



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

Application for Groundwater Registration Modification

Part 1 of 5 – Minimum Requirements Checklist

This Groundwater Registration Modification application will be returned if Parts 1 through 4 and all required attachments are not completed and included.

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

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

- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Application Map Checklist.
- Part 3 – Completed Applicant Information and Signature.
- Part 4 – Completed Groundwater Registration Modification Application – Groundwater Registration Information. (Only one Groundwater registration per application, **unless** the Groundwater registrations to be modified are layered).
- Completed Groundwater Registration Modification Application Map (Does not have to be prepared by a Certified Water Right Examiner).
- Groundwater registration modification fees – Amount enclosed: \$ **1450.00**. (\$875.00 for a place of use change only; \$1,450 for any other change or combination).

Attachments:

- N/A Request for Assignment Form and statutory fee. This form needs to be completed if the applicant owns the land to which the registration is appurtenant and is **not** the registration certificate holder of record. The Request for Assignment Form is available at <http://www.oregon.gov/owrd/pubs/docs/forms/assign.pdf>, or http://www.oregon.gov/owrd/pubs/docs/forms/assign_by_proof.pdf. Assignment is not needed for any person or entity who can demonstrate authorization to request recognition of a modification (e.g. legal representative, power of attorney, agent, etc.) **or** the applicant is named on the certificate of registration, or has been assigned to the certificate of registration.
- N/A Land Use Information Form with approval and signature (or signed land use form receipt stub). Land use form not required if any of the following apply:
 - Water is to be diverted, conveyed, and/or used only on federal lands.
 - 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.

(For Staff Use Only)

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

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

Other/Explanation _____

Staff: _____ 503-986-0_____ Date: ____/____/____

Part 2 of 4 – Groundwater Registration Modification Map Checklist

Your Groundwater Registration Modification application will be returned if any of the map requirements listed below are not met.

Please be sure that the map you submit includes all the items listed below and meets the requirements of OAR 690-380-3100, however, the map does not have to be prepared by a Certified Water Right Examiner. Check all boxes that apply.

- Permanent quality printed with dark ink on good quality paper.
- The size of the map can be 8½ x 11 inches, 8½ x 14 inches, 11 x 17 inches, or up to 30 x 30 inches. For 30 x 30 inch maps, one extra copy is required.
- A north arrow, a legend, and scale.
- The scale of the map must be: 1 inch = 400 feet, 1 inch = 1,320 feet, the scale of the 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 appropriation such as main pipelines, canals, and ditches.
- Existing place of use that includes hachuring, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions. If less than the entirety of the registration is being changed, a separate hachuring is needed for the portion of the registration left unchanged.
- N/A If you are proposing a modification in place of use, show the proposed place of use with hachuring including priority date and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions.
- Existing point(s) of appropriation with distance and bearing or coordinates from a recognized survey corner.
- N/A If you are proposing a modification in point(s) of appropriation, show the proposed location and label it clearly with distance and bearing or coordinates. If GPS coordinates are used, latitude-longitude coordinates may be expressed as either degrees-minutes-seconds with at least one digit after the decimal (example – 42°32'15.5") or degrees-decimal with five or more digits after the decimal (example – 42.53764°).

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Part 3 of 4 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME George Hickey / COA LLC		PHONE NO. 702-289-1668	ADDITIONAL CONTACT NO.
ADDRESS 17610 Williams Hwy			FAX NO.
CITY Williams	STATE OR	ZIP 97544	E-MAIL Hickeybrannigan@gmail.com
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.			

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

APPLICANT/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 DOCUMENTS WILL ALSO BE MAILED.			

Explain in your own words what you propose to accomplish with this modification; and why:
Adding 2 POAs to GR 200 for access on property, TL 116.

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)

(Check one box)

- By signing this application, I (we) understand that, upon receipt of the draft preliminary determination and prior to Department approval of the Groundwater modification, I (we) will be required to provide landownership information and evidence that I am authorized to pursue the modification as identified in OAR 690-382-0400(16)(a); **OR**
- I (we) affirm the applicant is a municipality as defined in ORS 540.510(3)(b) and that the right is in the name of the municipality or a predecessor; **OR**
- I (we) affirm that the applicant is an entity with the authority to condemn property and is acquiring the property to which the Groundwater registration proposed for modification is appurtenant by condemnation and have attached supporting documentation.

