

0622 North Lake Rd (11)
97601

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



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

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

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FOR ALL TEMPORARY TRANSFER APPLICATIONS

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

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- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Temporary Transfer Application Map Checklist.
- Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the online fee calculator at: http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator. If you have questions, call Customer Service at (503) 986-0801.
- Part 4 – Completed Applicant Information and Signature.
- Part 5 – Information about Transferred Water Rights: **How many water rights are to be transferred? 1 List them here: 85428**
Please include a separate Part 5 for each water right. (See instructions on page 6)
- N/A For standard Temporary Transfer (one to five years) **Begin Year: _____ End Year: _____.**
- N/A Temporary Drought Transfer (Only in counties where the Governor has declared drought)

Attachments:

- Completed Temporary Transfer Application Map.
- Completed Evidence of Use Affidavit and supporting documentation.
- Current recorded deed for the land **from** which the authorized place of use is temporarily being moved.
- N/A Affidavit(s) of Consent from Landowner(s) (if the applicant does not own the land upon which the water right is located.)
- N/A Supplemental Form D – For water rights served by or issued in the name of a district. Complete when the temporary transfer applicant is not the district.
- N/A 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 (if necessary to convey water to the proposed place of use).

(For Staff Use Only)

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

<input type="checkbox"/> Application fee not enclosed/or is insufficient	<input type="checkbox"/> Map not included or incomplete
<input type="checkbox"/> Land Use Form not enclosed or incomplete	<input type="checkbox"/> Part _____ is incomplete
<input type="checkbox"/> Additional signature(s) required	
Other/Explanation _____	
Staff: _____ 503-986-0_____	Date: ____/____/____

Part 2 of 5 – Temporary Transfer Application Map Checklist

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

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

- 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 temporary 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) to convey water to the new temporary place of use, show the proposed location and label it clearly with distance and bearing or coordinates. If GPS coordinates are used, latitude-longitude coordinates may be expressed as either degrees-minutes-seconds with at least one digit after the decimal (example – 42°32'15.5") or degrees-decimal with five or more digits after the decimal (example – 42.53764°).

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Part 3 of 5 – Fee Worksheet

FEE WORKSHEET for TEMPORARY (not drought) TRANSFERS			
1	Base Fee (includes temporary change to one water right for up to 1 cfs)	1	\$810.00
2	Number of water rights included in transfer: _____ (2a) Subtract 1 from the number in 3a above: _____ (2b) <i>If only one water right this will be 0</i> Multiply line 2b by \$260.00 and enter » » » » » » » » » » » » » » » »	2	
3	Do you propose to change the place of use for a non-irrigation use? <input type="checkbox"/> No: enter 0 on line 3 » » » » » » » » » » » » » » » » <input type="checkbox"/> Yes: enter the cfs for the portions of the rights to be transferred: _____ (3a) Subtract 1.0 from the number in 3a above: _____ (3b) If 3b is 0, enter 0 on line 3 » » » » » » » » » » » » » » » » If 3b is greater than 0, round up to the nearest whole number: _____ (3c) and multiply 4c by \$200.00, then enter on line 3	3	
4	Do you propose to change the place of use for an irrigation use? <input type="checkbox"/> No: enter 0 on line 4 » » » » » » » » » » » » » » » » <input type="checkbox"/> Yes: enter the number of acres for the portions of the rights to be transferred: _____ (4a) Multiply the number of acres in 4a above by \$2.30 and enter on line 4 » »	4	
5	Add entries on lines 1 through 4 above » » » » » » » » » » » Subtotal:	5	
6	Is this transfer: <input type="checkbox"/> necessary to complete a project funded by the Oregon Watershed Enhancement Board (OWEB) under ORS 541.932? <input type="checkbox"/> 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 5 by 0.5 and enter on line 6 »		
7	If no box is applicable, enter 0 on line 7 » » » » » » » » » » » » » » » »	6	
7	Subtract line 6 from line 5 » » » » » » » » » » » » » » » » Transfer Fee:	7	

FEE WORKSHEET for TEMPORARY DROUGHT TRANSFERS			
1	Base Fee (includes drought application and recording fee for up to 1 cfs)	1	\$200.00
2	Enter the cfs for the portions of the rights to be transferred (see example below*): <u>0.018</u> (2a) Subtract 1.0 from the number in 2a above: _____ (2b) If 2b is 0, enter 0 on line 2 » » » » » » » » » » » » » » » » If 2b is greater than 0, round up to the nearest whole number: <u>1</u> (2c) and multiply 2c by \$50, then enter on line 2 » » » » » » » » » » »	2	50.00
3	Add entries on lines 1 through 2 above » » » » » » » » » » » » » » » » Transfer Fee:	3	250.00

*Example for Line 2a 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:
 1. 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).
 2. 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)
 3. 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 2a would be only 0.56 cfs, since both rights serve the same 45.0 acres. Blank 2b would be 0 and Line 2 would then also become 0).

