

Application for Permanent Water Right Transfer



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
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 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.
- 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: C-62014**
Please include a separate Part 5 for each water right. (See instructions on page 6)
NOTE: A separate transfer application is required for each water right unless the criteria in OAR 690-380-3220 are met.

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 Oregon Water Resources Department’s Land Use Information Form with approval and signature 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.
- 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):

- Application fee not enclosed/insufficient
- Land Use Form not enclosed or incomplete
- Additional signature(s) required
- Map not included or incomplete
- Evidence of Use Form not enclosed or incomplete
- Part _____ is incomplete

Other/Explanation _____

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

Part 2 of 5 – Transfer Application Map

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/. 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°).

Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Golden Rule Farms, Inc		PHONE NO. 541-480-9752	ADDITIONAL CONTACT NO. 541-576-2490
ADDRESS PO Box 255			FAX NO.
CITY Christmas Valley,	STATE OR	ZIP 97641	E-MAIL GoldenRuleFarms@gmail.com
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.			

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

AGENT/BUSINESS NAME Scott Montgomery/All Points Engr & Surveying, Inc		PHONE NO. 541-548-5833	ADDITIONAL CONTACT NO. 541-420-0401
ADDRESS PO Box 767			FAX NO.
CITY Terrebonne	STATE OR	ZIP 97760	E-MAIL scott@apeands.com
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.			

Explain in your own words what you propose to accomplish with this transfer application, and why:
 The transfer application proposes to move the corner area that is irrigated by Certificate 62014 to a new place of use that will be irrigated by some of the proposed points of appropriation. The change is requested to facilitate a change in irrigation on the current place of use from hand lines to center pivot sprinkler. The transfer application also proposes to add additional points of appropriation to irrigate the current place of use.

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 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.

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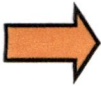
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By my signature below, I confirm that I understand:

- 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: Burns Times Herald.
- 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).
- Refunds may only be granted upon request and, as set forth in ORS 536.050(4)(a), if the Director determines that a refund of all or part of a fee is appropriate in the interests of fairness to the public or necessary to correct an error of the Department.

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



Tim Pucket
Applicant signature

Tim Pucket, President, Golden Rule Farms, Inc ___
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 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 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: https://www.oregon.gov/owrd/WRDFormsPDF/Transfer_Property_Transactions.pdf

RECEIVING LANDOWNER NAME NA		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS			FAX NO.
CITY	STATE	ZIP	E-MAIL
Describe any special ownership circumstances:			
The confirming Certificate shall be issued in the name of: <input type="checkbox"/> Applicant <input type="checkbox"/> Receiving Landowner			

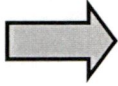
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Check here if any of the water rights proposed for transfer are or will be located within or served by an irrigation or other water district. (Tip: Complete and attach Supplemental Form D.)

IRRIGATION DISTRICT NAME NA	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.

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 Harney County	ADDRESS 360 N Alvord	
CITY Burns	STATE OR	ZIP 97720

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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 # 62014

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Description of Water Delivery System

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System capacity: 0.5 cubic feet per second (cfs) **OR**

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_____ gallons per minute (gpm)

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. **Groundwater is pumped to a center pivot sprinkler that irrigates the authorized place of use. Hand line sprinklers are used to irrigate the corner areas of the 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)
POA	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 1317	26 S	30 E	1	SE	NW		10' N & 1340' E from W ¼ cor, Sec 1
#3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 50143	26 S	30 E	1	SW	NE	100	2160' S & 2340' W from NE cor, Sec 1
#16	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 51555	26 S	30 E	1	SW	NW	200	250' N & 730' E from W ¼ cor, Sec 1
#18	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 50777	25 S	31 E	33	NW	NW	6100	770' S & 1320' E from NW cor, Sec 33
#18A	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 50501	25 S	31 E	33	NE	NW	6100	1120' S & 3695' W from NE cor, Sec 33
#A	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 50358	25 S	31 E	28	NE	SE	5700	1365' N & 100' W from SE cor, Sec 28
#B	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 51784	25 S	31 E	33	NW	NE	5600	365' S & 2405' W from NE cor, Sec 33
#C	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	UNBUILT	25 S	31 E	33	NE	NW	6100	770' S & 2665' W from NE cor, Sec 33

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

- | | |
|---|--|
| <input checked="" 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 checked="" 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) |

Surface Water POD to Ground Water
POA (SW/GW)

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.