I understand that prior to Department approval of the groundwater registration modification, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the groundwater registration is located, once per week for two consecutive weeks. If more than one qualifying newspaper is available, I suggest publishing the notice in the following paper: _____.

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

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Applicant Signature

George Hickey
Print Name (and Title if applicable)

3/9/2018
Date

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Applicant Signature

Print Name (and Title if applicable)

Date

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Is the applicant the sole owner of the land on which the Groundwater registration modification or portion thereof, is located? Yes No *If NO, include signatures of all deeded 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 Groundwater registration has been conveyed.*

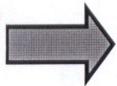
Check the appropriate box, if applicable:

- Check here if the Groundwater registration proposed for modification is or will be located within or served by an irrigation or other water district.

IRRIGATION DISTRICT NAME	ADDRESS	
CITY	STATE	ZIP

- Check here if water for the Groundwater registration is supplied under a water service agreement or other contract 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 Josephine County	ADDRESS 700 NW Dimmick St	
CITY Grants Pass	STATE OR	ZIP 97526

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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INSTRUCTIONS for editing the Application Form

To add additional lines to tables within the forms or to copy and paste additional Part 4 pages, please **save the application form to your computer**. Unlock the document by using one of the following instructions for your Microsoft Word software version:

Microsoft Word 2003

Unlock the document by one of the following:

- Using the **Tools** menu => click **Unprotect Document**;
OR

- Using the **Forms** toolbar => click on the **Protect/Unprotect** icon.

To relock the document to enable the checkboxes to work, you will need to:

- Using the **Tools** menu => click **Protect Document**;
OR

- Using the **Forms** toolbar => click on the **Protect/Unprotect** icon.

Microsoft Word 2007

- Unlock the document by clicking the **Review** tab, then click **Protect Document**, then click **Stop Protect**
- To relock the document, click **Editing Restrictions**, then click **Allow Only This Type of Editing**, select **Filling In Forms** from the drop-down menu, then check **Yes, Start Enforcing Protection**.

Microsoft Word 2010

- Unlock the document by clicking the **Review** tab; toggle the **Restrict Editing icon** at the upper right, then click **Stop Protect** at the bottom right. Then uncheck the “**Allow only this type of editing in the document: Filling in forms**” in the “Editing restrictions” section on the right-hand list of options.
- To relock the document, check the **Editing Restrictions/Allow Only This Type of Editing/Filling In Forms** box from the drop-down menu, then check **Yes, Start Enforcing Protection**. You do not need to assign a password for the editing restrictions.

Other Alternatives:

- Photocopy pages or tables in Part 4, ~~mark through~~ any non-applicable information, insert/attach photocopied pages to document in the appropriate location, and manually amend page numbers as necessary (e.g. Page 5 6 of 9 10).
- You may refer to additional attachments that you may include, such as separately produced tables or spreadsheets to convey large numbers of rows of place of use listings, owner/property parcels, etc. You may contact the Department at 503-986-0900 and ask for Transfer Staff if you have questions.

Once the application has been unlocked, you may:

- add additional rows to tables using the Table tools, and
- select and copy the pages of Part 4 and paste as many additional sets of Part 4 pages as needed at the end of the application.

After editing, re-lock the document to enable checkboxes to work.

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Part 4 of 4 – Groundwater Registration Information

Please use a separate Part 4 for each registration being modified. See instructions on page 5, to copy and paste additional Part 4s, or to add additional rows to tables within the form.

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

(Note: If the POA name is not specified in the registration, assign it a name or number here.)