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Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME <i>Sheila Bilikas</i>		PHONE NO. <i>541-281-0114</i>	ADDITIONAL CONTACT NO.
ADDRESS <i>2622 Round Lake Rd</i>			FAX NO.
CITY <i>Klamath Falls</i>	STATE <i>OR</i>	ZIP <i>97601</i>	E-MAIL
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.			

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

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

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

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

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

Sheila Bilikas *Sheila Bilikas* *5-12-2021*
 Applicant signature Print Name (and Title if applicable) Date

_____ _____ _____
 Applicant signature Print Name (and Title if applicable) Date

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

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

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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. (NOTE: If this box is checked, you must complete and attach Supplemental Form D.)

DISTRICT NAME	ADDRESS	
CITY	STATE	ZIP

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

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP



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

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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INSTRUCTIONS for editing the Application Form

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

Microsoft Word 2003

Unlock the document by one of the following:

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

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

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

Microsoft Word 2007

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

Microsoft Word 2010

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

Other Alternatives:

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

Once the application has been unlocked, you may:

- add rows to tables using the Table tools, and
- select and copy the pages of Part 5 and paste as many additional sets of Part 5 pages as needed at the end of the application.

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

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97601

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 rows to tables within the form.

Water Right Certificate # 85428

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Description of Water Delivery System

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System capacity: 0.018 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. _____

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

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

POD/POA Name or Number	Is this POD/POA Authorized on the Certificate or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-)	Twp	Rng	Sec	¼ ¼	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	KLAM 14121	39 S	08 S	07	NENE	200	229.7 West, 457.8 North NE ¼ ¼
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed							
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed							
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed							

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

- Place of Use (POU)
- Point of Diversion (POD)
- Additional Point of Diversion (APOD)
- Appropriation/Well (POA)
- Additional Point of Appropriation (APOA)

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

- Place of Use (POU)
- Character of Use (USE)
- Point of Diversion (POD)
- Point of Appropriation/Well (POA)
- Additional Point of Appropriation (APOA)
- Additional Point of Diversion (APOD)

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

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

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

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

Table 2. Description of Temporary Changes to Water Right Certificate # 85428

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

AUTHORIZED (the "from" or "off" lands) The listing that appears on the Certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.											Proposed Changes (see "CODES" from previous page).	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.																		
Twp	Rng	Sec	1/4	1/4	Tax Lot	Gvt. Lot or DLC	Acres	Type of USE listed on Certificate.	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp	Rng	Sec	1/4	1/4	Tax Lot	Gvt. Lot or DLC	Acres	New Type of USE.	POD(s)/ POA(s) to be used (from Table 1)	Priority Date								
EXAMPLE																														
2	S	9	E	15	100		15.0	Irrigation	POD #1 POD #2	1901	POU/POD	2	S	9	E	1	NW	NW	500	1	10.0	POD #5	1901							
								EXAMPLE																						
395	08	E	07	NE NE	200		1.5	irrigation	1		CS/06/1901	395	8	E	7	NE NE		300		1.5	irrigation	1	1990							
TOTAL ACRES							1.5																TOTAL ACRES							1.5

Additional remarks: _____

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2622 Round Lake Rd (a)

Water Right Certificate # _____

For Place of Use Changes

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

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



Pursuant to ORS 540.525, any "layered" water use such as an irrigation right that is supplemental to a primary right proposed for temporary transfer can be included in the transfer or remain unused on the authorized place of use. If the primary water right does not revert soon enough to allow use of the supplemental right within five years, the supplemental right shall become subject to cancellation for nonuse under ORS 540.610.

