

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

Application for **Permit Amendment**

Part 1 of 5 - Minimum Requirements Checklist

This permit amendment 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.

Che	ck all items i	included with this application. $(N/A = Not Applicable)$	0 400
	Part	1 – Completed Minimum Requirements Checklist.	DEC 0 3 2018
\boxtimes	Part	2 - Completed Application Map Checklist.	
\boxtimes	com <u>http:</u>	3 – Application Fee, payable by check to the Oregon Water Resources pleted Fee Worksheet, page 3. Try the new online fee calculator at: ://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator. If you have quest vice at (503) 986-0801.	
\boxtimes	Part	4 - Completed Applicant Information and Signature.	
	then Plea Com	5 – Information about Permits to be Amended: Number of permits to n here: G-17742 se include a separate Part 5 for each permit. (See instructions on page 6 appleted Permit Amendment Application Map (Does not have to be prep	5)
	Wate	er Right Examiner).	
	com perm need <u>http:</u>	uest for Assignment Form and statutory fee. The request for assignment pleted if the applicant is not the permit holder of record and needs to be nit; or the landowner of the proposed place of use is not the permit hold is to be assigned to the permit (the Request for Assignment Form is available of the permit (the Request for Assignment is not needed in the holder of record.	e assigned to the der of record and allable online at
	_	davit(s) of Consent are required from all permit holder(s) of record if the applicant or other permit holders of record that are not listed as applied	
	stub) [d Use Information Form with approval and signature (or signed land use). Land use form is not required if any of the following apply: Water is to be diverted, conveyed, and/or used only on federal land and of the following apply: All of the following apply: a) a change in place of use only, b) in changes, c) the use of water is for irrigation only, and d) the use an irrigation district or an exclusive farm use zone. The proposed changes are all located on the property reviewed in enclosed in Water Right Application Folder # G-18238.	ands. so structural is located within
		er Well Report/Well Log for changes in point(s) of appropriation (well at(s) of appropriation.	
-		(For Staff Use Only)	
		Additional signature(s) required Part is incomplete Other/Explanation	complete fee not enclosed/insufficient
		Staff:	·

Your permit amendment 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 <u>not</u> have to be prepared by a Certified Water Right Examiner. Check all boxes that apply.

\boxtimes	□ N/A	If more than three permits are involved, separate maps for each permit.
\boxtimes		Permanent quality printed with dark ink on good quality paper.
\boxtimes		The size of the map can be $8\frac{1}{2} \times 11$ inches, $8\frac{1}{2} \times 14$ inches, 11×17 inches, or up to 30×30 inches. For 30×30 inch maps, one extra copy is required.
\boxtimes		A north arrow, a legend, and scale.
\boxtimes		The scale of the map must be: $1 \text{ inch} = 400 \text{ feet}$, $1 \text{ inch} = 1,320 \text{ feet}$, the scale of the county assessor map if the scale is not smaller than $1 \text{ inch} = 1,320 \text{ feet}$, or a scale that has been preapproved by the Department.
\boxtimes		Township, Range, Section, ½ ¼, DLC, Government Lot, and other recognized public land survey lines.
\boxtimes	i	Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
\boxtimes	:	Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.
\boxtimes		Major water delivery system features from the point(s) of diversion/appropriation such as main pipelines, canals, and ditches.
\boxtimes		Existing place of use that includes separate hachuring for each water use permit, 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 permit is being changed, a separate hachuring is needed for the portion of the permit left unchanged.
	⊠ N/A	If you are proposing a change in place of use, show the proposed place of use with hachuring that includes separate hachuring for each permit, 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.
\boxtimes		Existing point(s) of diversion or well(s) with distance and bearing or coordinates from a recognized survey corner. This information can be found in your water use permit.
\boxtimes	□ N/A	If you are proposing a change in point(s) of diversion or well(s), 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 $-42^{\circ}32^{\circ}15.5^{\circ}$) or degrees-decimal with five or more digits after the decimal (example -42.53764°).