POA Name or Number	Is this POA Authorized by the registration or is it Proposed?	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)
POA 1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	INFL TRENCH 1	38	S	5	W	14	SE	SE	1300	498' N, 498' W of SE Cor Sec 14
POA 2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	INFL TRENCH 2	38	S	5	W	23	SE	NE	104	110' S, 670' W of NE Cor SENE Sec 23
POA 3	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	A WELL	38	S	5	W	12	NE	NE		See T-11242
POA 4*	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	JOSE 2044	38	S	5	W	23	NE	SE		*See T-12349 (not proposed for this APOA application)
POA 5*	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	L-121209	38	S	5	W	23	NE	SE		*See T-12349 (not proposed for this APOA application)
POA 6	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	JOSE 11853	38	S	5	W	23	NE	SE	116	165' S, 330' W of NE Cor NESE Sec 23
POA 7	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	JOSE 54169	38	S	5	W	23	SE	NE	116	55' W and 20' N of NE Cor NESE Sec 23

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

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

Will all of the proposed changes affect the entire Groundwater registration?

- 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 registration to be changed.

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Please use and attach additional pages of Table 2 as needed.
See page 5 for instructions.

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

Table 2. Description of Modifications to Registration GR-200 (Certificate # GR-_____)

List only the part of the registration that will be modified. For the acreage in each ¼ ¼, list the modification proposed. If more than one modification, specify the acreage associated with each modification. If more than one POA, specify the acreage associated with each POA.

AUTHORIZED (the "from" or "off" lands) The listing that appears in the registration BEFORE PROPOSED CHANGES List only that part or portion of the groundwater registration 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	¼	¼	Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POA(s) (name or number from Table 1)	Priority Date	Twp	Rng		Sec	¼	¼	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POA(s) to be used (from Table 1)	Priority Date				
EXAMPLE																										
2	S	9	E	15	NE	NW	100		15.0	Irrigation	POD #1 POD #2	1901	POU/POD	2	S	9	E	1	NW	NW	500	1	10.0		POD #5	1901
"	"	"	"	"	"	"	"	"	"	EXAMPLE	"	"	"	"	"	"	"	"	"	"	"	"	"	"	POD #6	1901
38	s	5	w	23	SE	NE	116		1.1	IR	POA #1 POA #2 POA #3	11/2/ 1950	APOA	38	s	5	w	23	SE	NE	116		1.1	IR	POA #1 POA #2 POA #3 POA #6 POA #7	11/2/ 1950
38	s	5	w	23	NE	SE	116		3.9	IR	see abv	11/2/ 1950	APOA	38	s	5	w	23	NE	SE	116		3.9	IR	see abv	11/2/ 1950
							TOTAL ACRES		5														TOTAL ACRES		5	

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Additional remarks: POA's applied for in T-12349 are pending review. As such, this application for modification to GR 200 is to add two new POA's for the use on TL 116 specifically and have been labeled as #6 & #7, should T-12349 be approved.

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Groundwater Registration # GR-200 (Certificate # GR-_____)

For a modification in place of use or character of use:

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

If YES, list the other certificate, water use permit, or other Groundwater registration numbers:

CERT: 51525



Pursuant to OAR 690-382-0200, any “layered” water use, such as an irrigation right that is supplemental to a primary irrigation right proposed for transfer, must be concurrently transferred with the registration or be cancelled. Any change to a water right must be filed separately in a transfer application. Any change to a water use permit must be filed separately with a permit amendment. Any modification to a Groundwater registration on the “to” lands must be filed separately with a Groundwater registration modification.

For modifications in point(s) of appropriation (well(s) or additional point(s) of appropriation:

- Well log(s) are attached for each well 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/)

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 adequate information is likely to delay the processing of your modification 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
POA #1	Yes								Infiltration Trench	
POA #2	Yes								Infiltration Trench	
POA #3									See T-11242	

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JOSE 11853

385/54-234

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

MAY 2 1985

WATER RESOURCES DEPT PLEASE TYPE OR PRINT IN INK

(for official use only)

(1) OWNER:

Name Lloyd Walker Address 17610 Williams Hwy City Grants Pass State OR

(2) TYPE OF WORK (check):

New Well [X] Deepening [] Reconditioning [] Abandon [] If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Air [X] Driven [] Domestic [X] Industrial [] Municipal [] Rotary Mud [] Dug [] Irrigation [] Thermal: [] Withdrawal [] ReInjection [] Cable [] Bored [] Piezometric [] Grounding [] Test []

(4) PROPOSED USE (check):

Industrial [X] Municipal [] Thermal: [] Withdrawal [] ReInjection [] Grounding [] Test []

(5) CASING INSTALLED:

Steel Threaded [X] Plastic Welded [] 6" Diam. from +1 ft. to 84 ft. Gauge 0.25

LINER INSTALLED:

Steel Threaded [] Plastic Welded [] Diam. from ft. to ft. Gauge

(6) PERFORATIONS:

Perforated? [X] Yes [] No Size of perforations 5 in. by 28 perforations from 76 ft. to 84 ft.