If a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation is necessary to convey the water to the new temporary place of use you must provide:

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

AND/OR

- Describe the construction of the authorized and proposed well(s) in Table 3 below for any well that does not have a well log. For a *proposed well(s) 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

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Oregon Water Resources Department
Water Rights Mapping Tool

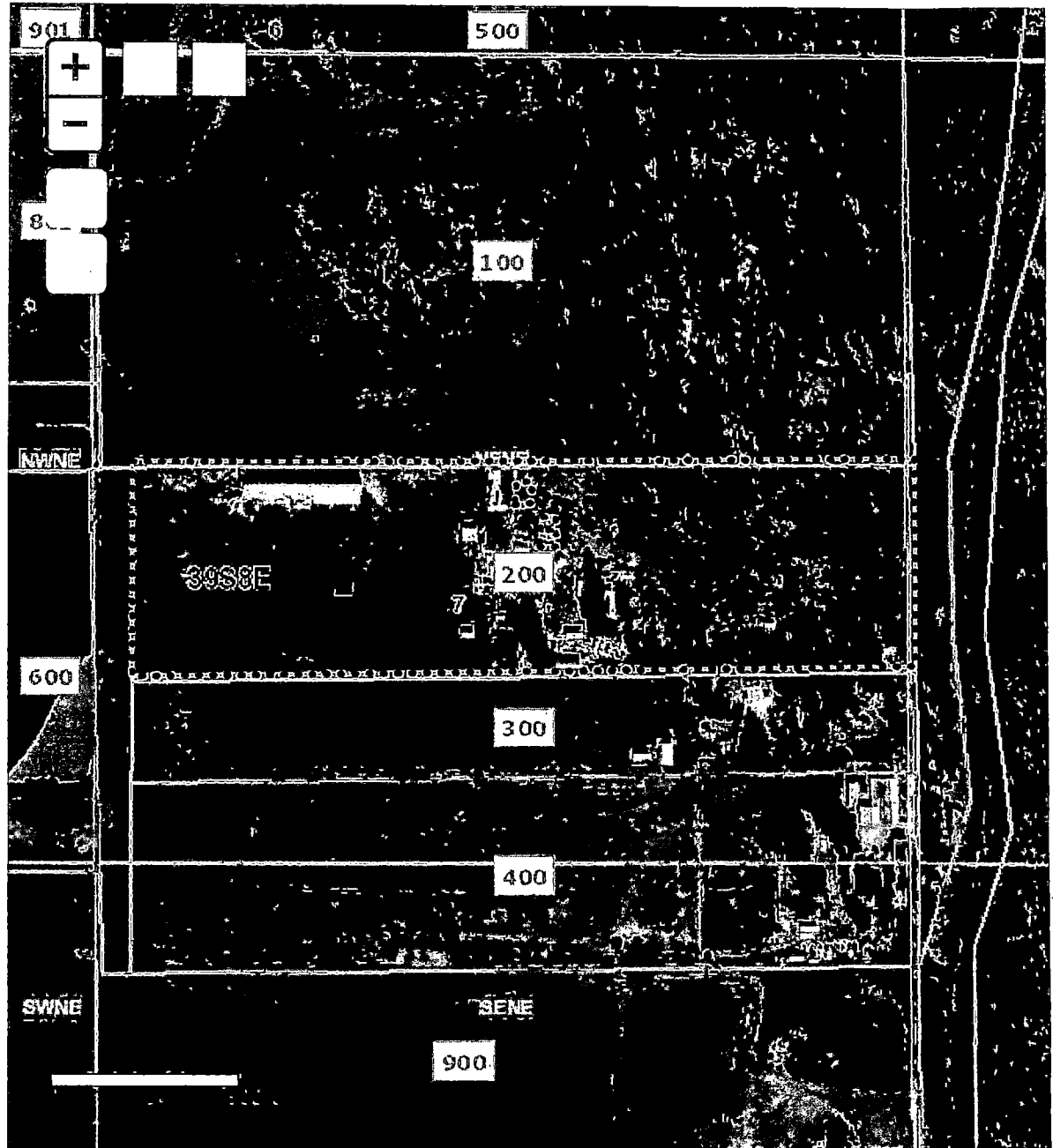
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725 Summer St NE, Sale

Return Contact

2622 Round Lake Rd
97601 (17)

Search	
Identify Non-Water Right Features	RECEIVED
Tax Lots	JUN 02 2021
Identify Tax Lots	OR Map OWRD
<input type="radio"/> Off	
<input checked="" type="radio"/> On	
County:	Klamath
Taxlot:	R-3908-00700-00200-000
Owner1:	DEXTER DOUGLAS L & SHEILA BILIKAS
Owner2:	
Owner Address:	2622 ROUND LAKE RD, KLAMATH FALLS, OR 97601
Site Address:	2622 ROUND LAKE RD, KLAMATH FALLS, OR 97601
Acres:	4.6
TRSQQ:	WM39.00S8.00E7XXXX
Effective Date:	March 25, 2019
<p>Note: Tax lot information provided here is for general query purposes. It may not be up to date or may not be an official record. Please contact the respective county tax assessor's office for more current and specific information.</p> <p>It is recommended to zoom to a detailed extent before query.</p>	
Layers	
Tools	



Oregon Water Resources Department
Well Report Query

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Well Report Query Results GPS points, where available are at the far right of the table. Click link to view on map

Well Log: KLAM 14121, Township: 39 S, Range: 8 E, Sections: 7

Well Log	Details	T-R-S/ QQ-Q	Taxlot	Street of Well	Owner	Company	Special Standards	Well Type	First Water	Completed Depth	Static Water Level	Yield	Completed Date	Received Date	Bonded Constructor	Startcard	Well Id #	New	Abandon	Deepen	Alteration	Conversion	Domestic	Irrigation	Community	Livestock	Industrial	Injection	Thermal	Dewatering	Piezometer	Latitude/ Longitude	
KLAM 14121 Groundwater Info	Details	39.00S-8.00E-7 NE-NE		ROUND LAKE RD	TROWBRIDGE, ROY E 791 LA CRUZ LANE VACAVILLE CA 95688			W	141.00	233.00	139.0	200.0	03/24/1988	-03/31/1988	SEVEY, NORM J	1470	✓						✓										42.1969, -121.9148

[Download Data](#)

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5/14/2021

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

KLAM 2622
 14121 Power Lab
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39S/8E-7aa

MAR 31 1988

(1) **OWNER:** Name Roy E. Trowbridge Owner's Well Number: 1470
 Address 791 La Cruz Lane
 City Vacaville, State CA. Zip 95688

(2) **TYPE OF WORK:**
 New Well Deepen Recondition Abandon

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

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

(5) **BORE HOLE CONSTRUCTION:**
 Depth of Completed Well 233 ft.
 Special Standards date of approval none

HOLE		SEAL		Amount	
meter	From	To	Material	From	To
12"	0	19	cement	0	19
8"	20	233			
sacks or pounds <u>8 sacks</u>					

How was seal placed? Method A B C D E
 Other

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) **CASING/LINER:**

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	+1	20	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location of shoe(s) no shoe

(7) **PERFORATIONS/SCREENS:**

Perforations Method none
 Screens Type _____ Material _____

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

(8) **WELL TESTS: Minimum testing time is 1 hour**

Pump Bailer Air Flowing Artesian

Yield gal/min	Pumping level	Drill stem at	Time 1/2 hr
200		230'	1 hr
100		185'	"
75		170'	"

Temperature of water 60 Depth Artesian Flow Found _____
 Was a water analysis done? No Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other none
 Depth of strata: _____

(9) **LOCATION OF WELL:** Legal description:
 County Klamath Latitude _____ Longitude _____
 Township 39 S N or S, Range 8 E E or W, WM.
 Section 7 NE 1/4 NE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Round Lake Rd.

(10) **STATIC WATER LEVEL:**
139 ft. below land surface. Date 3,24,88
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WELL LOG:** Ground elevation approx. 4350

Material	From	To	WB?	SWL
Top soil and boulders	0	8		
Black rock	8	29		
Brown lava rock	29	73		
Black lava rock	73	92		
Brown clay	92	130		
Red lava rock	130	141		
Black lava rock	141	185	10	139'
Red lava rock	185	196	10	139'
Brown lava rock	196	216	50	139'
Fractured gray rock	216	233	150	139'

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Date started 3,23,88 Completed 3,24,88

(unbonded) **Water Well Constructor Certification:**
 I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed _____ Date _____

(bonded) **Water Well Constructor Certification:**
 I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.
 Signed Norm Sevey Date 3,25,88
 Company Norm Sevey Well Drilling WWC# No. 408

2600
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STATE OF OREGON
COUNTY OF KLAMATH
CERTIFICATE OF WATER RIGHT

THIS CERTIFICATE ISSUED TO

MR AND MRS ROY E TROWBRIDGE
2622 ROUND LAKE ROAD
KLAMATH FALLS OREGON 97601

confirms the right to use the waters of ONE WELL in the Round Lake Basin for IRRIGATION of 9.6 ACRES.

This right was perfected under Permit G-11209. The date of priority is AUGUST 6, 1990. The amount of water to which this right is entitled is limited to an amount actually used beneficially, and shall not exceed 0.12 CUBIC FOOT 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
39 S	8 E	WM	7	NE NE	850 FEET SOUTH AND 209 FEET WEST FROM NE CORNER, SECTION 7

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 acre-feet per acre for each acre irrigated during the irrigation season of each year.

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

Twp	Rng	Mer	Sec	Q-Q	Acres
39 S	8 E	WM	7	NE NE	9.6

The well shall be maintained in accordance with the General Standards for the Construction and Maintenance of Water Wells in Oregon. The works shall be equipped with a usable access port, and may also include an air line and pressure gauge adequate to determine water level elevations in the well at all times. When required by the department, the user shall install and maintain a weir, meter, or other suitable measuring device, and shall keep a complete record of the amount of ground water withdrawn.

The Director may require water level or pump test results every ten years.

Failure to comply with any of the provisions of this permit may result in action including, but not limited to restrictions on the

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.

2622 Koono Lake Rd
97607 21

use, civil penalties, or cancellation of the permit.


The right is for beneficial use of water without waste. The water user is advised that new regulations may require use of best practical technologies or conservation practices to achieve this end.

By law, the land use associated with this water use must be in compliance with statewide land-use goals and any local acknowledged land-use plan.

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.

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

Issued APR 03 2009


Phillip C. Ward, Director
Water Resources Department

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JUN 02 2021

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Application for Water Right Transfer

Evidence of Use Affidavit

2622 Round Lake Rd 97601 OR



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 KLAMATH)

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I, SHEILA BILKAS, in my capacity as OWNER,
 mailing address 2622 ROUND LAKE RD, KLAMATH FALLS, OR 97601
 telephone number (541)281-0114, being first duly sworn depose and say:

OWRD

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 # 85428; **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)

- 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)

2622 1000 9260 1
22

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

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.

Shale Bilkes
Signature of Affiant

6-1-21
Date

Signed and sworn to (or affirmed) before me this 1 day of June, 2021.



Quinn Managher
Notary Public for Oregon

My Commission Expires: August 27, 2023

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 confirming water right certificate that shows issue date
<input type="checkbox"/> Copies of receipts from sales of irrigated crops or for expenditures related to use of water	<ul style="list-style-type: none"> • Power usage records for pumps associated with irrigation use • Fertilizer or seed bills related to irrigated crops • Farmers Co-op sales receipt
<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"> • 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
<input checked="" 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 – www.oregonexplorer.info/imagery OWRD – www.wrd.state.or.us Google Earth – earth.google.com TerraServer – www.terra-server.com</p>
<input type="checkbox"/> Approved Lease establishing beneficial use within the last 5 years	Copy of instream lease or lease number

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2622
Round Lake
RD
97601
23

40665

MTC 41752-LW Vol. M97 Page 21195
WARRANTY DEED

M. LOIS GARRISON and STEPHEN R. PERKINS, with the rights of survivorship, Grantor(s) hereby grant, bargain, sell and convey to: DOUGLAS L. DEXTER and SHEILA BILIKAS DEXTER, husband and wife, Grantee(s) and grantee's heirs, successors and assigns the following described real property, free of encumbrances except as specifically set forth herein in the County of KLAMATH and State of Oregon, to wit:

A portion of the NE1/4 of the NE1/4 of Section 7, Township 39 South, Range 8 East of the Willamette Meridian, Klamath County, Oregon, more particularly described as follows:

The N1/2 S1/2 NE1/4 NE1/4, EXCEPTING therefrom the Westerly 50 feet.

'97 JUL -6 P 3:54

SUBJECT TO: all those items of record and those apparent upon the land, if any, as of the date of this deed and those shown below, if any; and the grantor will warrant and forever defend the said premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

THIS INSTRUMENT WILL 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 APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

The true and actual consideration for this conveyance is \$ 163,500.00.

Until a change is requested, all tax statements shall be sent to Grantee at the following address: ,

Dated this 3rd day of July, 1997

M. Lois Garrison by Stephen R. Perkins
M. LOIS GARRISON her attorney in fact
Stephen R. Perkins
STEPHEN R. PERKINS

STATE OF Oregon ss. July 3, 1997
COUNTY OF Multnomah

Personally appeared the above named Stephen R. Perkins acting as PLA for M. Lois Garrison and Stephen R. Perkins as himself. and acknowledged the foregoing instrument to be a voluntary act.



(seal)

Before me:
[Signature]
Notary Public for Oregon
My commission expires 11-26-99

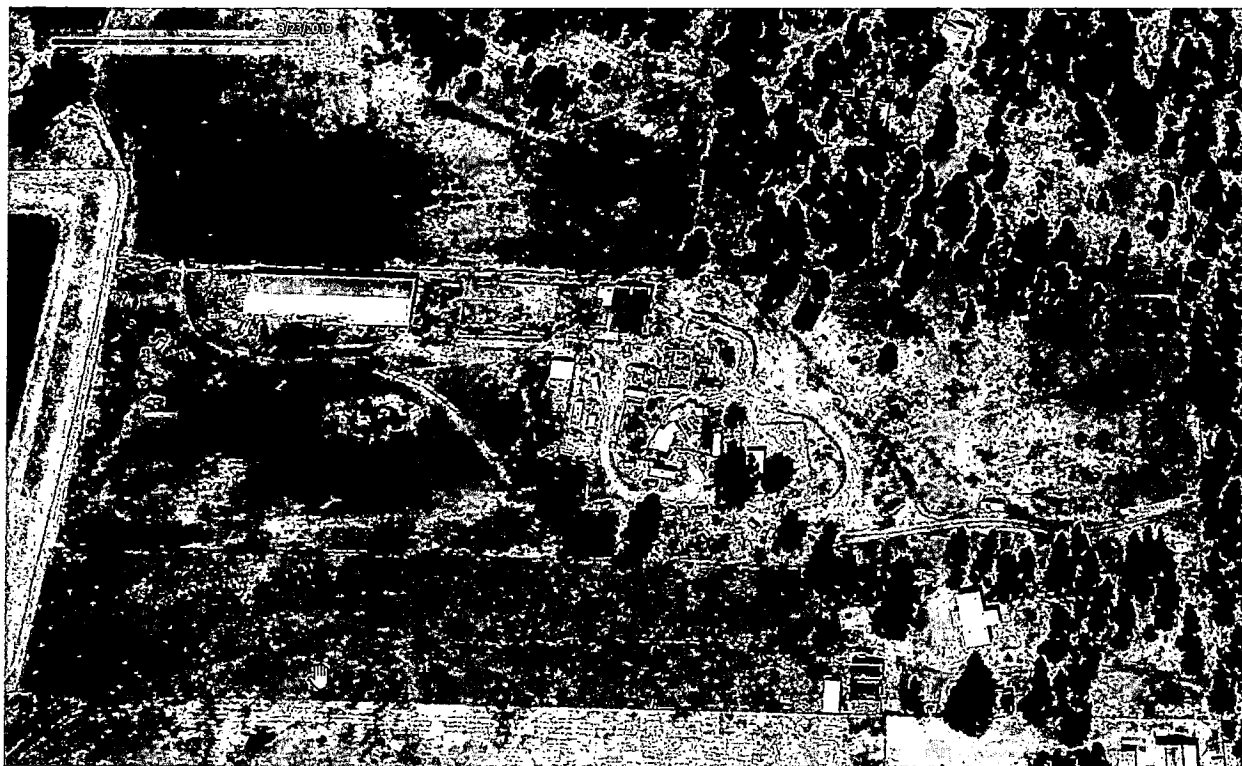
ESCROW NO. MT41752-LW
Return to:
DOUGLAS L. DEXTER
2622 Round Lake Rd.
Klamath Falls, OR 97601

STATE OF OREGON, County of Klamath ss.
Filed for record at request of:
Amerititle
on this 8th day of July A.D., 1997
at 3:54 o'clock P M. and duly recorded
in Vol. M97 of Deeds Page 21195
Bernetha G. Letsch, County Clerk
By *Kathleen Ross*
Fee, \$30.00 Deputy

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30-

2622 Round Lake
97.661 184



Google Earth

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MAR 24 1988

WATERMASTER

"START CARD"

NOTICE OF BEGINNING OF WELL CONSTRUCTION

(as required by ORS 537.762)

NO 1470

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MAR 25 1988

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original delivered to the Water Resources Department prior to commencement of construction, alteration or abandonment of each well.

Owner's Name and Mailing Address

Roy C. Troubridge
791 LA CRUZ Lane
Vacaville CA 95688

Proposed Commencement Date MARCH 23-88

Proposed Well Depth and Use: 220' Diameter 8"

- Domestic
- Thermal
- Community
- Injection
- Industrial
- Other
- Irrigation

Proposed Well Location: County KLAMATH
Township 39 S (N or S) Range 8 E (E or W) Section 7

At least 2 of these must be provided

1. NE 1/4 of NE 1/4 of above section
2. street address of well location 1622 Round Lake Road
3. tax lot number of well location _____
4. attach approved map with location identified. (see reverse of this form for approved maps)

We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks and septic drain fields.

x Roy C. Troubridge
Owner's Signature

x Norm Sevey
Bonded Water Well Constructor

owner
Title
3-21-1988
Date

License No. 408
Company Norman Sevey Well Drilling

Note: This is not a Water Right application. The owner is responsible for obtaining a Water Right through the Water Resources Department if required.

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2022 Round Lake RD
(11) 87601

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

666975

I.D. TAG NO.

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS

136-2014-031542

STATE FILE NUMBER

CERTIFICATE OF DEATH

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name First: Douglas Middle: Lee Last: Dexter Suffix:		Death Date October 24, 2014		
	Sex Male	Age 70 years	Social Security Number [REDACTED]	County of Death Klamath	
	Birthdate January 20, 1944		Birthplace Benicia, California		Was Decedent Ever in U.S. Armed Forces? No
	Residence 2622 Round Lake Road		City/Town Klamath Falls		
	Residence County Klamath	State or Foreign Country Oregon	Zip Code + 4 97601	Inside City Limits? Yes	
	Marital Status at Time of Death Married		Spouse's Name Prior to First Marriage Sheila Billikas		
	Father's Name Ralph Griffith		Mother's Name Prior to First Marriage Delores Skidmore		
	Informant's Name Sheila Dexter		Telephone Number Not Available	Relationship to Decedent Spouse	Mailing Address 2622 Round Lake Road, Klamath Falls, OR 97601
	Place of Death Decedent's Residence		Facility Name		
	Location of Death 2622 Round Lake Road		City/Town or Location of Death Klamath Falls	State Oregon	Zip Code + 4 97601
Method of Disposition Cremation		Place of Disposition Eternal Hills Crematory	Location (City/Town and State) Klamath Falls, Oregon		
Name and Complete Address of Funeral Facility Eternal Hills Funeral Home 4711 Highway 39, Klamath Falls, Oregon 97603					
Date of Disposition TBD	Funeral Director's Signature <i>/s/ Tim C Lancaster</i>		OR License Number CO-3224		
Registrar's Signature <i>/s/ Maribynn Sutherland</i>		Date Received November 21, 2014	Local File Number		
Amendment					

TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner? Yes	Autopsy? Yes	Were autopsy findings available to complete the cause of death? Yes	Time of Death Found 1203
	CAUSE OF DEATH			Approximate Interval Onset to Death
	IMMEDIATE CAUSE			minutes
	a. Carbon Monoxide Poisoning			minutes
	b. Smoke Inhalation			minutes
	c. Residential Structure Fire			minutes
	d. Other significant conditions contributing to death			
	Atherosclerotic Heart Disease; Cancer Left Lung; History of Stroke			
	Manner of Death Accident	If Female	Did tobacco use contribute to death? No	
	Date of Injury October 24, 2014	Time of Injury 1203	Place of Injury Other - Residence	Injury at Work? NO
Location of Injury 2622 Round Lake Road, Klamath Falls, Oregon 97601				
Describe how injury occurred Residential Structure Fire		If transportation injury, specify.		
Name and Address of Certifier James N Olson 5179 Crater Lake Highway, Central Point, Oregon 97502				
Name and Title of Attending Physician [if Other than Certifier]			Date Signed October 28, 2014	
Medical Certifier <i>/s/ James N Olson</i>	Title of Certifier M.D., M.E.	License Number MD10050		
Amendment				

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45-2GC (01/06)

OWRD

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS OR A DELEGATED LOCAL OFFICE

January 13 2015

DATE ISSUED: _____

Jennifer A. Woodward
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