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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 # 62014

List the change proposed for the acreage in each ¼ ¼. 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	¼	¼	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	¼	¼	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/POA(s) to be used (from Table 1)	Priority Date				
26	S	30	E	1	SE	NW	200		40.0	IR	POA	1983	POU/POA/APOA	25	S	31	E	32	NE	NE	6000		4.7	IR	#18, 18A, A, B, & C	1983
													POU/POA/APOA	25	S	31	E	32	NW	NE	6000		4.8	IR	#18, 18A, A, B, & C	1983
													APOA	26	S	30	E	1	SE	NW	200		30.5	IR	, #3 & 16 POA	1983
TOTAL ACRES:							40.0					TOTAL ACRES:							40.0							

Additional remarks: **Propose to add wells #3 & #16 to remaining 30.5 acres. Well 18 will replace POA & wells 18a, A, B, & C will be added to the 9.5 acres transferred off.**

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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

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-rate (gpm) than 1 of wat
#C	No	NA	300'	14"	+1' to -300'	0' to 25'	-150' to -200'	100'	Sand	

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 HARNEY)

I, TIM PUCKET, in my capacity as PRESIDENT, GOLDEN RULE FARMS, INC.,
 mailing address PO BOX 255, CHRISTMAS VALLEY, OR 97641
 telephone number (541)480-9752, 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 # 62014; **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)

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)

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

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.

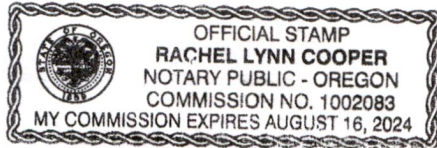
[Handwritten Signature]

 Signature of Affiant

3-6-23

 Date

Signed and sworn to (or affirmed) before me this 6 day of March, 2023.



[Handwritten Signature]

 Notary Public for Oregon

My Commission Expires: August 16, 2024

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 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"> • 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 style="text-align: center; color: blue; font-weight: bold;">RECEIVED MAR 15 2023 OWRD</p>	<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

11/15/2022 07:49:11 am

HARNEY ELEC COOPERATIVE, INC.

CUSTOMER PROFILE/BILLING HIST

Page: .

Customer: 397567

Name: GOLDEN RULE FARMS INC
Addl Name:
Address: PO BOX 255
CHRISTMAS VALLEY OR 97641-0255

Phone Home: 541-480-8475 Ext Stacy
Mobl: Addl Phone
Busn: 541-480-9752 Tim Home:
Fax: Busn:
Fax:

Account: 159503

Cycle Code: 2

Invoice Group: 1744

Provider: COOP - HARNEY ELECTRIC COOP

Service: ELEC - ELECTRIC SERVICE

AR Information:

Total AR:	174.04	Budget Due:	.00	Annual Due:	.00
Total Current:	174.04	Curr Budget:	.00	Curr Annual:	.00
Total 30 Days:	.00	Past Budget:	.00	Past Annual:	.00
Total 60 Days:	.00				
Total 90 Days:	.00				

Payment Information:

Payment Date: 10/20/2022 Payment Amt: -1,138.42
Location: 1595 Srv Map Loc: H049L018R006R002 #3
Srv Desc: 75 HP Dog Mtn
Srv Address: DOG MTN
Prim Rate Sched:IR1

Emergency Addr: 05531
District Office: B - HINES OFFICE
Board Dist: 1 - JOE CRONIN
Srv Area: 22 - HARNEY LAKE - DOUBLE O

Billing History Usage Summary:

Rev YrMo	Usage	Act Dmd	Bld Dmd	KVAR Usage	KVA Use
May 2022	3,505	59.770	59.770	3629.000	.000
Jun 2022	25,976	59.770	59.770	25181.000	.000
Jul 2022	29,434	59.770	59.770	29329.000	.000
Aug 2022	24,791	59.770	59.770	24658.000	.000
Sep 2022	40,517	59.770	59.770	40422.000	.000
Oct 2022	19,628	58.910	58.910	19895.000	.000
Nov 2022	2,637	59.330	59.330	2732.000	.000
Totals:	146,488	417.090	417.090	145846.000	.000
Averages:	20,927	59.584	59.584	20835.143	.000

Billing History Revenue Summary:

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coop.nisc.cis.batch.module.support.customerprofile.CustomerProfileMainBO

tsmith

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Scott

From: Scott
Sent: Friday, August 26, 2022 1:06 PM
To: Thane, Lindsay M.; Timothy P. Puckett (goldenrulefarms@gmail.com)
Subject: FW: Pivot corner number three

More pics from Charlie of corner area of 40 acres off Weaver Springs

From: oscarbranstetter@gmail.com <oscarbranstetter@gmail.com>
Sent: Friday, August 26, 2022 12:17 PM
To: Scott <Scott@apeands.com>
Subject: Pivot corner number three

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All Photos taken late spring 2022
by Charlie Branstetter, Farm Mgr.

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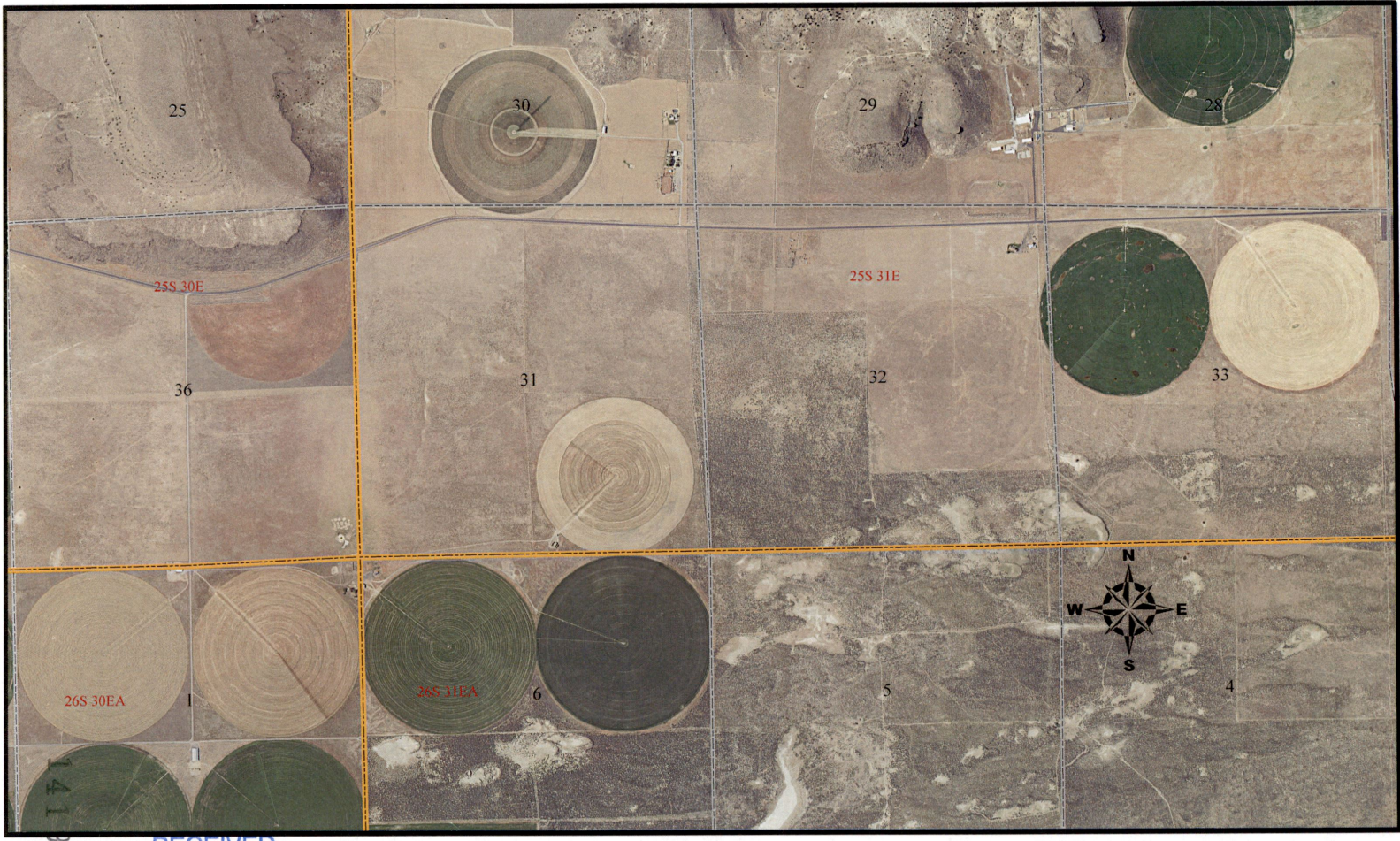
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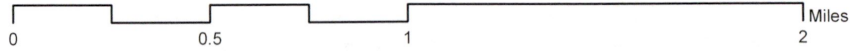
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T25&26S R 30&31E, W.M.