(7) SCREENS:

Well screen installed? [] Yes [X] No Manufacturer's Name Type Model No. 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 [X] No If yes, by whom? Yield: gal./min. with ft. drawdown after hrs. Air test 40 gal./min. with drill stem at 139ft. 1 hrs. bailer test gal./min. with ft. drawdown after hrs. Artesian flow g.p.m. Temperature of water 54 Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Special standards: Yes [] No [X] Well seal—Material used Portland cement Well sealed from land surface to 25 ft. Diameter of well bore to bottom of seal 10 in. Diameter of well bore below seal 6 in. Amount of sealing material 16 sacks [X] pounds [] How was cement grout placed? pumped Was pump installed? No Type HP Depth ft. Was a drive shoe used? [] Yes [X] No Plugs Size: location ft. Did any strata contain unusable water? [] Yes [X] No Type of Water? depth of strata Method of sealing strata off Was well gravel packed? [] Yes [X] No Size of gravel: Gravel placed from ft. to ft.

(10) LOCATION OF WELL by legal description:

County Josephine NE 1/4 SE 1/4 of Section 23 Township 38 Range 5 WM. Tax Lot 116 Lot Block Subdivision MAILING ADDRESS OF WELL (or nearest address) 17610 Williams Hwy

(11) WATER LEVEL of COMPLETED WELL:

Depth at which water was first found 80 ft. Static level 10 ft. below land surface. Date Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing 6" Depth drilled 140 ft. Depth of completed well 140 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.

Table with columns: MATERIAL, From, To, SWL. Rows: Brown clay (0-19, 10), brown clay & cobbles (19-75, 10), Black & white rock fractured (75-140, 10)

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Date work started 4/30/85 /completed 5/1/85 Date well drilling machine moved off of well 5/1/85 19

(unbonded) Water Well Constructor Certification (if applicable):

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief. [Signed] James S. Sublette Date 5-2-85 19 85

(bonded) Water Well Constructor Certification:

Bond 516F7911 Issued by: Travelers Ins Co (number) (Surety Company Name) On behalf of Coleman's Well Drilling (type or print name of Water Well Constructor)

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief:

[Signed] D. Keith Coleman (Water Well Constructor) (Dated) 5-8-85



JOSEPHINE COUNTY OREGON

WATER RESOURCES DEPARTMENT

WELL PERMIT
NO.

APPLICATION FOR WELL PERMIT

Permit requested: New Repair/Alter... Abandon....

Use of Well: Domestic, S. Domestic, M.... Irrigation... Institutional....
Thermal.... Commercial/Industrial.... Other.....

Property Owner: Lloyd Walker Phone:

Mailing Address: 17618 Williams Hwy

Description of Property: Township 38 Range 5 Section 23 Tax Lot 116

Address of Property: Same

Well (to be) (is) Located: 125 ft. South, 280 ft. ^{West} East, from E 1/4 Corner
of Sec. 23

Proposed Constructor: Coleman

Date of Construction, Repair/Alteration, Abandonment: 5-1-85

Applicant's Signature: D. Keith Coleman Date: 4-29-85

Permit Issued By: D. O. Fee?

