



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

# Application for Permanent Water Right Transfer

## Part 1 of 5 – Minimum Requirements Checklist

**This 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.

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

- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed 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](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 Water Rights to be Transferred: **How many water rights are to be transferred? 1 List them here: 4713**  
 Please include a separate Part 5 for each water right. (See instructions on page 6)

**Attachments:**

- Completed Transfer Application Map.
- Completed Evidence of Use Affidavit and supporting documentation.
- 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 an irrigation district. Complete when the transfer applicant is not the irrigation 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.
- N/A Geologist Report for a change from a surface water point of diversion to a ground water point of appropriation (well), if the proposed well is more than 500' from the surface water source and more than 1000' upstream or downstream from the point of diversion. See OAR 690-380-2130 for requirements and applicability.

**(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"/> Additional signature(s) required
<input type="checkbox"/> Other/Explanation _____	<input type="checkbox"/> Part _____ is incomplete

Staff: \_\_\_\_\_ 503-986-0 \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Please be sure that the transfer application map you submit includes all the required items and matches the existing water right map. Check all boxes that apply.**

- N/A Certified Water Right Examiner (CWRE) Stamp and Original Signature. For a list of CWREs, see [http://apps.wrd.state.or.us/apps/wr/cwre\\_license\\_view/](http://apps.wrd.state.or.us/apps/wr/cwre_license_view/). CWRE stamp and signature are not required for substitutions.
- N/A If **more than three** water rights are involved, separate maps are needed for each water right.
- 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 Final Proof/Claim of Beneficial Use Map (the map used when the permit was certificated), 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.
- Existing place of use that includes separate hachuring for each water right, 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 water right is being changed, a separate hachuring is needed for lands left unchanged.
- N/A Proposed place of use that includes separate hachuring for each water right, 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 diversion or well(s) with distance and bearing or coordinates from a recognized survey corner. This information can be found in your water right certificate or permit.
- 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°32'15.5") or degrees-decimal with five or more digits after the decimal (example – 42.53764°).



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Part 4 of 5 – Applicant Information and Signature

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Applicant Information

Danny  
2/14/18

APPLICANT/BUSINESS NAME <b>Daniel Hanley (TL 237), Patrick Kil (TL 235), Daniel Doyle (TL 219 &amp; 236)</b>		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS <b>Hanley (189 Hoffman Way), Kil (179 Hoffman Way), Doyle (95 Nelson Way)</b>			FAX NO.
CITY <b>Grants Pass</b>	STATE <b>OR</b>	ZIP <b>97526</b>	E-MAIL
<b>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.</b>			

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

AGENT/BUSINESS NAME <b>Scott Fein, CWRE</b>		PHONE NO. <b>541-842-0795</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>600 Tyler Creek Rd.</b>			FAX NO.
CITY <b>Ashland</b>	STATE <b>OR</b>	ZIP <b>97501</b>	E-MAIL <b>sfeinsurveyor@gmail.com</b>
<b>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.</b>			

Explain in your own words what you propose to accomplish with this transfer application, and why:  
Add additional points of appropriation due to multiple land divisions.

Sharing wells and power bills to irrigate multiple residential parcels have strained neighbor relations. Each property seeks to have their own point of appropriation to irrigate their land.

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 understand that, upon receipt of the draft preliminary determination and prior to Department approval of the transfer, I will be required to provide landownership information and evidence that I am authorized to pursue the transfer as identified in OAR 690-380-4010(5); **OR**
- I 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 affirm the applicant is an entity with the authority to condemn property and is acquiring by condemnation the property to which the water right proposed for transfer is appurtenant and have supporting documentation.

I understand that prior to Department approval of the transfer application, 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 water right 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 newspaper: Grants Pass Daily Courier.

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



*Danny Hanley*  
Applicant signature

*[Signature]*  
Applicant signature

Danny Hanley  
Print Name (and Title if applicable)

Patrick K.Z  
Print Name (and Title if applicable)

12/14/18  
Date

12/14/18  
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 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 water right(s) were conveyed.*



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

Applicant signature

Print Name (and Title if applicable)

Date

*DAW Doyle*

*12/14/2018*



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

Applicant signature

Print Name (and Title if applicable)

Date

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Check the following boxes that apply:

- The applicant is responsible for completion of change(s). Notices and correspondence should continue to be sent to the applicant.
- The receiving landowner will be responsible for completing the proposed change(s) after the final order is issued. Copies of notices and correspondence should be sent to this landowner.
- Both the receiving landowner and applicant will be responsible for completion of change(s). Copies of notices and correspondence should be sent to this landowner and the applicant.

At this time, are the lands in this transfer application in the process of being sold?  Yes  No

If YES, and you know who the new landowner will be, please complete the receiving landowner information table below. If you do not know who the new landowner will be, then a request for assignment will have to be filed for at a later date.

If a property sells, the certificated water right(s) located on the land belong to the new owner, unless a sale agreement or other document states otherwise. For more information see: <http://www.oregon.gov/owrd/docs/transfer-propertytransactions.pdf>

RECEIVING LANDOWNER NAME			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	<b>RECEIVED</b> <b>JAN 16 2019</b>

Describe any special ownership circumstances here: \_\_\_\_\_

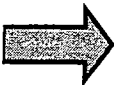
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- Check here if any of the water rights proposed for transfer are or will be located within or served by an irrigation or other water district. (**Tip: Complete and attach Supplemental Form D.**)

IRRIGATION DISTRICT NAME <b>N/A</b>	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 <b>N/A</b>	ADDRESS	
CITY	STATE	ZIP

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

ENTITY NAME <b>Josephine County</b>	ADDRESS	
CITY <b>Grants Pass</b>	STATE <b>OR</b>	ZIP

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

## 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.

**CERTIFICATE # G-47713 \_\_\_\_\_**

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**Description of Water Delivery System**

