

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

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

This temporary transfer application will be returned if Parts 1 through 5 and all required attachments are not completed and included.
 For questions, please call (503) 986-0900, and ask for Transfer Section.

FOR ALL TEMPORARY TRANSFER APPLICATIONS

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

- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Temporary Transfer Application Map Checklist.
- Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the new online fee calculator at: http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator. If you have questions, call Customer Service at (503) 986-0801.
- Part 4 – Completed Applicant Information and Signature.
- Part 5 – Information about Transferred Water Rights: **How many water rights are to be transferred? 1 List them here: 65412**
 Please include a separate Part 5 for each water right. (See instructions on page 6)
- N/A For standard Temporary Transfer (one to five years) **Begin Year** ____ **End Year** ____.
- N/A Temporary Drought Transfer (Only in counties where the Governor has declared drought)

Attachments:

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

RECEIVED
 MAR 26 2018

OWRD

(For Staff Use Only)
WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):
 ___ Application fee not enclosed/insufficient ___ Map not included or incomplete
 ___ Land Use Form not enclosed or incomplete
 ___ Additional signature(s) required ___ Part ____ is incomplete
 Other/Explanation _____
 Staff: _____ 503-986-0 _____ Date: ____/____/____

Michelle Angell Assisted with
Temp. Drought Transfer

Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME MOSS RANCH LLC -		PHONE NO. 209-487-2077	ADDITIONAL CONTACT NO.
ADDRESS 8555 W. LANGELL VALLEY ROAD			FAX NO.
CITY BONANZA	STATE OR	ZIP 97623	E-MAIL
<p>BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.</p>			

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

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

Explain in your own words what you propose to accomplish with this transfer application; and why:

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

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

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

Randy Moss
Applicant signature

RANDY MOSS owner
Print Name (and Title if applicable)

3-21-18
Date

Applicant signature

Print Name (and Title if applicable)

Date

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

If NO, include signatures of all landowners (and mailing and/or e-mail addresses if different than the applicant's) or attach affidavits of consent (and mailing and/or e-mail addresses) from all landowners or individuals/entities to which the water right(s) has been conveyed.

RECEIVED

MAR 26 2018

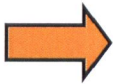
OWRD

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

DISTRICT NAME	ADDRESS	
CITY	STATE	ZIP

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

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP



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

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

RECEIVED

MAR 26 2018

OWRD

RECEIVED

MAR 26 2018

OWRD

Part 5 of 5 – Water Right Information

Please use a separate Part 5 for each water right being changed. See instructions on page 6, to copy and paste additional Part 5s, or to add additional rows to tables within the form.

Description of Water Delivery System

System capacity: .39 cubic feet per second (cfs) **OR**
 _____ gallons per minute (gpm)

Describe the current water delivery system or the system that was in place at some time within the last five years. Include information on the pumps, canals, pipelines, and sprinklers used to divert, convey, and apply the water at the authorized place of use. Wheel line

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

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

POD/POA Name or Number	Is this POD/POA Authorized on the Certificate or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-___)	Twp	Rng	Sec	¼	¼	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
1	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed	KLAM 13578	39S	12E	31	SE	NE		
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed								RECEIVED
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed								MAR 26 2018
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed								OWRD

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

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

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

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

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

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

Please use and attach additional pages of Table 2 as needed.
See page 6 for instructions.

Do you have questions about how to fill-out the tables?
Contact the Department at 503-986-0900 and ask for Transfer Staff.

Table 2. Description of Temporary Changes to Water Right Certificate # 65412

List only the part of the right that will be changed. For the acreage in each 1/4 1/4, list the change proposed. If more than one change, specify the acreage associated with each change. If more than one POD/POA, specify the acreage associated with each POD/POA.

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.												Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.													
Twp	Rng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date	Twp		Rng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date				
EXAMPLE																										
2	S	9		15	NE	NW	100		15.0	Irrigation	POD #1 POD #2	1901	POU/POD	2	S	9	E	1	NW	NW	500	1	10.0		POD #5	1901
"	"	"	"	"	"	"	"	"	"	EXAMPLE	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
39	S	12	E	31	NE	NW	6400		24.3					39	S	11	E	25	SWSW	6701		31.0				
39	S	12	E	31	NE	NE	6400		6.7																	
TOTAL ACRES												31.0	TOTAL ACRES										31.0			

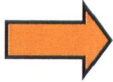
RECEIVED
MAR 26 2018
OWRD

Additional remarks: _____.

For Place of Use Changes

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

If YES, list the certificate, water use permit, or ground water registration numbers: 65412



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

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

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

AND/OR

Describe the construction of the authorized and proposed well(s) in Table 3 for any wells that do not have a well log. For *proposed wells not yet constructed or built*, provide “a best estimate” for each requested information element in the table. The Department recommends you consult a licensed well driller, geologist, or certified water right examiner to assist with assembling the information necessary to complete Table 3.

Table 3. Construction of Point(s) of Appropriation

Any well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the accompanying application map. Failure to provide the information will delay the processing of your transfer application until it is received. The information is necessary for the department to assess whether the proposed well(s) will access the same source aquifer as the authorized point(s) of appropriation (POA). The Department is prohibited by law from approving POA changes that do not access the same source aquifer.

Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well, OWRD Well ID Tag No. L-___	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well - specific rate (cfs or gpm). If less than full rate of water right
		<u>KLAM 13578</u>								

RECEIVED

MAR 26 2018

OWRD

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

RECEIVED

KLAM 13578 WATER WELL REPORT

KLAM 13578

#6

39S/12E/31ad

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

STATE OF OREGON
(Please type or print)
WATER RESOURCES DEPT.
SALEM, OREGON

State Well No. *39S/12E/31ad*
State Permit No. _____
NC
Wm Horton
Cancelled
SE NE

OCT 31 1978

(1) OWNER:
Name Mr & Mrs Robert Horton
Address 1940 Painter Street
Klamath Falls, Oregon

(2) TYPE OF WORK (check):
New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL: Rotary Cable Dug
Driven Jetted Bored
(4) PROPOSED USE (check): Domestic Industrial Municipal
Irrigation Test Well Other

CASING INSTALLED: Threaded Welded
" Diam. from 0 ft. to 20 ft. Gage 250
" Diam. from _____ ft. to _____ ft. Gage _____
" Diam. from _____ ft. to _____ ft. Gage _____

PERFORATIONS: Perforated? Yes No.
Type of perforator used _____
Size of perforations _____ in. by _____ in. _____
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

(7) SCREENS: Well screen installed? Yes No
Manufacturer's Name _____
Type _____ Model No. _____
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(8) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom? Art Reed
Yield: gal./min. with _____ ft. drawdown after _____ hrs.
'Attached' " " " "
" " " " "
Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.
Artesian flow _____ g.p.m. _____
Temperature of water 70 Depth artesian flow encountered 110 ft.

(9) CONSTRUCTION:
Well seal—Material used Cement
Well sealed from land surface to 20 ft.
Diameter of well bore to bottom of seal 18 in.
Diameter of well bore below seal 12 in.
Number of sacks of cement used in well seal 15 sacks
How was cement grout placed? Poured in.

Was a drive shoe used? Yes No Plugs _____ Size: location _____ ft.
Did any strata contain unusable water? Yes No
Type of water? _____ depth of strata _____
Method of sealing strata off _____
Was well gravel packed? Yes No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.

(10) LOCATION OF WELL:
County Klamath Driller's well number _____
SE 1/4 Se 1/4 Section 31 T. 39S R. 12E W.M.

Bearing and distance from section or subdivision corner
Approx 100X feet west and 100 feet north of the SE corner of S 31 T 39S R 12E

(11) WATER LEVEL: Completed well.
Depth at which water was first found 110 ft.
Static level 0 ft. below land surface. Date _____
Artesian pressure 200 x 2 lbs. per square inch. Date _____

(12) WELL LOG: Diameter of well below casing 12
Depth drilled 292 ft. Depth of completed well 292 ft.
Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Top Soil	0	1	
Yellow Clay	1	5	
Brown sticky clay	5	50	
Yellow clay	50	70	
Grey clay	70	110	
Lava Brown broken	110	120	0
Red lava broken	120	125	0
Blue grey broken lava	125	250	0
Grey clay	250	292	

RECEIVED

MAR 26 2018

OWRD

Work started 4-10 1977 Completed 4-20 1978
Date well drilling machine moved off of well 4-21 1978

Drilling Machine Operator's Certification:
This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] Walter L Wilson Date 4-30, 1978
(Drilling Machine Operator)
Drilling Machine Operator's License No. 201

Water Well Contractor's Certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Name Wilson Drilling Contractor Inc.
(Person, firm or corporation) (Type or print)
Address P.O. Box 136, Merrill, Oregon
[Signed] Walter L Wilson
(Water Well Contractor)
Contractor's License No. 169 Date 4-30, 1978