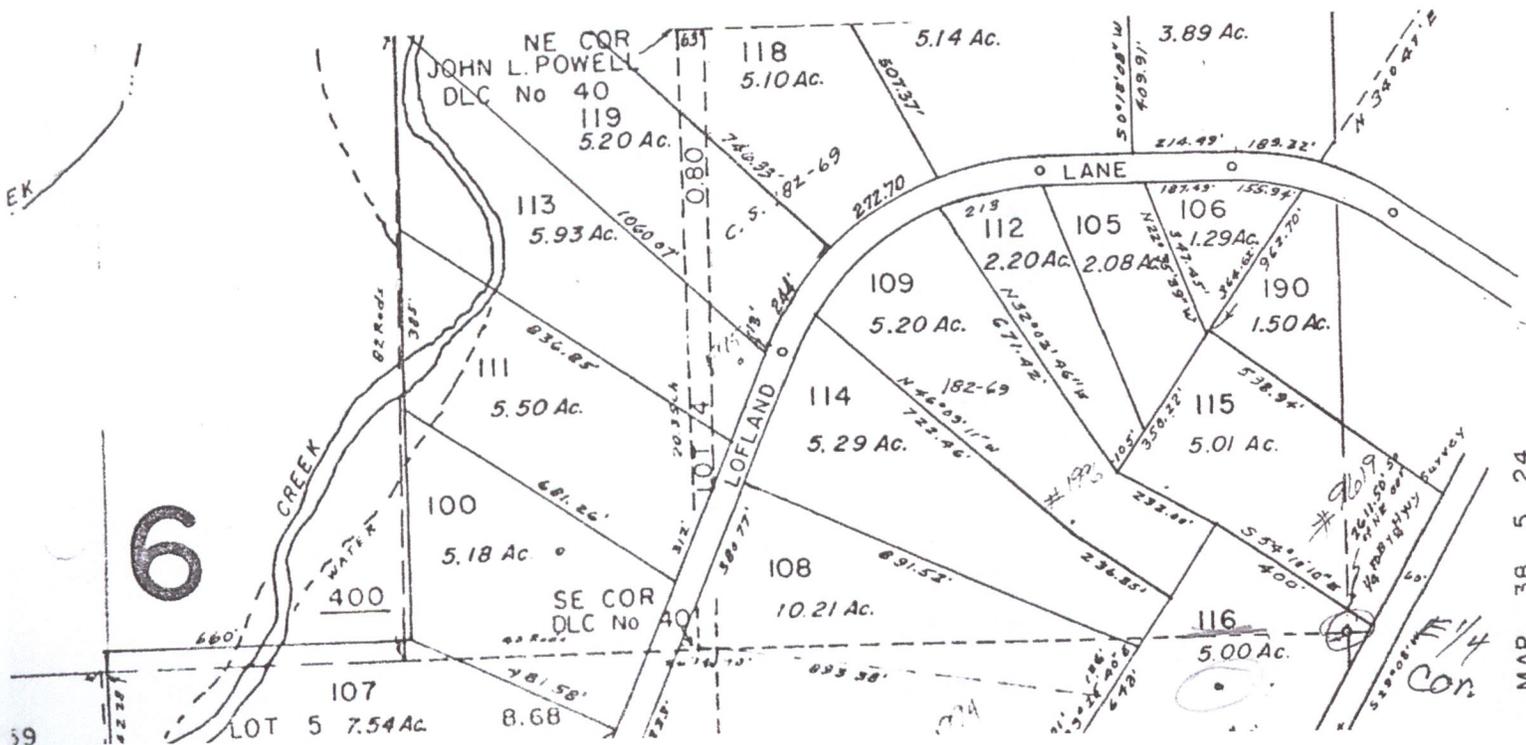
This Permit is valid for six (6) months from date issued.

REMARKS: SCALE OF MAP: 1" = 400'

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MAP 38 5 24

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8/28 ✓ 003-653-96 ✓
38-5-23
38-5-23/116
11623
(for official use only)

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.705)

MAY 2 1985
WATER RESOURCES DEPT
PLEASE TYPE OR PRINT IN INK

SALEM, OREGON

(1) OWNER:

Name Lloyd Walker
Address 17610 Williams Hwy
City Grants Pass State OR

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Air Driven
Rotary Mud Dug
Cable Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Thermal
Irrigation Withdrawal Reinjection
Other:
Piezometric Grounding Test

(5) CASING INSTALLED:

Steel Plastic
Threaded Welded
6" Diam. from +1 ft. to 84 ft. Gauge 0.25
" Diam. from ft. to ft. Gauge

LINER INSTALLED:

Steel Plastic
Threaded Welded
" Diam. from ft. to ft. Gauge

(6) PERFORATIONS:

Perforated? Yes No
Size of perforations 5 in. by 1/4 in.
28 perforations from 76 ft. to 84 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?
Yield: gal./min. with ft. drawdown after hrs.
Air test 40 gal./min. with drill stem at 139 ft. 1 hrs.
 bailer test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m.
Temperature of water 54 Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Special standards: Yes No
Well seal—Material used Portland cement
Well sealed from land surface to 25 ft.
Diameter of well bore to bottom of seal 10 in.
Diameter of well bore below seal 6 in.
Amount of sealing material 16 sacks pounds
How was cement grout placed? pumped
Was pump installed? NO Type HP Depth ft.
Was a drive shoe used? Yes No Plug 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: ft.
Gravel placed from ft. to ft.

(10) LOCATION OF WELL by legal description:

County Josephine NE 1/4 SE 1/4 of Section 23 of
Township 38 Range 5 WM.
(Township is North or South) (Range is East or West)
Tax Lot 116 Lot Block Subdivision
MAILING ADDRESS OF WELL (or nearest address) 17610 Williams Hwy

(11) WATER LEVEL of COMPLETED WELL:

Depth at which water was first found 80 ft.
Static level 10 ft. below land surface. Date
Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing 6"
Depth drilled 140 ft. Depth of completed well 140 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
Brown clay	0	19	10
brown clay & cobbles	19	75	10
Black & white rock fractured	75	140	10

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Date work started 4/30/85 /completed 5/1/85
Date well drilling machine moved off of well 5/1/85 19

(unbonded) Water Well Constructor Certification (if applicable):

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

[Signed] James S. Sublette Date 5-2, 19 85

(bonded) Water Well Constructor Certification:

Bond 516F7911 Issued by: Travelers Ins Co
(number) (Surety Company Name)
On behalf of Coleman's Well Drilling
(type or print name of Water Well Constructor)

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief:

(Signed) D. Keith Coleman
(Water Well Constructor)

(Dated) 5-8-85

Assessor's Map 38-05-23 tl 116

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DEC 1 1 2017

JO CO - PLANNING

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STRUCTURE LOCATION
 ZONE RS MINIMUM SETBACKS
 FRONT 30 SIDE 10
 REAR 25 CENTERLINE
 STREAM
 PLANNER RA

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Legend

FEMA Flood Map

- Approximate
- Taxlots

Water (line)

- Class 1
- Class 2
- Wetlands (polygon)



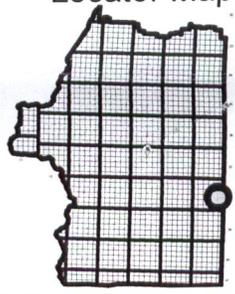
The information on this map is furnished for general interest purposes only. This information is provided without warranties of any kind, express or implied, and it should not be used to support any purchase or other investment. Neither Josephine County, Cave Junction, nor Grants Pass will accept responsibility for any errors or inaccuracies in the depicted information.



Scale
1:1200



Locator Map



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

WELL I.D. # L 48697
 START CARD # 140269

Instructions for completing this report are on the last page of this form. 18727

(1) **LAND OWNER** Well Number _____
 Name Lloyd Walker
 Address 17610 Williams Hwy.
 City Williams State OR Zip 97544

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

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

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

(5) **BORE HOLE CONSTRUCTION:**
 Special Construction approval Yes No Depth of Completed Well 125 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	18	Bent.	0	18	7 sacks
6	18	125				

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

(6) **CASING/LINER:**

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	+2	78	2.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) 78

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailer Air Flowing
 Artesian

Yield gal/min	Drawdown	Drill stem at	Time
20		115	1 hr.

Temperature of water 55 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) **LOCATION OF WELL by legal description:**
 County Joseph Latitude _____ Longitude _____
 Township 38 N or S Range 5 E or W. WM.
 Section 23 NE 1/4 SE 1/4
 Tax Lot 116 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 17610 Williams Hwy.