, v	FEE WORKSHEET for PERMIT AMENDMENT	r is	, 27 , (6) 1
1	Base Fee (includes one type of change to one permit for up to 1 cfs)	1	\$1,160
	Types of change proposed:		
	Place of Use		
	☐ Point of Diversion/Appropriation		
	Number of above boxes checked = (2a)		I
	Subtract 1 from the number in line $2a = 0$ (2b) If only one change, this will be 0		
ر ا	Multiply line 2b by \$930 and enter » » » » » » » » » » » » » »	. ,	0
2	Number of namita included in Domnit Amandment 1 (20)	2	0
••	Number of permits included in Permit Amendment 1 (3a) Subtract 1 from the number in 3a: 0 (3b) If only one permit this will be 0		•
3	Multiply line 3b by \$520 and enter » » » » » » » » » » » » » » »	3	0
	Do you propose to add or change a well, or change from a surface water POD	<i></i>	0
	to a well?		
	No: enter 0 »» » » » » » » » » » » » » » » »		
4	∑ Yes: enter \$410 » » » » » » » » » » » » » » » » » » »	4	410
	Do you propose to change the place of use?		
	\boxtimes No: enter 0 on line 5 » » » » » » » » » » » » » » »	RE	CEIVED
	Yes: enter the cfs for the portions of the permits to be amended (see		
	example below*): (5a)	DE	C 0 3 2018
	Subtract 1.0 from the number in 5a above:(5b)	1	i
	If 5b is 0, enter 0 on line 5 » » » » » » » » » » » » » » » »	((DWRD
	If 5b is greater than 0, round up to the nearest whole number:(5c)		
5	and multiply 5c by \$350, then enter on line 5 » » » » » » » »	5	0
6	Add entries on lines 1 through 5 above » » » » » » » » » Subtotal:	6	1570
	Is this permit amendment:		
	necessary to complete a project funded by the Oregon Watershed		
	Enhancement Board (OWEB) under ORS 541.932?		
	endorsed in writing by ODFW as a change that will result in a net		
	benefit to fish and wildlife habitat?		
7	If one or more boxes is checked, multiply line 6 by 0.5 and enter on line 7 » If no box is applicable, enter 0 on line 7 » » » » » » » » » » » » » » » » » »	7	
- 8	Subtract line 7 from line 6 » » » » » » » » » » » » » » » » » »	8 -	1570
″ 0	Subtract fine / from fine 0 " " " " " " " " " " " " " " " " " "	0 ^	13/0

- *Example for Line 5a calculation to transfer 45.0 acres of Primary Permit S-12345 (total 1.25 cfs for 100 acres) and 45.0 acres of Supplemental Permit S-87654 (1/80 cfs per acre) on the same land:
- 1. For irrigation calculate cfs for each permit involved as follows:
 - a. Divide total authorized cfs by total acres in the permit (for S-12345, 1.25 cfs \div 100 ac); then multiply by the number of acres to be changed to get the application cfs (x 45 ac = 0.56 cfs).
 - b. If the water right permit does not list total cfs, but identifies the allowable use as 1/40 or 1/80 of a cfs per acre; multiply number of acres proposed for change by either 0.025 (1/40) or 0.0125 (1/80). (For S-87654, 45.0 ac x 0.0125 cfs/ac = 0.56 cfs)
- 2. Add cfs for the portions of permits on all the land included in the application; however do not count cfs for supplemental permits on acreage for which you have already calculated the cfs fee for the primary permit on the same land. The fee should be assessed only once for each "on the ground" acre included in the application. (In this example, blank 5a would be only 0.56 cfs, since both permits serve the same 45.0 acres. Blank 5b would be 0 and Line 5 would then also become 0).

Applicant Information

		:							
APPLICANT/BUSINESS NAME		PHONE NO.	ADDITIONAL CONTACT NO.						
Bruce, Judy, Eric & Amy W	/alport	541-846-9088							
ADDRESS	•			FAX NO.					
330 Slagle Creek Rd				541-846-6130					
CITY	STATE	ZIP	E-MAIL						
Grants Pass	OR	97527	jacengraving@ms	sn.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.									

DEPART	MENT ELECTRONICA	ALLY. CO	PIES OF THE FINA	L ORDER DOCUMENT	S WILL ALSO BE MAILED.
Agent Inf	ormation – The ag	ent is auth	orized to represent	the applicant in all m	natters relating to this application.
AGENT/BUS	SINESS NAME	 ,		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS			-,	·	FAX NO.
CITY		STATE	ZIP	E-MAIL	
					RRESPONDENCE FROM THE S WILL ALSO BE MAILED.
Assign Po	-	-			nit amendment; and why: Location for POA changed
Please u	se LUCs form from	n applicat	ion G 18238.		
					ication as "Attachment 1".
	k this box if this pr Federal stimulus d	•	ılly or partially fu	ınded by the Americ	can Recovery and Reinvestmen
1101. (T odorar stilliaras a	onasj			RECEIVED
Is the ap	plicant the permi	t holder o	of record? 🛛 Y	es 🗌 No	DEC 0 3 2018
If NO	, include either:		•		OWRD
	A completed ass portion of the pe	_	•	• -	nent fee), assigning all or a
	An affidavit of c applicant to ame		•	der(s) of record that	t gives permission for the
the Depart located, or	tment for publication	of a notice consecution	e in a newspaper ve weeks. If more	with general circulatio than one qualifying n	be required to submit payment to on in the area where the permit is ewspaper is available, I suggest
I (we) affi	irm that the inform	ation con	tained in this app	lication is true and a	ccurate.
1	Pruce Ula	Spe	It BRUCE	WALPORT	14/19/18
Appli	icant Signature	/	rini Name (and	Γitle if applicable)	Date 4 0 A FY O