2020 aerial imagery from NRCS Gateway website imported into ArcMap GIS software in statewide Lambert projection.



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Land Use Information Form



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

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Applicant(s): Tim Pucket, President Golden Rule Farms, Inc

Mailing Address: PO Box 255

City: Christmas Valley

State: OR

Zip Code: 97641

Daytime Phone: 541-480-9752

A. Land and Location

Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), and/or used or developed. Applicants for municipal use, or irrigation uses within irrigation districts may substitute existing and proposed service-area boundaries for the tax-lot information requested below.

Township	Range	Section	¼ ¼	Tax Lot #	Plan Designation (e.g., Rural Residential/RR-5)	Water to be:			Proposed Land Use:
<u>25S</u>	<u>31E</u>	<u>28</u>	<u>NE SE</u>	<u>5700</u>	<u>EFRU1</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	<u>IR</u>
<u>25S</u>	<u>31E</u>	<u>28</u>	<u>SW SE</u>	<u>5700</u>	<u>EFUR1</u>	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	<u>IR</u>
<u>25S</u>	<u>31E</u>	<u>28</u>	<u>SE SE</u>	<u>5700</u>	<u>EFUR1</u>	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	<u>IR</u>
<u>25S</u>	<u>31E</u>	<u>28</u>	<u>SW SW</u>	<u>6102</u>	<u>EFRU1</u>	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>IR</u>
<u>25S</u>	<u>31E</u>	<u>28</u>	<u>SE SW</u>	<u>6102</u>	<u>EFUR1</u>	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>IR</u>
<u>25S</u>	<u>31E</u>	<u>32</u>	<u>NE NE</u>	<u>6000</u>	<u>EFUR1</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	<u>IR</u>
<u>25S</u>	<u>31E</u>	<u>32</u>	<u>SW NE</u>	<u>300</u>	<u>EFRU1</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	<u>IR</u>
<u>25S</u>	<u>31E</u>	<u>33</u>	<u>NW NE</u>	<u>5600</u>	<u>EFUR1</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	<u>IR</u>
<u>25S</u>	<u>31E</u>	<u>33</u>	<u>NE NW</u>	<u>6100</u>	<u>EFUR1</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	<u>IR</u>
<u>25S</u>	<u>31E</u>	<u>33</u>	<u>NW NW</u>	<u>6100</u>	<u>EFUR1</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	<u>IR</u>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	_____