(10) **STATIC WATER LEVEL:**
20 ft. below land surface. Date 7-20-01
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 31

From	To	Estimated Flow Rate	SWL
31	121	20	20

(12) **WELL LOG:**
 Ground Elevation _____

Material	From	To	SWL
Brown clay, fine sand (unc)	0	31	20
Brown clay, fine sand, med gravel (unc)	31	76	20
Brown sand stone fractured (Unc)	76	125	20

Date started 7-19-01 Completed 7-20-01

(unbonded) **Water Well Constructor Certification:**
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 Signed Steven Carter WWC Number 1659 Date 7-20-01

(bonded) **Water Well Constructor Certification:**
 I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 Signed Bob Quinn WWC Number 675 Date 7-20-01

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WATER RESOURCES DEPT.
 SALEM, OREGON

FOR WATER RESOURCES DEPARTMENT USE ONLY

Date Postmarked _____
Date Hand-Delivered _____
Watermaster Initials _____

W 140269

WRD Receipt

Date Fee Received _____

Check No. _____

START CARD

NOTICE OF BEGINNING OF WELL CONSTRUCTION

(as required by ORS 537.762)

This form must be completed and the original copy mailed or delivered to the Water Resources Department, 158 12th St. NE, Salem, OR 97310, for all new well construction, or conversion of an existing hole not previously used to seek water. This original copy must be mailed or delivered no later than the day construction or conversion work begins. A \$75 fee shall accompany the original copy for all new well construction and conversion (make checks payable to the Water Resources Department). Notices meeting the submittal requirements but received without the required fee will not be accepted as properly and timely filed. In addition, the constructor shall provide the "Watermaster Copy" of this notice to the office of the district watermaster within which the well is being constructed, altered, converted or abandoned using one of the following options: (a) by regular mail no later than three (3) calendar days (72 hours) prior to commencement of work; or, (b) by hand delivery, during regular office hours, no later than the day work is commenced; or, (c) by FAX no later than the day work is commenced. If method (c) is used, the original "Watermaster Copy" of this notice shall also be mailed or delivered to the office of the district watermaster no later than the day work is commenced. The Water Resources Commission has authority to impose civil penalties for failure to submit the required \$75 fee with the start card and for failure to submit cards prior to beginning any construction, alteration, conversion or abandonment work.

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Owner's name and mailing address: Lloyd Walker
Home Phone: 17610 Williams Hwy
Work Phone: Williams, OREGON 97544

Check type of work: Fee Required { New Construction No Fee Required { Alteration (Repair/Recondition)
 Conversion Deepening Original Start
 Abandonment Card Number

Proposed Commencement Date: 7-25-01

Existing or Proposed Well Depth: 125 Diameter: 6 Original Well I.D. Label Number: _____

Check Use: Domestic Public System (Community) Industrial Irrigation Monitoring
 Thermal Injection Other

Proposed Well Location: County Josephine Township 38 Range 5 Section 23
North or South Last or West

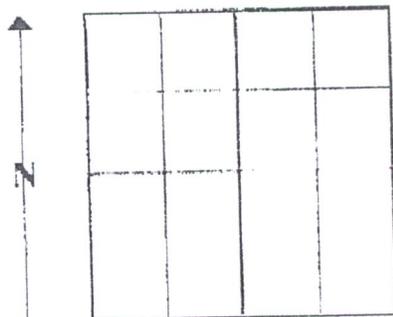
1. NE 1/4 of SE 1/4 of above section.

2. Street Address of well location (or directions if not assigned):
17610 Williams Hwy

3. Tax-lot number of well location: 116

4. Attach map with location identified. (See reverse for approved maps)

5. Show well location within 1/4, 1/4 of section grid at left.



We hereby certify that we have read the back of this form and that the information provided is accurate to the best of our knowledge.

Owner/Agent

Date Signed

Bob Quinn
Banded Water/Monitor Well Constructor
Quinn's Drilling
Company

License No.

675

Date Signed

6-27-01

OWNER PLEASE NOTE: This is not a water right application. The owner is responsible for obtaining a water right through the Water Resources Department, if required. The Oregon Health Division requires plans to be submitted and approved prior to construction if the well is to be used as a public system.

ADDITIONAL IMPORTANT INFORMATION ON BACK.

THIS COPY, WITH ACCOMPANYING FEE, TO WATER RESOURCES DEPARTMENT OF SALEM.

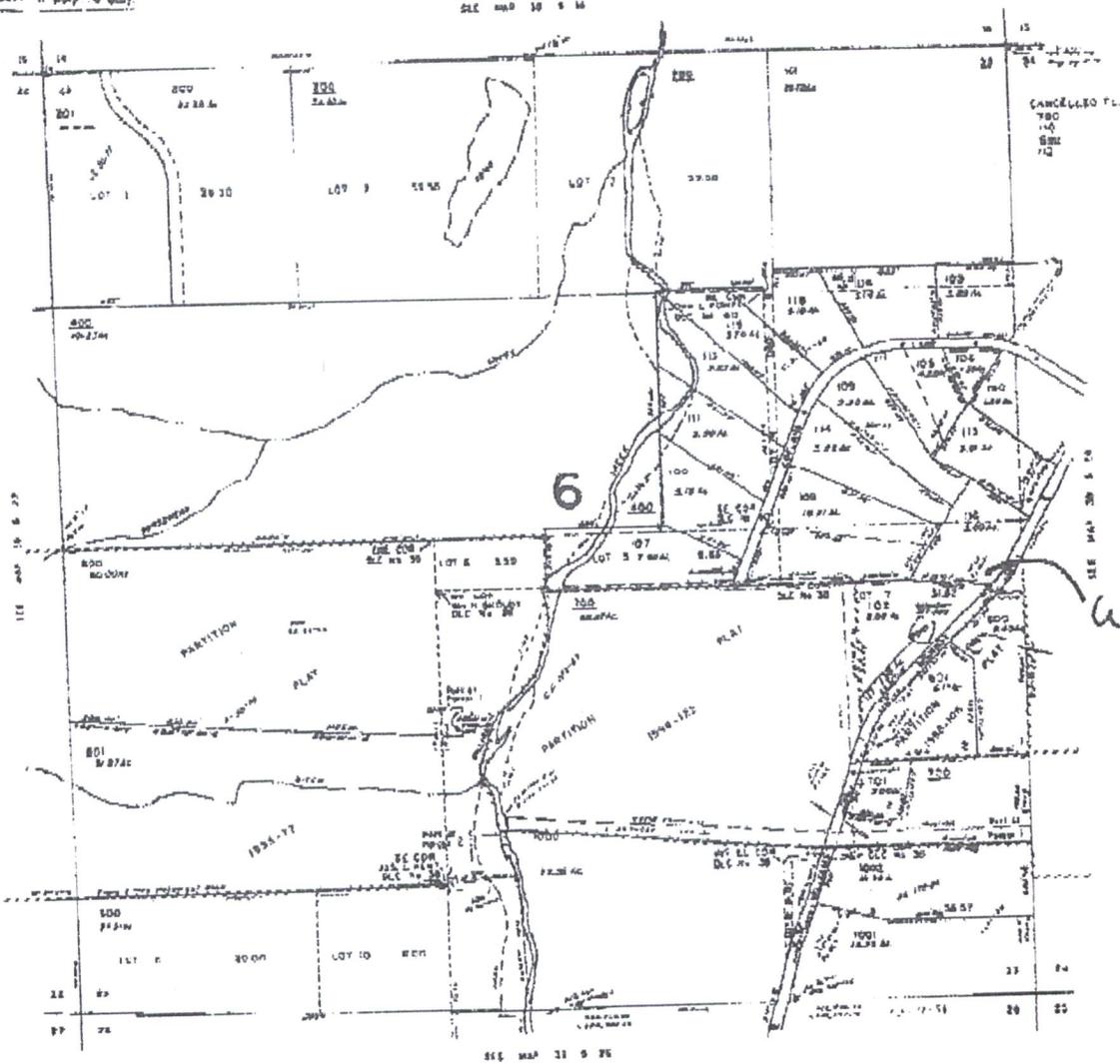
000002316

BOOK 17

SECTION 23 T.38S R.5W. W. M.
JOSEPHINE COUNTY

38 5 23

This map is to be used for
reference only and is not to be used for
any other purpose.



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