 \Rightarrow

Print Name (and Title if applicable)

11 | 9 | 190 Date 13072

Revised 7/1/2017

Permit Amendment Application - Page 4 of 10

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An	plica	nt In	forma	tion
~ ~ !			***	

TT				
APPLICANT/BUSINESS NAME		···	PHONE NO.	ADDITIONAL CONTACT NO.
Bruce, Judy, Eric & Amy	Walport Walport		541-846-9088	
ADDRESS			FAX NO.	
330 Slagle Creek Rd				541-846-6130
CITY	STATE	ZIP	E-MAIL	
Grants Pass	OR	97527	jacengraving@m	sn.com
BY PROVIDING AN E-MAIL	L ADDRESS,	CONSENT IS GI	VEN TO RECEIVE ALL C	ORRESPONDENCE FROM THE
DEPARTMENT ELECTRON	ICALLY. CO	PIES OF THE I	FINAL ORDER DOCUMEN	NTS WILL ALSO BE MAILED.
	,			

~	1 2 2		~	. 1
Grants Pass	OR	97527	jacengraving@r	nsn.com
				CORRESPONDENCE FROM THE
DEPARTMENT ELECTRONICA	ALLY. CO	PIES OF THE FI	AL ORDER DOCUME	ENTS WILL ALSO BE MAILED.
Agent Information – The ag	ent is auth	orized to repres	ent the applicant in al	l matters relating to this applicatio
AGENT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS		· · · · · · · · · · · · · · · · · · ·	 	FAX NO.
CITY	STATE	ZIP	E-MAIL	
BY PROVIDING AN E-MAIL A DEPARTMENT ELECTRONICA		· ·		CORRESPONDENCE FROM THE ENTS WILL ALSO BE MAILED.
-				ermit amendment; and why: ". Location for POA changed
Please use LUCs form from	n applica	tion G 18238.	•	
If you need additional space, cont	inue on a s	eparate piece of p	aper and attach to the a	pplication as "Attachment 1".
Check this box if this pr Act. (Federal stimulus d	oject is fi ollars)	ılly or partially	funded by the Ame	erican Recovery and Reinvestm DEC 0 3 2018
Is the applicant the permi	t holder (of record? 🛛	Yes No	OWRD
If NO, include either:	•			
A completed ass portion of the pe				nment fee), assigning all or a
An affidavit of c applicant to ame			nolder(s) of record t	hat gives permission for the
			•	
the Department for publication	of a notice consecut	ce in a newspape ive weeks. If mo	er with general circula	ay be required to submit payment to ation in the area where the permit in g newspaper is available, I sugges
I (we) affirm that the inform	ation con	tained in this a		d accurate.
Applicant Signature		Print Name (a	nd Title if applicable)	Date
111001				41 1.7

11/19/18

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Applicant Signature
Revised 7/1/2017

Permit Amendment Application – Page 4 of 10

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continue to be sent to the applic	ant.		dence sho
The permit holder(s) of record version final order is issued. Copies of a of record.			
Check the appropriate box, if applica	able:	•.	
Check here if any of the permits p by an irrigation or other water dis		re or will be located w	thin or se
IRRIGATION DISTRICT NAME	ADDRESS		
CITY	STATE	ZIP	
contract for stored water with a fed ENTITY NAME	ADDRESS	·	
·	ADDRESS		
CITY	STATE	ZIP	
	•		(aaah aa
city, municipal corporation, or tribal go conveyed or used.	overnment) within whose j		
city, municipal corporation, or tribal go conveyed or used. ENTITY NAME			
city, municipal corporation, or tribal go conveyed or used. ENTITY NAME Jackson County CITY	overnment) within whose j		
city, municipal corporation, or tribal go conveyed or used. ENTITY NAME Jackson County CITY Medford	ADDRESS 10 S Oakdale STATE	urisdiction water will b	
To meet State Land Use Consistency R city, municipal corporation, or tribal go conveyed or used. ENTITY NAME Jackson County CITY Medford ENTITY NAME CITY	ADDRESS 10 S Oakdale STATE OR	urisdiction water will b	