EDW-2

List all counties and cities where water is proposed to be diverted, conveyed, and/or used or developed:

Harney County

B. Description of Proposed Use

Type of application to be filed with the Water Resources Department:

- Permit to Use or Store Water
 Water Right Transfer
 Permit Amendment or Ground Water Registration Modification
 Limited Water Use License
 Allocation of Conserved Water
 Exchange of Water

Source of water: Reservoir/Pond
 Ground Water
 Surface Water (name) _____

Estimated quantity of water needed: 0.27
 cubic feet per second
 gallons per minute
 acre-feet

Intended use of water: Irrigation
 Commercial
 Industrial
 Domestic for _____ household(s)
 Municipal
 Quasi-Municipal
 Instream
 Other _____

Briefly describe:

Dairy use being changed to irrigatino & moving corner area from a pivot 1 1/2 miles southwest.

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OWRD

For Local Government Use Only

The following section must be completed by a planning official from each county and city listed unless the project will be located entirely within the city limits. In that case, only the city planning agency must complete this form. This deals only with the local land-use plan. Do not include approval for activities such as building or grading permits.

Please check the appropriate box below and provide the requested information

- Land uses to be served by the proposed water uses (including proposed construction) are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): Hc20 3.020 / EFLU-2
- Land uses to be served by the proposed water uses (including proposed construction) involve discretionary land-use approvals as listed in the table below. (Please attach documentation of applicable land-use approvals which have already been obtained. Record of Action/land-use decision and accompanying findings are sufficient.) **If approvals have been obtained but all appeal periods have not ended, check "Being pursued."**

Type of Land-Use Approval Needed (e.g., plan amendments, rezones, conditional-use permits, etc.)	Cite Most Significant, Applicable Plan Policies & Ordinance Section References	Land-Use Approval:	
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued

Local governments are invited to express special land-use concerns or make recommendations to the Water Resources Department regarding this proposed use of water below, or on a separate sheet.

Name: Brandon McMillan Title: Planning Director
 Signature: [Signature] Phone: (941) 573-6655 Date: 11/9/2022
 Government Entity: Hannu County

Note to local government representative: Please complete this form or sign the receipt below and return it to the applicant. If you sign the receipt, you will have 30 days from the Water Resources Department's notice date to return the completed Land Use Information Form or WRD may presume the land use associated with the proposed use of water is compatible with local comprehensive plans.

Receipt for Request for Land Use Information

Applicant name: _____
 City or County: _____ Staff contact: _____
 Signature: _____ Phone: _____ Date: _____

WATER WELL REPORT
STATE OF OREGON

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JUL 9 1981

WATER RESOURCES DEPT
SALEM, OREGON

State Well No. 265/30E-1bd

State Permit No. Geo

(1) OWNER:

Name Dee Mountain Farm
Address P.O. Box 251
City Burns State Oreg

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Air Driven
Rotary Mud Dug
Cable Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other
Thermal: Withdrawal ReInjection

(5) CASING INSTALLED:

Steel Plastic
Threaded Welded
12" Diam. from 0 ft. to 90 ft. Gauge 1.250"

LINER INSTALLED:

" Diam. from ft. to ft. Gauge

(6) PERFORATIONS:

Perforated? Yes No
Type of perforator used Mill Knife
Size of perforations 3/4 in. by 3 in.
360 perforations from 30 ft. to 70 ft.

(7) SCREENS:

Well screen installed? Yes No
Manufacturer's Name
Type Model No.
Diam. Slot Size Set from ft. to ft.
Diam. Slot Size Set from ft. to ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom? Driller
1400 gal/min. with 2 ft. drawdown after 3 hrs.
Air test gal/min. with drill stem at ft. hrs.
Bailer test gal/min. with ft. drawdown after hrs.
Artesian flow g.p.m.
Temperature of water 68 Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Special standards: Yes No
Well seal—Material used Cement
Well sealed from land surface to 28 ft.
Diameter of well bore to bottom of seal 18 in.
Diameter of well bore below seal 12 in.
Number of sacks of cement used in well seal 17 sacks
How was cement group placed? slurry mix?
poured
Was pump installed? Type HP Depth ft.
Was a drive shoe used? Yes No Plugs Size: location ft.
Did any strata contain unusable water? Yes No
Type of Water? depth of strata
Method of sealing strata off
Was well gravel packed? Yes No Size of gravel: ft.
Gravel placed from ft. to ft.

