

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.

RECEIVED

Check a	all items	included with this application.	SEP 20 2017
9	Part 1 -	Completed Minimum Requirements Checklist.	WATER RESOURCES DEPT
\square	Part 2 -	Completed Application Map Checklist.	SALEM, OREGON
Ø		Completed Application with non-refundable \$125.00 Application and Signature(s).	on Fee, Applicant(s)'
T .	Part 4 –	Other Landowner Information and proportionate rate(s).	
	Part 5 –	Water Right Permit Information. List the permit number to be	1 .
Attachn	nents:	G16159 Bt1	5147
1	Comple	ted application map prepared by Certified Water Right Examine	er (CWRE).
Ø	Comple	ted Affidavit(s) from the applicant(s):	
	B	Certifying the permit has not been conveyed or withheld, and to the applicant's land.	remains appurtenant
	B	Certifying the applicant has read the permit.	
J	4 " ' '	of current recorded deed(s) showing that the applicant(s) is/are to which the permit is appurtenant.	an owner of the
		INSTRUCTIONS for editing the Application	Form

Photocopy pages or tables in Part 5, mark-through any non-applicable information, insert/attach photocopied pages to document in the appropriate location, and manually amend page numbers as necessary (e.g., Page 5 6 of 9 10).

You may refer to additional attachments that you may include, such as separately produced tables or spreadsheets to convey large numbers of rows of place of use listings, owner/property parcels, etc. You may contact the Department at 503-986-0900 and ask for Transfer Staff if you have ACCEPTED questions.

For Staff Accounting Purposes Only - PCA #46110 Object #

SEP 20 2017

WATER RESOURCES DEPT SALEM, OREGON

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 $8\frac{1}{2} \times 11$ inches, $8\frac{1}{2} \times 14$ 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 quarterquarter 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.

Application - Page 2 of 8

TACS

The location of each authorized point of diversion or appropriation.

Revised 9/24/15



SEP 20 2017

WATER RESOURCES DEPT SALEM, OREGON

Please use additional pages as needed

Part 3 of 5 - Applicant Information and Signature

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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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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.

Applicant signature

Name (and title if applicable) (print)

9-16-17 Date

CRAIG W OBERN

16 SEP 2017

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WATER RESOURCES DEPT SALEM, OREGON

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Applicant signature

Name (and title if applicable) (print)



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Revised 9/24/15

Application - Page 4 of 8

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WATER RESOURCES DEPT SALEM, OREGON

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Applicant Informa	tion			SALEM, OHE	GON		
APPLICANT/BUSINESS N				MAPID	PHO	NE NO.	ADDITIONAL CONTACT
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ADDRESS 12 U L9 SII)			R ROA				FAX NO.
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ADDRESS						FAX NO.	
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Applicant Information				MAP ID		DNE NO.	ADDITIONAL CONTACT
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Agent Information	- This agent	is authoriz	zed to represen	nt the above applic	ant in all	matters relating	g to this application
AGENT/BUSINESS NAME	•			PHONE NO		ADDITION	IAL CONTACT NO.
ADDRESS						FAX NO.	
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BY PROVIDING AN E-MAIL AT FINAL ORDER AND REPLACE					HE DEPART	MENT ELECTRONIC	CALLY. COPIES OF THE
				use (if any) unde	r mv (o	ur) portion o	f the
				vant terms and			
I (we) aff	firm that the	e inform	ation contain	ned in this appli	cation is	true and acc	curate.
Applicant sig	nature	4	Name	e (and title if applicable	(print)	Date	4-1-4-6
Applicant sig	nature		Name	(and title if applicable	(print)	Date	



SEP 20 2017

Applicant Information APPLICANT/BUSINESS NAME SAYCOND PATRI				WATER RESOURCE	GON .
SALLOND T PATION			MAP ID	SALEM, ORE	ADDITIONAL CONTACT
200 T L L L L L L L L L L L L L L L L L L	ELTA /	00NZ4	(LETTER OR NUMBER)	503-799-552	NO. 503-9/3-69/5
ADDRESS 13535 SW Un			1 200		FAX NO.
(3) 7 -	STATE	ZIP	E-MAIL		
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ORDER AND REPLACEMENT PERMIT I			KKESPONDENCE FROM THE	DEPARTMENT ELECTRONIC	ALLY. COPIES OF THE FINAL
Agent Information - This	s agent is aut	horized to represer	nt the above applicant	in all matters relating	to this application
AGENT/BUSINESS NAME			PHONE NO.	ADDITION	AL CONTACT NO.
ADDRESS				FAX NO.	
CITY	STA	TE ZIP	E-MAIL		
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I (we) affirm t	hat the mo	st recent water ı	ıse (if any) under r	ny (our) portion of	f the
permit has bee	en exercise	d within the rele	vant terms and co	nditions of the peri	mit.
I (we) affirm t	hat the info	rmation contain	ned in this applicat	ion is true and acc	urate.
A STATE		G	MEMOR, LOO	UZY 9-1.	1-2017
Applicant signature		\sim	(and title if applicable) (p	rint) Date	
Patricia	M) 70		TRICIAM.LO	DONEY 9-19	<u>4-2</u> 017 4-2017
Applicant signature		Name	(and title if applicable) (p	rint) Date	
Applicant Information					
APPI ICANT/BUSINESS NAME			MAPID	PHONE NO.	
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SEP 20 2017

WATER RESOURCES DEPT SALEM, OREGON

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 <u>not</u> submitting the assignment and request for issuance of replacement water right permit.

Landowner Information					
LANDOWNER/BUSINESS NAME				MAP ID	
Robert & Judy Calcote				(LETTER OR NU	
MAILING ADDRESS		CITY	STATE		ZIP
2004 NE 48 fr Circ	, le	Vancouver	W	A	98682
TOTAL NUMBER OF ACRES UNDER THE	PROPORTIONATE				
PERMIT (AS DEPICTED ON MAP)	0.006				
Landowner Information					
LANDOWNER/BUSINESS NAME				MAP ID	() (DED)
Anthony Dorsch Brian Post				201	
MAILING ADDRESS		CITY	STATE		ZIP
203 N Cangon Drive		Redmond	0	2	97756
TOTAL NUMBER OF ACRES UNDER THE	PROPORTIONATE	1			
PERMIT (AS DEPICTED ON MAP) 0.5	RATE 0.00 6	•			
0.3	0.004				
Landowner Information					
LANDOWNER/BUSINESS NAME				MAP ID	
Gary Likers Likathryn Li	1			(LETTER OR NU	
MAILING ADDRESS	· K ch z	CITY	CTATE	50	
88680 Fromise Pa	20121211	Veneta	STATE	Q.	21P 97487
	PROPORTIONATE	Verience		-	11001
TOTAL NUMBER OF ACRES UNDER THE PERMIT (AS DEPICTED ON MAP)	RATE				
0.5	0.006				
Landowner Information					
LANDOWNER/BUSINESS NAME				MAPID	
				(LETTER OR NU	JMBER)
Mailing address		CITY	STATE		ZIP
	*·***				
TOTAL NUMBER OF ACRES UNDER THE	PROPORTIONATE				
PERMIT (AS DEPICTED ON MAP)	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	Valla	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Lot 500	3243	165	14E	3	5w1/4 Nw1/4	500	east from the NW corner of section 3
		ş ,					

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WATER RESOURCES DEPT SALEM, OREGON

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Please use additional pages of Table 2 as needed

WATER RESOURCES DEPT SALEM, OREGON

Table 2. Description of Permit

List <u>all</u> parts of the permit (both assigned and unassigned). For the acreage or place(s) of use in each ½ ¼, 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.

				1			I Je	scribi	ion or Ferm	itted Lands	1	17-10	
T	wp :	R	ng	Sec	4	14	Tax Lot	Gyt Lot of DLC	Acres (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		
2	S	9	E	15	NE	NW	200	and any major and the spirit of the same	4.0	NU	POD #2	4P"	
		1	,		1	ı		个	EXAMP	LE个			5
15	5	14	E	34	SW	SE	600		0.5	IR	.500	Soutest.	
5	5	14	Ē	34	SW	SE	604		0.5	IR	500	Parks	
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							502	1	0.5	IR		Liberts	
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						1	503	2	0.5	IR		LOONEY	5
····							504	2	0.5	IR		calcote	5
16	5	14	E	4	5E	SE	901		0.5	12		Pursely/	9
													NAME OF THE OWNER
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						1							
	4												
					Т	CTAI	ACRI	ES	5.0				

		Permit #
Check the appropriate box, if applicable:	NO	
Check here if any portion of the permit	s located within an irrigation	or other water district.
IRRIGATION DISTRICT NAME	ADDRESS	
СПҮ	STATE	ZIP
Check here if water for any portion of the other contract for stored water with a fede		ater service agreement or
ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

Additional Remarks:

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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 Craig W. Obermiller Eileen P. Obermiller	MAP ID (LETTER OR NUMBER)	PHONE NO. 541. 350 -	ADDITIONAL CONTACT NO.
Eileen D. Obermiller	TL 200	7436	2777
ADDRESS			FAX NO.
9605 SW Reif Road			NONE.
Forell Butte Of 97753	E-MAIL eileen 3	cappled Earth	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED	L CORRESPONDENCE FROM TH	E DEPARTMENT ELECTRON	RICALLY. COPIES OF THE FINAL
Agent Information — This agent is authorized to repr	resent the above applica	nt in all matters relati	ng to this application
AGENT/BUSINESS NAME	PHONE NO.	ADDITIO	DNAL CONTACT NO.
ADDRESS		FAX NO.	

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.

BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE

E-MAIL

I (we) understand the following:

FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.

- 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
- 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
- OWRD does not guarantee a favorable review of the application.

STATE

ZIP

ACCEPTED OCT 0 3 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.

CITY

Eileen Obermiller 9-16.17
Name (and title if applicable) (print)

Date

CRAIG W OBERMUER 16 SEP 2017
Name (and title if applicable) (print)
Date

SEP 20 2017

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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)) ss				
County of)				
I/We,, mailing address, te and say: GIGIS 9 1. Permit, has not been cor 2. I/We attest that I/we have read	lephone numb	er (), 541-350 held and remain	being first duly シ・フィス 6		= QL 97753
Signature of Affiant Signature of Affiant	<i>b</i>	9-18-1 Date /8 SEP 2			
OFFICIAL STAMP TONNA CURTIS NOTARY PUBLIC OREGON COMMISSION NO. 963425 NY COMMISSION FYPRES JUNE 22 2021	<u>lor</u>	me li	Notary Public for Ore	egon	ا ک

ACCEPTED 0C1 **0 3** 2017

Split a Permit Affidavit

TACS

SEP 20 2017

WATER RESOURCES

and the second s	ON	OPYRIGHT 1996 STEVENS-NESS LAW PUBLISH	HING CO., PORTLAND, OR 97204
FORM No. 633 - WARRANTY DEED (Individual or Corporate).		OFFIGAL 1990 STEVENOVILLOS SINVESSES	(CI
NS .			9
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	SPACE RESERVED FOR RECORDER'S USE	was received for record of o'clock book/reel/volume No and/or ment/microfilm/receptic Record of Deeds of said	within instrumen on the day, 19, a .M., and recorded in on page as fee/file/instru on No
Until requested otherwise, send all tax statements to (Name, Address, Zip): SAME		NAME	TITLE
		NAME	IIICE
		Ву	, Deputy
WAF KNOW ALL BY THESE PRESENTS that _MICHAE	RANTY DEED		
PARCEL 1 OF PARTITION PLAT 1998-13, RECORD 140204, RECORDS OF CROOK COUNTY, OREGON, PARTITION PLAT 1996-04, RECORDED FEBRUARY RECORDS OF CROOK COUNTY, OREGON, BEING A RANGE 14 EAST OF THE WILLAMETTE MERIDIAN, TAX ACCOUNT NO.: 1614 TL 700 (PORTION)	DED APRIL 10, LOCATED IN A P 13, 1996 IN P PORTION OF SEC	1998 IN PARTITIONS PORTION OF PARCEL 3 (PARTITIONS MF NO. 12	OF 25655,
		ACCE	DTED
		71001	FLIED
To Have and to Hold the same unto grantee and grant And grantor hereby covenants to and with grantee and in fee simple of the above granted premises, free from all SEE ATTACHED EXHIBIT "A" ATTACHED HERETO	ee's heirs, successors d grantee's heirs, succ	EVERSE SIDE) s and assigns forever. cessors and assigns, that gran	3 2017 tor is lawfully seize

is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duty authorized to do

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN

so by order of its board of directors.

SEP 90 2017

FORM No. 723 - BARGAIN AND SALE DEED (Individual or Corporate A) EM	OURCES DEPT OREGON OPPY	RIGHT 1996 STEVENS-NESS LAW PUBLISHING CO., PORTLAND, OR 97204
NS	JM27.9	
CRAIG S. QBERMILLER & EILEEN D. OBER	MILLER	STATE OF OREGON, County ofCROOK } ss. I certify that the within instrument was received for record on the22nd day
Grantor's Name and Address CRAIG W. & EILEEN D. OBERMILLER Granter's Name and Address	1.45897	of January , 19 99 at 11:29 o'clock A.M., and recorded in book/reel/volume No. on page DEEDS and/or as fee/file/instru-
After recording, return to (Name, Address, Zip): CRAIG W. & EILEEN D. OBERMILLER	FOR RECORDER'S USE:	ment/microfilm/reception No. 145897., Records of said County. Witness my hand and seal of County affixed.
Until requested otherwise, send all tax statements to (Name, Address, Zip): CRAIG W. & EILEEN D. OBERMILLER	THE OF OREGINE	DEANNA E DEEMAN CONTROLLED CONTROLLED
	MICROFILM	By Chrisina M. Weeler Deputy.
BA	RGAIN AND SALE DEED	
KNOW ALL BY THESE PRESENTS thatC HUSBAND AND WIFE		
hereinafter called grantor, for the consideration hereinaft CRAIG W. OBERMILLER AND EILEEN D. C	ter stated, does hereby grant,	bargain, sell and convey unto
State of Oregon, described as follows, to-wit: PARCEL ONE (1) OF PARTITION PLAT NO. MF NO. 140204, RECORDS OF CROOK COUNT OF PARTITION PLAT NO. 1996—94, RECORD RECORDS OF CROOK COUNTY, OREGON, BEIN 14 EAST OF THE WILLAMETTE MERIDIAN, C	Y, OREGON, LOCATED DED FEBRUARY 13, 199 IG A PORTION OF SECT	IN A PORTION OF PARCEL THREE (3) 6 IN PARTITIONS MF NO. 125655, ION 3, TOWNSHIP 16 SOUTH, RANGE
HE ODAAF INCLEES	ICIENT, CONTINUE DESCRIPTION ON R	EVERSE
To Have and to Hold the same unto grantee and The true and actual consideration paid for this to actual consideration consists of or includes other prope which) consideration. [©] (The sentence between the symbols [©] , In construing this deed, where the context so re made so that this deed shall apply equally to corporation	I grantee's heirs, successors ransfer, stated in terms of do erty or value given or promis if not applicable, should be deleted equires, the singular includes ons and to individuals. Cuted this instrument this gned and its seal, if any, affin	and assigns forever. Clars, is \$O

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:

Book/Page No.: Book 50 of Deeds at page 435 (Records of Crook County, Oregon)

Agnes E. Basler and Vernon I. Basler

Pacific Power & Light Company

For an electrical transmission and distributing line In Favor of: Purpose:

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:

Recorded:

March 1, 1996
March 4, 1996
126078 (Records of Crook County, Oregon)
Michael D. Umbarger and Diane M. Umbarger, husband and wife, Microfilm No .: Declarants:

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:

March 13, 1995 March 18, 1996 Dated:

Recorded:

126325 (Records of Crook County, Oregon)
Michael D. Umbarger, Diane M. Umbarger, and John A. Umbarger
Pacificorp, a corporation, d/b/a Pacific Power & Light Company, Microfilm No .: Grantor:

In Favor of: its successors and assigns

For underground electric distribution line Purpose:

7. Access, Domestic Waterline and Public Utility Easements as shown on the face of the plat.

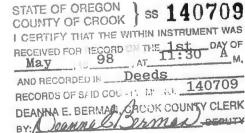
- 8. Supplemental Declaration of Covenants and Restrictions recorded April 27, 1998, as Microfilm No. 140516, Records of Crook County, Oregon.
- 9. A Road Maintenance Declaration recorded April 27, 1998, as Microfilm No. 140517, Records of Crook County, Oregon.
- 10. An Agreement recorded April 27, 1998, as Microfilm No. 140518, Records of Crook County, KEY PULL HOLL MICROFILM



SEP 20 201!