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Check one of the following:

INSTRUCTIONS for editing the Application Form

To add additional lines to tables within the forms or to copy and paste additional Part 5 pages, please save the application form to your computer. Unlock the document by using one of the following instructions for

your Microsoft Word software version:

Microsoft Word 2003

Unlock the document by one of the following:

- Using the Tools menu => click Unprotect Document;
 OR
- Using the Forms toolbar => click on the Protect/Unprotect icon.

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

- Using the Tools menu => click Protect Document;
 OR
- Using the Forms toolbar => click on the Protect/Unprotect icon.

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 5 and paste as many additional sets of Part 5 pages as needed at the end of the application.

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

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 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 questions.

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DEC 0 3 2018 13072

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

DEC 0 3 2018

PERMIT # G-17742

Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POM) (Note: If the POD/POA name is not specified in the permit, assign it a name or number here.)

(Note: II til	e POD/POA name is no	n specified ii	ii tiic	реп	1111 1 , 6	assig	ппа	name (JI IIUII	ioci iici	c. <i>)</i>
POD/POA Name or Number	Is this POD/POA Authorized by the permit or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L)	Tv	wp	R	ng	Sec	1/4	1/4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
POA 1 "well 1"											475' N, 2490' W of SE Corner Section 31
POA 2 "Well #3"	☐ Authorized ☐ Proposed	JACK 14429	3 7	S	4	w	31	SW	SW	130 0	305' N, 2240' W of SE Corner Section 31
	Authorized Proposed										
	☐ Authorized☐ Proposed										
Wills	Additional Point of	·			e wa	(;	SW/G	W)		to Gro	und Water POA
	Yes Complete onl "CODES" list		•			•				the nex	t page. Use the
	No Complete all o	of Table 2 to	desc	ribe	the	porti	on of	the per	rmit to	be cha	nged.
For a chan	ge in place of use:										
Does the p ⊠ Yes □	ermit holder of recor d No	l own or con	trol	the	land	ТО	whiel	h the p	olace o	of use is	s being moved?
as a pern	e landowner of the land nit holder of record by fee for an assignment.		-				_				_
Is the prop	oosed place of use cont	iguous to th	e au	thor	ized	plac	e of u	ıse? □] Yes	□ No	
unless the	nitted place of use can be change to non-contigurposes of benefiting a s	ous lands is	in fi	ırthe	ranc	e of 1	mitiga	tion o	r conse	ervation	efforts undertaken

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 Changes to Water Use Permit # G-17742, no change in POU acreage or location

List the change proposed for the acreage in each ½ ½. If more than one change is proposed, specify the acreage associated with each change. If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

AUTHORIZED (the "from" or "off" Is The listing that appears on the certificate BEFOR CHANGES List only that part or portion of the water right that water righ	Will be changed. POD(s) or POA(s) (name or number from Table Proposed Changes (see "CODES" from previous page)		ting as it would appear	Gyt Acres POE POA() Lot or (if used used	CHANGES (s) or s) to be (from le 1) CHANGES Priority Date
	EXAM	RLE			**************************************
2 5 9 1 16 NE NW 100 15.0	RODEN ROMPOD	2 5 9 6	16 200 200 100	1 100 RO	D.#5
CO CO CO CO CO DESCRIPTION OF CONTRACT			15 SW NW 200		
		, , ,			
	,			-	
TOTAL ACRES	the state of the s		TOTAL ACR	ES	DECEN/ED

Additional remarks: No Change in POU for this permit ammendment. Just changing to different POA.