(10) LOCATION OF WELL:

County Lainey Driller's well number
SE 1/4 NW 1/4 Section 1 T. 26S R. 30E W.M.
Tax Lot # Lot Blk Subdivision
Address at well location:

(11) WATER LEVEL: Completed well.

Depth at which water was first found 30 ft.
Static level 30 ft. below land surface. Date 5/15/81
Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing #
Depth drilled 90 ft. Depth of completed well 80 ft.
Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
<u>Sandy clay</u>	<u>0</u>	<u>22</u>	
<u>Dry loose sand</u>	<u>22</u>	<u>30</u>	
<u>Red clay</u>	<u>30</u>	<u>38</u>	<u>30</u>
<u>Red cinclus</u>	<u>38</u>	<u>60</u>	<u>30</u>
<u>Black cinclus</u>	<u>60</u>	<u>80</u>	<u>30</u>
<u>Green clay</u>	<u>80</u>	<u>90</u>	<u>30</u>

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OWRB

Work started 4/2 19 81 Completed 5/15 19 81
Date well drilling machine moved off of well 5/15/81 19

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] R. S. Berg Date 5/15, 1981
(Drilling Machine Operator)
Drilling Machine Operator's License No. 269

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Name Ros S. Berg & Son
(Person, firm or corporation) (Type or print)
Address CRAVE, OREGON
[Signed] John W. Rossberg
(Water Well Contractor)
Contractor's License No. 272 Date 5/15, 19 81

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the

WATER RESOURCES DEPARTMENT,
SALEM, OREGON 97310
within 30 days from the date of well completion.

SP*12658-690

14191

WELL I.D.# L11939

MAR 27 1997

Harn
50143

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
WATER RESOURCES DEPT.
SALEM OREGON

(START CARD) # 83824

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

(1) OWNER: Well Number #3
Name VJ Lefor
Address HC 71 Box 463
City Burns State OR Zip 97720

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 290 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
28	0	50	Bentonite	0	18	30 SACKS
24	50	95				
14	95	290				

How was seal placed: Method A B C D E
 Other Drilled dry & tamped
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 100 ft. to 0 ft. Size of gravel 3/8 pea

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	24	+1	20	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	14	+1.5	115	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method saw cut
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
15	115	1/8x3	5600	14		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min 50 Drawdown 0 Drill stem at _____ Time 1 hr.

Temperature of water 58° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Harney Latitude _____ Longitude _____
Township 26S N or S Range 30E E or W. WM. _____
Section 1 SW 1/4 NE 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Weaver Springs Rd

(10) STATIC WATER LEVEL:
22 ft. below land surface. Date 3-21-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 30

From	To	Estimated Flow Rate	SWL
30	290	800	22
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MAR 15 2023			

(12) WELL LOG: Ground Elevation OWRD

Material	From	To	SWL
Sandy topsoil	0	2	
Sand	2	14	
Clay brn	14	21	
Clay blue	21	30	
Cinders blk & brn	30	52	22
Clay blue	52	77	22
Sand blk/fine caving	77	100	22
Clay, grey	100	140	22
Clay, blk	140	155	22
Clay green	155	172	22
Clay brn hard	172	180	22
Sand/clay blk	180	190	22
Clay grey	190	240	22
Clay green hard	240	245	22
Cinders, grey	245	260	22
Clay cobbles caving	260	275	22
Clay green	275	290	22

Date started 3-6-97 Completed 3-21-97

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

(bonded) Water Well Constructor Certification: 14191
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1424
Signed Zachary K. Riley Date 3-21-97

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

HARN 51555

WELL I.D. # L 38946

START CARD # W198686

51555

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

(1) **LAND OWNER** Well Number #16
Name Carpenier Ranch LLC
Address 1930 Lewis Street
City Salem State OR Zip 97301

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

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

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

(5) **BORE HOLE CONSTRUCTION** Special Construction: Yes No
Depth of Completed Well 320.0 ft. = 320
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
30"	0	20	BENBARK	0	20	120 SACKS
12"	20	320				

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: 12"	0	230	260	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 230'

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

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

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

Yield gal/min	Drawdown	Drill stem at	Time
1400	20'		3 Hrs.

