corrected to match Claim of Beneficial Use maps:

SEUFERT, EDWARD III & KRISTINE
13469 SW UMBARGER RD
POWELL BUTTE, OR 97753

COLE, DENNIS & SUSAN
P.O. BOX 213
POWELL BUTTE, OR 97753

GRANGER, SCOTT C. & CECELIA Y.
PO BOX 24
POWELL BUTTE, OR 97753

KOON, RICHARD T. & KATHRYN S.
13333 SW UMBARGER ROAD
POWELL BUTTE, OR 97753

LOONEY, GAYLAND R. & PATRICIA M.
11977 SW ELEMAR CT
TIGARD, OR 97224

CALCOTE, ROBERT & JUDY
20004 NE 48th Circle
VANCOUVER, WA 98682

OBERMILLER, CRAIG W. & EILEEN D.
9605 SW REIF ROAD
POWELL BUTTE, OR 97753

TEATER, CAMERON J. & BECKY JEAN
10001 SW REIF ROAD
POWELL BUTTE, OR 97753

BOLES, BLAIN C. & PATRICIA C.
11461 SE FALBROOK DRIVE
CLACKAMAS, OR 97015

DORSCH, ANTHONY J.
ROST, BRIAN M.
ROST, JEFFREY T.
203 N CANYON DRIVE
REDMOND, OR 97756

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Water Right Services, LLC

John A. Short CCB# 197121

541-389-2837

P.O. Box 1830
Bend, OR 97709

johnshort@usa.com
www.oregonwater.us

Property ownership with Quarter-Quarter sections corrected from permit to match COBU maps.

TWP	RNG	MER	SEC	QQ	GOV LOT	TAX LOT	ACRES	OWNER
15S	14E	WM	34	SWSE		603	0.5	SEUFERT
						604	0.5	COLE
16S	14E	WM	3		1	200	0.5	OBERMILLER
						300	0.5	TEATER
						400	0.5	GRANGER
						502	0.5	BOLES
					2	501	0.5	KOON
						503	0.5	LOONEY
						504	0.5	CALCOTE
16S	14E	WM	4	SESE		901	0.5	DORSCH / ROST
							5.0	TOTAL

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Water Right Services, LLC

John A. Short CCB# 197121

541-389-2837

P.O. Box 1830
Bend, OR 97709

johnshort@usa.com
www.oregonwater.us

CR00
3243

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1605145/03BB

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

SEP 01 1995

(START CARD) # 80392

Instructions for completing this report are on the last page of this form.

(1) OWNER:

Name MIKE WANSBACHER
Address 10851 S POWELL BUTTE HWY
City POWELL BUTTE State OR Zip 97253

Well Number. OREGON DEPT.

LOCATION OF WELL by legal description:

County CR00K Latitude _____ Longitude _____
Township 16 N or 0 Range 14 0 or W. WM.
Section 3 NW 1/4 NW 1/4
Tax Lot 700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) POWELL BUTTE HWY

(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 590 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	32	BENTONITE	0	32	19 SACKS
8"	32	590				

How was seal placed: Method A B C D E

Other BENTONITE Poured Dry

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing: 8"	+1	39	2.20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	10	590		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method FACTORY
 Screens Type _____ Material _____

From	To	Slot size #1	Number	Diameter	Tele/pipe size	Casing	Liner
510	570	1/8	720	6" R 1/4	6" 1.68	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
50 + 6 gpm	0	570	1 hr.

Temperature of water 76° 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: _____

(10) STATIC WATER LEVEL:

502' ft. below land surface. Date 8/21/95
Artesian pressure 0 lb. per square inch. Date 8/21/95

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
505	507	5 gpm	502
535	542	25 gpm	502
561	564	25 gpm	502

(12) WELL LOG:

Material	From	To	SWL
SAND + BOULDER	0	25	
SANDSTONE	25	74	
MEDIUM LAVA	74	168	
BROWN SANDSTONE	168	415	
MEDIUM LAVA	415	471	
BROWN SANDSTONE	471	506	
YELLOW SANDSTONE	506	590	502
CONGLOMERATE			

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Date started 8/18/95 Completed 8/21/95

(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.
ACCEPTED
OCT 0 3 2017 WWC 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.
Signed Bill [Signature] WWC Number 1555
Date 8/21/95

Completion Checklist for Claims of Beneficial Use

Application # G-16483 Transfer # _____
Date Received 9/26/2012
CWRE Name Gary DeJarnett Claim Logged
File Marked _____
Oversized Map # _____
Reviewer C.O.

partial Hayland Looney T.L. 503

Map Review:

- Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))
- Application & permit #; or transfer # (OAR 690-014-0100(1))
- Disclaimer (OAR 690-014-0170(5))
- North arrow (OAR 690-310-0050(2)(c))
- CWRE stamp and signature (OAR 690-014 & 310-0050)
- Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
- Township, range, section, and tax lot numbers (OAR 690-310-0050(4))
- Source illustrated if surface water (OAR 690-014-0170(3))
- Point(s) of diversion or appropriation (illustrated) (OAR 690-014(4) & 690-310-0050)
- Point(s) of diversion or appropriation (coordinates) (OAR 690-014(4) & 690-310-0050)
- Conveyance structures illustrated (pump, pipelines, ditches, etc.) (OAR 690-310-0050)
- Description of the location, in relation to the point of diversion or appropriation, of any fish screens, by-pass devices, and measuring devices required (OAR 690-014-0170(4))
- Place of use (1/4 1/4, or projected 1/4 1/4 lines within DLCs, or Gov Lots; if irrigation, # of acres in each subdivision; if for domestic or human consumption, location of dwelling or spigot) (OAR 690-310-0050, 690-014, 690-380-6010)

Report Review:

- On form or format provided by the Department (OAR 690-014-0100(1))
- Application & permit #; or transfer # (OAR 690-014)
- Ownership information (OAR 690-014)
- Date of survey (OAR 690-014)
- Person interviewed (OAR 690-014)
- County (OAR 690-014)
- Description of conveyances system (from POD to POU) (OAR 690-014-0100)
- Source(s) of water (OAR 690-014-0100)
- Place of use location (OAR 690-014-0100)
- Type of use (OAR 690-014-0100)
- Extent of use (OAR 690-014-0100)
- Rate and Duty (OAR 690-014-0100)
- Diversion rate for each use (OAR 690-014-0100)
- Diversion works description (pump make, serial model, capacity, and description) (OAR 690-014-0100)
- System capacity (OAR 690-014-0100)
 - Calculated capacity of system (required)
 - Measured amount of use (optional)
- Permit/Transfer Final Order Conditions (OAR 690-014-0100)
 - Time limits
 - Initial water level measurements
 - Annual static water level measurements
 - Measurement, recording, and reporting
 - Meter/measuring device
 - Water use reporting
 - Fish screening and/or by-pass
 - Pump test (ground water)
 - Other conditions
- CWRE stamp and signature (OAR 690-014-0100)
- Signature(s) of permittee of transfer holder (OAR 690-014-0100)

ACCEPTED
OCT 0 3 2017

DEF = deficient

N/A = Not Applicable

S:\groups\wr\certs\Resource Center\Forms_Checklists_Mailing Instructions\COBU Checklist 1-11-2012.rtf

**CLAIM OF
BENEFICIAL USE
for Ground Water Permits
claiming 0.1 cfs or less**



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

**A fee of \$150 must accompany this form to be accepted for permits
with a priority date of July 9, 1987, or later. (ORS 536.050(1))**

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:
http://www.wrd.state.or.us/OWRD/WR/cwre_info.shtml#.

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

If you have questions regarding the completion of this form, please call 503-986-0900 and ask for the Certificate Section.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see http://www.wrd.state.or.us/OWRD/mgmt_reimbursement_authority.shtml.