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System capacity: 0.23 cubic feet per second (cfs) OR  
 \_\_\_\_\_ gallons per minute (gpm)

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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. **Water was pumped to place of use via pipeline to overhead sprinklers. Pond 1 & 2 have been filled via pipelines**

**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	1/4 1/4		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	NO ID	35	S	5	W	30	SE	NW	234	SEE LAT LONG ON MAP
POA 2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	NO ID	35	S	5	W	30	SE	NW	219	SEE LAT LONG ON MAP
APOA 3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	L-120933	35	S	5	W	30	SE	NW	237	SEE LAT LONG ON MAP
APOA 4	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	L=120944	35	S	5	W	30	SW	NW	235	SEE LAT LONG ON MAP
APOA 5	<b>PROPOSED</b>	<b>TO BE CONSTRUCTED</b>	35	S	5	W	30	SE	NW	236	SEE LAT LONG ON MAP

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

- |  |  |
|--|--|
| <input type="checkbox"/> Place of Use (POU)                            | <input type="checkbox"/> Supplemental Use to Primary Use (S to P)            |
| <input type="checkbox"/> Character of Use (USE)                        | <input type="checkbox"/> Point of Appropriation/Well (POA)                   |
| <input type="checkbox"/> Point of Diversion (POD)                      | <input checked="" type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Additional Point of Diversion (APOD)          | <input type="checkbox"/> Substitution (SUB)                                  |
| <input type="checkbox"/> Surface Water POD to Ground Water POA (SW/GW) | <input type="checkbox"/> Government Action POD (GOV)                         |

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

- Yes Complete only the Proposed (“to” or “on” 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 Changes to Water Right Certificate # G-47713**

List the change proposed for the acreage in each 1/4 1/4. 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" 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			
<b>EXAMPLE</b>																									
2	S	2	E	15	NE	NW	100	15.0	Irrigation	POD #1	1901	POD/POA	2	S	2	E	1	NW	NW	500	1	10.0	POD #5	1901	
													2	S	2	E	2	SW	NW	500		5.0	POD #5	1901	
35	S	5	W	30	NE	NW	219	1.59	IRRIGATION	POA 1 & 2	1972	NO CHANGE									1.59	POA 2 ONLY			
35	S	5	W	30	SE	NW	219	1.18	IRRIGATION	POA 1 & 2	1972	NO CHANGE									1.18	POA 2 ONLY			
35	S	5	W	30	SE	NW	234	0.51	IRRIGATION & POND 1	POA 1 & 2	1972	NO CHANGE									0.51	POA 1 ONLY			
35	S	5	W	30	SW	NW	235	2.50 2.7 0.20	IRRIGATION	POA 1 & 2		APOA	35	S	5	W	30	SW	NW	235	2.50 2.7 0.20	APOA 4	1972		
35	S	5	W	30	NW	NW	236	0.80 3.80	IRRIGATION	POA 1 & 2	1972	APOA	35	S	5	W	30	NW	NW	236	0.80 3.80	APOA 5	1972		
35	S	5	W	30	SE	NW	237	3.50 1.92	IRRIGATION	POA 1 & 2	1972	APOA	35	S	5	W	30	SE	NW	237	3.50 1.92	APOA 3	1972		
TOTAL ACRES:							18.40						TOTAL ACRES:							18.40	<b>RECEIVED</b>				

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**Additional remarks: Subject lands were formerly a golf course. Between 2012 and 2018 the property was divided via two partition plats creating a total of 4 parcels in the record place of use. Residences have been developed on the parcels and new wells have been drilled. Due to neighbor relations and cumbersome infrastructure; 3 of 4 neighboring parties have determine the most efficient and cost effective course of action to remedy conflicts over water use, consumption, and power bills is for each parcel to have their own point of appropriation. CWRE has determined acreage of irrigation associated with each parcel and a rate per each point of appropriation based upon a proportionate acreage based computation of the equitable rate for each POA. The division of the land necessitates additional points of appropriation.**

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**For Place of Use or Character 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: \_\_\_\_\_.

 Pursuant to ORS 540.510, any "layered" water use such as an irrigation right that is supplemental to a primary right proposed for transfer must be included in the transfer or be cancelled. Any change to a ground water registration must be filed separately in a ground water registration modification application.

**For Substitution** (ground water supplemental irrigation will be substituted for surface water primary irrigation)

Ground water supplemental Permit or Certificate # \_\_\_\_\_;  
Surface water primary Certificate # \_\_\_\_\_.

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**For a change from Supplemental Irrigation Use to Primary Irrigation Use**

Identify the primary certificate to be cancelled. Certificate # \_\_\_\_\_

**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://apps.wrd.state.or.us/apps/gw/well\\_log/Default.aspx](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
POA1	Y	NO CLEAR MARKS/ ID		6						.006 CFS
POA2	Y	NO CLEAR MARKS/ ID		6						.034 CFS

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
APOA3	Y	L-120933	160	6	98	50	160	45	Grantie	.067 CFS
APOA4	Y	L-120944	180	6	98	50	180	30	Granite	.067 CFS
APOA 5	N	To be constructed	200	6	100	50	200		Granite	.057 CFS

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STATE OF OREGON  
WATER SUPPLY WELL REPORT  
(as required by ORS 537.765 & OAR 690-205-0210)

JOSE 60226

WELL I.D. LABEL# L 120933  
START CARD # 213109  
ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D.  
First Name PAT / DANNY Last Name Kil / HANLEY  
Company  
Address 1805 BRISTOL DR  
City MEDFORD State OR Zip 97504

(2) TYPE OF WORK  New Well  Deepening  Conversion  
 Alteration (complete 2a & 10)  Abandonment (complete 5a)

(2a) PRE-ALTERATION  
Dia + From To Gauge Stil Plstc Wld Thrd  
Casing:          
Material From To Amt sacks/lbs  
Seal:

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

(4) PROPOSED USE  Domestic  Irrigation  Community  
 Industrial/ Commercial  Livestock  Dewatering  
 Thermal  Injection  Other

(5) BORE HOLE CONSTRUCTION Special Standard  (Attach copy)  
Depth of Completed Well 160 ft.  
BORE HOLE SEAL  
Dia From To Material From To Amt sacks/lbs  
10 0 50 BENTON 0 50 25 sks  
6 50 160 Calculated 20  
Calculated

How was seal placed: Method  A  B  C  D  E  
 Other DRY POUR  
Backfill placed from ft. to ft. Material  
Filter pack from ft. to ft. Material Size  
Explosives used:  Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE  
Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER  
Casing Liner Dia + From To Gauge Stil Plstc Wld Thrd  
  6 2 98 0.25      
  4 0 160      
Sch 140  
Shoe  Inside  Outside  Other Location of shoe(s)  
Temp casing  Yes Dia From To

(7) PERFORATIONS/SCREENS  
Perforations Method SAW  
Screens Type Material  
Perf/S Casing/Screen Scrn/slot Slot # of Tel/  
reen Liner Dia From To width length slots pipe size  
P L 141 159 1/4 6 36

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)  
25 159 0AL AC  
Temperature 54 °F Lab analysis  Yes By  
Water quality concerns?  Yes (describe below) TDS amount 95  
From To Description Amount Units

(9) LOCATION OF WELL (legal description)  
County JOSEPH Twp 35S N/S Range 5W E/W WM  
Sec 30 SE 1/4 of the NW 1/4 Tax Lot 209  
Tax Map Number Lot  
Lat " or DMS or DD  
Long " or DMS or DD  
 Street address of well  Nearest address  
179 HOFFMAN

(10) STATIC WATER LEVEL  
Date SWL(psi) + SWL(ft)  
Existing Well / Pre-Alteration  
Completed Well 8-18-17 45  
Flowing Artesian?  Dry Hole?   
WATER BEARING ZONES Depth water was first found 110  
SWL Date From To Est Flow SWL(psi) + SWL(ft)  
8-18-17 110 160 45

(11) WELL LOG  
Ground Elevation  
Material From To  
BWN CLAY & BLDRS 0 18  
GRANITE BLK & WHT soft 18 90  
GRANITE BLK & WHT 90 160  
med w/fract  
RECEIVED BY OWRD RECEIVED  
AUG 31 2017 JAN 16 2019  
SALEM, OR OWRD

Date Started 8-18-17 Completed 8-18-17

(unbonded) Water Well Constructor Certification  
I certify that the work I performed on the construction, deepening, 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.  
License Number Date

(bonded) Water Well Constructor Certification  
I accept responsibility for the construction, deepening, 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.  
License Number 1324 Date 8-22-17  
Signed Jim Sublette  
Contact Info (optional) COLEMAN'S WELL

13108

AP0A 4

JOSE 60441

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WELL I.D. LABEL# L 120944
START CARD # 213113
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D.
First Name DANNY/SARA Last Name handley
Company
Address 1805 BRISTOL
City MEDFORD State OR Zip 97504

(2) TYPE OF WORK
New Well Deepening Conversion
Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing:
Material From To Amt sacks/lbs
Seal:

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

(4) PROPOSED USE
Domestic Irrigation Community
Industrial/ Commercial Livestock Dewatering
Thermal Injection Other

(5) BORE HOLE CONSTRUCTION
Special Standard (Attach copy)
Depth of Completed Well 180 ft.
BORE HOLE
Dia From To Material SEAL To Amt sacks/lbs

Table with columns: Dia, From, To, Material, SEAL, To, Amt, sacks/lbs. Row 1: 10, 0, 50, BENTONIT, 0, 50, 26, Seal. Row 2: 6, 50, 180, Calculated, 22, ''.

How was seal placed: Method A B C D E
Other DRY POUR
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
Shoe Inside Outside Other Location of shoe(s) 98
Temp casing Yes Dia From To

Table with columns: Casing, Liner, Dia, +, From, To, Gauge, Stl, Plstc, Wld, Thrd. Row 1: 6, 2, 98, 0.25, 0, 0, 0, 0, 0. Row 2: 4, 0, 180, 0, 0, 0, 0, 0, 0.

(7) PERFORATIONS/SCREENS
Perforations Method SAW
Screens Type Material
Perf/S Casing/ Screen Dia From To Scrm/slot Slot # of Tel/ green Liner Dia From To width length slots pipe size

Table with columns: Perf/S, Casing/ Screen, Dia, From, To, Scrm/slot, Slot width, Slot length, # of slots, Tel/ pipe size. Row 1: P, L, 160, 180, 6, 1/4, 36.

(8) WELL TESTS: Minimum testing time is 1 hour
Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
45 179 ONE HR
Temperature 53 °F Lab analysis Yes By
Water quality concerns? Yes (describe below) TDS amount 95

Table with columns: From, To, Description, Amount, Units. Row 1: 53, 95, TDS amount, 95.

(9) LOCATION OF WELL (legal description)
County JOSEPHINE 35S N/S Range 5W E/W WM
Sec 30 SE 1/4 of the NW 1/4 Tax Lot 209
Tax Map Number Lot
Lat " or " DMS or DD
Long " or " DMS or DD
Street address of well Nearest address
189 HOFFMAN (1st turn to left)

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration 30
Completed Well
Flowing Artesian? Dry Hole?

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Row 1: 6-15-18, 100, 180, 30.

(11) WELL LOG
Ground Elevation
Material From To
BWN CLAY & BLDRS 0 15
GRANITE BLK & WHT SFT 15 92
GRANITE BLK & WHT med w/fractures 92 180
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JUN 29 2018 JAN 16 2019
OWRD OWRD

Date Started 6-14-18 Completed 6-15-18

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, 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.
License Number Date
Signed

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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.
License Number 1324 Date 6-26-18
Signed Jim Sublette
Contact Info (optional) Coleman's Well

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After recording return to:  
Daniel Doyle  
3221 Century Way  
Medford OR 97504

Until a change is requested all tax  
statements shall be sent to the  
following address:  
Daniel Doyle  
3221 Century Way  
Medford OR 97504

File No.: 7151-2636675 (vb)  
Date: June 26, 2016

THIS SPACE RESERVED FOR RECORDER'S USE

JOSEPHINE COUNTY OFFICIAL RECORDS  
TRISHA MYERS, COUNTY CLERK **2016-008438**  
DED-WRD 06/30/2016 01:28 PM  
Cnt=1 Pgs=3 Stn=3 RHENKELS  
\$15.00 \$11.00 \$10.00 \$20.00 \$5.00 **\$61.00**

I, Trisha Myers, County Clerk, certify that the within document  
was received and duly recorded in the official records of  
Josephine County.

61

**STATUTORY WARRANTY DEED**

**Candace Rae Blankenship, Trustee of the Candace Rae Blankenship Trust, Established December 6, 1994**, Grantor, conveys and warrants to **Daniel Doyle**, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

**LEGAL DESCRIPTION:** Real property in the County of Josephine, State of Oregon, described as follows:

**Parcel 3 of Partition Plat No. 2012-35, located in Section 30, Township 35 South, Range 5 West of the Willamette Meridian, Josephine County, Oregon.**

**Subject to:**

1. Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.
  2. The growing (production or processing) of Cannabis on the Property is Prohibited
  3. Commercial stockpiling or processing of compost on the Property; or the commercial breeding or raising of hogs on the Property is Prohibited
- These restrictions will remain in effect for 15 years from the date of recording of this deed

The true consideration for this conveyance is **\$168,000.00**. (Here comply with requirements of ORS 93.030)

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9

APN: R302498

Statutory Warranty Deed  
- continued

File No.: 7151-2636675 (vb)

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010. 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, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

Dated this 28<sup>th</sup> day of June, 2016.

Candace Rae Blankenship, Trustee of the  
Candace Rae Blankenship Trust, established  
December 6, 1994

Candace Rae Blankenship, TR  
Candace Rae Blankenship, Trustee

STATE OF California )  
County of Los Angeles )ss.

This instrument was acknowledged before me on this 28<sup>th</sup> day of June, 2016 by Candace Rae Blankenship as Trustee of the Candace Rae Blankenship Trust, established December 6, 1994, on behalf of the trust.

Brenda Swanson

Notary Public for California

My commission expires: 9/26/2019

*Acknowledgment certificate is stapled to this page.*

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3

JAN 16 2019

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

OWRD

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )
County of LOS ANGELES )

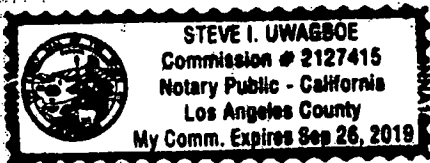
On 06/28/2016 before me, STEVE I. UWAGBOE, NOTARY PUBLIC
Date Here Insert Name and Title of the Officer

personally appeared CANDACE RAE BLANKENSHIP
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Handwritten Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: STATUTORY WARRANTY DEED

Document Date: 06/28/2016 Number of Pages: 2

Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer(s)

Signer's Name:
Corporate Officer - Title(s):
Partner - Limited General
Individual Attorney in Fact
Trustee Guardian or Conservator
Other:
Signer Is Representing:

Signer's Name:
Corporate Officer - Title(s):
Partner - Limited General
Individual Attorney in Fact
Trustee Guardian or Conservator
Other:
Signer Is Representing:



①



I, Rhiannon Henkels, County Clerk, certify that the within document was received and duly recorded in the official records of Josephine County.

# Quitclaim Deed

PAT + JUDI KIL

RECORDING REQUESTED BY SARAH & DANNY HANLEY

AND WHEN RECORDED MAIL TO:

PAT & JUDI KIL, Grantee(s)

179 HOFFMAN WAY  
GRANTS PASS, OR 97526

PARTITION PLAT

Consideration: \$ NO CONSIDERATION

2018-2

Property Transfer Tax: \$ 0

Assessor's Parcel No.: TL 235 MAP 35-5-30 PARCEL 1

PREPARED BY: SARAH HANLEY certifies herein that he or she has prepared this Deed.

Sarah Hanley  
Signature of Preparer

3/7/18  
Date of Preparation

SARAH HANLEY  
Printed Name of Preparer

THIS QUITCLAIM DEED, executed on 3/7/18 in the County of

JOSEPHINE, State of OREGON

by Grantor(s), SARAH & DANNY HANLEY

whose post office address is 1805 BRISTOL DR, MEDFORD, OR

to Grantee(s), PAT & JUDI KIL 97507

whose post office address is 179 HOFFMAN WAY, GRANTS PASS, OR 97526

WITNESSETH, that the said Grantor(s), SARAH & DANNY HANLEY

for good consideration and for the sum of 0

(\$ 0) paid by the said Grantee(s), the receipt whereof is hereby acknowledged,

does hereby remise, release and quitclaim unto the said Grantee(s) forever, all the right, title

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interest and claim which the said Grantor(s) have in and to the following described parcel of land, and improvements and appurtenances thereto in the County of JOSEPHINE, State of OREGON and more specifically described as set forth in EXHIBIT "A" to this Quitclaim Deed, which is attached hereto and incorporated herein by reference.

**IN WITNESS WHEREOF**, the said Grantor(s) has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

**GRANTOR(S):**

Sarah Hanley  
Signature of Grantor

SARAH HANLEY  
Print Name of Grantor

Esra  
Signature of First Witness to Grantor(s)

Esra Onwul Laventure  
Print Name of First Witness to Grantor(s)

Danny Hanley  
Signature of Second Grantor (if applicable)

DANNY HANLEY  
Print Name of Second Grantor (if applicable)

Loi R. Thomas  
Signature of Second Witness to Grantor(s)

Loi R. Thomas  
Print Name of Second Witness to Grantor(s)

**GRANTEE(S):**

Pat Kil  
Signature of Grantee

PAT KIL  
Print Name of Grantee

Bean  
Signature of First Witness to Grantee(s)

Bean Shelton  
Print Name of First Witness to Grantee(s)

Judi Kil  
Signature of Second Grantee (if applicable)

JUDI KIL  
Print Name of Second Grantee (if applicable)

Tai Shelton  
Signature of Second Witness to Grantee(s)

Tai Shelton  
Print Name of Second Witness to Grantee(s)

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NOTARY ACKNOWLEDGMENT

State of Oregon

County of Jackson

On March 07, 2018, before me, Teresita L. Roche, a notary public in and for said state, personally appeared, Sarah Hanley, Danny Hanley, Judi A Kil and Pat Kil

who are known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.

Teresita L Roche  
Signature of Notary



Affiant Known \_\_\_\_\_ Produced ID

Type of ID Oregon Drivers License and New Mexico Driver's License

(Seal)

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Exhibit "A"

4

Partition Plat No 2018-2

Parcel 1

TL 235

Map 35-5-30

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# Application for Water Right Transfer

## Evidence of Use Affidavit



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

Please print legibly or type. Be as specific as possible. Attach additional pages if you need more spacing. Supporting documentation must be attached.

State of Oregon )  
 ) ss  
 County of JOSEPHINE)

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I, Danny Hanley, in my capacity as PROPERTY OWNER,  
 mailing address 189 HOFFMAN WAY GRANTS PASS OREGON 97526  
 telephone number (971) 255<sup>3005</sup>, being first duly sworn depose and say:

1. My knowledge of the exercise or status of the water right is based on (check one):

- Personal observation                       Professional expertise

2. I attest that:

- Water was used during the previous five years on the **entire** place of use for Certificate # \_\_\_\_; **OR**
- My knowledge is specific to the use of water at the following locations within the last five years:

Certificate #	Township		Range		Mer	Sec	1/4 1/4		Gov't Lot or DLC	Acres (if applicable)
47713	35	S	5	W	WM	30	SE	NW		3.50
47713	35	S	5	W	WM	30	SW	NW		1.92

- OR**
- Confirming Certificate # \_\_\_\_ has been issued within the past five years; **OR**
- Part or all of the water right was leased instream at some time within the last five years. The instream lease number is: \_\_\_\_ (Note: If the entire right proposed for transfer was not leased, additional evidence of use is needed for the portion not leased instream.); **OR**
- The water right is not subject to forfeiture and documentation that a presumption of forfeiture for non-use would be rebutted under ORS 540.610(2) is attached.
- Water has been used at the actual current point of diversion or appropriation for more than 10 years for Certificate # \_\_\_\_ (For Historic POD/POA Transfers)

(continues on reverse side)

3. The water right was used for: (e.g., crops, pasture, etc.): PASTURE, LAWN, LANDSCAPE

4. I understand that if I do not attach one or more of the documents shown in the table below to support the above statements, my application will be considered incomplete.

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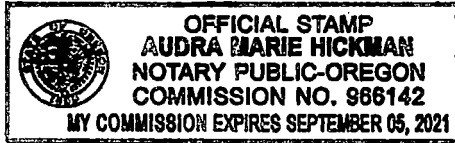
JAN 16 2019

OWRD

*[Signature]*  
Signature of Affiant

1/14/2019  
Date

Signed and sworn to (or affirmed) before me this 14 day of January 2019.



*Audra Marie Hickman*  
Notary Public for Oregon

My Commission Expires: 9-5-2021

Supporting Documents	Examples
<input type="checkbox"/> Copy of a water right certificate that has been issued within the last five years. (not a remaining right certificate)	Copy of <b>confirming</b> water right certificate that shows issue date
<input checked="" type="checkbox"/> Copies of receipts from sales of irrigated crops or for expenditures related to use of water	<ul style="list-style-type: none"> <li>● Power usage records for pumps associated with irrigation use</li> <li>● Fertilizer or seed bills related to irrigated crops</li> <li>● Farmers Co-op sales receipt</li> </ul>
<input type="checkbox"/> Records such as FSA crop reports, irrigation district records, NRCS farm management plan, or records of other water suppliers	<ul style="list-style-type: none"> <li>● District assessment records for water delivered</li> <li>● Crop reports submitted under a federal loan agreement</li> <li>● Beneficial use reports from district</li> <li>● IRS Farm Usage Deduction Report</li> <li>● Agricultural Stabilization Plan</li> <li>● CREP Report</li> </ul>
<input type="checkbox"/> Aerial photos containing sufficient detail to establish location and date of photograph	<p>Multiple photos can be submitted to resolve different areas of a water right. If the photograph does not print with a "date stamp" or without the source being identified, the date of the photograph and source should be added.</p> <p>Sources for aerial photos:            OSU – <a href="http://www.oregonexplorer.info/imagery">www.oregonexplorer.info/imagery</a>            OWRD – <a href="http://www.wrd.state.or.us">www.wrd.state.or.us</a>            Google Earth – <a href="http://earth.google.com">earth.google.com</a>            TerraServer – <a href="http://www.terra-server.com">www.terra-server.com</a></p>
<input type="checkbox"/> Approved Lease establishing beneficial use within the last 5 years	Copy of instream lease or lease number

# Application for Water Right Transfer

## Evidence of Use Affidavit



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

Please print legibly or type. Be as specific as possible. Attach additional pages if you need more spacing.  
 Supporting documentation must be attached.

RECEIVED

JAN 16 2019

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State of Oregon )  
 ) ss  
 County of JOSEPHINE)

I, PATRICK KIL, in my capacity as PROPERTY OWNER,  
 mailing address 179 HOFFMAN WAY GRANTS PASS OREGON 97526  
 telephone number (505) 252.0258, being first duly sworn depose and say:

1. My knowledge of the exercise or status of the water right is based on (check one):

- Personal observation       Professional expertise

2. I attest that:

- Water was used during the previous five years on the **entire** place of use for Certificate # \_\_\_\_; **OR**
- My knowledge is specific to the use of water at the following locations within the last five years:

Certificate #	Township		Range		Mer	Sec	¼ ¼		Gov't Lot or DLC	Acres (if applicable)
47713	35	S	5	W	WM	30	NE	NW		0.20
47713	35	S	5	W	WM	30	SE	NW		2.70
47713	35	S	5	W	WM	30	SW	NW		2.50

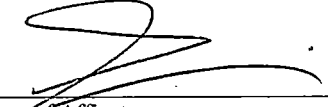
- OR**
- Confirming Certificate # \_\_\_\_ has been issued within the past five years; **OR**
- Part or all of the water right was leased instream at some time within the last five years. The instream lease number is: \_\_\_\_ (Note: If the entire right proposed for transfer was not leased, additional evidence of use is needed for the portion not leased instream.); **OR**
- The water right is not subject to forfeiture and documentation that a presumption of forfeiture for non-use would be rebutted under ORS 540.610(2) is attached.
- Water has been used at the actual current point of diversion or appropriation for more than 10 years for Certificate # \_\_\_\_ (For Historic POD/POA Transfers)

(continues on reverse side)

3. The water right was used for: (e.g., crops, pasture, etc.): PASTURE, LAWN, LANDSCAPE

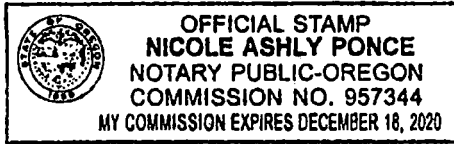
4. I understand that if I do not attach one or more of the documents shown in the table below to support the above statements, my application will be considered incomplete.

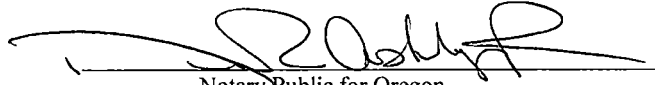
**RECEIVED**  
**JAN 16 2019**  
**OWRD**

  
 \_\_\_\_\_  
 Signature of Affiant

1/4/2019  
 Date

Signed and sworn to (or affirmed) before me this 4<sup>th</sup> day of January 2019.



  
 \_\_\_\_\_  
 Notary Public for Oregon

My Commission Expires: 12-18-2020

Supporting Documents	Examples
<input type="checkbox"/> Copy of a water right certificate that has been issued within the last five years. (not a remaining right certificate)	Copy of <b>confirming</b> water right certificate that shows issue date
<input checked="" type="checkbox"/> Copies of receipts from sales of irrigated crops or for expenditures related to use of water	<ul style="list-style-type: none"> <li>● Power usage records for pumps associated with irrigation use</li> <li>● Fertilizer or seed bills related to irrigated crops</li> <li>● Farmers Co-op sales receipt</li> </ul>
<input type="checkbox"/> Records such as FSA crop reports, irrigation district records, NRCS farm management plan, or records of other water suppliers	<ul style="list-style-type: none"> <li>● District assessment records for water delivered</li> <li>● Crop reports submitted under a federal loan agreement</li> <li>● Beneficial use reports from district</li> <li>● IRS Farm Usage Deduction Report</li> <li>● Agricultural Stabilization Plan</li> <li>● CREP Report</li> </ul>
<input type="checkbox"/> Aerial photos containing sufficient detail to establish location and date of photograph	Multiple photos can be submitted to resolve different areas of a water right. If the photograph does not print with a "date stamp" or without the source being identified, the date of the photograph and source should be added.  Sources for aerial photos: OSU – <a href="http://www.oregonexplorer.info/imagery">www.oregonexplorer.info/imagery</a> OWRD – <a href="http://www.wrd.state.or.us">www.wrd.state.or.us</a> Google Earth – <a href="http://earth.google.com">earth.google.com</a> TerraServer – <a href="http://www.terra-server.com">www.terra-server.com</a>
<input type="checkbox"/> Approved Lease establishing beneficial use within the last 5 years	Copy of instream lease or lease number



18721 01 AB 0.405 67-2  
 DOC ROCK RANCH  
 1805 BRISTOL DR  
 MEDFORD OR 97504-2100



Questions: Call  
**1-888-221-7070**  
 24 hours a day,  
 7 days a week  
[pacificpower.net](http://pacificpower.net)



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BILLING DATE: **Apr 26, 2018**

ACCOUNT NUMBER: **04433840-001 1**

DUE DATE: **May 14, 2018**

AMOUNT DUE: **\$176.11**

*PD Pat*

**Your Balance With Us**

Previous Account Balance	153.84
Payments/Credits	-153.84
New Charges	+176.11
<b>Current Account Balance</b>	<b>\$176.11</b>

**Payments Received**

DATE	DESCRIPTION	AMOUNT
Apr 11, 2018	Payment Received - Thank You	153.84
<b>Total Payments</b>		<b>\$153.84</b>

**Detailed Account Activity**

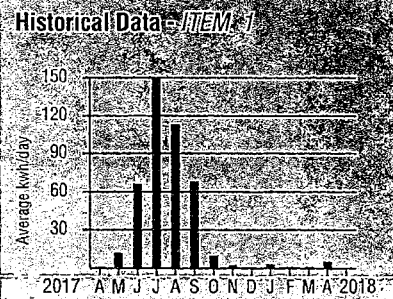
**ITEM 1 - ELECTRIC SERVICE**

75 Nelson Way Grants Pass OR  
 Horse Power Rating : 0055.0 Schedule 28  
 Service ID: 586439419-001

METER NUMBER	SERVICE PERIOD		ELAPSED DAYS	METER READINGS		METER MULTIPLIER	AMOUNT USED THIS MONTH
	From	To		Previous	Current		
21404172	Mar 23, 2018	Apr 25, 2018	33	148673	148838	1.0	165 kwh
21404172	Demand	Apr 25, 2018			17	1.0	17 kw

Current Month Estimated - Seasonal Use Meter. Your bill may not reflect actual usage.  
 Previous Month Estimated - Seasonal Use Meter  
 Next scheduled read date: 05-22. Date may vary due to scheduling or weather.

NEW CHARGES - 04/18	UNITS	COST PER UNIT	CHARGE
Basic Charge - 3P Sec Delivery	38 kw		18.00
Load Size Charge - 3P Sec Del	38 kw	1.1500000	43.70
Demand Charge Sec - Min 15 Kw	17 kw	5.7100000	97.07
Delivery Charge Secondary	165 kwh	0.0071000	1.17
Supply Enrgy Sec 1ST 20000 Kwh	165 kwh	0.0620900	10.24
Public Purpose		0.0300000	5.11
Energy Conservation Charge	165 kwh	0.0027800	0.46
Low Income Assistance	165 kwh	0.0006900	0.11
J C Boyle Dam Removal Surcharg	165 kwh	0.0003800	0.06
Copco Iron Gate Dams Remv Schg	165 kwh	0.0011400	0.19
<b>Total New Charges</b>			<b>176.11</b>



**Your Average Daily kwh Usage by Month**

PERIOD ENDING	APR 2018	APR 2017
Avg. Daily Temp.	44	39
Total kwh	165	28
Avg. kwh per Day	5	1
Cost per Day	\$5.34	\$1.06

**Beware of Scams.**

Scammers continue to target Pacific Power customers. Beware of callers threatening to disconnect your service if past-due accounts are not paid. Don't give out credit card or personal info. Protect yourself at [pacificpower.net/scams](http://pacificpower.net/scams).

**Looking for other ways to pay?**

Visit [pacificpower.net/pay](http://pacificpower.net/pay) for all your options. You can choose to pay on your device using our mobile app, on our website, at a pay station in your community, or pay over the phone by calling 1-888-221-7070.

**13108**

Late Payment Charge for Oregon  
 A late payment charge of 2.0% may be charged on any balance not paid in full each month.

See reverse



Questions about your bill: Call toll free 1-888-221-7070 [pacificpower.net](http://pacificpower.net)

BILLING DATE: **Apr 26, 2018** ACCOUNT NUMBER: **04433840-001 1** DUE DATE: **May 14, 2018** AMOUNT DUE: **\$176.11**

When you provide a check as payment, you authorize us to use the information from your check either to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as we receive your payment and you will not receive your check back from your financial institution. If you would like to opt out of this program and continue processing your payment as a check transaction, please call 1-800-895-0561. If you have opted out previously, please disregard this message.

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JAN 16 2019

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# Application for Water Right Transfer

## Evidence of Use Affidavit



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

Please print legibly or type. Be as specific as possible. Attach additional pages if you need more spacing. Supporting documentation must be attached.

State of Oregon )  
 ) ss  
 County of JOSEPHINE)

I, DANIEL DOYLE, in my capacity as PROPERTY OWNER,  
 mailing address 95 NELSON WAY GRANTS PASS OREGON 97526  
 telephone number (\_\_\_\_)\_\_\_\_, being first duly sworn depose and say:

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1. My knowledge of the exercise or status of the water right is based on (check one):

- Personal observation       Professional expertise

2. I attest that:

- Water was used during the previous five years on the **entire** place of use for Certificate # \_\_\_\_; **OR**
- My knowledge is specific to the use of water at the following locations within the last five years:

Certificate #	Township		Range		Mer.	Sec	¼ ¼		Gov't Lot or DLC	Acres (if applicable)
47713	35	S	5	W	WM	30	NE	NW		2.39
47713	35	S	5	W	WM	30	SE	NW		4.90

- OR**
- Confirming Certificate # \_\_\_\_ has been issued within the past five years; **OR**
- Part or all of the water right was leased instream at some time within the last five years. The instream lease number is: \_\_\_\_ (Note: If the entire right proposed for transfer was not leased, additional evidence of use is needed for the portion not leased instream.); **OR**
- The water right is not subject to forfeiture and documentation that a presumption of forfeiture for non-use would be rebutted under ORS 540.610(2) is attached.
- Water has been used at the actual current point of diversion or appropriation for more than 10 years for Certificate # \_\_\_\_ (For Historic POD/POA Transfers)

(continues on reverse side)

3. The water right was used for: (e.g., crops, pasture, etc.): PASTURE, LAWN, LANDSCAPE

4. I understand that if I do not attach one or more of the documents shown in the table below to support the above statements, my application will be considered incomplete.

Signature of Affiant

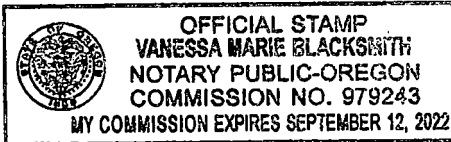
*[Handwritten Signature]*

12/21/2018  
Date

Signed and sworn to (or affirmed) before me this 21 day of December, 2018.