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Permit # G-17742

Are there other water rights certificates, water use permits or ground water registrations associated with the "from" or "to" lands? ⊠ Yes □ No If YES, list the other certificate, permit, or ground water registration numbers: C-93102 If the permit(s) are for irrigation or supplemental irrigation use, other water rights existing on the same land for irrigation that are subject to transfer must either change concurrently or be cancelled. Any change to a water right certificate or ground water registration must be filed separately in a water right transfer application or ground water registration modification application, respectively. For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation: 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://apps2.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, OWED Well ID Tag No. L	Total well depth	Casing Diameter	Casing Intervals (feet)	Scal depth(s) (fintervels)	Perforated or sercenced intervals (in feet)	Static water level of completed well (fin feet)	Source aquiller (sand, guavel, basalt, cic.)	Well - specific rais (cis or gpm): If less than full rate of water right
 JACK 14429	Yes		140'	8"	0-80	20	N/A	30	Fractured Tombsto ne	50gpm
	4									

DEC 0 3 2018

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NOTICE TO WATER WELL CONTRACTOR The original and first copy of this reject C F VATER WELL REPORT WATER RESOURCES DEPARTMENT, SEP 2 1 1977 (Please type or print) within 30 days from the date of well completion. VATER RESOURCES DEPTE above this line) State Permit No. salem, bregon (10) LOCATION OF WELL: (1) OWNER: Peter County THEKSON Driller's well number Name 34 Section 3 / т. 37сг. W.M. Bearing and distance from section or subdivision corner (2) TYPE OF WORK (check): LOT # New Well Deepening [Reconditioning [Abandon | If abandonment, describe material and procedure in Item 12. (11) WATER LEVEL: Completed well. TYPE OF WELL: (4) PROPOSED USE (check): Depth at which water was first found Driven 🗆 Rotary Domestic | Industrial | Municipal | Static level 30 ft. below land surface. Jetted [] Irrigation Test Well Other Dug Bored Artesian pressure lbs, per square inch. Date CASING INSTALLED: Threaded | Welded | (12) WELL LOG: Diameter of well below casing ... Diam. from O _ ft. Gage 1.450 Depth drilled 150 ft. Depth of completed well " Diam. from .. ft. to ft. Gage Formation: Describe color, texture, grain size and structure of materials;" Diam. from ft. to ft. Gage . 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. PERFORATIONS: Perforated? | Yes | No. Type of perforator used MATERIAL Size of perforations in. by CLAY BEOWN ___ perforations from CLAY GRAKE , SMALL __ perforations from .__ ___ perforations from (7) SCREENS: Well screen installed? | Yes | No Manufacturer's Name _ Type Model No. Diam. Slot size . TOMASTERL GRANITE Diam. Slot size .. Drawdown is amount water level is lowered below static level (8) WELL TESTS: HOUNTER Was a pump test made? Thes I No If yes, by whom? DEALER gal./min. with 54 ft. drawdown after / Yield: Bailer test gal./min. with ft. drawdown after hrs. OWRI Artesian flow perature of water Depth artesian flow encountered . 19 Work started 197 2 Completed Date well drilling machine moved off of well CONSTRUCTION: CEPUSAT Well seal-Material used Drilling Machine Operator's Certification: This well was constructed under my direct supervision. Materials used and information reported above are frue to my Well sealed from land surface to best knowledge and belief. Diameter of well bore below seal [Signed] (Drilling Machine Operator) Number of sacks of cement used in well seal ... GROVE.D Drilling Machine Operator's License No. How was cement grout placed? 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. Was a drive shoe used? Thes I No Plugs Size: location MENIN DRILLIAG Name .. Did any strata contain unusable water? Divo denth of strate WILLOWL Type of water? Address Method of sealing strata off [Signed] Was well gravel packed? [] Yes [] No Size of gravel: (Water Well Contractor) 622 fi_to Gravel placed from Contractor's License No. . Date .. 194 (USE ADDITIONAL SHEETS IF NECESSARY) BP*45656



Water Resources Department

725 Summer St NE, Suite A Salem, OR 97301 (503) 986-0900 Fax (503) 986-0904

September 26, 2018

Bruce Waldport
Judy Waldport
Eric Waldport
Amy Waldport
330 Slagle Creek Rd
Grants Pass, OR 97527

Regarding your Application for Transfer Received September 26, 2018:

The Water Resources Department has received your Application for Water Right Transfer. At this time however, we are unable to accept your application, because the minimum filing requirements are not met.

The reasons for this return are identified on the check list located on your application:

- An approved Land Use Form was not submitted with the application; and
- A completed Permit Amendment Application Map was not submitted with the application.

We are hereby returning the incomplete application and the fees submitted.

Please do not hesitate to contact me, at <u>corey.a.courchane@oregon.gov</u> or (503) 986-0825, if I may be of assistance.

Sincerely,

Corey Courchane Transfer Specialist

Transfer and Conservation Section

Cc: (

OWRD Fiscal

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OWRD