SECTION 1

GENERAL INFORMATION

1. File Information

APPLICATION # G-16483	PERMIT # (IF APPLICABLE) G-16159	PERMIT AMENDMENT # (IF APPLICABLE)
---------------------------------	--	------------------------------------

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME GAYLAND R. & PATRICIA M. LOONEY		PHONE NO. 503-624-2090	ADDITIONAL CONTACT NO.	
ADDRESS 11977 SW ELEMAR COURT				
CITY TIGARD	STATE OR	ZIP 97224	E-MAIL	

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. **The COBU must be signed by each permit holder of record.**

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SEP 26 2012 WR

3. Permit holder of record (this may, or may not, be the current property owner)

PERMIT HOLDER OF RECORD GAYLAND R. & PATRICIA M. LOONEY		
ADDRESS 11977 SW ELEMAR COURT		
CITY TIGARD	STATE OR	ZIP 97224

ADDITIONAL PERMIT HOLDER OF RECORD SEE ATTACHED LIST PER ASSIGNMENT RECEIVED BY OWRD SEPT. 14, 2012.		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

5. Person(s) interviewed and description of their association with the project:

NAME	DATE	ASSOCIATION WITH THE PROJECT
RAY LOONEY	SEPT 11, 2012	TENANT
BUTCH ROGERS	SEPT 18, 2012	PUMP INSTALLER

6. County:

7. If any property described in the place of use of the permit final order is excluded from this report, identify the owner of record for that property (ORS 537.230(4)):

**Mark "NA" if there are no owners of property not included in this claim

OWNER OF RECORD SEE ATTACHED LIST PER ASSIGNMENT RECEIVED BY OWRD SEPT. 14, 2012.		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

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OCT 3 2012

SECTION 2
SYSTEM DESCRIPTION

A. Points of Appropriation

1. Point(s) of Appropriation (POA):

POA NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
WELL	CROO 3243	

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

2. Developed use(s), period of use, and rate for each use:

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	RATE OR VOLUME FOR USE (CFS, GPM, OR AF)
WELL	IRRIGATION	LANDSCAPING, GARDEN, LAWN	APR 1 – OCT 31	0.12 CFS PER 2005 PUMP TEST
Total Quantity of Water Used				0.12 CFS

3. Provide a general narrative description of the distribution works. This description must trace the water system from **each point of appropriation to the place of use:**

SUBMERSIBLE PUMP IN WELL FILLS CISTERN #1 FROM WHICH SECOND SUBMERSIBLE PUMP FEEDS PRESSURIZED SYSTEM OF SPRINKLERS AND DRIP IRRIGATION ON 12 ZONE CONTROLLER.

Reminder: The map associated with this claim must identify the location of the point(s) of appropriation, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

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SECTION 2
SYSTEM DESCRIPTION (B through G)

Are there multiple POAs?

NO

If "YES" you will need to copy and complete Sections 2B through 2G for each POA.

POA Name or Number this section describes (only needed if there is more than one):

B. Place of Use

Attach Claim of Beneficial Use map.

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (Gov Lot), Quarter-Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, Gov Lot, and QQ.

C. Appropriation and Delivery System Information

Provide the following information concerning the appropriation and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used?

YES

If "NO" items 2 through item 5 may be deleted.

2. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
			SUBMERSIBLE

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP <small>*If a well, the water level during pumping</small>	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
15 HP	60 PSI	502'	60'	0.15 CFS

4. Provide pump calculations:

$$15 \text{ HP} \times 7.04 / (60 \times 2.54 + 502 + 60) = 0.15 \text{ CFS}$$

5. Measured Pump Capacity (using meter if meter was present and system was operating)

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
NA			

Reminder: For pump calculations use the reference information at the end of this document.

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SALEM, OR

6. Sprinkler Information

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
GREY	60 PSI	4.9 GPM		5	0.05 CFS

Reminder: For sprinkler output determination use the reference information at the end of this document.

7. Additional notes or comments related to the system:

TWELVE ZONE SYSTEM INCLUDES RAINBIRD R-50 SRINKLERS AND DRIP ON 12 ZONE CONTROLLER (9 ZONES LAWN, 3 ZONES DRIP).

D. Groundwater Source Information (Well and Sump)

1. Describe the access port (type and location) or other means to measure the water level in the well:

TURTLE BACK CAP WITHOUT ACCESS PORT

2. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
NA						

3. In addition to the information requested in item "2" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

NA

4. Is the appropriation from a dug well (sump)?

NO

If "NO", items 5 through 7 relating to this section may be deleted.

E. Storage

1. Does the distribution system include in-system storage (i.e. storage tank, bulge in system / reservoir)

YES

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a:

Storage Tank

YES

Bulge in System / Reservoir

NO

Complete appropriate table(s), unused table may be deleted.

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
CONCRETE	9,000	BURIED

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F. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe?

NO

If "NO", items 2 through 4 relating to this section may be deleted.

G. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Provide description and calculations if necessary:

NA

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SECTION 3 CONDITIONS

All conditions contained in the permit, permit amendment, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Permits and any extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or extension final order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	MAR 1, 2007		
BEGIN CONSTRUCTION (A)	NA	AUG 21, 1995	WELL INSTALLED PRIOR TO PERMIT ISSUANCE.
COMPLETE CONSTRUCTION (B)	NA		
COMPLETE APPLICATION OF WATER (C)	OCT 1, 2011	SEPT 30, 2011	COMPLETE METERED BENEFICIAL USE OF WATER.

* MUST BE WITHIN PERIOD BETWEEN PERMIT OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

2. Is there an extension final order(s)? NO

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? NO

If "NO", items 3b through 3d relating to this section may be deleted.

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? NO

If "NO", items 4b through 4e relating to this section may be deleted.

5. Pump Test (Required for most ground water permits prior to issuance of a certificate)

a. Did the permit require the submittal of a pump test? YES

If "NO", items 5b through 5e relating to this section may be deleted.

b. Has the pump test been previously submitted to the Department? NO

c. Is the pump test attached to this claim? NO

d. Has the pump test been approved by the Department? NO

e. Has a pump test exemption been approved by the Department? YES

ACCEPTED
OCT 03 2017

6. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? RECEIVED BY OWRD ^{YES}

If "NO", items 6b through 6f relating to this section may be deleted.

Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of appropriation.

b. Has a meter been installed?

YES

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
LOT 503	SENSUS	68539737	WORKING	03033430 9-11-2012	PRIOR TO 2005
WELL	SENSUS	60974999	WORKING	20976780 9-18-2012	PRIOR TO 2005

If a meter has been installed, items 6d through 6f relating to this section may be deleted.

7. Recording and reporting conditions

a. Is the water user required to report the water use to the Department?

YES

If "NO", item 7b relating to this section may be deleted.

b. Have the reports been submitted?

YES

METHOD OF SUBMITTING REPORT (PAPER OR ELECTRONIC)	WATER USER REPORTING ID
PAPER	29894

If the reports have not been submitted, attach a copy of the reports if available.

8. Other conditions required by permit, permit amendment final order, or extension final order

a. Were there special well construction standards?

NO

b. Was submittal of a ground water monitoring plan required?

NO

c. Other conditions?

YES

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

PERMIT REQUIRED 9.0 GENERAL ZONE OF IMPACT MITIGATION CREDITS.

OWRD RECEIVED DOCUMENTARY EVIDENCE OF 9.0 PERMANENT GENERAL ZONE MITIGATION CREDITS FROM MITIGATION PROJECT MP-25 ON DEC 8, 2006.

SECTION 4

VARIATIONS

Include a description of variations from the permit, permit amendment final order, or extension final order. (i.e. "The permit allowed three points of appropriation. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

NONE NOTED. PREVIOUS OWNER DEVELOPED SOMEWHAT MORE AREA THAN THEIR PORTION OF PERMIT. CURRENT OWNER NOTIFIED.

ACCEPTED
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SEP 26 2012

**SECTION 5
ATTACHMENTS**

Provide a list of any additional documents you are attaching to this report:

ATTACHMENT NAME	DESCRIPTION
OWNER LIST	LIST OF OWNERS UNDER PENDING ASSIGNMENT
CROO 3243	WELL LOG
COBU MAP	COBU MAP

**SECTION 6
CLAIM SUMMARY**

POA NAME OR #	MAXIMUM RATE AUTHORIZED BY PERMIT	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED BY PERMIT	# OF ACRES DEVELOPED
WELL	0.006 CFS	0.05 CFS	NA	IRRIGATION	0.5	0.5

**SECTION 7
CLAIM OF BENEFICIAL USE MAP**

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

ONSITE PHYSICAL MEASUREMENT, OWRD TRAVERSE TOOL



Map Checklist

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Please be sure that the map you submit includes ALL the items listed below.
(Reminder: Incomplete maps and/or claims may be returned.)

SEP 26 2012

SALEM, OR

- Map on polyester film.
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation.

- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Source illustrated if surface water
- Disclaimer (“This map is not intended to provide legal dimensions or locations of property ownership lines”)
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature

ACCEPTED
OCT 03 2017

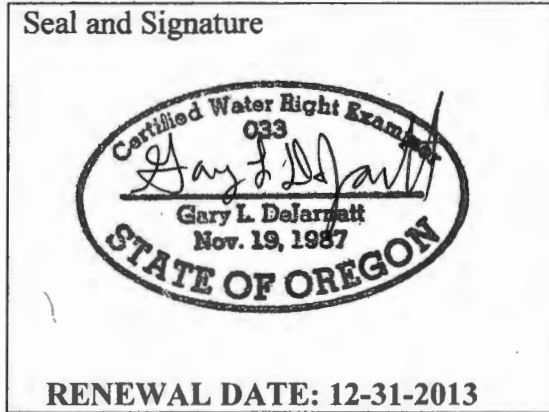
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SEP 26 2012

**SECTION 8
SIGNATURES**

CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



CWRE NAME GARY L. DEJARNATT JOB # 12052		PHONE No. 541-382-4192	ADDITIONAL CONTACT No. JOHN SHORT 541-389-2837	
ADDRESS 20735 DOUBLE PEAKS DRIVE				
CITY BEND	STATE OR	ZIP 97701	E-MAIL	

Permit Holder's of Record Signature or Acknowledgement

This Claim of Beneficial Use must be signed by each permit or transfer holder of record.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	DATE
	<i>GAYLARD RAY LOONEY</i>	<i>9/24/2012</i>
<i>Patricia M. Looney</i>	Patricia M. Looney	9-24-12

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OCT 3 2012

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Permit G-16159 current owners with POU corrected to match Claim of Beneficial Use maps:

SEUFERT, EDWARD III & KRISTINE
13469 SW UMBARGER RD
POWELL BUTTE, OR 97753

COLE, DENNIS & SUSAN
P.O. BOX 213
POWELL BUTTE, OR 97753

GRANGER, SCOTT C. & CECELIA Y.
PO BOX 24
POWELL BUTTE, OR 97753

KOON, RICHARD T. & KATHRYN S.
13333 SW UMBARGER ROAD
POWELL BUTTE, OR 97753

LOONEY, GAYLAND R. & PATRICIA M.
11977 SW ELEMAR CT
TIGARD, OR 97224

CALCOTE, ROBERT & JUDY
20004 NE 48th Circle
VANCOUVER, WA 98682

OBERMILLER, CRAIG W. & EILEEN D.
9605 SW REIF ROAD
POWELL BUTTE, OR 97753

TEATER, CAMERON J. & BECKY JEAN
10001 SW REIF ROAD
POWELL BUTTE, OR 97753

BOLES, BLAIN C. & PATRICIA C.
11461 SE FALBROOK DRIVE
CLACKAMAS, OR 97015

DORSCH, ANTHONY J.
ROST, BRIAN M.
ROST, JEFFREY T.
203 N CANYON DRIVE
REDMOND, OR 97756

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SALEM, OR

Water Right Services, LLC

John A. Short CCB# 197121

541-389-2837

P.O. Box 1830
Bend, OR 97709

johnshort@usa.com
www.oregonwater.us

Property ownership with Quarter-Quarter sections corrected from permit to match COBU maps.

TWP	RNG	MER	SEC	QQ	GOV LOT	TAX LOT	ACRES	OWNER
15S	14E	WM	34	SWSE		603	0.5	SEUFERT
						604	0.5	COLE
16S	14E	WM	3		1	200	0.5	OBERMILLER
						300	0.5	TEATER
						400	0.5	GRANGER
						502	0.5	BOLES
					2	501	0.5	KOON
						503	0.5	LOONEY
						504	0.5	CALCOTE
16S	14E	WM	4	SESE		901	0.5	DORSCH / ROST
							5.0	TOTAL

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OCT 03 2017

Water Right Services, LLC

John A. Short CCB# 197121

541-389-2837

P.O. Box 1830
Bend, OR 97709

johnshort@usa.com
www.oregonwater.us

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3243

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16S14E103BB

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

SEP 01 1995

(START CARD) # 80392

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number _____, OREGON DEPT. _____

Name MINE VANSAETER
Address 10851 S POWELL BUTTE HWY
City POWELL BUTTE State OR Zip 97253

(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 590 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	32	BEAUNTONE	0	34	19 SACKS
8"	32	590				

How was seal placed: Method A B C D E
 Other BEAUNTONE POWELL BUTTE HWY
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: 8"	+1	39	2.30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	10	590		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method FACTORY
 Screens Type _____ Material _____

From	To	Slot size #	Number	Diameter	Tele/pipe size	Casing	Liner
570	570	1/8	720	6" R 4	6" 1.68	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
50 + 6 gpm	0	570	1 hr.

Temperature of water 76° 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: _____

LOCATION OF WELL by legal description:
County CROOK Latitude _____ Longitude _____
Township 16 N or S Range 14 E or W. WM. _____
Section 3 NW 1/4 NW 1/4
Tax Lot 700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) POWELL BUTTE HWY

(10) STATIC WATER LEVEL:
502' ft. below land surface. Date 8/21/95
Artesian pressure 0 lb. per square inch. Date 8/21/95

(11) WATER BEARING ZONES:

Depth at which water was first found 505'

From	To	Estimated Flow Rate	SWL
505	507	5 gpm	502
535	542	25 gpm	502
561	564	25 gpm	502

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SAND + BOULDER	0	25	
SANDSTONE	25	74	
MEDIUM LAVA	74	168	
BROWN SANDSTONE	168	415	
MEDIUM LAVA	415	471	
BROWN SANDSTONE	471	506	
YELLOW SANDSTONE	506	590	502
CONGLOMERATE			

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Date started 8/16/95 Completed 8/21/95
(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.

ACCEPTED

Signed OCT 0 2 2017 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.

Signed Bill [Signature] Date 8/21/95
WWC Number 1555

September 21, 2012

Umbarger Water System
Water Right Permit Holders

Re: Water Right Permit G-16159

Hello,

Attached please find your completed Claim of Beneficial Use.

CAUTION: The original must be submitted. Pages are NOT stapled and the map at the back is on polyester film. This original simply needs:

1. Dated signatures of both owners.
2. Check to OWRD for \$150.
3. Mail in postage paid certified envelope provided.

Copies are provided for your records. Please don't hesitate to ask questions.

Thank you.

Sincerely,

John A. Short

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SALEM, OR

ACCEPTED

OCT 03 2012

Water Right Services, LLC

John A. Short CCB# 197121

541-389-2837

P.O. Box 1830
Bend, OR 97709

johnshort@usa.com
www.oregonwater.us

Completion Checklist for Claims of Beneficial Use

Application # G 16 483 Transfer # _____
 Date Received 9/24/2012
 CWRE Name Gary DeJarnatt Claim Logged
 File Marked _____
 Oversized Map # _____
 Reviewer _____
Partial Edward Seibert T.L. # 603

Map Review:

- Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))
- Application & permit #; or transfer # (OAR 690-014-0100(1))
- Disclaimer (OAR 690-014-0170(5))
- North arrow (OAR 690-310-0050(2)(c))
- CWRE stamp and signature (OAR 690-014 & 310-0050)
- Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
- Township, range, section, and tax lot numbers (OAR 690-310-0050(4))
- _____ Source illustrated if surface water (OAR 690-014-0170(3))
- _____ Point(s) of diversion or appropriation (illustrated) (OAR 690-014(4) & 690-310-0050)
- _____ Point(s) of diversion or appropriation (coordinates)(OAR 690-014(4) & 690-310-0050)
- _____ Conveyance structures illustrated (pump, pipelines, ditches, etc.) (OAR 690-310-0050)
- _____ Description of the location, in relation to the point of diversion or appropriation, of any fish screens, by-pass devices, and measuring devices required (OAR 690-014-0170(4))
- _____ Place of use (1/4 1/4, or projected 1/4 1/4 lines within DLCs, or Gov Lots; if irrigation, # of acres in each subdivision; if for domestic or human consumption, location of dwelling or spigot) (OAR 690-310-0050, 690-014, 690-380-6010)

Report Review:

- On form or format provided by the Department (OAR 690-014-0100(1))
- Application & permit #; or transfer # (OAR 690-014)
- Ownership information (OAR 690-014)
- Date of survey (OAR 690-014)
- Person interviewed (OAR 690-014)
- County (OAR 690-014)
- _____ Description of conveyances system (from POD to POU) (OAR 690-014-0100)
- _____ Source(s) of water (OAR 690-014-0100)
- _____ Place of use location (OAR 690-014-0100)
- _____ Type of use (OAR 690-014-0100)
- _____ Extent of use (OAR 690-014-0100)
- _____ Rate and Duty (OAR 690-014-0100)
- _____ Diversion rate for each use (OAR 690-014-0100)
- _____ Diversion works description (pump make, serial model, capacity, and description) (OAR 690-014-0100)
- _____ System capacity (OAR 690-014-0100)
 - _____ Calculated capacity of system (required)
 - _____ Measured amount of use (optional)
- _____ Permit/Transfer Final Order Conditions (OAR 690-014-0100)
 - _____ Time limits
 - _____ Initial water level measurements
 - _____ Annual static water level measurements
 - _____ Measurement, recording, and reporting
 - _____ Meter/measuring device
 - _____ Water use reporting
 - _____ Fish screening and/or by-pass
 - _____ Pump test (ground water)
 - _____ Other conditions
- CWRE stamp and signature (OAR 690-014-0100)
- Signature(s) of permittee of transfer holder (OAR 690-014-0100)

ACCEPTED
OCT 0 3 2017

DEF = deficient
 N/A = Not Applicable

CLAIM OF BENEFICIAL USE for Ground Water Permits claiming 0.1 cfs or less



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

**A fee of \$150 must accompany this form to be accepted for permits
with a priority date of July 9, 1987, or later. (ORS 536.050(1))**

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:
http://www.wrd.state.or.us/OWRD/WR/cwre_info.shtml#.

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

If you have questions regarding the completion of this form, please call 503-986-0900 and ask for the Certificate Section.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see http://www.wrd.state.or.us/OWRD/mgmt_reimbursement_authority.shtml.

SECTION 1

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GENERAL INFORMATION

SEP 24 2012

1. File Information

APPLICATION # G-16483	PERMIT # (IF APPLICABLE) G-16159	PERMIT AMENDMENT # (IF APPLICABLE) SALEM OR
---------------------------------	--	---

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME EDWARD III & KRISTINE SEUFERT	PHONE NO. 541-504-4645	ADDITIONAL CONTACT NO.
ADDRESS 13469 SW UMBARGER ROAD		
CITY POWELL BUTTE	STATE OR	ZIP 97753
E-MAIL		

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. **The COBU must be signed by each permit holder of record.**

ACCEPTED
OCT 03 2012

3. Permit holder of record (this may, or may not, be the current property owner)

PERMIT HOLDER OF RECORD EDWARD III & KRISTINE SEUFERT		
ADDRESS 13469 SW UMBARGER ROAD		
CITY POWELL BUTTE	STATE OR	ZIP 97753

ADDITIONAL PERMIT HOLDER OF RECORD SEE ATTACHED LIST PER ASSIGNMENT RECEIVED BY OWRD SEPT. 14, 2012.		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

5. Person(s) interviewed and description of their association with the project:

NAME	DATE	ASSOCIATION WITH THE PROJECT
ED SEUFERT	SEPT 11, 2012	OWNER
BUTCH ROGERS	SEPT 18, 2012	PUMP INSTALLER

6. County:

7. If any property described in the place of use of the permit final order is excluded from this report, identify the owner of record for that property (ORS 537.230(4)):

**Mark "NA" if there are no owners of property not included in this claim

OWNER OF RECORD SEE ATTACHED LIST PER ASSIGNMENT RECEIVED BY OWRD SEPT. 14, 2012.		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

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SEP 24 2012

**SECTION 2
SYSTEM DESCRIPTION**

A. Points of Appropriation

1. Point(s) of Appropriation (POA):

POA NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
WELL	CROO 3243	

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

2. Developed use(s), period of use, and rate for each use:

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	RATE OR VOLUME FOR USE (CFS, GPM, OR AF)
WELL	IRRIGATION	LANDSCAPING, LAWN	APR 1 – OCT 31	0.12 CFS PER 2005 PUMP TEST
Total Quantity of Water Used				0.12 CFS

3. Provide a general narrative description of the distribution works. This description must trace the water system from each point of appropriation to the place of use:

SUBMERSIBLE PUMP IN WELL FILLS CISTERN #1 FROM WHICH SECOND SUBMERSIBLE PUMP FEEDS PRESSURIZED SYSTEM OF SPRINKLERS AND DRIP IRRIGATION ON THREE DIFFERENT CONTROLLERS.

Reminder: The map associated with this claim must identify the location of the point(s) of appropriation, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

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SECTION 2
SYSTEM DESCRIPTION (B through G)

Are there multiple POAs?

NO

If "YES" you will need to copy and complete Sections 2B through 2G for each POA.

POA Name or Number this section describes (only needed if there is more than one):

B. Place of Use

Attach Claim of Beneficial Use map.

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (Gov Lot), Quarter-Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, Gov Lot, and QQ.

C. Appropriation and Delivery System Information

Provide the following information concerning the appropriation and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used?

YES

If "NO" items 2 through item 5 may be deleted.

2. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
			SUBMERSIBLE

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
15 HP	60 PSI	502'	60'	0.15 CFS

4. Provide pump calculations:

$$15 \text{ HP} \times 7.04 / (60 \times 2.54 + 502 + 60) = 0.15 \text{ CFS}$$

5. Measured Pump Capacity (using meter if meter was present and system was operating)

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
NA			

Reminder: For pump calculations use the reference information at the end of this document.

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6. Sprinkler Information

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
	60 PSI	2.6 GPM		3	0.02 CFS

Reminder: For sprinkler output determination use the reference information at the end of this document.

7. Additional notes or comments related to the system:

SYSTEM INCLUDES RAINBIRD MAXI-PAW AND ASSORTED SIMILAR SPRINKLERS PLUS DRIP ON THREE SEPARATE CONTROLLERS.

D. Groundwater Source Information (Well and Sump)

1. Describe the access port (type and location) or other means to measure the water level in the well:

TURTLE BACK CAP WITHOUT ACCESS PORT

2. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
NA						

3. In addition to the information requested in item "2" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

NA

4. Is the appropriation from a dug well (sump)? NO

If "NO", items 5 through 7 relating to this section may be deleted.

E. Storage

1. Does the distribution system include in-system storage (i.e. storage tank, bulge in system / reservoir) YES

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a: YES
 Storage Tank YES
 Bulge in System / Reservoir NO

Complete appropriate table(s), unused table may be deleted.

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
CONCRETE	9,000	BURIED

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 SEP 24 2012

F. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe?

NO

If "NO", items 2 through 4 relating to this section may be deleted.

G. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Provide description and calculations if necessary:

NA

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SEP 24 2012

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OCT 03 2017

SALEM, OR

SECTION 3 CONDITIONS

All conditions contained in the permit, permit amendment, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Permits and any extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or extension final order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	MAR 1, 2007		
BEGIN CONSTRUCTION (A)	NA	AUG 21, 1995	WELL INSTALLED PRIOR TO PERMIT ISSUANCE.
COMPLETE CONSTRUCTION (B)	NA		
COMPLETE APPLICATION OF WATER (C)	OCT 1, 2011	SEPT 30, 2011	COMPLETE METERED BENEFICIAL USE OF WATER.

* MUST BE WITHIN PERIOD BETWEEN PERMIT OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

2. Is there an extension final order(s)? NO

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? NO

If "NO", items 3b through 3d relating to this section may be deleted.

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? NO

If "NO", items 4b through 4e relating to this section may be deleted.

5. Pump Test (Required for most ground water permits prior to issuance of a certificate)

a. Did the permit require the submittal of a pump test? YES

If "NO", items 5b through 5e relating to this section may be deleted.

b. Has the pump test been previously submitted to the Department? NO

c. Is the pump test attached to this claim? NO

d. Has the pump test been approved by the Department? NO

e. Has a pump test exemption been approved by the Department? YES

6. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? YES

If "NO", items 6b through 6f relating to this section may be deleted.

Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of appropriation.

b. Has a meter been installed? YES

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
LOT 603	SENSUS	64371273	WORKING	01975437 9-11-2012	PRIOR TO 2005
WELL	SENSUS	60974999	WORKING	20976780 9-18-2012	PRIOR TO 2005

If a meter has been installed, items 6d through 6f relating to this section may be deleted.

7. Recording and reporting conditions

a. Is the water user required to report the water use to the Department? YES

If "NO", item 7b relating to this section may be deleted.

b. Have the reports been submitted? YES

METHOD OF SUBMITTING REPORT (PAPER OR ELECTRONIC)	WATER USER REPORTING ID
PAPER	29894

If the reports have not been submitted, attach a copy of the reports if available.

8. Other conditions required by permit, permit amendment final order, or extension final order

- a. Were there special well construction standards? NO
- b. Was submittal of a ground water monitoring plan required? NO
- c. Other conditions? YES

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

PERMIT REQUIRED 9.0 GENERAL ZONE OF IMPACT MITIGATION CREDITS.

OWRD RECEIVED DOCUMENTARY EVIDENCE OF 9.0 PERMANENT GENERAL ZONE MITIGATION CREDITS FROM MITIGATION PROJECT MP-25 ON DEC 8, 2006.

SECTION 4 VARIATIONS

Include a description of variations from the permit, permit amendment final order, or extension final order. (i.e. "The permit allowed three points of appropriation. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

NONE NOTED.

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SEP 24 2012

**SECTION 5
ATTACHMENTS**

Provide a list of any additional documents you are attaching to this report:

ATTACHMENT NAME	DESCRIPTION
OWNER LIST	LIST OF OWNERS UNDER PENDING ASSIGNMENT
CROO 3243	WELL LOG
COBU MAP	COBU MAP

**SECTION 6
CLAIM SUMMARY**

POA NAME OR #	MAXIMUM RATE AUTHORIZED BY PERMIT	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED BY PERMIT	# OF ACRES DEVELOPED
WELL	0.006 CFS	0.02 CFS	NA	IRRIGATION	0.5	0.5

**SECTION 7
CLAIM OF BENEFICIAL USE MAP**

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

ONSITE PHYSICAL MEASUREMENT, OWRD TRAVERSE TOOL

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Map Checklist

SEP 24 2012

Please be sure that the map you submit includes ALL the items listed below.
(Reminder: Incomplete maps and/or claims may be returned.)

SALEM, OR

- Map on polyester film.
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation.

- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Source illustrated if surface water
- Disclaimer (“This map is not intended to provide legal dimensions or locations of property ownership lines”)
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature

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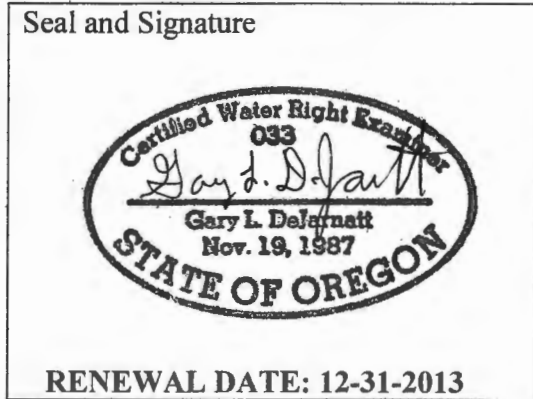
SEP 24 2012

~~ACCEPTED~~
OCT 0 2 2012

**SECTION 8
SIGNATURES**

CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



CWRE NAME GARY L. DEJARNATT JOB # 12053		PHONE No. 541-382-4192	ADDITIONAL CONTACT No. JOHN SHORT 541-389-2837
ADDRESS 20735 DOUBLE PEAKS DRIVE			
CITY BEND	STATE OR	ZIP 97701	E-MAIL

Permit Holder's of Record Signature or Acknowledgement

This Claim of Beneficial Use must be signed by each permit or transfer holder of record.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	DATE
	EDWARD SEUFERT III	9/21/12
	KRISTINE L SEUFERT	9/21/12

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165145/0388

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

SEP 01 1995

(START CARD) # 80392

Instructions for completing this report are on the last page of this form.

(1) OWNER: Name MIKE UMBARGER Well Number _____

Address 10851 S POWELL BUTTE HWY
City POWELL BUTTE State OR Zip 97253

(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 590 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	32	BENTONITE	0	32	19 SACKS
8"	32	590				

How was seal placed: Method A B C D E
 Other BENTONITE POWDER

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	8"	+1	39	39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	6"	10	590		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method FACTORY
 Screens Type _____ Material _____

From	To	Slot size #	Number	Diameter	Tele/pipe size	Casing	Liner
510	570	1/8	720	6 R 1/4	6.168	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian
50 + 6 gpm	0	570	<input checked="" type="checkbox"/> Air <input type="checkbox"/> Artesian

Temperature of water 76° 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: _____

LOCATION OF WELL by legal description:
County CR00K Latitude _____ Longitude _____
Township 16 N or S Range 14 E or W. WM.
Section 3 NW 1/4 NW 1/4
Tax Lot 700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) POWELL BUTTE HWY

(10) STATIC WATER LEVEL:
502' ft. below land surface. Date 8/21/95
Artesian pressure 0 lb. per square inch. Date 8/21/95

(11) WATER BEARING ZONES:
Depth at which water was first found 505'

From	To	Estimated Flow Rate	SWL
505	507	5 gpm	502
535	542	25 gpm	502
561	564	25 gpm	502

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SAND + BOULDER	0	25	
SANDSTONE	25	74	
MEDIUM LAVA	74	168	
BROWN SANDSTONE	168	415	
MEDIUM LAVA	415	471	
BROWN SANDSTONE	471	506	
YELLOW SANDSTONE	506	590	502
CONGLOMERATE			

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Date started 8/18/95 Completed 8/21/95
(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.
ACCEPTED

WWC Number _____
Signed OCT 0 2 2017 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.
WWC Number 1555
Signed Bill [Signature] Date 8/21/95

Permit G-16159 current owners with POU corrected to match Claim of Beneficial Use maps:

SEUFERT, EDWARD III & KRISTINE
13469 SW UMBARGER RD
POWELL BUTTE, OR 97753

COLE, DENNIS & SUSAN
P.O. BOX 213
POWELL BUTTE, OR 97753

GRANGER, SCOTT C. & CECELIA Y.
PO BOX 24
POWELL BUTTE, OR 97753

KOON, RICHARD T. & KATHRYN S.
13333 SW UMBARGER ROAD
POWELL BUTTE, OR 97753

LOONEY, GAYLAND R. & PATRICIA M.
11977 SW ELEMAR CT
TIGARD, OR 97224

CALCOTE, ROBERT & JUDY
20004 NE 48th Circle
VANCOUVER, WA 98682

OBERMILLER, CRAIG W. & EILEEN D.
9605 SW REIF ROAD
POWELL BUTTE, OR 97753

TEATER, CAMERON J. & BECKY JEAN
10001 SW REIF ROAD
POWELL BUTTE, OR 97753

BOLES, BLAIN C. & PATRICIA C.
11461 SE FALBROOK DRIVE
CLACKAMAS, OR 97015

DORSCH, ANTHONY J.
ROST, BRIAN M.
ROST, JEFFREY T.
203 N CANYON DRIVE
REDMOND, OR 97756

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OCT 03 2012

Water Right Services, LLC

John A. Short CCB# 197121

541-389-2837

P.O. Box 1830
Bend, OR 97709

johnshort@usa.com
www.oregonwater.us

Property ownership with Quarter-Quarter sections corrected from permit to match COBU maps.

TWP	RNG	MER	SEC	QQ	GOV LOT	TAX LOT	ACRES	OWNER
15S	14E	WM	34	SWSE		603	0.5	SEUFERT
						604	0.5	COLE
16S	14E	WM	3		1	200	0.5	OBERMILLER
						300	0.5	TEATER
						400	0.5	GRANGER
						502	0.5	BOLES
					2	501	0.5	KOON
						503	0.5	LOONEY
						504	0.5	CALCOTE
16S	14E	WM	4	SESE		901	0.5	DORSCH / ROST
							5.0	TOTAL

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Water Right Services, LLC

John A. Short CCB# 197121

541-389-2837

P.O. Box 1830
Bend, OR 97709

johnshort@usa.com
www.oregonwater.us

Completion Checklist for Claims of Beneficial Use

Application # G 16483 Transfer # _____
Date Received 9/25/2012
CWRE Name Gary De Jannatt Claim Logged
File Marked
Oversized Map # _____
Reviewer C.O.
partial Craig Obermiller T.L. 200

Map Review:

- Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))
- Application & permit #; or transfer # (OAR 690-014-0100(1))
- Disclaimer (OAR 690-014-0170(5))
- North arrow (OAR 690-310-0050(2)(c))
- CWRE stamp and signature (OAR 690-014 & 310-0050)
- Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
- Township, range, section, and tax lot numbers (OAR 690-310-0050(4))
- _____ Source illustrated if surface water (OAR 690-014-0170(3))
- _____ Point(s) of diversion or appropriation (illustrated) (OAR 690-014(4) & 690-310-0050)
- _____ Point(s) of diversion or appropriation (coordinates)(OAR 690-014(4) & 690-310-0050)
- _____ Conveyance structures illustrated (pump, pipelines, ditches, etc.) (OAR 690-310-0050)
- _____ Description of the location, in relation to the point of diversion or appropriation, of any fish screens, by-pass devices, and measuring devices required (OAR 690-014-0170(4))
- _____ Place of use (1/4 1/4, or projected 1/4 1/4 lines within DLCs, or Gov Lots; if irrigation, # of acres in each subdivision; if for domestic or human consumption, location of dwelling or spigot) (OAR 690-310-0050, 690-014, 690-380-6010)

Report Review:

- On form or format provided by the Department (OAR 690-014-0100(1))
- Application & permit #; or transfer # (OAR 690-014)
- Ownership information (OAR 690-014)
- Date of survey (OAR 690-014)
- Person interviewed (OAR 690-014)
- County (OAR 690-014)
- _____ Description of conveyances system (from POD to POU) (OAR 690-014-0100)
- _____ Source(s) of water (OAR 690-014-0100)
- _____ Place of use location (OAR 690-014-0100)
- _____ Type of use (OAR 690-014-0100)
- _____ Extent of use (OAR 690-014-0100)
- _____ Rate and Duty (OAR 690-014-0100)
- _____ Diversion rate for each use (OAR 690-014-0100)
- _____ Diversion works description (pump make, serial model, capacity, and description) (OAR 690-014-0100)
- _____ System capacity (OAR 690-014-0100)
 - _____ Calculated capacity of system (required)
 - _____ Measured amount of use (optional)
- _____ Permit/Transfer Final Order Conditions (OAR 690-014-0100)
 - _____ Time limits
 - _____ Initial water level measurements
 - _____ Annual static water level measurements
 - _____ Measurement, recording, and reporting
 - _____ Meter/measuring device
 - _____ Water use reporting
 - _____ Fish screening and/or by-pass
 - _____ Pump test (ground water)
 - _____ Other conditions
- _____ CWRE stamp and signature (OAR 690-014-0100)
- Signature(s) of permittee of transfer holder (OAR 690-014-0100)

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OCT 0 9 2012

DEF = deficient

N/A = Not Applicable

S:\groups\wr\certs\Resource Center\Forms_Checklists_Mailing Instructions\COBU Checklist 1-11-2012.rtf

CLAIM OF BENEFICIAL USE for Ground Water Permits claiming 0.1 cfs or less



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

**A fee of \$150 must accompany this form to be accepted for permits
with a priority date of July 9, 1987, or later. (ORS 536.050(1))**

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:
http://www.wrd.state.or.us/OWRD/WR/cwre_info.shtml#.

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

If you have questions regarding the completion of this form, please call 503-986-0900 and ask for the Certificate Section.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see http://www.wrd.state.or.us/OWRD/mgmt_reimbursement_authority.shtml.

SECTION 1

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GENERAL INFORMATION

SEP 25 2012

1. File Information

APPLICATION # G-16483	PERMIT # (IF APPLICABLE) G-16159	PERMIT AMENDMENT # (IF APPLICABLE) SALEM OR
---------------------------------	--	---

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME CRAIG W. & EILEEN D. OBERMILLER		PHONE NO. 541-923-2777	ADDITIONAL CONTACT NO.
ADDRESS 9605 SW REIF ROAD			
CITY POWELL BUTTE	STATE OR	ZIP 97753	E-MAIL

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. **The COBU must be signed by each permit holder of record.**

3. Permit holder of record (this may, or may not, be the current property owner)

PERMIT HOLDER OF RECORD CRAIG W. & EILEEN D. OBERMILLER		
ADDRESS 9605 SW REIF ROAD		
CITY POWELL BUTTE	STATE OR	ZIP 97753

ADDITIONAL PERMIT HOLDER OF RECORD SEE ATTACHED LIST PER ASSIGNMENT RECEIVED BY OWRD SEPT. 14, 2012.		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

5. Person(s) interviewed and description of their association with the project:

NAME	DATE	ASSOCIATION WITH THE PROJECT
CRAIG & EILEEN OBERMILLER	SEPT 3, 2012	OWNER

6. County:

7. If any property described in the place of use of the permit final order is excluded from this report, identify the owner of record for that property (ORS 537.230(4)):

**Mark "NA" if there are no owners of property not included in this claim

OWNER OF RECORD SEE ATTACHED LIST PER ASSIGNMENT RECEIVED BY OWRD SEPT. 14, 2012.		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

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SECTION 2
SYSTEM DESCRIPTION

A. Points of Appropriation

1. Point(s) of Appropriation (POA):

POA NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
WELL	CROO 3243	

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

2. Developed use(s), period of use, and rate for each use:

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	RATE OR VOLUME FOR USE (CFS, GPM, OR AF)
WELL	IRRIGATION	LANDSCAPING, GARDEN	APR 1 – OCT 31	0.12 CFS PER 2005 PUMP TEST
Total Quantity of Water Used				0.12 CFS

3. Provide a general narrative description of the distribution works. This description must trace the water system from each point of appropriation to the place of use:

SUBMERSIBLE PUMP IN WELL FILLS 3,300 GALLON CISTERN #2 FROM WHICH SECOND SUBMERSIBLE PUMP FEEDS PRESSURIZED SYSTEM OF SPRINKLERS AND DRIP IRRIGATION ON 12 ZONE CONTROLLER.

Reminder: The map associated with this claim must identify the location of the point(s) of appropriation, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

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SECTION 2

SYSTEM DESCRIPTION (B through G)

Are there multiple POAs?

NO

If "YES" you will need to copy and complete Sections 2B through 2G for each POA.

POA Name or Number this section describes (only needed if there is more than one):

B. Place of Use

Attach Claim of Beneficial Use map.

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (Gov Lot), Quarter-Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, Gov Lot, and QQ.

C. Appropriation and Delivery System Information

Provide the following information concerning the appropriation and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used?

YES

If "NO" items 2 through item 5 may be deleted.

2. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
			SUBMERSIBLE

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
15 HP	60 PSI	502'	100'	0.14 CFS

4. Provide pump calculations:

$$15 \text{ HP} \times 7.04 / (60 \times 2.54 + 502 + 100) = 0.14 \text{ CFS}$$

5. Measured Pump Capacity (using meter if meter was present and system was operating)

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
NA			

Reminder: For pump calculations use the reference information at the end of this document.

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6. Sprinkler Information

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
2.5	50 PSI	2.9 GPM		3	0.02 CFS

Reminder: For sprinkler output determination use the reference information at the end of this document.

7. Additional notes or comments related to the system:

DIVERSE SYSTEM INCLUDES SPRINKLERS FROM RAINBIRD T-30 WITH 2.5 NOZZLES DOWN TO DRIP.

D. Groundwater Source Information (Well and Sump)

1. Describe the access port (type and location) or other means to measure the water level in the well:

TURTLE BACK CAP WITHOUT ACCESS PORT

2. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
NA						

3. In addition to the information requested in item "2" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

NA

4. Is the appropriation from a dug well (sump)? NO

If "NO", items 5 through 7 relating to this section may be deleted.

E. Storage

1. Does the distribution system include in-system storage (i.e. storage tank, bulge in system / reservoir) RECEIVED BY OWRD YES

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a: SEP 25 2012

Storage Tank YES

Bulge in System / Reservoir SALEM, OR NO

Complete appropriate table(s), unused table may be deleted.

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
FIBERGLASS	3,300	ABOVE

ACCEPTED
OCT 03 2017

E. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe?

NO

If "NO", items 2 through 4 relating to this section may be deleted.

G. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Provide description and calculations if necessary:

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SECTION 3 CONDITIONS

All conditions contained in the permit, permit amendment, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Permits and any extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or extension final order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	MAR 1, 2007		
BEGIN CONSTRUCTION (A)	NA	AUG 21, 1995	WELL INSTALLED PRIOR TO PERMIT ISSUANCE.
COMPLETE CONSTRUCTION (B)	NA		
COMPLETE APPLICATION OF WATER (C)	OCT 1, 2011	SEPT 30, 2011	COMPLETE METERED BENEFICIAL USE OF WATER.

* MUST BE WITHIN PERIOD BETWEEN PERMIT OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

2. Is there an extension final order(s)? NO

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? NO

If "NO", items 3b through 3d relating to this section may be deleted.

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? NO

If "NO", items 4b through 4e relating to this section may be deleted.

5. Pump Test (Required for most ground water permits prior to issuance of a certificate)

a. Did the permit require the submittal of a pump test? YES

If "NO", items 5b through 5e relating to this section may be deleted.

b. Has the pump test been previously submitted to the Department? NO

c. Is the pump test attached to this claim? NO

d. Has the pump test been approved by the Department? NO

e. Has a pump test exemption been approved by the Department? YES

6. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? YES

If "NO", items 6b through 6f relating to this section may be deleted.

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Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of appropriation.

- b. Has a meter been installed? YES
- c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
LOT 200	BADGER METER	33155898	WORKING	1260387.7 9-3-2012	PRIOR TO 2005
WELL	SENSUS	60974999	WORKING	20976780 9-18-2012	

If a meter has been installed, items 6d through 6f relating to this section may be deleted.

7. Recording and reporting conditions

- a. Is the water user required to report the water use to the Department? YES

If "NO", item 7b relating to this section may be deleted.

- b. Have the reports been submitted? YES

METHOD OF SUBMITTING REPORT (PAPER OR ELECTRONIC)	WATER USER REPORTING ID
PAPER	29894

If the reports have not been submitted, attach a copy of the reports if available.

8. Other conditions required by permit, permit amendment final order, or extension final order

- a. Were there special well construction standards? NO
- b. Was submittal of a ground water monitoring plan required? NO
- c. Other conditions? YES

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

PERMIT REQUIRED 9.0 GENERAL ZONE OF IMPACT MITIGATION CREDITS.

OWRD RECEIVED DOCUMENTARY EVIDENCE OF 9.0 PERMANENT GENERAL ZONE MITIGATION CREDITS FROM MITIGATION PROJECT MP-25 ON DEC 8, 2006.

**SECTION 4
VARIATIONS**

Include a description of variations from the permit, permit amendment final order, or extension final order. (i.e. "The permit allowed three points of appropriation. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

NONE NOTED.

ACCEPTED
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SEP 25 2012

**SECTION 5
ATTACHMENTS**

Provide a list of any additional documents you are attaching to this report:

ATTACHMENT NAME	DESCRIPTION
OWNER LIST	LIST OF OWNERS UNDER PENDING ASSIGNMENT
CROO 3243	WELL LOG
COBU MAP	COBU MAP

**SECTION 6
CLAIM SUMMARY**

POA NAME OR #	MAXIMUM RATE AUTHORIZED BY PERMIT	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED BY PERMIT	# OF ACRES DEVELOPED
WELL	0.006 CFS	0.02 CFS	NA	IRRIGATION	0.5	0.5

**SECTION 7
CLAIM OF BENEFICIAL USE MAP**

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

ONSITE PHYSICAL MEASUREMENT, OWRD TRAVERSE TOOL

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Map Checklist

SEP 25 2012

Please be sure that the map you submit includes ALL the items listed below.
(Reminder: Incomplete maps and/or claims may be returned.)

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- Map on polyester film.
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation.

- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Source illustrated if surface water
- Disclaimer (“This map is not intended to provide legal dimensions or locations of property ownership lines”)
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature

ACCEPTED
OCT 03 2017

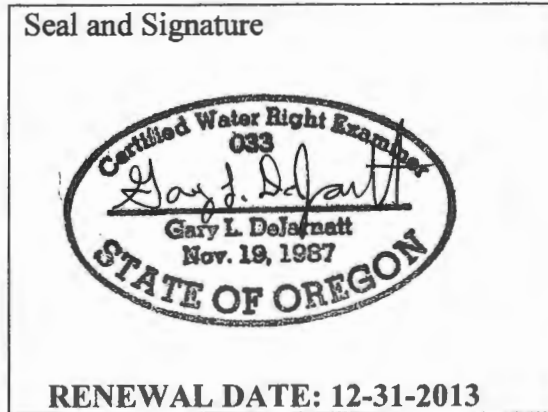
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SEP 25 2012

**SECTION 8
SIGNATURES**

CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



CWRE NAME GARY L. DEJARNATT JOB # 12047		PHONE NO. 541-382-4192	ADDITIONAL CONTACT NO. JOHN SHORT 541-389-2837
ADDRESS 20735 DOUBLE PEAKS DRIVE			
CITY BEND	STATE OR	ZIP 97701	E-MAIL

Permit Holder's of Record Signature or Acknowledgement

This Claim of Beneficial Use must be signed by each permit or transfer holder of record.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	DATE
	CRAIG W. OBERMILLER	23 SEP 2012
	Eileen D. Obermiller	24 sep 2012

ACCEPTED
OCT 03 2017

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SALEM, OR

Permit G-16159 current owners with POU corrected to match Claim of Beneficial Use maps:

SEUFERT, EDWARD III & KRISTINE
13469 SW UMBARGER RD
POWELL BUTTE, OR 97753

COLE, DENNIS & SUSAN
P.O. BOX 213
POWELL BUTTE, OR 97753

GRANGER, SCOTT C. & CECELIA Y.
PO BOX 24
POWELL BUTTE, OR 97753

KOON, RICHARD T. & KATHRYN S.
13333 SW UMBARGER ROAD
POWELL BUTTE, OR 97753

LOONEY, GAYLAND R. & PATRICIA M.
11977 SW ELEMAR CT
TIGARD, OR 97224

CALCOTE, ROBERT & JUDY
20004 NE 48th Circle
VANCOUVER, WA 98682

OBERMILLER, CRAIG W. & EILEEN D.
9605 SW REIF ROAD
POWELL BUTTE, OR 97753

TEATER, CAMERON J. & BECKY JEAN
10001 SW REIF ROAD
POWELL BUTTE, OR 97753

BOLES, BLAIN C. & PATRICIA C.
11461 SE FALBROOK DRIVE
CLACKAMAS, OR 97015

DORSCH, ANTHONY J.
ROST, BRIAN M.
ROST, JEFFREY T.
203 N CANYON DRIVE
REDMOND, OR 97756

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ACCEPTED

~~OCT 03 2017~~

Water Right Services, LLC

John A. Short CCB# 197121

541-389-2837

P.O. Box 1830
Bend, OR 97709

johnshort@usa.com
www.oregonwater.us

Property ownership with Quarter-Quarter sections corrected from permit to match COBU maps.

TWP	RNG	MER	SEC	QQ	GOV LOT	TAX LOT	ACRES	OWNER
15S	14E	WM	34	SWSE		603	0.5	SEUFERT
						604	0.5	COLE
16S	14E	WM	3		1	200	0.5	OBERMILLER
						300	0.5	TEATER
						400	0.5	GRANGER
						502	0.5	BOLES
					2	501	0.5	KOON
						503	0.5	LOONEY
						504	0.5	CALCOTE
16S	14E	WM	4	SESE		901	0.5	DORSCH / ROST
							5.0	TOTAL

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SALEM, OR

Water Right Services, LLC

John A. Short CCB# 197121

541-389-2837

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Bend, OR 97709

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www.oregonwater.us

CR00
3243

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165145/0388

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

SEP 01 1995

(START CARD) # 80392

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number. OREGON DEPT.
Name MIKE UHNSAEBEK
Address 10851 S POWELL BUTTE HWY
City POWELL BUTTE State OR Zip 97253

(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 590 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	32	BENTONITE	0	32	19 SACKS
8"	32	590				

How was seal placed: Method A B C D E
 Other BENTONITE POWELL BUTTE HWY
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Diameter	From	To	Gauge	Steel				Threaded
				Plastic	Welded	Plastic	Welded	
Casing: 8"	+1	39.720		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	10	590		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method FACTORY
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
510	570	1/8	720	6" R 1/4	6" 1/8	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 50-60 Drawdown 0 Drill stem at 570 Time 1 hr.

Temperature of water 76° 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: _____

LOCATION OF WELL by legal description:
County CR00 Latitude _____ Longitude _____
Township 16 N or S Range 14 E or W. WM.
Section 3 NW 1/4 NW 1/4
Tax Lot 700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) POWELL BUTTE HWY

(10) STATIC WATER LEVEL:
502' ft. below land surface. Date 8/21/95
Artesian pressure 0 lb. per square inch. Date 8/21/95

(11) WATER BEARING ZONES:
Depth at which water was first found 505'

From	To	Estimated Flow Rate	SWL
505	507	5 GPM	502
535	542	2.5 GPM	502
561	564	2.5 GPM	502

(12) WELL LOG:
Ground Elevation _____

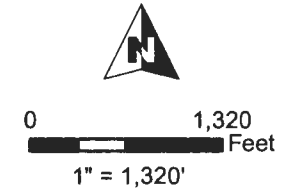
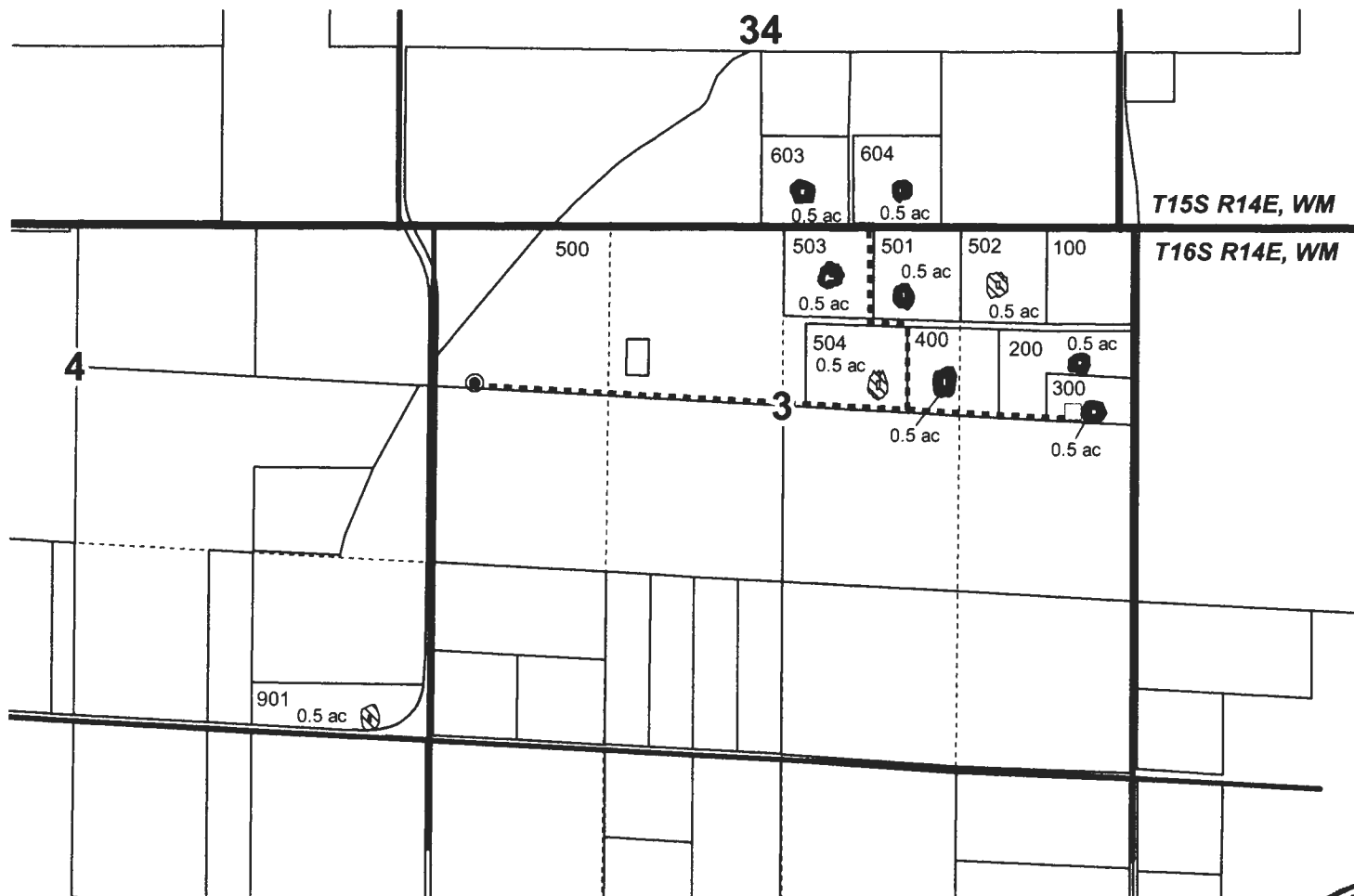
Material	From	To	SWL
SAND + BOULDER	0	25	
SAND STONE	25	74	
MEDIUM LAVA	74	168	
BROWN SANDSTONE	168	415	
MEDIUM LAVA	415	471	
BROWN SANDSTONE	471	506	
YELLOW SANDSTONE	506	590	502
CONCRETE			

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Date started 8/16/95 Completed 8/21/95
(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.
ACCEPTED
OCT 03 2017
Signed _____ WWC Number _____ 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.
Signed Bill [Signature] WWC Number 1555 Date 8/21/95

CROOK COUNTY, OREGON



- POU Split OFF
- POU Remaining
- QQ Lines
- Tax lot
- Section
- Well
- Cistern
- Buried Pipeline

WELL LOCATION:
1230' S, 300' E of NW COR Sec 3

POU Split OFF:
1.0 ac SWSE Sec 34, T15S R14E, WM
1.5 ac SWNE Sec 3, T16S R14E, WM
1.0 ac SENE Sec 3, T16S R14E, WM

POU Remaining:
0.5 ac SWNE Sec 3, T16S R14E, WM
0.5 ac SENE Sec 3, T16S R14E, WM
0.5 ac SESE Sec 4, T16S R14E, WM

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SEP 20 2017

SALEM, OR



RENEWAL DATE 12/31/2018

SPLIT-A-PERMIT MAP
Obermiller

NOTE: THIS MAP IS NOT INTENDED TO
PROVIDE LEGAL DIMENSIONS OR LOCATIONS
OF PROPERTY OWNERSHIP LINES.

WATER RIGHT SERVICES, LLC
PO BOX 1830, BEND, OR 97709
CCB# 197121 www.oregonwater.us
541-389-2837 JOHNSHORT@USA.COM