*[Handwritten Signature]*

Notary Public for Oregon



My Commission Expires: 9/12/2022

Supporting Documents	Examples
<input type="checkbox"/> Copy of a water right certificate that has been issued within the last five years. (not a remaining right certificate)	Copy of <b>confirming</b> water right certificate that shows issue date
<input checked="" type="checkbox"/> Copies of receipts from sales of irrigated crops or for expenditures related to use of water	<ul style="list-style-type: none"> <li>● Power usage records for pumps associated with irrigation use</li> <li>● Fertilizer or seed bills related to irrigated crops</li> <li>● Farmers Co-op sales receipt</li> </ul>
<input type="checkbox"/> Records such as FSA crop reports, irrigation district records, NRCS farm management plan, or records of other water suppliers	<ul style="list-style-type: none"> <li>● District assessment records for water delivered</li> <li>● Crop reports submitted under a federal loan agreement</li> <li>● Beneficial use reports from district</li> <li>● IRS Farm Usage Deduction Report</li> <li>● Agricultural Stabilization Plan</li> <li>● CREP Report</li> </ul>
<input type="checkbox"/> Aerial photos containing sufficient detail to establish location and date of photograph	Multiple photos can be submitted to resolve different areas of a water right. If the photograph does not print with a "date stamp" or without the source being identified, the date of the photograph and source should be added.  Sources for aerial photos: OSU – <a href="http://www.oregonexplorer.info/imagery">www.oregonexplorer.info/imagery</a> OWRD – <a href="http://www.wrd.state.or.us">www.wrd.state.or.us</a> Google Earth – <a href="http://earth.google.com">earth.google.com</a> TerraServer – <a href="http://www.terra-server.com">www.terra-server.com</a>
<input type="checkbox"/> Approved Lease establishing beneficial use within the last 5 years	Copy of instream lease or lease number

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ROCHELLE L DOYLE  
 DAN DOYLE  
 95 NELSON WAY  
 GRANTS PASS OR 97526-8841



Questions: Call  
**1-888-221-7070**  
 24 hours a day,  
 7 days a week  
 pacificpower.net



BILLING DATE: **Jul 25, 2018**  
 ACCOUNT NUMBER: **99194589-002 8**  
 DUE DATE: **Aug 10, 2018**  
 AMOUNT DUE: **\$464.01**



**ACCOUNT PAST DUE** Our records indicate that your account is past due. If the past due amount has been paid, please remember that this bill also contains New Charges.

**Your Balance With Us**

Previous Account Balance	236.72
Payments/Credits	0.00
<b>Past Due Amount</b>	<b>236.72</b>
New Charges	+227.29
<b>Current Account Balance</b>	<b>\$464.01</b>

**You Must Act Now to Avoid Shut-Off!**

• Your Electric Service Past Due Amount of **\$236.72** must be received by **Aug 10, 2018** to avoid shut-off.

Other ways to avoid Shut-off are shown at the end of this billing statement.

**Remember: Your New Charges of \$227.29 are still due by Aug 10, 2018.**

**Payments Received**

No payments have been received since your last billing statement.

**Detailed Account Activity**

**ITEM 3 - ELECTRIC SERVICE**

95 Nelson Way Club Grants Pass OR  
 Residential Schedule 4

METER NUMBER	SERVICE PERIOD		ELAPSED DAYS	METER READINGS		METER MULTIPLIER	AMOUNT USED THIS MONTH
	From	To		Previous	Current		
66913328	Jun 25, 2018	Jul 24, 2018	29	48166	50037	1.0	1,871 kwh

Next scheduled read date: 08-22. Date may vary due to scheduling or weather.

NEW CHARGES - 07/18	UNITS	COST PER UNIT	CHARGE
Basic Charge - Single Phase			9.50
Delivery Charge	1,871 kwh	0.0443300	82.94
Supply Energy Charge Block 1 for 29 day(s)	953 kwh	0.0561400	53.50
Supply Energy Charge Block 2 for 29 day(s)	918 kwh	0.0765100	70.24
Public Purpose		0.0300000	6.49
Energy Conservation Charge	1,871 kwh	0.0034600	6.47
Low Income Assistance			0.69
J C Boyle Dam Removal			

See reverse

Write account number on check & mail to: Pacific Power, PO Box 26000, Portland, OR 97256-0001

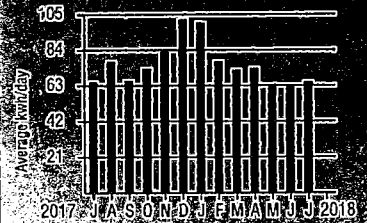
RETAIN THIS PORTION FOR YOUR RECORDS.

RETURN THIS PORTION WITH YOUR PAYMENT.

↑ INSERT THIS EDGE FIRST ↑

**ACCOUNT PAST DUE**

**Historical Data - ITEM 3**



**Your Average Daily kwh Usage by Month**

PERIOD ENDING	JUL-2018	JUL-2017
Avg. Daily Temp	79	65
Total kwh	1871	1887
Avg. kwh per Day	65	65
Cost per Day	\$7.67	\$7.76

**Looking for other ways to pay?**

Visit pacificpower.net/pay for all your options. You can choose to pay on your device using our mobile app, on our website, at a pay station in your community, or pay over the phone by calling 1-888-221-7070.

**Late Payment Charge for Oregon**  
 A late payment charge of 2.0% may be charged on any balance not paid in full each month.

Change of Mailing Address or Phone?  
 Check here & provide information on back.

Account Number: **99194589-002 8**  
 Date Due: **Aug 10, 2018**

**AMOUNT DUE: \$464.01**

Please enter the amount enclosed.

ROCHELLE L DOYLE  
 DAN DOYLE  
 95 NELSON WAY  
 GRANTS PASS OR 97526-8841



PACIFIC POWER  
 PO BOX 26000  
 PORTLAND OR 97256-0001



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