WATER RESOURCES DEPT SALEM, OREGON





MEN' I'N JUB

SEP 20 2017

WATER RESOURCES DEPT SALEM, OREGON

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Agent Information	- This agent is aut	thorized to repres	ent the above applicant	in all matters relat	ing to this application
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ADDRESS		**		FAX NO).
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Application - Page 4 of 8

TACS

Revised 9/24/15

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)
I/We,, mailing address _Pure_telephone number (541)711-8, being first duly sworn depose and say:
mercus Sw Re Hr. OR 3
I/We,, mailing address _0 well beliephone number (541)711-8, being first duly sworn depose
6-16/59
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 _6-16159
lamen 1 Trath. 9/19/17
Signature of Afriant Date
Beary Tenter 9/18/17
Signature of Affiant Date
Signed and sworn to (or affirmed) before me this 18 day of 5ept., 2017.
JUSTINE RUTH EASLON OFFICIAL STAMP JUSTINE RUTH EASLON Notary Public for Oregon
COMMISSION NO. 941878
MY COMMISSION EXPIRES AUGUST 16, 2019 My Commission Expires: 8-16-19

CENTRAL GREUUR HILE SVAIRHI ST WEUVA SVUILL

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

,	day of	March, 1996. Muchael D. UMBARGER	
I CERTIFY THAT THE RECEIVED FOR RECORD MATCH, 19 96 AND RECORDED IN RECORDS OF SAID COU DEANNA E. BERMAN, BY: 1511 1531	CROOK COUNTY CLERK CHOOK COUNTY CLERK CHOOK SOUNTY CLERK CHOOK SOUNTY CLERK CHOOK SOUNTY CLERK CHOOK SOUNTY CLERK	JOHN A. UMBARGER JOHN A. UMBARGER KEY PUNCHED	COURT, CROOK COMMENT
STATE OF	OREGON	MICROFILM	Millian
COUNTY OF _	CROOK	ss. MARCH 01	19 96
UMBA	RGER AND JOHN A. UME		Ender Butter of Miles Andrews
and acknowl	edged the foregoing	instrument to be THEIR volument before me:	ntary act.

Return to:

CAMERON J. TEATER 434 SW 13TH STREET ACCEPTED OCT 0 3 2017

Notary Public for OREGON

My commission expires 09/05/98

John J. Marke

SEP 20 2017

RECEIVED

WATER RESOURCES DEPT SALEM, OREGON

(seal)

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 / 34 day of M	larch, 1996.
	Muchael & Much
	MICHAEL D. UMBARGER
TE OF OREGON SS 126079 NTY OF CROOK SS 126079 RTIFY THAT THE WITHIN INSTRUMENT WAS	Dai M. Chlara

STATE OF OREGON COUNTY OF CROOK SS 126079
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: Clinic HSELUMINE DEPUTY 10

John A. UMBARGER

DIANE M. UMBARGER

SEP 20 2017

WATER RESOURCES DEPT SALEM, OREGON

Applicant Information	on		SALEM,		
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ADDRESS 13120 SW	UmBAR	GOOR ROI	40, PO BO	× 24	FAX NO.
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gent Information –	This agent is aut	horized to represe	nt the above applicant	in all matters re	lating to this application
AGENT/BUSINESS NAME			PHONE NO.	ADDI	TIONAL CONTACT NO.
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SEP 20 2017

WATER RESOURCES DEPT SALEM, OREGON



Oregon Water Resources Department 725 Summer Street NE, Suite A

725 Summer Street NE, Suite 3 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 6-16159

State of Oregon)	
County of) ss)	
		(503)799-8402. (503)799-8402. being first duly sworn depose.
2. I We attest that I	we have read PermitG -16	$\frac{9/19/2017}{\text{Date}}$ $\frac{9/19/2017}{\text{Date}}$
Signed and s	sworn to (or aftirmed) before	me this 19 day of Sept 2017.
OFFI APRIL F NOTARY P COMMISS MY COMMISSION EXP	CIAL STAMP FAWN HENSLEY UBLIC- OREGON ION NO. 931577 IRES AUGUST 20, 2018 My Co.	Notary Public for Gregon mmission Expires: 8/20/2018

SEP 20 2017

WATER RESOURCES DEPT SALEM, OREGON

WARRANTY DEED -- STATUTORY FORM

 \hat{R}_{\cdot} , NEILAMCGINNIS 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 12 day of September, 2006.

NEIL MCGINNIS

JOHN S MCCTNNTS

STATE OF OREGON, COUNTY OF DESCRITES) SS.

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

(Notary Public for Oregon)

My commission expires 8-14-10

ACCEPTED
OCT 0 32017

After recording return to:

WESTERN TITLE & ESCROW COMPANY

1345 NW WALL STREET COT COT

MEILAMCGINNIS 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, 200

SEP 20 2017

WATER RESOURCES DEPT SALEM, OREGON

STATE OF OREGON, COUNTY OF DESCRITES) SS.

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

(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 10-0271006

ESCROW NO.

KEY PUNCHED

NOV 1 5 2006



Crook County Official Records 2006-216574 DEED-D

Cnt=1 Stn=6 CCOUNTER \$10.00 \$11.00 \$5.00 \$10.00

11/14/06 11:14 AM \$36.00





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.

RECEIVED

SEP 20 2017

WATER RESOURCES DEPT SALEM, OREGON

> ACCEPTED 0CT 0 32017

State of Oregon County of Crook /

I hereby certify that the instrument \$\frac{1}{2000} \rightarrow 14574 (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,

Date

Cheryl W. Seely County Clerk

Deputy



FECEIVED

SEP 20 2017

WATER RESOURCES DEPT SALEM, OREGON

SEP 20 2017

APPLICANT/BUSINESS NAME RICHARD T KO KATHRYN S.				MAP ID (LETTER OR NUMBER)	PHONE 1 5-11-9	23-	ADDITIONAL CONTA
. Departure		rgz	r Rd				FAX NO.
13333 S.C.	STATE	ZP 77	753	E-MAIL RTKOON	2 EAR	r14 211	NK-NET
BY PROVIDING AN E-MAIL ADDRESS. ORDER AND REPLACEMENT PERMIT				RRESPONDENCE FROM THE	DEPARTMENT	T ELECTRON	CALLY. COPIES OF THE FIN
Agent Information - Th	is agent is autl	horized	to represer	nt the above applicant	in all matt	ters relation	ng to this application
AGENT/BUSINESS NAME				PHONE NO.		ADDITIO	ONAL CONTACT NO.
ADDRESS						FAX NO.	
СПҮ	STAT	E Z	IP	E-MAIL		L	
BY PROVIDING AN E-MAIL ADDRESS FINAL ORDER AND REPLACEMENT F					DEPARTMEN'	T ELECTRON	SICALLY. COPIES OF THE
permit has be	en exercised	l within	n the rele	e (and title if applicable) (grand title if applicable)	nditions (tion is tru print)	of the pe	ermit.
permit has be I (we) affirm Applicant signature	en exercised	l within	n the rele	evant terms and co	nditions (tion is tru print)	of the pe ue and ac	ermit.
permit has be I (we) affirm Applicant signature Applicant Information	en exercised	l within	n the rele	evant terms and co	nditions (tion is tru print) PHONE	Date Date Date	ermit.
Applicant Information Applicant/Business Name	en exercised	l within	n the rele	e (and title if applicable) (proceed in this applicable) (proceed in the if applicable) (proc	phone (S41. 9	Date NO.	ermit. ccurate.
permit has be I (we) affirm Applicant signature Applicant Information	en exercised that the info	l within	n the rele	evant terms and conned in this applicate (and title if applicable) (presented in the familiary of the condition of the condit	nditions (tion is tru print) PHONE	Date NO.	ermit. ccurate. Additional cont
Applicant Information Applicant/BUSINESS NAME Applicant/BUSINESS NAME APPLICANT/BUSINESS NAME KATHRYH S. KOON ADDRESS /3333 S.W.	en exercised that the info	l within	n the rele	e (and title if applicable) (proceed in this applicable) (proceed in the if applicable) (proc	orint) PHONE 541.9	Date Date NO.	ADDITIONAL CONT NO. FAX NO.
Applicant Information Applicant/Business Name Richard Results Arthryn S. Koon Kathryn S. Koon	STATE	ZIP 977	Name Name	evant terms and connect in this application (and title if applicable) (presented in the if applicable) (presented in this application) (presented in the interpretation) (pres	phone Sys. 9 556	Date NO.	ADDITIONAL CONT NO. FAX NO.
Applicant signature Applicant signature Applicant Information Applicant Information Applicant Information Applicant Information Applicant Information Applicant Information CITY FOUSE BUTE BY PROVIDING AN E-MAIL ADDRESS ORDER AND REPLACEMENT PERMIT	STATE CONSENT IS GIVIT DOCUMENTS WILL	ZIP 977	Name Name REIVE ALL CO E MAILED.	evant terms and conned in this applicate (and title if applicable) (presented in the if applicable) (presented in this application) (presented in	print) PHONE (SY) 9 556 EARTH2 DEPARTMEN	Date NO. 23- TELECTRON	ADDITIONAL CONT NO. FAX NO. PET
Applicant signature Applicant signature Applicant Information Applicant Information Applicant Information Applicant Information Applicant Information Applicant Information CITY FOUSE BUTE BY PROVIDING AN E-MAIL ADDRESS ORDER AND REPLACEMENT PERMIT	STATE CONSENT IS GIVIT DOCUMENTS WILL	ZIP 977	Name Name REIVE ALL CO E MAILED.	evant terms and conned in this applicate (and title if applicable) (presented in the if applicable) (presented in this application) (presented in	print) PHONE (SY) 9 556 EARTH2 DEPARTMEN	Date NO. 23- TELECTRON ters relation	ADDITIONAL CONT NO. FAX NO. PET
Permit has be I (we) affirm Applicant signature Applicant Information Applicant/BUSINESS NAME RICHARY S. KOON ADDRESS /3333 S.W. CITY POUSU BUTE BY PROVIDING AN E-MAIL ADDRESS ORDER AND REPLACEMENT PERMIT Agent Information — The	STATE CONSENT IS GIVIT DOCUMENTS WILL	ZIP 977	Name Name REIVE ALL CO E MAILED.	evant terms and connect in this application application (and title if applicable) (proceeding the control of th	print) PHONE (SY) 9 556 EARTH2 DEPARTMEN	Date NO. 23- TELECTRON ters relation	ADDITIONAL CONT NO. FAX NO. FAX NO. JET INCALLY. COPIES OF THE FIN. Ing to this application DNAL CONTACT NO.

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.

| Kich ARd T. KOZN 9/15/17
| Applicant signature | Name (and title if applicable) (print) | Date KATHRYN S. KOEN 9/15/17
Name (and title if applicable) (print)

Date Applicant signature



OCI 0 32017

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

MY COMMISSION EXPIRES JULY PR. 2019

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
and say:	IMBAISE, R. POWE ress <u>A</u> telephone	Ell Batte OR. 97753 e number (541-)5568, being first duly sworn depose
G 16159 1. Permit, has	not been conveyed o	or withheld and remains appurtenant to my/our land.
2. I/We attest that I/	we have read Permi	t <u>G161</u> 59
Ruled T K	902	<u>9/15/17</u> Date
Kathryn S. Z Signature of Affiant	in	9/15/17 Date
Signed and s	worn to (or affirmed	d) before me this 15 day of September, 2017 Wayne Dale Ggs
OFFICIAL WAYNE DAI NOTARY PUBLICOMMISSION	LE ROPP C - OREGON	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 (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.

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: ,

TOTTOWING Address. ,	
Dated this 2/ day of	TULY , 1999.
RECEIVED	MICHAEL D. UMBARGER DIANE M. UMBARGER DIANE M. UMBARGER
WATEH HESOURCES DEPT SALEM, OREGON	John A. Unbarger

STATE OF _	Oregon				1	99
COUNTY OF	Crook		SS.	July	21	19
Personally	appeared th	e above	паmed	Michael	D. 1	Imbaraer

Diane M. umbarger and John A. Umbarger

ACCEPTED 32017

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 (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.

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 RECEIVED SEP 20 2017 WATER RESOURCES DEPT SALEM, OREGON STATE OF COUNTY OF

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



Before me:

Notary Public for My commission expires

Return to: RICHARD T. KOON

ESCROW NO. CT54943AH COUNTY OF CROOK S 150036 I CERTIFY THAT THE WITHIN INSTRUMENT WAS RECEIVED FOR RECORD ON THE 261 h DAY OF Deeds AND RECORDED IN _____ RECORDS OF SAID COUNTY MF NO. 150036 DEANNA E. BERMAN, EROOK COUNTY CLERK

Dean x a Col Dermex

STATE OF OREGON

SEP 20 2017

WATER RESOURCES DEPT SALEM, OREGON

				SAL	-M, UNLGO				
Applicant Information								T	
APPLICANT/BUSINESS NAME	ICANT/BUSINESS NAME			MAP	ID R OR NUMBER)	PHONE	NO.	ADDITIONAL CONT	
GAYLAND - PATRI	MOT PATRICIA LOONEY			(LETTE	503	503-	799-5527	NO. 503-9/3-	
ADDRESS 13535 SW Un								FAX NO.	
CAY 7	STATE	ZIP		E-MA					
POWELL DUTTE	06		753		-LOONE				
BY PROVIDING AN E-MAIL ADDRESS, ORDER AND REPLACEMENT PERMIT				DRRESPONI	DENCE FROM THE	DEPARTME!	VI ELECTRONICA	ALLY. COPIES OF THE FIT	
Agent Information - Thi				nt the ab	ove applicant	in all ma	tters relating	to this application	
AGENT/BUSINESS NAME	3 agont 13 aa				PHONE NO.			AL CONTACT NO.	
ADDRESS							FAX NO.		
СПҮ	STA	TE.	ZIP		E-MAIL		I		
BY PROVIDING AN E-MAIL ADDRESS,	CONSENT IS GIV	/EN TO F	RECEIVE ALL CO	RRESPONT	DENCE FROM THE	DEPARTMEN	NT ELECTRONICA	ALLY, COPIES OF THE	
FINAL ORDER AND REPLACEMENT P									
I (we) affirm t									
permit has be	en exercise	d wit	hin the rele	evant te	rms and co	nditions	of the pern	nit.	
I (we) affirm:	hat the inf	orma	tion contai	ned in	this applicat	ion is tr	ue and acc	urate.	
A AMERICAN STATE OF THE PARTY O			5 G	AYCAN	oR. Loa	UZY	9-19	1-2017	
Applicant signature		2			ifapplicable) (p		Date	<u>2017</u> 2017	
Patricia	WIT X	/ -/ \d	u Fa	TON	TAM.LO	DONEY	9-14	2017	
Applicant signature	11.00				if applicable) (p		Date	<u> </u>	
				u (una mi	approact (p	,	75410		
Applicant Information									
APPLICANT/BUSINESS NAME	***************************************			Мар	ID	PHONE	NO.	ADDITIONAL CONT	
				1	R OR NUMBER)	- HOLL	1.0.	NO.	
ADDRESS				1				SAN NO	
ADDRESS								FAX NO.	
CITY	STATE	ZIP		E-MA	L			<u></u>	
BY PROVIDING AN F-MAIL ADDRESS,	CONSENT IS GIV	/EN TO E	PECEIVE ALL CO	DDESPONE	DENCE EDOM THE	Denveryns	T ELECTRONIC	VILV CORREGORATE FO	
ORDER AND REPLACEMENT PERMIT	DOCUMENTS WI	LL ALSO	BE MAILED.	ARLSI ().11	ZINCETROM THE	DELAKTAL.	VI ELECTROSSIC?	CELL COLLEGE MET.	
Agent Information – Thi	s agent is aut	thorize	ed to represe	nt the ab	ove applicant	in all ma	tters relating	to this application	
AGENT/BUSINESS NAME	<u> </u>		F					ITIONAL CONTACT NO.	
ADDRESS	ADDRESS						FAX NO.		
CITY	STA	TE	ZIP		E-MAIL				
By providing an e-mail address, Final Order and Replacement Pi					DENCE FROM THE	DEPARTMEN	VI ELECTRONICA	ALLY. COPIES OF THE	
I (we) affirm t					nv) under r	ny (our)	portion of	the	
permit has bee									
I (we) affirm t							•		
i (we) annini i	nai ine IIII	AT HEST	HOH COHIMA	neu III	шь аррисаі	ion is il	uc anu acci	ui alt.	
Applicant signature			Nami	e (and title	if applicable) (p	rint)	Date		
7				a tand the it appreadic) (print)					
Applicant signature	Applicant signature Nam				e (and title if applicable) (print)			Date	



SEP 20 2017

WATER RESOURCES DEPT SALEM, OREGON



State of Oreg

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)	
6-16/59	telephone number (epose
2. I/We attest that I/we ha	we read Permit G-16159	
0///		
Signature of Affiant	9-14-2017 Date	
Catricia M. Loos Signature of Affiant	9/14/2017 Date	
Signed and swom	to (or affirmed) before me this 14 day of Sept. , 20	17.
	Notary Public for Oregon	·
	notary rubite for Oregon	

OFFICIAL STAMP
KATHI GEHRTS
NOTARY PUBLIC - OREGON
COMMISSION NO. 966091
MY COMMISSION EXPIRES AUGUST 31, 2021

My Commission Expires: 8/31/2

eileen@dappledearth.com

From:

Gayland Looney <glooney@perlo.biz> Thursday, September 14, 2017 7:00 PM

Sent:

Eileen@DappledEarth.com

To:

Cc:

Gayland Looney

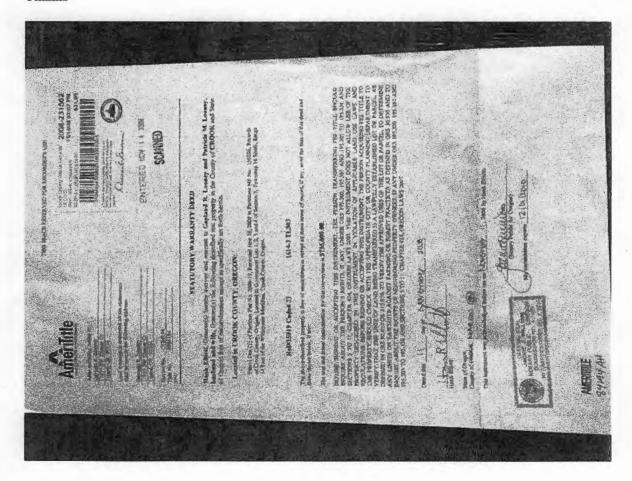
Subject:

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

RECEIVED

SEP 20 2017

WATER RESOURCES DEPT SALEM, OREGON

Sent from my iPhone



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 Taxiot: 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

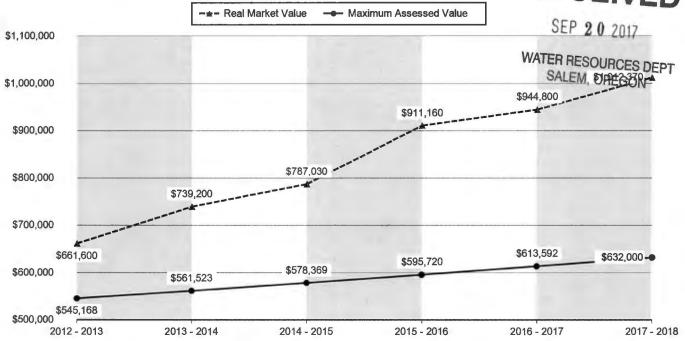
SEP 20 2017

WATER RESOURCES DEPT SALEM, OREGON

ACCEPTED OCT 0 \$2017

2017 - 2018 \$216,510 \$795,860 \$1,012,370 \$632,000 \$632,000 \$0

RECEIVED



Tax F	Payment I	listory							
Year	Date Due	Transaction Type	Transaction Date	As Of Date	Amount Received	Tax Due	Discount Amount	Interest Charged	Refund
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			

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 H	listory			<u> </u>		
Sale Date 06/26/2000 12/29/2003 11/14/2008	Seller UMBARGER, MICHAEL D & DIAN LAU, DAVID K & NANCY L ELLIOTT HANK	Buyer IE M & LAU, DAVID K & NANCY L ELLIOTT CONSTRUCTION & LOONEY GAYLAND R	Sale Amount \$97,500 \$127,500 \$735,000	Sale 1 WARRANTY DEI WARRANTY DEI STATUTORY WA	ED ED	Recording 156261 196664 231562
Structu	res					
Stat Class	s/Description	Improvement Description		Code Area	Year Built	Total Sq F
61 Grade 6 -	· : DWELL	DWELL		21	2007	4821
	Accessories	DWELL		21	2004	4021
A		DWELL	Sq Ft	21	2004	4021
<u>A</u> Ir	Accessories	DWELL	Sq Ft	5728	2004	4021

Land Characterist	ics	
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.

Name Type	Name	Ownership Type	Ownership Percentage
axpayer	LOONEY GAYLAND R & PATRICIA M ,		0.00
Owner	LOONEY GAYLAND R ,		0.00
Owner	LOONEY PATRICIA M ,	RECEIVED SEP 20 2017	0.009
		SEP 20 2017 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:

2016 - 2017 CURRENT TAX BY DISTRICT:

10.000

LOONEY GAYLAND R & PATRICIA M

LOONEY PATRICIA M LOONEY GAYLAND R

11977 SW ELEMAR CT TIGARD OR 97224-2572

CENTRAL OR COMM COLLEGE CROOK COUNTY SCHOOL DIST

CEMETERY DISTRICT

380.67 2,936.41

HIGH DESERT ESD

59.15

AG EXTENSION SERVICE

EDUCATION TOTAL:

3,376.23

74.06

60.99

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

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 **COCC BOND & INTEREST** LIBRARY BOND

592.00 74.92 62.83 729.75

EXCLUDE FROM LIMIT TOTAL:

PROPERTY TAXES 7.295.78 7,628.18 2016-2017 Tax Before Discount 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)

Delinquent tax amount due is included in payment options listed below.

7,399.33

(See back of statement for instructions)	TAX PAY	MENT OPTIONS		
Payment Options	DATE DUE	Discount Allov	ved	Net Amount Due
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 1 HERE

PROPERTY LOCATION: 13535 SW UMBARGER RD

↑TEAR HERE

2016-2017 Property Tax Payment Crook County, Oregon

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.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT See back of Statement for instructions:

Mailing address change or name change on back

Enter Amount Paid

RECEIVED lease make payment to:

SEP 20 2017

CROOK COUNTY TAX COLLECTOR

200 NE SECOND ST

WATER RESOURCES DEPT PRINEVILLE OR 97754-1999

SALEM, OREGON

LOONEY GAYLAND R & PATRICIA M

11977 SW ELEMAR CT TIGARD OR 97224-2572

THIS SPACE RESERVED FOR RECORDER'S USE



After recording return to:

Title No.

SWD

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 CT84194 Escrow No.

0084194

Crook County Official Records 2008-231562 DEED-D 11/14/08 02:07 PM Cnt=1 Stn=6 CCOUNTER \$5.00 \$11.00 \$5.00 \$10.00 \$31,00 records. Diennal Berm

ENTERED NOV 1 4 2008

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 OF \$15.300, 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.

volumber. Hank Elliott

State of Oregon County of GROOK MARION (1)

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

RECEIVED

SEP 20 2017

WATER RESOURCES DEPT SALEM, OREGON

OFFICIAL SEAL
JACKIE K WILLEMS
NOTARY PUBLIC - OREGON
COMMISSION NO. 411108 MY COMMISSION EXPIRES DEC. 1, 2010

(Notary Public for Oregon) My commission expires 12 01 2010

KIOSLULIOS

AMERITTLE 84194 AH

PARCEL DETAILS

Parcel ID: 161403000503 Related Tax Accounts: 15919

Subdivision: Lot / Block:

GENERAL INFORMATION

Taxpayer Mailing:

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

Owners: (2)

LOONEY GAYLAND R LOONEY PATRICIA M





SEP **20** 2017 WATER RESOURCES DEPT SALEM, OREGON

Location:

County: CROOK, OREGON Map / Taxlot: 16140300 / 00503

Lat / Lon: 44.21776111 / -121.03594307

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: RM Total: \$760,040 \$944,800

Total AV:

\$613,592

Taxes:

\$7.628

Zoning:

R10 - COUNTY - Rural Residential

Land Use:

471 - PERM FARM USE DISQ IMPROVED

Improvement Totals:

SgFt: 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 0 3 2017

Created for the original recipient only, not for further distribution

RECEIVED

SEP 20 2017

WATER RESOURCES DEPT SALEM, OREGON

of Kall

APPLICANT/BUSINESS NAME APPLICANT/BUSINESS NAME ADDITIONAL CONT. BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FRAX NO. CITY STATE ZIP BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FRAX 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 FRAX 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 FRAX 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 FRAX 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 FRAX 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 FRAX NO. CITY STATE ZIP ADDITIONAL CONT. ADDITIONAL CONT. NO. STATE ZIP E-MAIL BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FROM THE DEPARTMENT ELECTRO	Applicant Information			SALEM,	UHEGON	
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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 Fi 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					PHONE NO.	ADDITIONAL CONTAC
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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	ADDRESS				FAX NO.	
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Applicant signature Name (and title if applicable) (print) Date	Applicant signature		Nan	ne (and title if applicable) (p	print) Date	
	Applicant signature		Nan	ne (and title if applicable) (I	print) Date	

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)	
County of) ss)	
13469 SW Umbarger PL Powell Buth, IX 97753 1/We, we mailing address A telephone number 641504 being first duly sworn depose and say: G16159 1. Permit A has not been conveyed or withheld and remains appurtenant to my/our land. 2. I/We attest that I/we have read Permit A 9 / 15/15	
Signature of Affiant Sender 9/18/17 Signature of Affiant 9/18/17 Signature of Affiant Date	
Signed and sworn to (or affirmed) before me this 18th day of 2017. Notary Public for Oregon	
My Commission Expires: 07.05-2019	

RECEIVED

SEP 2 0 2017

WATER RESOURCES DEPT SALEM, OREGON



WARRANTY DEED

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.

OFFICIAL SEAL NOTARY PUBLIC- OREGON COMMISSION NO. 314414

MY COMMISSION EXPIRES

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

D. UMBARGER

UMBARGER

State of Oregon County of CROOK

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

My commission expires

915102

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 32017

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 48W 4 and W 28E 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\(^4\)SE\(^4\)) 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\(^4\)SE\(^4\), thence North 00\(^0\)01'16" West along the East line of said SW\(^4\)SE\(^4\) a distance of 679.75 feet; thence South 89\(^2\)20'36" East a distance of 641.00 feet; thence South 00\(^0\)01'16" East a distance of 679.75 feet to the South line of said SW\(^4\)SE\(^4\); thence North 89\(^2\)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 (SW¼SE¼) 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 SW¼SE¼, thence South 89°20'36" East along the South line of said SW¼SE¼ 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.

RECEIVED

SEP 20 2017

WATER RESOURCES DEPT SALEM, OREGON KEY PUNCHED

MICROFILM

DEC 14 1999

STATE OF OREGON SS 152603

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

DEAMNA E. BERMAN, CROOK COUNTY CLERK BY JANA DEPUTY



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WATER RESOURCES DEPT

Applicat	It information	SALE	M, UHEGUI			· · · · · · · · · · · · · · · · · · ·		·
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	nnis Cole			ا ا ا	604	348-07	00	E A II NO
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Agent In	formation – This	s agent is autho	orized to repr	resent the ab	ove applicant	in all matters rel	lating	to this application
AGENT/BU	JSINESS NAME				PHONE NO.	ADDI	TIONA	AL CONTACT NO.
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	permit has bee	en exercised	within the	reievant to	erms and co	naitions of the	pern	nit.
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Application - Page 4 of 8

Revised 9/24/15

OCT 0 32017

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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 6-16159

State of Oregon	
County of CROOK Deschutes	
L/We, pennis mailing address power telephorand say: 1. Permit 4 10159 1. Permit 4 10159	one number (54) 548 being first duby sworn depose d or withheld and remains appurtenant to my/our land.
2. I/We attest that I/we have read Perr	nit <u>4-74-759</u>
Susan Cole Signature of Affiant	2-15-17
Signature of Affiant	
Signed and sworn to (or affirme	d) before me this 15 th day of Sept., 20/7
	alsha Craffe
OFFICIAL STAMP AISHA M CRAFTON NOTARY PUBLIC - OREGON COMMISSION NO. 921375A MY COMMISSION EXPIRES OCTOBER 23, 2017	My Commission Expires: OCF 33, 2017

- Venice (2/162014

Split a Permit Affidavit

ACCEPTED OCT 0 3 2017

MICHAEL D. UMBARGER and DIAME 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:

SHE EXHIBIT A WHICH IS MADE A PART HERBOF BY THIS REFERENCE REP#1023 CODE#1 1514-34 TL600 (PORTION)

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 FORES' PRACTICES AS DEFINED IN ORS 30.930.