Temperature of water 54.0 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did the water remain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: MAY 14 2009 APR 23 2009

(9) **LOCATION OF WELL (legal description)**
County HARNEY
Tax Lot none Lot _____
Township 25 N or S Range 31 E or W WM
Section 31 SW 1/4 TLW 1/4
Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)
Street Address of Well (or nearest address) _____

(10) **STATIC WATER LEVEL**
57.5 ft. below land surface. Date 3/20/09
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES**
Depth at which water was first found 90' 85'

From	To	Estimated Flow Rate	SWL
85'	130'	100 Gal.	80'

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

Material	From	To	SWL
TOP SOIL	0	2	
Hard pan	2	15	
SANDSTONE	15	40	
Cinders & Clay	40	48	
Black cinders	48	85	
Blue clay & cinders	85	90	
SANDSTONE	90	100	80'
Cinders & Clay	100	125	80'
Blue Clay	125	130	80'
Black Clay	130	230	80'
CINDERSTONE	230	320	57'

Date Started 10/14/08 Completed 3/20/09

(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.

WWC 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.

WWC Number 1336 Date 4/14/09

Signed [Signature]

50777

STATE OF OREGON WATER SUPPLY WELL REPORT

WELL ID # L 52341

(as required by ORS 537.765) Instructions for completing this report are on the last page of this form

(START CARD) # 144375

(1) OWNER:

Name Carpenter Ranch, LLC Address 1930 Lewis Street, SE City Salem State OR Zip 97302 Well Number: 52341 #18

(2) TYPE OF WORK:

New Well Deepening X Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:

X Rotary Air Rotary Mud Cable Auger Other

(4) PROPOSED USE:

Domestic Community Industrial X Irrigation Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes X No Depth of Completed Well 126 ft. Explosives used Yes X No Type Amount

Table with columns: HOLE Diameter, From, To, SEAL Material, From, To, Amount sacks or pounds. Row 1: 10, 0, 50, Bentonite, 0, 50, 28 sks. Row 2: 6, 50, 82.

Didn't disturb existing seal around 14" casing.

How was seal placed: Method A B C D E X Other Poured & probed. Backfill placed from 133 ft. to 126 ft. Material Sand & clay Gravel placed from 80 ft. to 126 ft. Size of gravel pea

(6) CASING/LINER:

Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Rows for Casing (6, 14) and Liner (12).

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

Table with columns: Perforations X Screens, Method Type, Factory Cook, Material SS, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner.

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

Table with columns: Pump, Bailer, X Air, Flowing Artesian, Yield gal/min, Drawdown, Drill stem at, Time.

Temperature of Water 54 Depth Artesian Flow found Was a water analysis done? Yes By whom Did any strata contain water not suitable for intended use? Too little Salty Muddy Odor Colored Other Depth of strata:

(9) LOCATION OF WELL by legal description:

County Harney Latitude Longitude Township 25S N or S. Range 31E E or W. of WM. Section 33 NW 1/4 NW 1/4 Tax lot 6100 Lot Block Subdivision Street Address of Well (or nearest address) Weaver Springs Rd, Burns, OR 97720

(10) STATIC WATER LEVEL:

38 ft. below land surface. Date 3/8/2002 Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Table with columns: Depth at which water was first found, From, To, Estimated Flow Rate, SWL. Row 1: 83, 83, 124, 2500, 38.

(12) WELL LOG:

Table with columns: Material, