Application for Permanent Water Right Transfer

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

WATER RESOURCES www.oregon.gov/OWRD

Part 1 of 5 – Minimum Requirements Checklist

This transfer application will be returned if Parts 1 through 5 and all required RECEIVED attachments are not completed and included.

For questions, please call (503) 986-0900, and ask for Transfer Section. Check all items included with this application. (N/A = Not Applicable)Part 1 – Completed Minimum Requirements Checklist. M 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. If you have questions, call Customer Service at (503) 986-0801. M Part 4 – Completed Applicant Information and Signature. \bowtie Part 5 – Information about Water Rights to be Transferred: How many water rights are to be transferred? 1 List them here: C-83254 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. Oregon Water Resources Department's Land Use Information Form with approval and signature (or signed land use form receipt stub) from each local land use authority in which water is to be diverted, conveyed, and/or used. 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. 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): Application fee not enclosed/insufficient Map not included or incomplete Land Use Form not enclosed or incomplete Evidence of Use Form not enclosed or incomplete Additional signature(s) required Part is incomplete Other/Explanation Staff: 503-986-0 Date: __



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

		sure that the transfer application map you submit includes all the required items and ne 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/ . 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.
\boxtimes		Permanent quality printed with dark ink on good quality paper.
\boxtimes		The size of the map can be $8\% \times 11$ inches, $8\% \times 14$ 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.
		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.
\boxtimes		Township, Range, Section, $\frac{1}{4}$, DLC, Government Lot, and other recognized public land survey lines.
\boxtimes		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.
		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.
\boxtimes	□ 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.
\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 right certificate or 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 $-42^{\circ}32'15.5"$) or degrees-decimal with five or more digits after the decimal (example -42.53764°).

Revised 11/6/2019

Part 3 of 5 - Fee Worksheet

· arc	JOI J TOO HOLKSHOOL		
	FEE WORKSHEET for PERMANENT TRANSFER (except Substitution)		
1	Base Fee (includes one type of change to one water right for up to 1 cfs)	1	\$1,160
	Types of change proposed:		
	Place of Use MAR 1 9	2020	
	Character of Use		1
	Point of Diversion/Appropriation		
	Number of above boxes checked = <u>3 (2a)</u>		y
	Subtract 1 from the number in line 2a = 2 (2b) If only one change, this will be 0		
2	Multiply line 2b by \$930 and enter » » » » » » » » » » » » » »	2	\$ 1,860
	Number of water rights included in transfer 1 (3a)		
	Subtract 1 from the number in 3a above:0 (3b) If only one water right 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 to a		
	well?		
	No: enter 0 »» » » » » » » » » » » » » » » » »		
4		4	\$ 410
	Do you propose to change the place of use or character of use?		
	No: enter 0 on line 5 » » » » » » » » » » » » » » »		
	Yes: enter the cfs for the portions of the rights to be transferred (see		
	example below*): <u>0.20 (5a)</u>		
	Subtract 1.0 from the number in 5a above: <u>- 0.80 (5b)</u>		
	If 5b is 0 or less, enter 0 on line 5 » » » » » » » » » » » » » » »		
	If 5b is greater than 0, round up to the nearest whole number:(5c) and		
5	multiply 5c by \$350, then enter on line 5 » » » » » » »	5	0
6	Add entries on lines 1 through 5 above » » » » » » » » » Subtotal:	6	\$ 3,430
	Is this transfer:		
	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?		
	If one or more boxes is checked, multiply line 6 by 0.5 and enter on line 7 »		
7	If no box is applicable, enter 0 on line 7 » » » » » » » » » » » » » » »	7	0
8	Subtract line 7 from line 6 » » » » » » » » » » » » Transfer Fee:	8	\$ 3,430

- 1. For irrigation calculate cfs for each water right involved as follows:
 - a. Divide total authorized cfs by total acres in the water right (for C12345, 1.25 cfs ÷100 ac); then multiply by the number of acres to be transferred to get the transfer cfs (x 45 ac= 0.56 cfs).
 - b. If the water right certificate 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 C87654, 45.0 ac x 0.0125 cfs/ac = 0.56 cfs)
- 2. Add cfs for the portions of water rights on all the land included in the transfer; however do not count cfs for supplemental rights on acreage for which you have already calculated the cfs fee for the primary right on the same land. The fee should be assessed only once for each "on the ground" acre included in the transfer. (In this example, blank 5a would be only 0.56 cfs, since both rights serve the same 45.0 acres. Blank 5b would be 0 and Line 5 would then also become 0).

	FEE WORKSHEET for SUBSTITUTION		
1	Base Fee (includes change to one well)	1	\$840.00
	Number of wells included in substitution(2a)		
	Subtract 1 from the number in 2a above:(2b) If only one well this will be 0		
2	Multiply line 2b by \$410 and enter » » » » » » » » » » » » » »	2	
3	Add entries on lines 1 through 2 above » » » » » Fee for Substitution:) B"	*****

^{*}Example for Line 5a calculation to transfer 45.0 acres of Primary Certificate 12345 (total 1.25 cfs for 100 acres) and 45.0 acres of Supplemental Certificate 87654 (1/80 cfs per acre) on the same land:

Part 4 of 5 - Applicant Information and Signature

Appl	icant	Infor	ma	tion
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APPLICANT/BUSINESS NAME Weedman Brothers	tnon chin	,	PHONE NO. 541-980-0503	ADDITIONAL CONTACT NO.
ADDRESS	1000			FAX NO.
P.O. Box 386				
CITY	STATE	ZIP	E-MAIL	
Wasco	OR	97065		
BY PROVIDING AN E-MAIL ADDRES ELECTRONICALLY, COPIES OF THE I				OM THE DEPARTMENT
ELECTRONICALLY, COPIES OF THE	INAL ORDE	K DOCOIVIENTS WILL	ALOU DE IVIAILED.	

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

	PHONE NO.	ADDITIONAL CONTACT NO.				
Right Services, LLC	541-389-2837					
ADDRESS						
STATE	ZIP	E-MAIL				
OR	97709	johnshort@usa.co	m			
IAIL ADDRESS, CONSE	NT IS GIVEN TO RE	CEIVE ALL CORRESPONDENC	CE FROM THE DEPARTMENT			
	STATE OR IAIL ADDRESS, CONSEI	STATE ZIP OR 97709 IAIL ADDRESS, CONSENT IS GIVEN TO RE	Right Services, LLC 541-389-2837 STATE ZIP E-MAIL			

Explain in your own words what you propose to accomplish with this transfer application, and why: Transfer to different place of use, change character of use, and change point of appropriation.

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

Check One Box

By signing this application, I understand that, upon receipt of the draft preliminary determination and prior	
Department approval of the transfer, I will be required to provide landownership information and evidence	e 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	MAR 1 9 202
and the second in the second s	MAK I J ZUZ

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.

By my signature below, I confirm that I understand:

- 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: The Times-Journal.
- Amendments to the application may only be made in response to the Department's Draft Preliminary Determination (DPD). The applicant will have a period of at least 30 days to amend the application to address any issues identified by the Department in the DPD, or to withdraw the application. Note that amendments may be subject to additional fees, pursuant to ORS 536.050.
- Failure to complete an approved change in place of use and/or change in character of use, will result in loss of the water right (OAR 690-380-6010).

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

Applicant signature

Print Name (and Title if applicable)

Is the applicant the sole owner of the land on which the water right, or portion thereof, proposed for transfer is located? X 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.

Check the following boxes th	nat apply	:				
The applicant is resp			etion of	change(s). Notices a	and correspo	ondence should
The receiving landov final order is issued.		-				
Both the receiving la Copies of notices and						
At this time, are the lands in	n this trar	sfer app	lication i	n the process of bei	ng sold?	Yes 🛛 No
If YES, and you know wh information table below assignment will have to	. If you d	o not kno	w who	the new landowner		
If a property sells, the counless a sale agreement https://www.oregon.go	or other	docume	nt states	otherwise. For mor	e informati	on see:
RECEIVING LANDOWNER NAME				PHONE NO.	ADDITIONAL C	ONTACT NO.
ADDRESS	`				FAX NO.	RECEIVED
CITY	STATE	ZIP		E-MAIL		MAR 1 9 2020
Check here if any of the an irrigation or other wa	_					
N/A			STATE		ZIP	
Check here if water for a contract for stored water					e agreemer	nt or other
ENTITY NAME			ADDRESS			
N/A CITY			STATE		ZIP 97832	,
To meet State Land Use Corcorporation, or tribal govern						
ENTITY NAME Gilliam County Community Deve	lopment		ADDRESS P.O. Box	¢ 427		
CITY Condon			STATE OR		ZIP 97832	
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 # 83254	RECEIVED
Description of Wa	ater Delivery System	MAR 1 9 2020
System capacity:	1.82 cubic feet per second (cfs) OR	
	gallons per minute (gpm)	OWRD
Describe the curr	ant water delivery system or the system that was in play	ce at some time within the

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.

Flood Irrigation

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)	Tv	Twp		Rng		% %		Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Well	Authorized Proposed	GILL 48	01	N	21	E	19	NW	sw	GL 3; TL 1600	2800' S, 300' E of NW Cor S19
Well	Authorized Proposed	GILL 50766 L-127283	01	N	21	E	34	NE	NE	1500	260' S, 410' W of NE Cor S34
	Authorized Proposed										
	Authorized Proposed										

	Proposed											
Check a	all type(s) of ch	nange(s) prop	osed	bel	ow (cł	an	ige "C	ODES	" are p	orovide	d in parentheses):	
\boxtimes	Place of Use	(POU)					S	upple	menta	l Use to	Primary Use (S to F	2)
\boxtimes	Character of	Use (USE)					Z P	oint o	f Appr	opriati	on/Well (POA)	
	Point of Dive	ersion (POD)						Additio	nal Po	int of A	Appropriation (APOA	4)
	Additional P	oint of Divers	ion (A	PO	D)		S	Substitution (SUB)				
	Surface Wate POA (SW/GV	er POD to Gro V)	ound \	Wa	ter			Govern	ment	Action	POD (GOV)	
Will all	of the propos	ed changes a	ffect t	he	entire	wa	ater r	ight?				
Yes	-	nly the Propos ed above to o								able 2 c	on the next page. Us	e the
No	Complete all	of Table 2 to	descr	ribe	the p	ort	ion of	f the w	ater r	ight 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.

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Table 2. Description of Changes to Water Right Certificate # 83254

List the change proposed for the acreage in each % % . 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.

		Priority Date		1901	1901	1982					
	ANGES			POD #5	9# QOd	Well					
' lands)	The listing as it would appear AFTER PROPOSED CHANGES are made.	POD(s)/ New Type of POA(s) to USE (from Table 1)			a.	AG L-					
or "on'	TER PR e.	Acres		10.0	5.0	15.9			i'		15.9
"to,"	opear AFTE are made.	Gvt Lot or DLC		1							ES:
the (appe are	Tax Lot		00	200	1500					ACR
PROPOSED (the "to" or "on" lands)	t would	% % [NW NW 500	SW NW 5	11					TOTAL ACRES:
PR	sting as i	Sec		1 N	2 S	18, 19, 20, 27, 28, 29, 30, 32, 34					
	he li	<u>~</u>		E	Е	ш					
	_	Rng		6	6	21					
		φ¥Γ		2 5	2 5	1 Z					
	Proposed Changes (see	"CODES" from previous page)	EXAMPLE	POU/POD		POU, USE, POA					
	NGES	Priority Date		1901		1982					
(5)	The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.	POD(s) or POA(s) (name or number from Table 1)		POD #1 POD #2		Well GILL 48					
AUTHORIZED (the "from" or "off" lands)	SEFORE PRO right that wil	Type of USE listed on Certificate		Irrigation		IR					
from" c	ificate fie water	Acres		15.0		15.9					15.9
the "	cert of th	Gvt ot or DLC				GL 4					ES:
RIZED (on the	Gvt Tax LotLot or DLC		100		1500 GL 4					TOTAL ACRES:
JTHOI	pears art or	. %		N.		SW					TOT
A	at ap that p	. 4		E E		SW					
	ig th	Sec		15		18					
	listir List (Rng		ш		ш					
	The			6		N 21			1	34	0 0
	680	Twp		2 5		H Z				-	"

Additional remarks: Transfer to Agricultural Use for entire property (Tax Lot 1500), adhering to the same rate and duty limitation in place for the portion of the certificate being transferred.

TACS

For Place of Use or Character of Use Changes

	1 01 1 10	ce of one of character of one changes	
		here other water right certificates, water use permits or ground water registrations a the "from" or the "to" lands? \Box Yes $igotimes$ No	ssociated
	If YES	S, list the certificate, water use permit, or ground water registration numbers: N/A.	
17	a prii	uant to ORS 540.510, any "layered" water use such as an irrigation right that is supplemary right proposed for transfer must be included in the transfer or be cancelled. An ground water registration must be filed separately in a ground water registration mod	y change
	For Sub	ostitution (ground water supplemental irrigation will be substituted for surface wate	primary irrigation)
		nd water supplemental Permit or Certificate # <u>N/A;</u> ce water primary Certificate # <u>N/A.</u>	MAR 1 9 2020
	For a cl	hange from Supplemental Irrigation Use to Primary Irrigation Use	
	ldent	ify the primary certificate to be cancelled. Certificate # N/A	OWRD
	For a cl	hange 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 lab with the corresponding well(s) in Table 1 above and on the accompanying application Tip: You may search for well logs on the Department's web page at: http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx	
	AND	/OR	
		Describe the construction of the authorized and proposed well(s) in Table 3 for any have a well log. For proposed wells not yet constructed or built, provide "a best esting requested information element in the table. The Department recommends you constructly, geologist, or certified water right examiner to assist with assembling the information complete Table 3.	nate" for each sult a licensed well
A a	ny well ccompa	construction of Point(s) of Appropriation (s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and inving application map. Failure to provide the information will delay the processing on until it is received. The information is necessary for the department to assess when	f your transfer

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

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.

Application for Water Right Transfer

www.wrd.state.or.us

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

Evidence of Use Affidavit

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

State o	f Oregon)	cc							
County	of DESCHUT	TES)		,	SS							
[, <u>јон</u>	NA. SHORT, in	my cap	oacity	as wa	TER RIC	GHT SPEC	IALIST,					
mailin	g address <u>P.o.</u>	BOX 18	30, BEN	ND, OR	97709							
eleph	one number (541)389	9- <u>2837</u> ,	being	first o	duly swo	orn dep	ose and s	ay:			
1. M	y knowledge (status (ht is base sional ex)):	
2. I at	Water was u Certificate #	; OR		•		-					in the last five year	·s·
	Certificate #		nship		inge	Mer	Sec	1/4 1/4	I	Gov't Lot	Acres	
¥	83254	1	N	21	Е	WM	18		sw	or DLC 4	(if applicable)	
			**									
OR	Confirming	Certif	icate #	!	has b	een issu	ed with	in the pa	st fiv	ve years; O	R	
	instream lea	se nun	nber is	s:	_(Not	e: If the	entire	right prop	ose	d for	t five years. The not leased instream	ı.); O l
	The water ri									t a presum	ption of forfeiture f	or
	Water has be									s)	formore than	. 5. 6.
					(c	ontinues	on reve	rse side)		1	MAR 1 9 2020	4

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

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

2-21-2020 Date

Signed and sworn to (or affirmed) before me this 21 day of February, 20 20.



My Commission Expires: Qugust 30, 2021

Supporting Documents	Examples
Copy of a water right certificate that has been issued within the last five years. (not a remaining right certificate)	Copy of confirming water right certificate that shows issue date
Copies of receipts from sales of irrigated crops or for expenditures related to use of water	 Power usage records for pumps associated with irrigation use Fertilizer or seed bills related to irrigated crops Farmers Co-op sales receipt
Records such as FSA crop reports, irrigation district records, NRCS farm management plan, or records of other water suppliers	 District assessment records for water delivered Crop reports submitted under a federal loan agreement Beneficial use reports from district IRS Farm Usage Deduction Report Agricultural Stabilization Plan CREP Report
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 –www.oregonexplorer.info/imagery OWRD – www.wrd.state.or.us Google Earth – earth.google.com TerraServer – www.terraserver.com
Approved Lease establishing beneficial use within the last 5 years	Copy of instream lease or lease number

RECEIVED MAR 1 9 2020

RECEIVED

WATER WELL REPORT

15

STATE OF OREGON

MAY 0 4 1981

State Well No. /1/21 E - 19cb

State	Permit	No	
June	Y CLITTIC	140.	

WATER RESOURCES DEPT SALEM. OREGON

(1) OWNER:	(10) LOCATION OF WELL:
Name Tim Marick	County Gilliam Driller's well number
Address Star RT.	NW 4 SW 4 Section 19 T. 171. R 21 E. W.M.
City aslington State (14 978/2	Tax Lot # Lot Blk Subdivision
(2) TYPE OF WORK (check):	Address at well location:
New Well Deepening □ Reconditioning □ Abandon □	
If abandonment, describe material and procedure in Item 12.	(11) WATER LEVEL: Completed well.
(3) TYPE OF WELL: (4) PROPOSED USE (check):	Depth at which water was first found 10
	Static level 5/ ft. below land surface. Date 4-21-8
Rotary Air S Driven Domestic Dindustrial Municipal Rotary Mud Dug Dirrigation S Test Well Dother	Artesian pressure lbs. per square inch. Date
□ Bored □ Thermal: Withdrawal □ Reinjection □	(12) WELL LOG: Diameter of well below casing 10"
i) CASING INSTALLED: Steel Plastic	Depth drilled 750 ft. Depth of completed well 750 ft.
Threaded Welded	Formation: Describe color, texture, grain size and structure of materials; and show
12 "Diam from 7/ ft to 50 ft Gauge , 250	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.
LINER INSTALLED:	MATERIAL From To SWL
	Topsail 06
(6) PERFORATIONS: Perforated? ☐ Yes > No	Shave RECEIVE 6 41 W.R.
Type of perforator used	Basacy troken 41 45
Size of perforations in. by in.	Rock med black MAR 1921245 67
perforations from ft. to ft.	Basaer 67 83
perforations from ft. to ft.	Rock, med. black 83 1/2
perforations fromft. toft.	Basaer 0 112 162
(E) CODERNO	Rock, med. black 162 178
(7) SCREENS: Well screen installed? ☐ Yes XNo Manufacturer's Name	Bosalt, hard 178 247
Type Model No.	Rock, mid. block 247 266
Diam. Slot Size Set from ft. to ft.	Dasaer 266 328
Diam. Slot Size Set from ft. to ft.	Brek, Med. Haik 328 361 W.B.
Decordores is assessed and in the land in the	Park had 11 to 18 18 18 18 18 18 18 18 18 18 18 18 18
(8) WELL TESTS: Drawdown is amount water level is lowered below static level	Basall 415 U.B.
Was a pump test made? ☐ Yes SNo If yes, by whom?	D 01 00 1110 01 119 199
i: gal/min. with ft. drawdown after hrs.	Basal Bluk quer Captone 466 485 W.B.
" " "	Basset, med black green Janous 672 725 W.B.
Air test 700 gal/min. with drill stem at 400 ft. 1 hrs.	Basaly 725 750
Bailer test gal./min. with ft. drawdown after hrs.	
4 →esian flow g.p.m.	
	Work started 4-13 19 81 Completed 4-21 19 81
(9) CONSTRUCTION: Special standards: Yes □ No 🗷	Date well drilling machine moved off of well 4-21 19 % /
Well seal—Material used	Drilling Machine Operator's Certification:
Well sealed from land surface to	This well was constructed under my direct supervision. Materials used
Diameter of well bore to bottom of sealin.	and information reported above are true to my best knowledge and belief.
Diameter of well bore below sealin.	[Signed] AMA Tauch Date 4-21, 19.81
Number of sacks of cement used in well seal	Drilling Machine Operator's License No
How was cement grout placed? Tressure quanted	
	Water Well Contractor's Certification:
Was pump installed? Ho Type HP Depth ft.	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? Styles □ No Plugs Size: location	Name TROY GRIFFIN
Did any strata contain unusable water? Yes \(\square\) No	(Pergin, firm or corporation) (Type or print) Address 900 HER MISTIN AVE HER AND STAN AR
Type of Water? Surface depth of strata 10-41	Audress INVILLE IN THE TERMINATION OF
Method of sealing strata off Casing - Cement	[Signed] I not the
Was well gravel packed? ☐ Yes Si No Size of gravel:	Contractor's License No. 65 Date 4-21 1981
Gravel placed from ft. to ft.	Date

							Page 1 of 2
STATE OF OREGON	GILL	50766	WELL I.D	. LABEL#	L 1272	83	
WATER SUPPLY WELL REPORT	GLLL	20.00	STAR	T CARD#	1039	435	
(as required by ORS 537.765 & OAR 690-205-0210)	7/30/	2018	ORIGIN	AL LOG#			
(1) LAND OWNER Owner Well I.D.							
First Name Last Name		(9) LOCAT	ION OF WE	LL (legal	descri	ntion)	
Company WEEDMAN BROTHERS		10.00					E E/W WM
Address PO BOX 386			VE 1/4 of t				
City WASCO State OR Zip 97065		Tax Map Number					
	nversion	Lat°	' "01	r			DMS or DD
Alteration (complete 2a & 10) Abandonment	(complete 5a)	Long°		r			DMS or DD
(2a) PRE-ALTERATION Dia + From To Gauge Stl Plste Wld Three			eet address of we		earest ac	ldress	_
Casing: Casing:		- Vani	ARLINGTON.	7-40			
Material From To Amt sacks/lbs							
Seal:							
(3) DRILL METHOD		(10) STATIO	C WATER L				
Rotary Air Rotary Mud Cable Auger Cable Mu	d	Evisting W.	ell / Pre-Alteration	Dat	te SV	VL(psi) +	SWL(ft)
Reverse Rotary Other		Completed		7/27/2018	0	님	494
(4) PROPOSED USE Domestic Irrigation Commun.	ity	Completed		Artesian?		y Hole?	424
Industrial/ Commercial Livestock Dewatering	2000	WATER READI				s first found	558.00
Thermal Injection Other		WATER BEARI		-			
		SWL Date	From	To E	st Flow	SWL(psi)	+ SWL(ft)
(5) BORE HOLE CONSTRUCTION Special Standard	(Attach copy)	7/25/2018	558	575	10		494
Depth of Completed Well 844.00 ft.		7/25/2018	662	689	10		494
BORE HOLE SEAL	sacks/	7/26/2018	740	834	55		494
Dia From To Material From To 12 0 300 Bentonite 0 18	Amt lbs						
8 300 844 Calculated		L					
Cement 18 296	203 S	(14) WELL I	06				
Calculated	100	(11) WELL I	LOG Gr	ound Elevati	ion		
How was seal placed: Method XA B C D	E		Material			From	То
Other POURED BENTONITE		Soil		RECEN	IFF	0	21
Backfill placed from ft. to ft. Material		Cemented Grav				21 87	87
Filter pack from ft. to ft. Material Size	e	Brown Clay/Gra Brown Clay		IAR 19	2020	190	207
Explosives used: Yes Type Amount		Red Basalt	- IV	IAN 1 3	2020	207	245
(5a) ABANDONMENT USING UNHYDRATED BENTON	NITE	Cemented Grav	el			245	264
Proposed Amount Actual Amount		Yellow Clay		OWR		264	285
(6) CASING/LINER	variables and another	Black Basalt			U	285	351
Casing Liner Dia + From To Gauge Stl Plst	c Wld Thrd		Green Claystone			351	370
		Black Basalt Black w/ Brown	Pacalt			370 410	410
		Black Basalt	Dasait			415	535
		Soft Black w/Gr	reen Claystone			535	558
	$A \vdash I \vdash I$	Soft Black Basa				558	575
		Hard Black Bas				575	662
Shoe Inside Outside Other Location of shoe(s)			Green Claystone			662	689
Temp casing Yes Dia From + To		Black Basalt Black and Brow	m Dagalt			689 740	740
(7) PERFORATIONS/SCREENS			n Basalt w/ Blue	Claystone		795	810
Perforations Method			L. W. Landerson and Co.				
Screens Type Material Perf/ Casing/ Screen Scrn/slot Slot # 6	of Tele/	Date Started	7/6/2018	Con	npleted	7/27/2018	
	ots pipe size	(unbonded) W	ater Well Const	ructor Certi	fication		
The state of the s		I certify that th	e work I perform	med on the	construct	ion, deepenin	ng, alteration, or
							iter supply well
					informati	ion reported	above are true to
			mowledge and be		Data -		
(a) WITH I TERCER		License Numbe	r 1963		Date 7	/30/2018	
(8) WELL TESTS: Minimum testing time is 1 hour		Signed JOH	N KLINE (E-file	d)			
	Artesian						
Yield gal/min Drawdown Drill stem/Pump depth Duration	(hr)		r Well Construc				
75 820 1	i						, or abandonment
							above. All work ster supply well
т			ng this time is ndards. This repo				
Temperature 71 °F Lab analysis Yes By		10000 HOUSE WI					3
Water quality concerns? Yes (describe below) TDS amount 145 From To Description Amount	ppm it Units	License Numbe	1881	1	Date 7/30	0/2018	
		Signed GAR	RY ZOLLMAN	(E-filed)			
			otional) Garry Zo				
			530				

GILL 50766

WELL I.D. LABEL# L 127283

START CARD # 1039435

ORIGINAL LOG #

7/30/2018

11	30/2016 ORIGINAL LOG#	
2a) PRE-ALTERATION	Water Quality Concerns	
Dia + From To Gauge Stl Plste Wld Thrd	From To Description	Amount Units
	Ton 10 Description	
Material From To Amt sacks/lbs		
	(10) STATIC WATER LEVEL	
(5) BORE HOLE CONSTRUCTION	(10) STATIC WATER LEVEL	
	SWL Date From To Est Flow	SWL(psi) + SWL(ft)
BORE HOLE SEAL sacks/		
Dia From To Material From To Amt Ibs		
Calculated		
Calculated		
Calculated		
Calculated		
FILTER PACK	(1) WELL LOC	
From To Material Size	(11) WELL LOG	
	Material	From To
	Broiwn Basalt/Scoria Multi-colored	810 834
	Black Basalt	834 844
	Didde Dustit	
(6) CASING/LINER		
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd		
	Em S	
		CEIVED
	8.4.4	D 1 0 2020
	IVIA	R 1 9 2020
		200000
		OWRD
	.	
(7) PERFORATIONS/SCREENS		
Perf/ Casing/Screen Scrn/slot Slot # of Tele		
Screen Liner Dia From To width length slots pipe si	ze	
	-	
	-	
	-	
	Comments/Remarks	
(O) WELL TESTS, M		
(8) WELL TESTS: Minimum testing time is 1 hour	11	
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)		
January (m)		
		1

From: Bryce Withers brycewrs@gmail.com

Subject: Fwd: Map Scale Request
Date: March 9, 2020 at 11:31 AM
To: John Short johnshort@usa.com



Hi John,

We have received approval of the atypical map scale request on Weedman. The folder is ready to ship, attached is the approval email letter if you think we should print it out and put in with the application.

Bryce

----- Forwarded message ------

From: STARNES Patrick K * WRD < Patrick.K.Starnes@oregon.gov >

Date: Mon, Mar 9, 2020 at 11:23 AM Subject: RE: Map Scale Request

To: Bryce Withers < brycewrs@gmail.com>

RECEIVED

MAR 1 9 2020

OWRD

Hello Bryce,

The Department grants a map scale waiver for your attached transfer application maps.

Please attach a copy of this e-mail to the map when you send in the application.

Kelly

Kelly Starnes, Transfer Program Analyst

Oregon Water Resources Department

725 Summer St NE Suite A

Salem OR 97301-1271

Telephone: 503-986-0886

Fax: 503-986-0903

E-mail: <u>patrick.k.starnes@oregon.gov</u>

Please Note: Under Oregon Law, messages to and from this e-mail address may be available to the public.

NOTICE:

RECEIVED
MAR 1 9 2020

OWRD

Note that Weedman Brothers is a "Partnership" and NOT an LLC.

Mile Willama

State ID: 622458-8

Mike Weedman (Partner)



OREGON WATER RESOURCES DEPARTMENT

TRANSFER REIMBURSEMENT AUTHORITY ESTIMATE APPLICATION



ORS 536.055 authorizes the Oregon Water Resources Department to expedite or enhance regulatory processes voluntarily requested under the agreement.

Please contact Transfer Personnel before submitting this request; as the application fee is a nonrefundable \$125.00 fee per request. Checks submitted for this application should be separate from Transfer fees.

The purpose of this application is to obtain estimates of the cost and time required to process a

Transfer App	lication Transfer Number T-13	1100	
		1400	
	Applicant Information	Applicant's Repre	sentative/Contac
Name:	Weedman Brothers BEE PARTNERShy	Water Right Services	
Address:	P.O. Box 386	P.O.Box 1830	William or the second of the s
	Wasco, OR 97605	Bend OR 97709	
Phone:	541-980-0503	541-389-2837	
Fax:			
E-Mail Address:		johnshort@usa.com	
That upon re in advance toAn incompleExpedited pr	expedited service. ceiving the estimate I may agree or decline to e initiate the expedited service. ete or inaccurate application may delay the processing does not guarantee a favorable review	ess and increase the cost to pr	
Oregon V Transfer 725 Sum	water Resources Department Reimbursement Authority Program mer St. NE, Suite A R 97301-1271		RECEIVED
certify that I am the	(check one): ☑ Applicant's Representative ☐ Other (Ple	ase specify)	OWRD
Name: <u>Bryc</u> e W	Vithers		

OWRD USE ONLY: Reimbursement Authority Number: R11-



Business Name Search

New Search	Printer Friendly	Business Entity Data
------------	-------------------------	-----------------------------

03-20-2020 13:48

						10.10
Registry Nbr	Entity Type	Entity Status	Jurisdiction	Registry Date	Next Renewal Date	Renewal Due?
306211-89	ABN	ACT		09-14-1992	09-14-2020	
Entity Name	WEEDMA	AN BROTH	IERS			
Foreign Name						
Affidavit?	N		# WIND TO BE REAL PROPERTY OF THE PROPERTY OF			

New Search Printer Friendly	Associated Names
-----------------------------	------------------

Туре	PPB PRINC BUSIN		LACE OF	
Addr 1	POBOX 38	36		
Addr 2				
CSZ	WASCO	OR	97065	Country UNITED STATES OF AMERICA

The Authorized Representative address is the mailing address for this business.

Туре	REP REPRI	ORIZED ESENTATIVE	Start Date	05-27-2009	Resign Date	
Name			OMAN			
Addr 1	POBOX 38	36				
Addr 2						
CSZ	WASCO	OR 97065	Country	UNITED STA	TES OF AMERIC	CA

Туре	REGREGIS	STRANT	Γ							
Name	ERIN		WEEDM	MAN						
Addr 1	99436 MON	9436 MONKLAND LANE								
Addr 2										
CSZ	MORO	OR	97039	Country	UNITED ST	ATES OF AMERICA				

Туре	REGREGISTRANT			
Name	BARB	WEEDMA		
Addr 1	99436 MONKLAND L	ANE	15	3 4 0 0

Addr 2							
CSZ	MORO	OR	97039		Country	UNITED ST	ATES OF AMERICA

Туре	REGREGIS	TRANT					
Name	MIKE		WEI	EDMAN			
Addr 1	97130 KLO	NDIKE	LANE				
Addr 2							
CSZ	WASCO	OR	97065		Country	UNITED ST.	ATES OF AMERICA
				·			
Туре	REG REGIS	TRANT	,		Provident to the second to see place to be a first to be a		
Name	COLBY		WEE	EDMAN			
Addr 1	97130 KLO	NDIKE	LANE				
Addr 2							
CSZ	WASCO	OR	97065		Country	UNITED ST	ATES OF AMERICA
							-
Type	REG REGIS	TRANT	туканттика тукантика ти			post	
Name	GUY			EDMAN			
Addr 1	99436 MON	IKLANI	O RD NE				
Addr 2							
CSZ	MORO	OR	97039		Country	UNITED ST	ATES OF AMERICA
						where the property of the second	-
Туре	REG REGIS	TRANT	opentum tumpetum tum			ng and the desired state of the desired state of the stat	
Name	JARED			EDMAN			
Addr 1	99436 MON	IKLANI	DLANE				
Addr 2			и развительного поставления по поставления по	processing a stocker and a stocker			
CSZ	MORO	OR	97039		Country	UNITED ST	ATES OF AMERICA

Name History **New Search Printer Friendly**

Business Entity Name	Name Type	Name Status	Start Date	End Date	
WEEDMAN BROTHERS	EN	CUR	09-14-1992		

Please <u>read</u> before ordering <u>Copies</u>.

Summary History New Search Printer Friendly

Image Available	Action	Transaction Date	Effective Date	<u>Status</u>	Name/Agent Change	Dissolved By
	RENEWAL PAYMENT	08-07-2018		SYS		
	RENEWAL PAYMENT	08-09-2016		SYS		
	RENEWAL PAYMENT	08-06-2014		SYS		
	RENEWAL PAYMENT	08-07-2012		SYS		
	RENEWAL PAYMENT	08-11-2010		SYS		

AMENDMENT OF REGISTRATION	05-27-2009	FI	Representative	
RENEWAL PAYMENT	08-06-2008	SYS		
RENEWAL PAYMENT	08-10-2006	SYS		
RENEWAL PAYMENT	08-09-2004	SYS		
RENEWAL PAYMENT	08-05-2002	SYS		
STRAIGHT RENEWAL	08-16-2000	FI		
STRAIGHT RENEWAL	08-05-1998	FI		
STRAIGHT RENEWAL	08-07-1996	FI		
AMENDED RENEWAL	08-05-1994	FI		
NEW FILING	09-14-1992	FI		

New Search Printer Friendly Counties

Counties Filed

Sherman

Counties Not Filed (but not necessarily available)

Baker, Benton, Clackamas, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Gilliam, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lake, Lane, Lincoln, Linn, Malheur, Marion, Morrow, Multnomah, Polk, Tillamook, Umatilla, Union, Wallowa, Wasco, Washington, Wheeler, Yamhill

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STATE OF OREGON -

COUNTY OF GILLIAM

CERTIFICATE OF WATER RIGHT

THIS CERTIFICATE ISSUED TO

TIM R MARICK STAR ROUTE ARLINGTON OR 97812

confirms the right to use the waters of A WELL in the John Day Basin for IRRIGATION of 145.3 ACRES.

This right was perfected under Permit G-9802. The date of priority is APRIL 26, 1982. The amount of water to which this right is entitled is limited to an amount actually used beneficially, and shall not exceed 1.82 CUBIC FEET PER SECOND or its equivalent in case of rotation, measured at the well.

The well is located as follows:

Twp	Rng	Mer	Sec	Q-Q	Survey Coordinates
lN	21 E	WM	19	NW SW	2880 FEET SOUTH AND 300 FEET EAST FROM NW CORNER OF SECTION 19

The amount of water used for irrigation, together with the amount secured under any other right existing for the same lands, is limited to a diversion of ONE-EIGHTIETH of one cubic foot per second, or its equivalent for each acre irrigated, and shall be further limited to a diversion of not to exceed 3.0 acre-feet per acre for each acre irrigated during the irrigation season of each year. The right to the use of the water for the above purpose is restricted to beneficial use on the lands or place of use described.

A description of the place of use to which this right is appurtenant is as follows:

			RRIG	ATION .	الله المالة سيستسر برايدو المالة المالة المالة		
Twp	Rng	Mer	Sec	Q-Q 3	GLot	, DLC	Acres
1 N	20 E	WM	13	NE'SE	1 to 1 to 1	' y '' .	28.8
1 N	20 E	WM	13	SE SE',	Marine 2000		24.6
lN	20 E	WM	24	NE NE	7: r 1-		. / 11.4
IN	20 E	WM	24	NW NE於	تذويا يثك	JE . 7/1 - 1	[23]3
1 N	21 E	WM	18	NWSW	3	1. 7.1	2413
1 N	21 E	WM	18	SW/SW/	40	Marie L.	15:9ء تي

NOTICE OF RIGHT TO PETITION FOR RECONSIDERATION OR JUDICIAL REVIEW

This is an order in other than a contested case. This order is subject to judicial review under ORS 183.484. Any petition for judicial review must be filed within the 60 day time period specified by ORS 183.484(2). Pursuant to ORS 536.075 and OAR 137-004-0080, you may either petition for judicial review or petition the Director for reconsideration of this order. A petition for reconsideration may be granted or denied by the Director, and if no action is taken within 60 days following the date the petition was filed, the petition shall be deemed denied. In addition, under ORS 537.260 any person with an application, permit or water right certificate subsequent in priority may jointly or severally contest the issuance of the certificate at any time before it has issued, and after the time has expired for the completion of the appropriation under the permit, or within three months after issuance of the certificate.

Application G-10117.amh

Page 1 of 2

Certificate 83254

The well shall be maintained in accordance with the General Standards for the Construction and Maintenance of Water Wells in Oregon.

The water user shall install and maintain a weir, meter, or other suitable measuring device and keep a complete record of the amount of ground water withdrawn.

The works shall include an airline and pressure gauge or an access port for a measuring line, adequate to determine the water level elevation in the well at all times.

The use of water shall be limited when it interferes with any prior surface or ground water rights.

WITNESS the signature of the Water Resources Director, affixed

MAR 3 0 2007

Phillip G. Ward, Director

Water Resources Department