The true and actual consideration for this conveyance is

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

M. UMBARGER

State of Oregon County of CROOK

OFFICIAL SEAL APRIL F HENSLEY NOTARY PUBLIC-OREGON COMMISSION EXPIRES SEPTA, 2002

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

My commission expires 915107

ESCROW NO. CT56085AH

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

RECEIVED

SEP 20 2017

WATER RESOURCES DEPT SALEM, OREGO



Request for **Assignment**

RECEIVED BY OWRD

(N)	E UMBARGER AND JOHN UMBAI ume of Applicant / Permit / Transfer F	Holder / License He	older/CP	Cartificate	of Pagistration SALE
					of Regulation)
	SW POWELL BUTTE HWY	POWELL BU			(7)1 (1)
(M	ailing Address)	(City)	(State)	(Zip)	(Phone #)
Ø	hereby assign <i>all my interest</i> in and Registration;	to application/perr	nit/transf	er/license/	GR Certificate of
0	hereby assign <u>all my interest</u> in and of Registration; (You must include a application/permit/transfer/license/	a map showing the	portion o	f the	
	hereby assign <u>a portion of my intere</u> Certificate of Registration:	est in and to the ent	<u>ire</u> applic	ation/pern	nit/transfer/license/GR
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ense	tion # G-16483 ; Permit :	-OR- ; O	R Certifi	cate of Re	gistration #
			R Certifi	cate of Re	gistration #
filed	in the office of the Water Resources	Director, to:		cate of Re	gistration #
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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 # 06835
For Director by Jerry Sauter Program Analyst in

form *must* be submitted to the Department along with the recording fee of \$75.

The completed "Request for Assignment"

ACCEPTED

OCT 0 3 2017

Water Rights Division

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

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

SEP 1 4 2012

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

SALEM, OR

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

OCT **0 3** 2017

Water Right Services, LLC John A. Short CCB# 197121 541-389-2837

					GOV	TAX		
TWP	RNG	MER	SEC	QQ	LOT	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
								DORSCH/
16S	14E	WM	4	SESE		901	0.5	ROST
								_
							5.0	TOTAL

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SEP 1 4 2012

SALEM, OR

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 1/4 NW 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 % SE % 1.0 ACRE SECTION 34 TOWNSHIP 15 SOUTH, RANGE 14 EAST, W.M.

SW % NE % 2.0 ACRES
SE % NE % 1.5 ACRES
SECTION 3
SE % SE % 0.5 ACRE
SECTION 4

TOWNSHIP 16 SOUTH, RANGE 14 EAST, W.M.

OCT 0 3 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

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 /, 2007

Phillip C. Ward, Director

Water Resources Department

Completion Checklist for Claims of Beneficial Use

Application # $\frac{1}{4}$ $\frac{1}{6}$ $\frac{1}{6}$ $\frac{1}{6}$	Transfer #	<u> </u>
Date Received 9/2 5-/2 6/2		
CWRE Name G. ry De Josnet +	Claim Logged	
File Marked		
Oversized Map #		
Reviewer O		
partial claim - Cam Bicky	con 1.6, 3%	
· Bicker	-Touter	·
	- / East D	
Map Review:	11 8 210 0050(1)(1)	
Map on polyester film (OAR 690-014-0170)		
Application & permit #; or transfer # (OAR	390-014-0100(1))	
	•	
	Pr 310 0050)	
Appropriate scale (1" = 1320', 1" = 400', or		f the county assessor man (014 & 210)
Township, range, section, and tax lot numbe		
Source illustrated if surface water (OAR 690)
Point(s) of diversion or appropriation (illustrated in surface water (OAK 09C)		600.310.0050)
Point(s) of diversion or appropriation (must		
Conveyance structures illustrated (pump, pig	elines ditches etc.) (AR	690-310-0050)
Description of the location in relation to the	point of diversion or appro	opriation, of any fish screens, by-pass devices,
and measuring devices required (OAR 690		priaction, or any fish screens, by-pass devices,
		ots; if irrigation, # of acres in each subdivision;
if for domestic or human consumption, loca		
6010)	mon or aworing or spigor)	(07110 070 310 0030, 070 014, 070 300
Report Review:		
On form or format provided by the Departme	ent (OAR 690-014-0100(1))
Application & permit #; or transfer # (OAR		,
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 PC	DD 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 690-014-0		
Diversion works description (pump make, se	rial model, capacity, and de	escription) (OAR 690-014-0100)
System capacity (OAR 690-014-0100)		
Calculated capacity of system (requ		
Measured amount of use (optional)		
Permit/Transfer Final Order Conditions (OA	R 690-014-0100)	
Time limits		
Initial water level measurements		
Annual static water level measuren		
Measurement, recording, and repor	ung	
Meter/measuring device		
Water use reportingFish screening and/or by-pass		
Pump test (ground water)		
Other conditions		
Oulci collutions	·	
CWRE stamp and signature (OAR 690-014-)100)	
Signature(s) of permittee of transfer holder (ACCEPTED
(o) or bermines or aminor holder (OCT 0 3 2017
DEF = deficient		001 0 32011
NT/ NY . 1 11 11		

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 <u>permits</u> 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

RECEIVED BY OWRD

GENERAL INFORMATION

SEP 2 5 2012

1. File Information

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

2. Property Owner (current owner information)

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

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 CAMERON J. & BECKY			
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 LIS	ST PER ASSIGNMENT	RECEIVED BY OWRD SEPT. 14, 2012.	
ADDRESS			
Сіту	STATE	ZIP	

ADDITIONAL OWNER OF RECO	RD		
Address			
Сіту	STATE	ZIP	

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SEP 25 2012

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SALEM, OR

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	Uses	IF IRRIGATION,	SEASON OR MONTHS	RATE OR VOLUME
NAME OR		LIST CROP TYPE	WHEN WATER	FOR USE
Number			WAS USED	(CFS, GPM, or AF)
WELL	IRRIGATION	LANDSCAPING, GARDEN, LAWN	APR 1 – OCT 31	0.12 CFS PER 2005 PUMP TEST
Total Quantit	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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SALEM, OR

SECTION 2

SYSTEM DESCRIPTION (B through G)

SISTEM DESCRIPTION (Building G)
Are there multiple POAs?
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 <u>and</u> 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	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP	TOTAL PUMP
	PSI	*If a well, the water level	TO PLACE OF USE	OUTPUT
		DURING PUMPING		(IN CFS)
15 HP	60 PSI	502'	100'	0.14 CFS

4. Provide pump calculations:

15 HP X 7.04 / (60 X 2.54 + 502 + 100) = 0.14 CFS

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

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

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

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Page 4 of 11

of 11 SALEM, OR

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:

Storage Tank

YES

Bulge in System / Reservoir

NO

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

2. Storage Tank:

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

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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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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	
207.0.0017		

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

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a. Does the permit, permit amendment, or any extension final order require the installation of a meter or

6. Measurement Conditions:

approved measuring device?

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

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SEP 2 5 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	MAXIMUM	CALCULATED	AMOUNT OF	USE	# OF	# OF ACRES
NAME OR #	RATE	THEORETICAL	WATER		ACRES	DEVELOPED
	AUTHORIZED	RATE BASED ON	MEASURED		ALLOWED	
	BY PERMIT	SYSTEM			BY PERMIT	
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

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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.)

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)
- Market 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.

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

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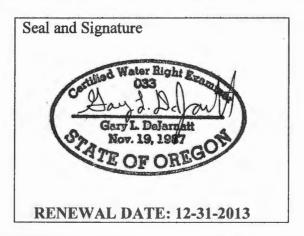
SEP 25 2012

SALEM, OR ACCEPTED UCT 0 32017

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 JOI	B # 12048	PHONE No. 541-382-		ADDITIONAL CONTACT NO. JOHN SHORT 541-389-2837
ADDRESS 20735 DOUBLE PEAKS DRIV	/E			
CITY BEND	STATE OR	ZIP 97701	E-MA	AIL

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
Cameron of Jeater	Cameron J. Teafer	9/21/12
Buy Tean Leater	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

P.O. Box 1830

Bend, OR 97709

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Water Right Services, LLC John A. Short CCB# 197121 541-389-2837

johnshort@usa.com www.oregonwater.us

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

					GOV	TAX		
TWP	RNG	MER	SEC	QQ	LOT	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
			_					DORSCH /
16S	14E	WM	4	SESE		901	0.5	ROST
							5.0	TOTAL

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SALEM, OR

Water Right Services, LLC John A. Short CCB# 197121 541-389-2837

STATE OF OREGON

CROO PTOTIVED

165/145/0388

WATER SUPPLY WELL REPORT SEP 0 1 1995

(as required by ORS 537.765)

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

(START CARD)# 80 392

Hist actions for completing this report are on the last page of this form.	S DEPT.				
(1) OWNER: Well Number, OREG		WELL by legal descri	ption:		
Name MIKE WASALFAL	County Crook Latitude Longitude				
Address 10851 & POWEIL BUTTE HOW		N or Range		Or V	V. WM.
City POWER BUSTE State Of Zip 97253		NW 1/4	,		
(2) TYPE OF WORK	Tax Lot 700 L			bdivision	
New Well Deepening Alteration (repair/recondition) Abandonment		(or nearest address)	- Constant		W.
(3) DRILL METHOD:	Street Addless of Meti	(Of Heatest address)	POWEZ	C 2301	14 / 10y
	(10) CTATE C MATTER	Y EVEY			
Rotary Air Rotary Mud Cable Auger	(10) STATIC WATER		_		2. La -
Other	<u>502</u> ft. belo	· <u>*</u>		ate 8	11/95
(4) PROPOSED USE:	Artesian pressure	lb. per square	inch. [Date 8/62	193
Domestic Community Industrial Irrigation	(11) WATER BEARI	NG ZONES:		/	
Thermal Injection Livestock Other			. 1		
(5) BORE HOLE CONSTRUCTION:	Depth at which water was	first found	05		
Special Construction approval Yes No Depth of Completed Well 590tt.					
Explosives used Yes No Type Amount	From	То	Estimated	Flow Rate	SWL
HOLE SEAL	505	507	5	SpM	562
Diameter From To Material From To Sacks or pounds	535	542	25	7	202
12" 0 32 BANTONIA O 34 19 SACKS	561	564		Gom	SOR
The state of the s			<u></u>	Joe C	4
Y" 32 590					\dashv
70070					
How was seal placed: Method A B C D E	(12) WELL LOG:	***			
	Ground	Elevation			
Other BRANONTE POURSO DEY		1		- T	01177
Backfill placed fromft. toft. Material	Materia A		From	То	SWL
Gravel placed from ft. to ft. Size of gravel		DIR	0	20	
(6) CASING/LINER:	SAND STONE		25	14	
Diameter From To Gauge Steel Plastic Welded Threaded	MODIUM LA	14	74	168	
Casing: 8" +1 39 350 X \(\Bar{\text{\text{\text{\text{Casing:}}}} \(\bar{\text{\ti}}}}}} \ext{\tinte\text{\tinte\tinte\text{\tin}}}}}}}}}} \text{\tex{\tex	BROWN S	ANDSTONE	168	415	
	MEDIUM Z	AVA	415	471	
		MOSTONE	471	506	
	VELLOW SH		506	590	502
Liner: 6" 10 590 AP X	CON620	MREATE			
Final location of shoe(s)					
(7) PERFORATIONS/SCREENS:					
Perforations Method FACTORY					
DS-mark Three					
Slot Tele/pipe	RECEIVED BY C	WRD			
From To size Number Diameter size Casing Liner	LOLIVE				
				<u> </u>	
	SEP 2 5 2012		-		
				 	
			-		
	SALEM, OF			 	<u> </u>
		1-	1	1 - 6	
(8) WELLTESTS: Minimum testing time is 1 hour	Date started 8//	8/95 Comple		21/75	
Flowing	(unbonded) Water Well	Constructor Certification	on:	,	
Pump Bailer Air Anesian	I certify that the work of this well is in complian	I performed on the consti	ruction, alter	ation, or ab	andonment
Yield gal/min Drawdown Drill stem at Time	Materials used and inform				
50 6m 0 570 Ihr.		CCEPTED		,	
		COLL IED	WWC Nur	nber	
	Signed	DCT 0 3 2017		Date	
Temperature of water 76 Depth Artesian Flow Found	(bonded) Water Well Co	nstructor Certification:			
Was a water analysis done? Yes By whom	I accept responsibility	for the construction, alte	ration, or aba	andonment	work
Did any strata contain water not suitable for intended use? Too little	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.				
Salty Muddy Odor Colored Other	construction standards. 1	ing report is time to the po	-		
Depth of strata:	1.1	1// .	WWC Nu	nber 15	10/12
	Signed Sall	1,		Date S	12475
ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SE	COND COPY-CONSTR	UCTOR THIRD C	OPY-CUST	TOMER !	

Completion Checklist for Claims of Beneficial Use

Application # <u>G 16 483</u> Transfer #	
Date Received 9/24/20/2 CWRE Name Gary De Jarnatt Claim Logged	
File Marked	· ·
Oversized Map #	
Reviewer C . C .	
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))	
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 co	unty 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) & 690-31	0-0050)
Point(s) of diversion or appropriation (mastated) (OAR 690–014(1) & 690-3	10-0050)
Conveyance structures illustrated (pump, pipelines, ditches, etc.) (OAR 690-31)	0-0050)
Description of the location, in relation to the point of diversion or appropriation and measuring devices required (OAR 690–014-0170(4))	n, of any fish screens, by-pass devices,
Place of use (1/4 1/4, or projected 1/4 1/4 lines within DLCs, or Gov Lots; if in	rigation, # of acres in each subdivision;
if for domestic or human consumption, location of dwelling or spigot) (OAR 6	690-310-0050, 690-014, 690-380-
6010)	
Report Review:	
On form or format provided by the Department (OAD 600 014 0100(1))	
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)	on) (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)	ACCEPTED
Signature(s) of permittee of transfer holder (OAR 690-014-0100)	ACCEPTED
DEF = deficient	OCT 0 3 ZUI/
N/A = Not Applicable	
S:\groups\wr\certs\Resource Center\Forms Checklists Mailing Instructions\COBU	J Checklist 1-11-2012.rtt

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 <u>permits</u> 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 #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-16483	G-16159	

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME		PHONE NO).	ADDITIONAL CONTACT NO.
RICHARD T. KATHRYN S. K	OON	541-923-5	5568	
ADDRESS	-			
13333 SW UMBARGER ROAL)			
CITY	STATE	ZIP	E-MAIL	
POWELL BUTTE	OR	97753		

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. EIVED BY OWRD

ACCEPTED
OCT 0 32017

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

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

ADDITIONAL PERMIT		RECEIVED BY OWRD SEPT. 14, 2012.
ADDRESS		
Сіту	STATE	ZIP

4. Date of Site Inspection:

SEPT 11, 2012

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

STATE

NAME	DATE	ASSOCIATION WITH THE PROJECT
RICHARD KOON	SEPT 11, 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 S	SEPT. 14, 2012.
ADDRESS			
CITY	STATE	ZIP	
ADDITIONAL OWNER	R OF RECORD		
ADDRESS			

ZIP

ACCEPTED

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CITY

SECTION 2 SYSTEM DESCRIPTION

A. Points of Appropriation

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

POA NAME OR NUMBER (CORRESPOND TO MAP)		
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	USES	IF IRRIGATION,	SEASON OR MONTHS	RATE OR VOLUME
NAME OR		LIST CROP TYPE	WHEN WATER	FOR USE
NUMBER			WAS USED	(CFS, GPM, or AF)
WELL	IRRIGATION	LANDSCAPING,	APR 1 – OCT 31	0.12 CFS PER
		GARDEN, LAWN		2005 PUMP TEST
Total Quantit		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 DCT 0 92017

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SALEM, OR

SYSTEM DESCRIPTION (B through G)

If "YES" you will need to copy	and complete Section	ns 2B through 2G fo	or each POA.
POA Name or Number this sect	tion describes (only n	eeded if there is mo	re than one):
B. Place of Use			
Attach Claim of Beneficial Use	map.		
			nd Claims (DLC), Government Lots res irrigated within each projected
C. Appropriation and Del	livery System Inf	ormation	
Provide the following information provided must describe the equito the place of use.			very system. Information ater from the point of appropriation
1. Is a pump used?			YES
If "NO" items 2 through item 5	may be deleted.		
2. Pump Information		····	
MANUFACTURER	Model	SERIAL	TYPE (CENTRIFUGAL, TURBINE OR

~	CTC1 . * 1	T	~
- 4	Theoretical	Pilmn	L'apacity
- J 4	I IICOI CLICAI	1 (31)117	Languilly

Are there multiple POAs?

Horsepower	OPERATING	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP	TOTAL PUMP
	PSI	*If a well, the water level	TO PLACE OF USE	OUTPUT
		DURING PUMPING		(IN CFS)
15 HP	60 PSI	502'	60'	0.15 CFS

NUMBER

4. Provide pump calculations:

15 HP X 7.04 / (60 X 2.54 + 502 + 60) = 0.15 CFS

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

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

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

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OCT 0 32017

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SUBMERSIBLE)

SUBMERSIBLE

SEP 24 2012

NO

6. Sprinkler Information

s)

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:

Storage Tank

YES

Bulge in System / Reservoir

NO

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

2. Storage Tank:

MATERIAL	CAPACITY	ABOVE GROUND OR
(CONCRETE, FIBERGLASS, METAL, ETC.)	(IN GALLONS)	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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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(2.	Is there a	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 NO

d. Has the pump test been approved by the Department?

c. Is the pump test attached to this claim?

NO

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

OCT 0 32U17

6. Measurement Conditions:

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

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 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
OCT 0 32017

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

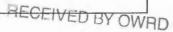
SECTION 7

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

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.

\boxtimes	Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
\boxtimes	Point(s) of diversion or appropriation (illustrated and coordinates)
\boxtimes	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")
\boxtimes	Application and permit number or transfer number
\boxtimes	North arrow
\boxtimes	Legend
\square	CWRF stamp and signature

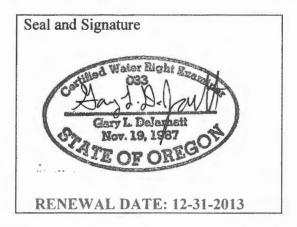
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SEP 2 4 2012

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 # 12051	PHONE No. 541-382-4		ADDITIONAL CONTACT No. JOHN SHORT 541-389-2837
ADDRESS 20735 DOUBLE PEAKS	S DRIVE			
CITY	STATE	ZIP	E-MA	AIL
BEND	OR	97701		

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
Rechard Herr	RICHARD T. KOON	9/21/12
Kathrin S. Konn	- KATHLYN S. KOON	9/2//12

Page 11 of 11

OCT 0 3 2017

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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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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
	1					-	5.0	TOTAL

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SEP 2 4 2012

SALEM, OR ACCEPTED

STATE OF OREGON



165/145/0388

WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

SEP 0 1 1995

(START CARD)# 80 392

Instructions for (1) OWNER:	r completing this re		.101	OM LOCATION O	F WELL by legal descri	iption:		
Name MIKE	I MAKAR	KAR			Latitude		ngitude	
Address 108	SI S FOUL	en Kinge	HWV	Township //	N or Range	14	@ or V	V. WM.
City Poureu	7	State SA	7 in 977.53	Section 3	NW 1/4	NW		
2) TYPE OF W		-		Tax Lot 700			abdivision	
		tion (renäir/recondi	tion) Abandonment	1	Well (or nearest address)		L BUT	TE Hu
3) DRILL ME		mon (repair)	HOIT) Trouteointoin	OHOUT TOURS OF		- was		7
	Rotary Mud	Cable Au	ner	(10) STATIC WA	TER LEVEL.			2 1
Other	Kotary Mud		- ·		below land surface.		Date 8	12/42
4) PROPOSED	TICE.	Mary			. 4		-11	1/2
				Artesian pressure		inch.	Date 8/6	1/23
		, _	Irrigation	(11) WATER BEA	KING ZUNES:			
		<u> </u>	Other			05		
	LE CONSTRUCT		CGO.	Depth at which water	was first found	05		
			empleted Well 590ft.					
	Yes No Typ	e	Amount	From	То		d Flow Rate	
HOLE		SEAL		505	507	5	GpM	56
Diameter From	To Materia	4 1 1	Sacks or pounds	535	542	25	6pm	502
12" 0	32 BANTON,	TE 0 34	195ALKS	561	564	25	Gom	50 R
1 1								
7" 32	590							
				(12) WELL LOG	~~ ~. ~ .			
ow was seal place	ed: Method	□A □B	C D B	(/	ound Elevation			
		SURAS DE	est.	Git	mid Elevation			
	m — ft. to	ft. Mate	rial	Ma	terial	From	To	SWL
_	ft. to		of gravel		ULDICK	0	25	5112
CASING/L			or graver	SAND STO		25	711	
•		anda Cara	la Walded Trumb	MAN.	IAVA	0011	115	
Diameter 4	1	auge Steel Plast	A .	THOUNK	91	11/2	168	
asing: 8	+1 370	36 X 🗆		DROWN	SANDSTONE	168	1/2	
				MEDIUM	LHVH	415	471	-
-				DEGWIN S	ANDSTONE	4/1	506	
14	144			JALLOW S	HUD-STONE	506	590	502
er:	10 690			CONG	COMPRATE		-	
						-		
inal location of sh								
) PERFORAT	TONS/SCREENS							
Perforations	Method	ACTORY			the state of the s			
Screens	Туре		aterial	DECEIVE	D RV OWRD			
	Slot	Diameter Size		TILOLIVE				
70 570	Size Number	Diameter Size	Casing Liner					
	10	0		SER	2.4.2012			
				SAL	EM. OR	1	-	
							1	
ANIALA A COLOR	TO				dida	1. 0	Ynch	
) WELLTES	TS: Minimum te	sting time is 1 ho	our	Date started	//8/95 Comple		21/9-	
		**	_ Flowing	, , , ,	Vell Constructor Certification		,	
Pump	Bailer	Air	Artesian	I certify that the w	ork I performed on the const	ruction, alter	ration, or ab	andonment
Yield gal/min	Drawdown	Drill stem at	Time	Materials used and in	oliance with Oregon water su	True to the	est of my k	nowledge
50 + 6pm	0	570	1 hr.	and belief.	ACCEPTEL)	•	
7 '					OCT 0 32017	WWC Nu	mber	
				Signed	ULI V 32011	-	Date	
emperature of wa	ter 76 1	Depth Artesian Flow	Found		Constructor Certification	:		
Was a water analys		es By whom		I accept responsib	lity for the construction, alte	ration, or ab	andonment	work
	ain wäter not suitabl		Too little	performed on this we	Il during the construction date	es reported a	bove. All v	vork
				performed during this	time is in compliance with C s. This report is true to the b	regon water	r supply wel	I –
Salty Mude	ay Udor U	Colored Other		construction standard	s. This report is true to the o			CHCI.
Depth of strata:				1	11/1	WWC Nu		Jahr.
				Signed Sa	W/		Date 8	12475
ORIGINAL & FI	RST COPY-WAT	ER RESOURCES	DEPARTMENT SE	COND COPY-CONS	TRUCTOR THIRD C	OPY-CUS	TOMER !	

Completion Checklist for Claims of Beneficial Use

Application #6/6483 Transfer #	
Date Received 9/29/20/2 CWRE Name Gare De Jarnett Claim Logged	
File Marked	
Oversized Map #	
Reviewer_partial-Scott Sunger T. L. 400	
partial - Scott Dianger 1. L. 900	
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))	
	\ (01.4.0.010)
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) & 690-310-00)50)
Point(s) of diversion or appropriation (coordinates)(OAR 690–014(4) & 690-310-0	
Conveyance structures illustrated (pump, pipelines, ditches, etc.) (OAR 690-310-00	050)
Description of the location, in relation to the point of diversion or appropriation, of and measuring devices required (OAR 690–014-0170(4))	any fish screens, by-pass devices,
Place of use (1/4 1/4, or projected 1/4 1/4 lines within DLCs, or Gov Lots; if irrigat	tion, # of acres in each subdivision
if for domestic or human consumption, location of dwelling or spigot) (OAR 690-	
6010)	
Report Review:	
On form or format provided by the Department (OAR 690-014-0100(1))	
Application & permit #; or transfer # (OAR 690-014) Cownership information (OAR 690-014)	
Date of survey (OAR 690-014)	
Person interviewed (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	
	A C O E D T E D
CWRE stamp and signature (OAR 690-014-0100)	ACCEPTED
Signature(s) of permittee of transfer holder (OAR 690-014-0100)	UC1 V 3201/
DEF = deficient	
N/A = Not Applicable	
Colorannolismolarte Decause a Center Forms Charliste Mailing Instructions CORITO	hacklist 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 <u>permits</u> 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 #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-16483	G-16159	

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME		PHONE NO).	ADDITIONAL CONTACT NO.
SCOTT C. & CECELIA Y. GRA				
ADDRESS				
P.O. BOX 24				
CITY	STATE	ZIP	E-Mail	
POWELL BUTTE	OR	97753		

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 FCEIVED BY OWRD

OCT **0 3** 2017

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	STATE	ZIP	
POWELL BUTTE	OR	97753	

ADDITIONAL PERMIT SEE ATTACHED L ADDRESS		RECEIVED BY OWRD SEPT. 14, 2012.	
Сіту	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
SCOTT GRANGER	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 L	IST PER ASSIGNMENT	RECEIVED BY OWRD SEPT. 14, 2012.	
ADDRESS			
Сіту	STATE	ZIP	

ADDITIONAL OWNER OF RECORD						
ADDRESS	, , , , , , , , , , , , , , , , , , , ,	Υ				
Сіту	STATE	ZIP				

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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	WELL TAG # (IF APPLICABLE)
WELL	(IF APPLICABLE) 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	USES	IF IRRIGATION,	SEASON OR MONTHS	RATE OR VOLUME
NAME OR		LIST CROP TYPE	WHEN WATER	FOR USE
NUMBER			WAS USED	(CFS, GPM, or AF)
WELL	IRRIGATION	LAWN & LANDSCAPING	APR 1 – OCT 31	0.12 CFS PER 2005 PUMP TEST
Total Quanti	ty 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).

ACCEPTED
OCT 0 32017

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 <u>and</u> 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	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP	TOTAL PUMP
	PSI	*IF A WELL, THE WATER LEVEL	TO PLACE OF USE	Оитрит
		DURING PUMPING		(IN CFS)
15 HP	60 PSI	502'	100'	0.14 CFS

4. Provide pump calculations:

15 HP X 7.04 / (60 X 2.54 + 502 + 100) = 0.14 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	ICADING	OBSERVED	(IIVCF3)

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

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SEP 2 4 2012

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

OCT 0 3 2017

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 32017

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	ord	er(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?

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

		(WORKING OR NOT)	READING	
DGER 3	33155862	WORKING	2576193.7	PRIOR TO 2005
			DGER 33155862 WORKING	DGER 33155862 WORKING 2576193.7

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	WATER USER REPORTING ID
(PAPER OR ELECTRONIC)	
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.

OCT 0 32017

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 PHYSIC	CAL MEAS	UREMENT,	OWRD	TRAVER	SE TOOL

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Map Checklist

SEP 2 4 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.

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

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SEP 2 4 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. DEJARNA	TT JOB # 12049	PHONE N 541-382-	_	ADDITIONAL CONTACT NO. JOHN SHORT 541-389-2837
ADDRESS 20735 DOUBLE PEA	KS DRIVE			
CITY BEND	STATE OR	ZIP 97701	E-MA	AIL

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
fill f	SCOTT C. GRANGER	9/21/2012
() () () () () () () () () ()	- CECELIA Y. GRANGUE	9/21/2012

RECEIVED BY OWRD

ACCEPTED ST

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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SEP 24 2012

ACCEPTED

SALEM, OR

OCT 0 3 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.

TIAID	DNC	MED	SEC	00	GOV	TAX	ACRES	OWNER
TWP	RNG	MER	SEC	QQ	LOT	LOT	ACRES	
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
								DODOGIL!
								DORSCH /
16S	14E	WM	4	SESE		901	0.5	ROST
							-	
							5.0	TOTAL

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SEP 24 2012

ACCEPTED SALEM, OR

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

SEP 0 1 1995

165/1481	03	BB
----------	----	----

(START CARD)# 80 392

(as required by ORS 537.765) Instructions for completing this report are on the last page of this form.		(SIARI CARD)#		3/5	
(1) OWNER: Well Number. ORE	GOW LOCATION OF	WELL by legal desc	rintion:		
Name MIKE UMSALGER	County Pos		Lon	aitude	
		N or Range			W. WM.
Address 10851 5 FOWAIL BUTTE HOY					44 1417
City POWER BUTTE State OR Zip 97755					
(2) TYPE OF WORK	Tax Lot 700	LotBlock		ibdivision_	1/
New Well Deepening Alteration (repair/recondition) Abandonment	Street Address of W	ell (or nearest address)	FOWEL	C BUT	TK MU
(3) DRILL METHOD:					
Rolary Air Rolary Mud Cable Auger	(10) STATIC WATI				1.4.
Other	ft.bd	elow land surface.		Date 8	21/95
(4) PROPOSED USE:	Artesian pressure		re inch. I	Date 8/52	1193
Domestic Community Industrial Irrigation	(11) WATER BEAF	ING ZONES:			
Thermal Injection Livestock Other	.				
(5) BORE HOLE CONSTRUCTION:	Depth at which water w	as first found	505		
Special Construction approval Yes (No Depth of Completed Well 590)					
Explosives used Yes No Type Amount	From	То	Estimated	d Flow Rate	SWL
HOLE SEAL	505	507	5	вом	56-
Diameter From To Material From To Sacks or pounds	535	542	25		\$2
12" 0 32 BENTONTE O 34 19 SACKS	561	564	25		50 R
JA DANIGNIAN CO DA 11 SACKS	الع من	761		Spri	4-7
7" 32 590		-			
1 50% 0/0					
Harmond India Maria DA DR Co Dr Dr	(12) WELL LOG:				-
How was seal placed: Method A B C D E	Grou	nd Elevation			
Other BRATON THE COURSE DRY				T =	T GYVIV
Backfill placed fromft. toft. Material		rial _	From	То	SWL
Gravel placed from ft. to ft. Size of gravel	SAND+ BOU		0	25	<u> </u>
(6) CASING/LINER:	SAND STON		25	74	
Diameter From To Gauge Steel Plastic Welded Threaded		AVA	74	168	<u> </u>
Casing: 8" +1 39 350 X \ \		SANDSTONE	168	415	
	MEDIUM A	CAVA	415	471	ļ
	BROWN SI	PUBSTONE	471	506	
	YELLOW SI	TUD STONE	506	590	502
Liner: 6" 10 590 AP X	CONGZ	SMREATE			
Final location of shoe(s)					
(7) PERFORATIONS/SCREENS:				1	
Perforations Method FACTORY					
Screens Type Material	RECEIVED	BY OWRD		1	1
Slot Tele/pipe				1	
From To size Number Diameter size Casing Lines				-	
510 570 / 720 6"x / 6"168 [X	SEP 2	4 2012			
				 	
					-
	SALE	M, OR			
					
	· L	1 1 1		1 - 1-	<u> </u>
(8) WELL TESTS: Minimum testing time is 1 hour	Date started		oleted	21/95	5
Flowing	(unbonded) Water We	Il Constructor Certificat	tion:	/	
Pump Bailer Air Artesian	I certify that the wor	k I performed on the cons	struction, alter	ation, or ab	andonment
Yield gal/min Drawdown Drill stem at Time	of this well is in compli-	ance with Oregon water s	supply well co	pest of my k	nowledge
50 tom 0 578 1hr.	and belief.	CCEPTED	,	,	J
		OCT 0 3 2017	WWC Nu	mber	
	Signed	00100000		Date	
Temperature of water 76 Depth Artesian Flow Found		Constructor Certification			
Was a water analysis done? Yes By whom		ty for the construction, all		andonment	work
Did any strata contain water not suitable for intended use? Too little	performed on this well	during the construction da	ates reported a	above. All v	vork
	performed during this to	ime is in compliance with This report is true to the	Oregon water	r supply wel	ц d helief
Salty Muddy Odor Colored Other	Construction standards.	This report is true to the	-	_	1
Depth of strata:		11/1	wwc Nu	mber _/S	In la
	Signed		·	_Date	12475
ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT S	ECOND COPY-CONST	RUCTOR THIRD	COPY-CUS'	TOMER !	£

Completion Checklist for Claims of Beneficial Use

Application #5 1648 3	Transfer #		
Date Received 9/24/2012 CWRE Name Gan, De Jasnatt	Claim Logged		
File Marked	Ciaim Dogged		· .
Oversized Map #			
Reviewer			
satisf Denis Ol	(0//		
partial Dennis Cole T.L	-,607		
Map Review:			
Map on polyester film (OAR 690-014-0170))	
Application & permit #; or transfer # (OAR	690-014-0100(1))		
Disclaimer (OAR 690-014-0170(5))			
North arrow (OAR 690-310-0050(2)(c)) ← WRE stamp and signature (OAR 690-014)	8- 210 0050)		
Appropriate scale (1" = 1320', 1" = 400', or		scale of the county ass	sessor man) (014 & 310)
			(014 & 310)
Source illustrated if surface water (OAR 690		(.))	
Point(s) of diversion or appropriation (illustration	ated) (OAR 690–014	l(4) & 690-310-0050)	
Point(s) of diversion or appropriation (coord			
Conveyance structures illustrated (pump, pir			
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 Place of use (1/4 1/4, or projected 1/4 1/4 lir		Fow I ota: if irrigation	# of acres in each subdivision:
if for domestic or human consumption, loca			
6010)	anon or an analy or o	pigot) (orde o) o bio	0000, 000 011, 000 000
Report Review:			·
On form or format provided by the Departme	ent (OAR 690-014-0	100(1))	
Application & permit #; or transfer # (OAR		100(1))	
Ownership information (OAR 690-014)	,		
Date of survey (OAR 690-014)			
Person interviewed (OAR 690-014)			
	D 4 DOIT) (O 4 D (0	0.014.0100	
Description of conveyances system (from PC Source(s) of water (OAR 690-014-0100)	DD to POU) (OAK 69	0-014-0100)	
Solice(s) of water (OAR 090-014-0100) 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 690-014-0		11 11 100	D (00 01 4 0100)
Diversion works description (pump make, se	rial model, capacity,	and description) (OA)	R 690-014-0100)
System capacity (OAR 690-014-0100) Calculated capacity of system (requ	ired)		
Measured amount of use (optional)			
Permit/Transfer Final Order Conditions (OA			
Time limits			
Initial water level measurements			
Annual static water level measuren			
Measurement, recording, and repor	ung		
Water use reporting			
Fish screening and/or by-pass			
Pump test (ground water)	•		
Other conditions			
		-	
CWRE stamp and signature (OAR 690-014-	1100)		ACCEPTED
Signature(s) of permittee of transfer holder (ACCEPTED
Signification of families in the following the following the families of	5. H. 0.70 014-0100)		OCT 0 32017
DEE = 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 <u>permits</u> 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 #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-16483	G-16159	,

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME		PHONE NO.		ADDITIONAL CONTACT NO.
DENNIS & SUSAN COLE		541-548-07	83	
ADDRESS				
P.O. BOX 213				
CITY	STATE	ZIP	E-MAIL	
POWELL BUTTE	OR	97753		

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 CEIVED BY OWRD

ACCEPTED 3201/

SEP 2 4 2012WR

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	STATE	ZIP	
POWELL BUTTE	OR	97753	

ADDITIONAL PERMIT HOL SEE ATTACHED LIST	·	RECEIVED BY OWRD SEPT. 14, 2012.	
ADDRESS			
CITY	STATE	ZIP	

4. Date of Site Inspection: **SEPT 11, 2012**

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: 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	4		
CITY	STATE	ZIP	
Additional Owner	OF RECORD		
ADDRESS			
CITY	STATE	ZIP	

Page 2 of 11

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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	USES	IF IRRIGATION,	SEASON OR MONTHS	RATE OR VOLUME
NAME OR		LIST CROP TYPE	WHEN WATER	FOR USE
NUMBER			WAS USED	(CFS, GPM, or AF)
WELL	IRRIGATION	LANDSCAPING, LAWN	APR 1 – OCT 31	0.12 CFS PER 2005 PUMP TEST
\				
Total Quantit	ty 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).

OCT 0 3 2017

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 <u>and</u> 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	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP	TOTAL PUMP
	PSI	*IF A WELL, THE WATER LEVEL	TO PLACE OF USE	OUTPUT
		DURING PUMPING		(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	ENDING METER	DURATION OF TIME	TOTAL PUMP OUTPUT
READING	READING	OBSERVED	(IN CFS)
NA			

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

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6. Sprinkler Information

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
	PSI	PSI OUTPUT (GPM)	PSI OUTPUT NUMBER OF (GPM) SPRINKLERS	PSI OUTPUT NUMBER OF NUMBER USED (GPM) SPRINKLERS

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	CAPACITY	ABOVE GROUND OR
(CONCRETE, FIBERGLASS, METAL, ETC.)	(IN GALLONS)	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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SALEM, OR

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.	٠	
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?

OCT 0 3 2017

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	MANUFACTURER	SERIAL#	CONDITION	CURRENT METER	DATE INSTALLED
OR#			(WORKING OR NOT)	READING	
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	WATER USER REPORTING ID
(PAPER OR ELECTRONIC)	
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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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

MAXIMUM	CALCULATED	AMOUNT OF	USE	# OF	# OF ACRES
RATE	THEORETICAL	WATER		ACRES	DEVELOPED
AUTHORIZED BY PERMIT	RATE BASED ON SYSTEM	MEASURED		ALLOWED BY PERMIT	
0.006 CFS	0.01 CFS	NA	IRRIGATION	0.5	0.5
	RATE AUTHORIZED BY PERMIT	RATE THEORETICAL AUTHORIZED RATE BASED ON BY PERMIT SYSTEM	RATE THEORETICAL WATER AUTHORIZED RATE BASED ON MEASURED BY PERMIT SYSTEM	RATE THEORETICAL WATER AUTHORIZED RATE BASED ON MEASURED BY PERMIT SYSTEM	RATE THEORETICAL WATER ACRES AUTHORIZED RATE BASED ON MEASURED BY PERMIT SYSTEM BY PERMIT

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 PH	YSICAL N	TEASUREMENT.	OWRD TRAVI	ERSE 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 2 4 2012

Map on polyester film.

SALEM, OR

- 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.

\boxtimes	Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
\boxtimes	Point(s) of diversion or appropriation (illustrated and coordinates)
\boxtimes	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")
\boxtimes	Application and permit number or transfer number
\boxtimes	North arrow
\boxtimes	Legend
\boxtimes	CWRE stamp and signature

OCT 0 3 2017

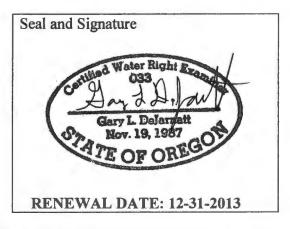
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SEP 2 4 2012

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. DEJARNAT	T JOB # 12054	PHONE No. 541-382-	-	ADDITIONAL CONTACT NO. JOHN SHORT 541-389-2837
Address 20735 DOUBLE PEAK	(S DRIVE			
CITY	STATE	ZIP	E-MA	AIL
BEND	OR	97701		

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
Whole	DENNIS COLE	9/21/12
Susan Cole	SUSAN COLE	9/21/12

ACCEPTED

OCT 0 37/117

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SEP 2 4 2012

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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SEP 24 2012

ACCEPTED
OCT 0 32017

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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SEP 2 4 2012

SALACOEPTED

JU: 0 32017

STATE OF OREGON

165/145/0388

WATER SUPPLY WELL REPORT (as required by ORS 537.765)

SEP 0 1 1995

(START CARD)#_ 80 392

Instructions for completing this report are on the last page of this form.	S DEPT.		, , , , , , , , , , , , , , , , , , ,		
(1) OWNER: Well Number, OREG		VELL by legal descr	iption:		
Name MIKE UMBALLAR	County Crook			gitude	
Address 10851 5 FOWEIL BUTTE HOLY	Township 16	N or Range_	14	@ or Y	v. wm.
City POWER BOOTE State Of Zip 97253	Section 3	NU 1/4_	NW	1/4	
(2) TYPE OF WORK	Tax Lot 700 L			ibdivision_	
New Well Deepening Alteration (repair/recondition) Abandonment (3) DRILL METHOD:	Street Address of Well	(or nearest address)	fowkl	L BUTT	TE HUY
Rotary Air Rotary Mud Cable Auger	(10) STATIC WATER	LEVEL:			2 /
Other	502 ft. belo	w land surface.	r	Date 8/	21/95
(4) PROPOSED USE:	Artesian pressure	lb. per squar	e inch.	Date 8/2	1193
Domestic Community Industrial Irrigation	(11) WATER BEARD	NG ZONES:		/ .	
Thermal Injection Livestock Other			. 1		
(5) BORE HOLE CONSTRUCTION:	Depth at which water was	first found	505		
Special Construction approval Yes (No Depth of Completed Well 590).					
Explosives used Yes No Type Amount	From	То		Flow Rate	SWL
HOLE SEAL	505	507	<u> </u>	Gpry	563
Diameter From To Material From To Sacks or pounds	535	042	25	6pm	35.2
12" 0 32 BENTONTHE O 38 19 SACKS	561	367	22	opm	50R
7" 32 590			100		\dashv
8 32 070					
How was seal placed: Method A B C D E	(12) WELL LOG:	Elevation			
Other BRANONIE POURAS DEV	Giodila	Dievation			
Backfill placed from ft. Material	Materia	1	From	То	SWL
Gravel placed from ft. to ft. Size of gravel	SAND + BOUL		0	25	
(6) CASING/LINER:	SAND STONE		25	74	
Diameter From To Gauge Steel Plastic Welded Threaded	MODIUM LA	IVA	74	168	
Casing: 8" +1 39 36 X \ \	BROWN 3	ANDSTONE	168	415	
	MEDIUM Z	AVA	415	471	
	11	USTONE	471	506	
	TRICOW SH	UD-STONE	506	590	502
Liner: 6" 10 690 AT	CON6-20	MREATE			
				 	
Final location of shoe(s) (7) PERFORATIONS/SCREENS:				-	
Perforations Method FACTORY			<u> </u>		
Screens Type Material		· · OMDD			
Slot Tele/pipe	RECEIVED B	YOWHD			
From To size Number Diameter size Casing Liner					
	SEP 24	2012			
	JET 3				
	SALEM.	OR			
		1-		1 6	
(8) WELLTESTS: Minimum testing time is 1 hour	Date started (unbonded) Water Well	8/93 Comp		21/75	
Flowing	, ,	Constructor Certificat I performed on the cons		ration or abs	andonment
Pump ☐ Bailer	of this well is in complian	ce with Oregon water s	upply well co	instruction sl	tandards.
Vield gal/min Drawdown Drill stem at Time 50 Kass 0 570 1 hr.	Materials used and info	CEPTED	e true to the b	est of my ki	nowledge
00 000		0 3 2017	WWC Nu		
	Signed	0 32017		Date	
Temperature of water 76 Depth Artesian Flow Found	(bonded) Water Well Co	nstructor Certification	1:		
Was a water analysis done? Yes By whom	I accept responsibility	for the construction, alt	eration, or ab	andonment v	work
Did any strata contain water not suitable for intended use? Too little	performed on this well du performed during this tim	e is in compliance with	Oregon water	r supply wel	u _
Salty Muddy Odor Colored Other	construction standards. T	his report is true to the l	best of my kn	owledge and	l belief.
Depth of strata:	1.1	1/) .	WWC Nu	mber 15	55
	Signed	1,		Date S	12495
ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SE	COND COPY-CONSTR	UCTOR THIRD	COPY-CUS	TOMER	

Completion Checklist for Claims of Beneficial Use

Application # Transfer #	
Date Received 9/26/20/2 CWRE Name Gary De Tarnett Claim Logged	
File Marked	
Oversized Map #	
Paviavor (1)	
partial Doyland Looners T.L. 503	
price of some some	•
Map Review:	• .
Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))	
Application & permit #; or transfer # (OAR 690-014-0100(1))	
North arrow (OAR 690-310-0050(2)(c))	
WRE stamp and signature (OAR 690-014 & 310-0050)	\ (01 (0 010)
Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county asses	sor map) (014 & 310)
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 fi	sh 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, #	
if for domestic or human consumption, location of dwelling or spigot) (OAR 690-310-066010)	J50, 690-014, 690-380-
0010)	•
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
DEF = deficient	OCT 0 32017

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

2. Property Owner (current owner information)

APPLICANT/BUSINESS NA	AME	PHONE N	0.	ADDITIONAL CONTACT NO.
GAYLAND R. & PAT	RICIA M. LOONEY	503-624-	2090	
ADDRESS				
11977 SW ELEMAR C	COURT			
CITY	STATE	ZIP	E-MAIL	
TIGARD	OR	97224		

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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2	Permit holder of record	(this max or m	av not he the au	rent property oumer)
3.	Permit nolder of record	(this may, or m	lay not, be the cu	irrent property owner)

PERMIT HOLDER OF REGAYLAND R. & PAT			
Address 11977 SW ELEMAR	COURT		
CITY	STATE	ZIP	
TIGARD	OR	97224	

ADDITIONAL PERMIT SEE ATTACHED L ADDRESS		RECEIVED BY OWRD SEPT. 14, 2012.
Сіту	STATE	Zip

4. Date of Site Inspection: SEPT 11, 2012

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: 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 L	IST PER ASSIGNMENT	RECEIVED BY OWRD SEP	T. 14. 2012.
Address			2121, 2012.
CITY	STATE	ZIP	
ADDITIONAL OWNER (OF RECORD		
ADDRESS			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
CITY	STATE	ZIP	

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SEP 26 2012

Page 2 of 11

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	USES	IF IRRIGATION,	SEASON OR MONTHS	RATE OR VOLUME
NAME OR		LIST CROP TYPE	WHEN WATER	FOR USE
Number			WAS USED	(CFS, GPM, or AF)
WELL	IRRIGATION	LANDSCAPING, GARDEN, LAWN	APR 1 – OCT 31	0.12 CFS PER 2005 PUMP TEST
Total Quantit	y 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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Page 3 of 11

SEP **26** 2012

SALEM, OR

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 <u>and</u> 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	*IF A WELL, THE WATER LEVEL	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT
		DURING PUMPING		(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	ENDING METER	DURATION OF TIME	TOTAL PUMP OUTPUT
READING	READING	OBSERVED	(IN CFS)
NA			

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

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SEP 26 2012

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	CAPACITY	ABOVE GROUND OR
(CONCRETE, FIBERGLASS, METAL, ETC.)	(IN GALLONS)	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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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	DATE	DESCRIPTION OF ACTIONS TAKEN BY
	PERMIT	ACCOMPLISHED*	WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	MAR 1, 2007		· ·
BEGIN	NA	AUG 21, 1995	WELL INSTALLED PRIOR TO
CONSTRUCTION (A)			PERMIT ISSUANCE.
COMPLETE	NA		
CONSTRUCTION (B)			
COMPLETE	OCT 1, 2011	SEPT 30, 2011	COMPLETE METERED
APPLICATION OF			BENEFICIAL USE OF WATER.
WATER (C)			

^{*} 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?

AGGERTED 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?

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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	MANUFACTURER	SERIAL#	CONDITION	CURRENT METER	DATE INSTALLED
OR#			(WORKING OR NOT)	READING	
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.

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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	CALCULATED THEORETICAL	AMOUNT OF WATER	USE	# OF ACRES	# OF ACRES DEVELOPED
NAME OR #	AUTHORIZED BY PERMIT	RATE BASED ON SYSTEM	MEASURED		ALLOWED BY PERMIT	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.

OI	NSITE	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

Map on polyester film.

SALEM, OR

- 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.

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

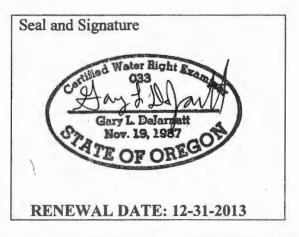
ACCEPTED

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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. DEJARNAT	T JOB # 12052	PHONE N 541-382-		ADDITIONAL CONTACT NO. JOHN SHORT 541-389-2837
ADDRESS 20735 DOUBLE PEAK	S DRIVE			
CITY BEND	STATE OR	ZIP 97701	E-MA	AIL

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
holy	GAYLAND BRAY LOONEY	9/24/2012
	~ .	
tatricia M. Looney	Patricia M. Loonen	9-24-12

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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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OCT 0 32017

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		11	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 0 32017

SALEM, OR

Water Right Services, LLC John A. Short CCB# 197121 541-389-2837

STATE OF OREGON

WATER SUPPLY WELL REPORT SEP 0 1 (as required by ORS 537.765) Instructions for completing this report are on the last page of this form.

16	251	14	5/6	2	BZ
----	-----	----	-----	---	----

(START CARD) # 80 392

And detection for completing the report and on the page of the state	S DEPT.				
(1) OWNER: Well Number, OREG	OF LOCATION OF	WELL by legal desc	ription:		
Name MIKE UMBALGAR	County CPON	Latitude	Lon	gitude	
Address 10851 5 FOWELL BUTTE HOLY	Township 16	N or ORange	14	@ or V	V. WM.
City POWER BOSTE State OR Zip 97753	Section 3				
(2) TYPE OF WORK	Tax Lot 700 L	otBlock	Su	bdivision_	
New Well Deepening Alteration (repair/recondition) Abandonment	Street Address of Wel	l (or nearest address)	POWEL	L BUTT	TE Huy
(3) DRILL METHOD:					
Rotary Air Rotary Mud Cable Auger	(10) STATIC WATE				1.1.
Other	<u>502</u> ft. bel			ate 8	21/95
(4) PROPOSED USE:		O 1b. per squa	re inch.	ate 8/52	1/93
Domestic Community Industrial Irrigation	(11) WATER BEARI	NG ZONES:		/ .	
Thermal Injection Livestock Other			1 -1		
(5) BORE HOLE CONSTRUCTION:	Depth at which water was	first found	205		
Special Construction approval Yes WNo Depth of Completed Well 590t.		77	T. d.	T1 73	CVIT
Explosives used Yes No Type Amount	From	To		Flow Rate	SWL
HOLE SEAL	505	507	4 40	SpM_	562
Diameter From To Material From To Sacks or pounds	535	542		6pm	50
12" 0 32 BANTONTHE O 38 19 SACKS	561	564	22_	6pm	SOR
511 10 600					-
7" 32 590	L				
How was seal placed: Method A B C D E	(12) WELL LOG:	1 T21			
Other BRANONTE COURSE DEV	Ground	l Elevation			
Backfill placed from ft. to ft. Material	Materia	al	From	То	SWL
Gravel placed from ft. to ft. Size of gravel	SAND+ BOUL		0	25	
(6) CASING/LINER:	SAND STONE		25	74	
Diameter From To Gauge Steel Plastic Welded Threaded		9VA	7-74	1/8	
711119715		ANDSTONE	11.8	415	
Casing: 8 Y 3/1000 X	MFDIUM Z	AVA	415	471	
		NOSTONE	471	506	
	YKLLOW SH		506	590	502
Liner: 6" 10 590 AP X		MREATE			
Final location of shoe(s)					
(7) PERFORATIONS/SCREENS:					
Perforations Method FACTORY	DECEIVED	DV OWDD			
Screens Type Material	RECEIVED	BY OWNU			
Slot Telepipe From To size Number Diameter size Casing Liner					
From To size, Number Diameter size, Casing Liner 510 570 1/2 720 6 K 1/6 168 1	SEP 2	6 2012			
	SALE	M, OR			
	L			1-1-	<u> </u>
(8) WELLTESTS: Minimum testing time is 1 hour	Date started		pleted	21/95	<u> </u>
Flowing	(unbonded) Water Well			,	
Pump Bailer Air Ancsian	I certify that the work of this well is in complian	I performed on the con	struction, alter	ation, or aba	indonment
Yield gal/min Drawdown Drill stem at Time	Materials used and inform	nation reported above a	re true to the b	est of my k	nowledge
50 6pm 0 570 1 hr.	and belief.	CCEPTED			
	1		WWC Nur		
		T 0 9 2017		Date	
Temperature of water 76 Depth Artesian Flow Found	(bonded) Water Well Co				
Was a water analysis done? Yes By whom	I accept responsibility performed on this well do	for the construction, al	teration, or ab	andonment v bove. All u	vork vork
Did any strata contain water not suitable for intended use? Too little	performed during this tin	ne is in compliance with	n Oregon wate:	r supply wel	1 -
Salty Muddy Odor Colored Other	construction standards.	This report is true to the	best of my kn	owledge and	ا Delief.
Depth of strata:	1		WWC Nu		33 /a
	Signed Sall	(,,-	?	Date S	12Y95
ODICINAL & FIRST CODY WATER RESOURCES DEPARTMENT SE	COND COPY-CONSTR	TICTOR THIRD	COPY-CUST	TOMER !	•

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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SEP **26** 2012

SALEM, OR ACCEPTED OCT 0 32017

Water Right Services, LLC John A. Short CCB# 197121 541-389-2837

Completion Checklist for Claims of Beneficial Use

Application #_ <i>G_16_9</i> 83 Transfer #	
Date Received 9/24/2012 CWRE Name Cary De Jarnatt Claim Logged File Marked	
Oversized Map #	
Reviewer	
Partial Edward Senfert T.L. IL 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))	
WRE stamp and signature (OAR 690-014 & 310-0050)	
Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the count	ty 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))	0050)
Point(s) of diversion or appropriation (illustrated) (OAR 690–014(4) & 690-310-0 Point(s) of diversion or appropriation (coordinates) (OAR 690–014(4) & 690-310-0 Point(s) of diversion or appropriation (coordinates) (OAR 690–014(4) & 690-310-0 Point(s) of diversion or appropriation (coordinates) (OAR 690–014(4) & 690-310-0 Point(s) of diversion or appropriation (coordinates) (OAR 690–014(4) & 690-310-0 Point(s) of diversion or appropriation (coordinates) (OAR 690–014(4) & 690-310-0 Point(s) of diversion or appropriation (coordinates) (OAR 690–014(4) & 690-310-0 Point(s) of diversion or appropriation (coordinates) (OAR 690–014(4) & 690-310-0 Point(s) of diversion or appropriation (coordinates) (OAR 690–014(4) & 690-310-0 Point(s) of diversion or appropriation (coordinates) (OAR 690–014(4) & 690-310-0 Point(s) of diversion or appropriation (coordinates) (OAR 690–014(4) & 690-310-0 Point(s)	
Conveyance structures illustrated (pump, pipelines, ditches, etc.) (OAR 690-310-0	
Description of the location, in relation to the point of diversion or appropriation, o	
and measuring devices required (OAR 690–014-0170(4))	2 may 22022 2012 0012 00 7 F 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
Place of use (1/4 1/4, or projected 1/4 1/4 lines within DLCs, or Gov Lots; if irrigation	ation, # of acres in each subdivision
if for domestic or human consumption, location of dwelling or spigot) (OAR 690	
6010)	
December 19 and	•
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)	
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)	
Flace 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)	ACCEPTED
Signature(s) of permittee of transfer holder (OAR 690-014-0100)	ACCEPTED
DEE = deficient	OCT 0 3 2017
LINE TOTAL ONE	

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 <u>permits</u> 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

RECEIVED BY OWRD

GENERAL INFORMATION

SEP 2 4 2012

1. File Information

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

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME		PHONE NO).	ADDITIONAL CONTACT NO.
EDWARD III & KRISTIN	E SEUFERT	541-504-4	1645	
ADDRESS				
13469 SW UMBARGER R	OAD			
CITY	STATE	ZIP	E-MAIL	
POWELL BUTTE	OR	97753		

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 EDWARD III & KRISTIN			
ADDRESS 13469 SW UMBARGER R	OAD		
CITY	STATE	ZIP	
POWELL BUTTE	OR	97753	

ADDITIONAL PERMIT F SEE ATTACHED LI		RECEIVED BY OWRD SEPT. 14, 2012.
ADDRESS		
Сіту	STATE	ZIP

4. Date of Site Inspection: SI

SEPT 11, 2012

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: 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 L ADDRESS	IST PER ASSIGNMENT	RECEIVED BY OWRD SEPT. 14, 2012.
CITY	STATE	ZIP
ADDITIONAL OWNER	OF RECORD	
Additional Owner Address	OF RECORD	

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SEP 2 4 2012

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	USES	IF IRRIGATION,	SEASON OR MONTHS	RATE OR VOLUME
NAME OR		LIST CROP TYPE	WHEN WATER	FOR USE
Number			WAS USED	(CFS, GPM, or AF)
WELL	IRRIGATION	LANDSCAPING, LAWN	APR 1 – OCT 31	0.12 CFS PER 2005 PUMP TEST
Total Quanti	ty 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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SYSTEM DESCRIPTION (B through G)

Are there multip	le POAs?					. NO
If "YES" you wi	ll need to copy a	nd complete Sections	2B through	2G fo	or each POA.	
POA Name or N	umber this section	on describes (only ne	eded if there i	is mo	re than one):	
	 					
B. Place of Us	se					
Attach Claim of	Beneficial Use n	пар.				
	er-Quarters (QQ	th this claim must ide), and if for irrigation				
C. Appropria	tion and Deli	very System Info	rmation			
	escribe the equip	n concerning the appr ment used to transpor				
1. Is a pump use	d?					YES
If "NO" items 2	through item 5 n	ay be deleted.				
2. Pump Informa	ation					
MANUFAC		Model	SERIAL NUMBER			FUGAL, TURBINE OR MERSIBLE)
					SUBMERSIE	BLE
3. Theoretical Pr	ump 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'				0.15 CFS
4. Provide pump 15 HP X 7.04 / (0) = 0.15 CFS				

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

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

ENDING METER

READING

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TOTAL PUMP OUTPUT

(IN CFS)

ACCEPTER

SEP 2 4 2012

WR

INITIAL METER

READING

NA

DURATION OF TIME

OBSERVED

6. Sprinkler Information

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
00131	2.0 GT W		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:

Storage Tank

YES

Bulge in System / Reservoir

NO

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

2. Storage Tank:

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

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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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

WR

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.

Page 7 of 11 ACCEPTED BY OWRD

COBU Form GW small- October 1, 2011

OCT 0 32017 SEP 2 4 2012

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	MANUFACTURER	SERIAL#	CONDITION	CURRENT METER	DATE INSTALLED
OR#			(WORKING OR NOT)	READING	
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	WATER USER REPORTING ID
(PAPER OR ELECTRONIC)	
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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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	MAXIMUM	CALCULATED	AMOUNT OF	USE	# OF	# OF ACRES
NAME OR #	RATE	THEORETICAL	WATER		ACRES	DEVELOPED
	AUTHORIZED	RATE BASED ON	MEASURED		ALLOWED	
	BY PERMIT	SYSTEM			BY PERMIT	
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 2 4 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.

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

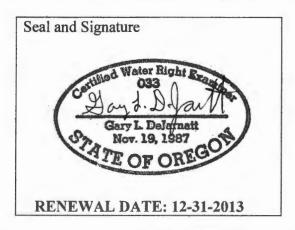
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SEP 24 2012

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 541-382-4		ADDITIONAL CONTACT NO. JOHN SHORT 541-389-2837
ADDRESS 20735 DOUBLE PEAKS DRIVE				
Сіту	STATE	ZIP	E-MA	AIL
BEND	OR	97701		

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 Seufenton	ELWARD SENFERT III	9/2/12
Bushn Skupet	KRISTINE L SEUFERT	961/2

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SEP 2 4 2012



STATE OF OREGON



165/145/0382	165	11451	0382
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WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

SEP 0 1 1995

(START CARD) # 80 392

Instructions for completing this report are on the last page of this form.	-43 DEPT.	
	EGON LOCATION OF WELL by legal descri	ption:
Name MIKE UMBALLAK	County Pook Latitude	Longitude
Address 10851 5 TOWELL BUTTE HOW	Township 16 N or Range	14 @ or W. WM.
City POWEU BUTTE State OF Zip 9725	3 Section 3 1/4	NW 1/4
(2) TYPE OF WORK	Tax Lot 700 Lot Block	Subdivision
New Well Deepening Alteration (repair/recondition) Abandonmen	Street Address of Well (or nearest address)	POWELL BUTTE HU
(3) DRILL METHOD:		/
Rotary Air Rotary Mud Cable Auger	(10) STATIC WATER LEVEL:	2.1
Other	582 ft. below land surface.	Date 8 21/95
(4) PROPOSED USE:	Artesian pressure 0 lb. per square	inch. Date 8/21/93
Domestic Community Industrial Irrigation	(11) WATER BEARING ZONES:	
Thermal Injection Livestock Other		
(5) BORE HOLE CONSTRUCTION:	Depth at which water was first found	65 '
Special Construction approval Yes XNo Depth of Completed Well 590		
Explosives used Yes No Type Amount	From To	Estimated Flow Rate SWL
HOLE SEAL	505 507	5 6pm 562
Diameter From To Material From To Sacks or pounds	535 542	25 6pm 502
12" 0 32 BENTONIE O 38 195ACKS		25 60M 50R
V" 32 590		
	(12) WELL LOG:	
How was seal placed: Method A B C D	Ground Elevation	
Other BRANONAL POURAS DEV	Giodia Biovador	
Backfill placed fromft. toft. Material	Material _	From To SWL
Gravel placed from ft. to ft. Size of gravel	SAND + BOULDER	0 25
(6) CASING/LINER:	SAND STONE	25 74
Diameter From To Gauge Steel Plastic Welded Threads		74 1/8
Casing: 8" +1 39 36 & 0	BROWN SANDSTONE	168 415
	MEDIUM LAVA	415 471
	BROWN SANDSTONE	471 506
	YELLOW SHUD-STONE	506 590 502
Liner: 6" 10 590 AP &	CONGLOMBEATE	
Final location of shoe(s)		
(7) PERFORATIONS/SCREENS:		
Perforations Method FACTORY		
Screens Type Material	TO DV OWED	
Slot	RECEIVED BY OWRD	
From To size Number Dlameter size Casing Line 510 570 & 720 6 K & 6 108		
	SEP 2 4 2012	
	JLI #	
	SALEM, OR	
	-	1 1
(8) WELLTESTS: Minimum testing time is 1 hour	Date started 8/18/95 Comple	eted 8/21/95
Flowing	(unbonded) Water Well Constructor Certification	on:
Pump Bailer Air Artesian	I certify that the work I performed on the constr	uction, alteration, or abandonment
Yield gal/min Drawdown Drill stem at Time	of this well is in compliance with Oregon water su Materials used and information reported above are	pply well construction standards.
50 ton 0 570 1hr.	and belief. ACCEPTED	the to the best of my knowledge
7		WWC Number
	Signed 0CT 0 3 2017	Date
Temperature of water 76 Depth Artesian Flow Found	(bonded) Water Well Constructor Certification:	
Was a water analysis done? Yes By whom	I accept responsibility for the construction, alter	ration, or abandonment work
Did any strata contain water not suitable for intended use? Too little	performed on this well during the construction date performed during this time is in compliance with C	es reported above. All work
Salty Muddy Odor Colored Other	construction standards. This report is true to the be	est of my knowledge and belief.
Depth of strata:	2.17	WWC Number 1555
	Signed Bull	Date \$ 2195

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 RECEIVED BY OWRD

SEP 24 2012

SALEM, OR

ACCEPTED

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		11	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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SEP 24 2012

ACCEPTED OCT 0 32017

SALEM, OR

Water Right Services, LLC John A. Short CCB# 197121 541-389-2837

Completion Checklist for Claims of Beneficial Use

Application # G 16 483 Transfer #	
Date Received 9/25/2012 CWRE Name Cary De Jarnatt Claim Logged	
File Marked	
Oversized Map #Reviewer C · O ·	
partial Craig Obermiller T. L. 200	•
pace of a grant of	•
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))	
WRE stamp and signature (OAR 690-014 & 310-0050) Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county as:	200002 mon) (014 % 210)
L Township, range, section, and tax lot numbers (OAR 690-310-0050(4))	sessor map) (014 & 510)
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	
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)	
Leounty (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) (OA	R 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 O SYST
DEF = deficient	1

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 <u>permits</u> 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 #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (FATELICABLE)
G-16483	G-16159	

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME		PHONE NO.		ADDITIONAL CONTACT NO.
CRAIG W. & EILEEN D. OI	BERMILLER	541-923-2	2777	
Address		-		
9605 SW REIF ROAD				
CITY	STATE	ZIP	E-MAIL	
POWELL BUTTE	OR	97753		

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. OF	BERMILLER		
ADDRESS 9605 SW REIF ROAD			
CITY POWELL BUTTE	STATE OR	Z _{IP} 97753	

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

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
CRAIG & EILEEN OBERMILLER	SEPT 3, 2012	OWNER

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	ICT DED ACCIONATION	DECEMBED BY OWNED CEDE 14 2012
	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

SYSTEM DESCRIPTION

A. Points of Appropriation

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

POA NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # WELL TO SERVICE WELL WORK PERFORMED ON THE WELL (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	USES	IF IRRIGATION,	SEASON OR MONTHS	RATE OR VOLUME
NAME OR		LIST CROP TYPE	WHEN WATER	FOR USE
NUMBER			WAS USED	(CFS, GPM, or AF)
WELL	IRRIGATION	LANDSCAPING, GARDEN	APR 1 – OCT 31	0.12 CFS PER 2005 PUMP TEST
Total Quanti	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).

SEP 25 2012
SALEM, OR



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 <u>and</u> 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	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT
		DURING PUMPING		(IN CFS)
15 HP	60 PSI	502'	100'	0.14 CFS

4. Provide pump calculations:

15 HP X 7.04 / (60X2.54+502+100) = 0.14 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)

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

SEP 25 2012

If "YES" is it a:

Storage Tank

YES

Bulge in System / Reservoir

SALEM, OR

NO

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

2. Storage Tank:

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



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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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?	
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? RECEIVED BY OWRD	NO
d. Has the pump test been approved by the Department?	NO
e. Has a pump test exemption been approved by the Department? SEP 2 5 2012 YES	

6. Measurement Conditions:

SALEM, OR

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

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 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.

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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

RATE	THEORETICAL RATE BASED ON	WATER MEASURED		ACRES ALLOWED	DEVELOPED
 BY PERMIT 006 CFS	0.02 CFS	NA	IRRIGATION	BY PERMIT 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 2 5 2012

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.

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

ACCEPTED OCT 0 3 2017

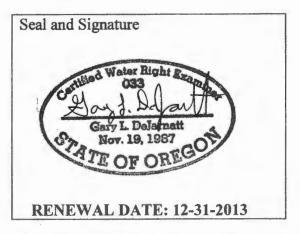
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SEP 25 2012

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. DEJARNAT	T JOB # 12047	PHONE N 541-382-		ADDITIONAL CONTACT NO. JOHN SHORT 541-389-2837
ADDRESS 20735 DOUBLE PEAKS	S DRIVE			
CITY	STATE	ZIP	E-MA	AIL
BEND	OR	97701		

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		
Con 200 Charles	CRAIG W. OBERMILLER	23 SEP 2012		
Elen P. Osumb	-Eileen D. Opermiller	24 Sep 2012		

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SEP 2 5 2012

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

ACCEPTED

OCT 0 32017

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SEP 2 5 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 Property ownership with Quarter-Quarter sections corrected from permit to match COBU maps.

					GOV	TAX		
TWP	RNG	MER	SEC	QQ	LOT	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
								DORSCH /
16S	14E	WM	4	SESE		901	0.5	ROST
							5.0	TOTAL

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STATE OF OREGON

CROO PTENVEL

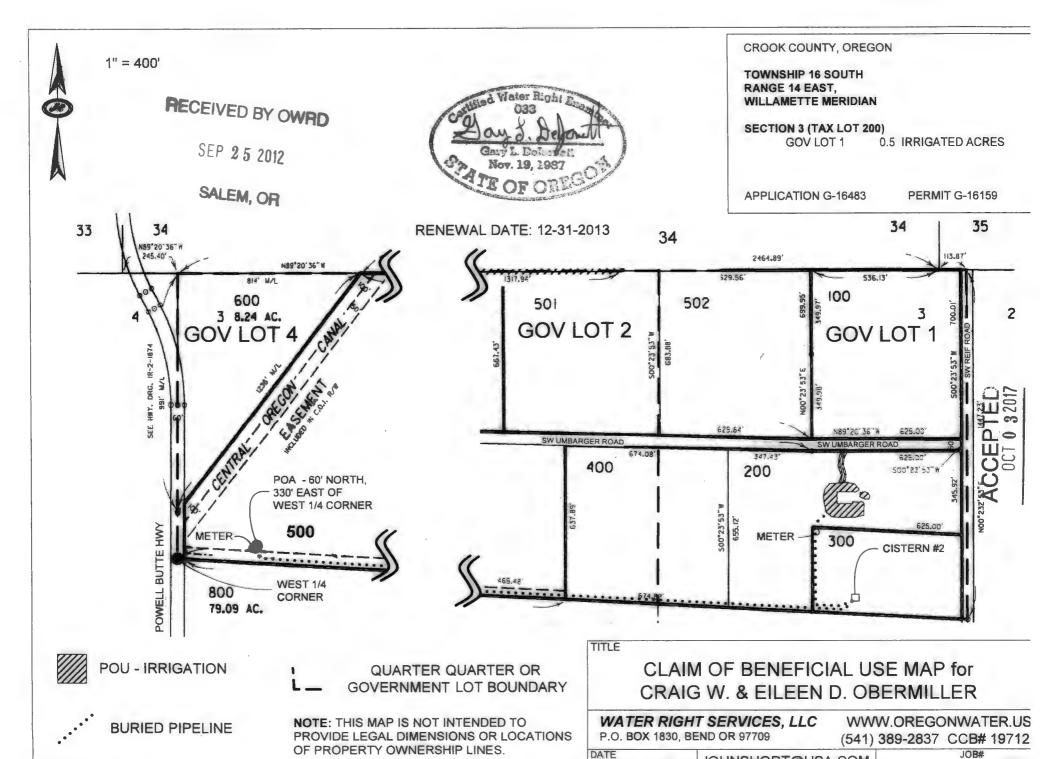
165/145/038

WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

SEP 0 1 1995

(START CARD) # 80 392

Instructions for completing this report are on the last page of this form.		(START CARD)#		3/-	
.101	S DEPT.	WELL by legal desc	rintions		
	County Pas			-te-de	
Name MIKE UNISHIGHT				gitude	
Address 10851 5 POWRIL BUTTE HOLY		N or Range		@ or V	A. M.M.
City POWELL BUTTE State OR Zip 97253	Section 3		NW	1/4	
(2) TYPE OF WORK	Tax Lot	LotBlock _	St	ibdivision_	- 1/
New Well Deepening Alteration (repair/recondition) Abandonment	Street Address of We	Lot BlockBlockBlock	POWE	L BUT	TK Huj
(3) DRILL METHOD:					
Rotary Air Rotary Mud Cable Auger	(10) STATIC WATE				1. 1.
Other	<u>502</u> ft. be			Date 8	21/95
(4) PROPOSED USE:	Artesian pressure		re inch. I	Date 8/2	1193
Domestic Community Industrial Irrigation	(11) WATER BEAR	ING ZONES:		/	/
Thermal Injection Livestock Other					
(5) BORE HOLE CONSTRUCTION:	Depth at which water wa	s first found	505'		
Special Construction approval Yes No Depth of Completed Well 590t.	_ ^				
Explosives used Yes No Type Amount	From	То	Estimated	Flow Rate	SWL
HOLE SEAL	505	507		GPM	562
Diameter From To Material From To Sacks or pounds	535	542	25	7	102
12" 0 32 BENTONIER O 34 19 SACKS	561	564	25	7	50 R
Ja V SALIVIANIA O ST // SALIV		100		Spel	4-7
7" 32 590					
¥ 50× 0/0					
Transport Maked CIA CIR CIC CIR CIR	(12) WELL LOG:				
How was seal placed: Method A B C D E	Groun	d Elevation			
Other BRUNONTE POWERS DEY				1 -	- CVVIII
Backfill placed fromft. toft. Material	Mater		From	To	SWL
Gravel placed fromft. toft. Size of gravel	SAND+ BOU		0	25	
(6) CASING/LINER:	SAND STONE		35	74	
Diameter From To Gauge Steel Plastic Welded Threaded		AVA	74	168	
Casing: 8" +1 39 350 X \ \	BROWN -	ANDSTONE		415	
	MEDIUM L	AVA	415	471	
	BROWN SI	NOSTONE	471	506	
	KLLOW SA	NO STONE	506	590	502
Liner: 6 10 690 AP	CONFZ	MREATE			
Final location of shoe(s)					
(7) PERFORATIONS/SCREENS:					
Perforations Method FACTORY					
Screens Type Material	חבטבועבט	VOWED			
Clat	RECEIVED B	1 OWITO			
From To size Number Diameter size Casing Liner					
	SEP 2.5	2012			
) = 1 2 3	2012			
				1	
	SALEM	OR		$\overline{}$	
	O/ (CLIV)				
(8) WELLTESTS: Minimum testing time is 1 hour	Date started 8/	ida com	pleted 8	12:12	<u></u>
(a) WELL LESTS: William testing time is I nour	(unbonded) Water Wel			de 1/1	·
Flowing	, , , , , , , , , , , , , , , , , , , ,			utlan anah	d
Pump Bailer Air Artesian	l of this well is in complic	I performed on the con ince with Oregon water	supply well co	nstruction s	tandards.
Yield gal/min Drawdown Drill stem at Time	Materials used and infor	mation reported above a	re true to the l	est of my k	nowledge
50 6pm 0 570 1 hr.	and belief.	上げるアプラ			
		O DEOIL	WWC Nu		
	Signed			Date	
Temperature of water 76 Depth Artesian Flow Found	(bonded) Water Well C				
Was a water analysis done? Yes By whom	I accept responsibilit	y for the construction, al	teration, or ab	andonment	work
Did any strata contain water not suitable for intended use?	performed on this well of performed during this ti	me is in compliance with	oregon wate	r supply wel	11 -
Salty Muddy Odor Colored Other	construction standards.	This report is true to the	best of my kn	owledge an	d belief.
Depth of strata:	1.	1/2.		mber 15	
	Signed Zal		,	Date S	12195
					100



12047

JOHNSHORT@USA.COM

SEPT 15, 2012

CROOK COUNTY, OREGON 34 1,320 1" = 1,320' 604 603 0.5 ac T15S R14E, WM 0.5 ac POU Split OFF 503 501 502 100 500 T16S R14E, WM POU Remaining 0.5 ac ----- QQ Lines 0.5 ac 0.5 ac 400 504 Tax lot 0.5 ac 200 Section 300 Well 0.5 ac 0.5 ac 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 901 1.0 ac SENE Sec 3, T16S R14E, WM 0.5 ac 🔞 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 RECEIVED BY OWRD SEP 2 0 2017 JUNE 29, 2007 SALEM, OR **RENEWAL DATE 12/31/2018 SPLIT-A-PERMIT MAP** NOTE: THIS MAP IS NOT INTENDED TO WATER RIGHT SERVICES, LLC PROVIDE LEGAL DIMENSIONS OR LOCATIONS PO BOX 1830, BEND, OR 97709 Obermiller OF PROPERTY OWNERSHIP LINES. CCB# 197121 www.oregonwater.us AP G-16483 **PERMIT G-16159** SEPT 15, 2017 541-389-2837 JOHNSHORT@USA.COM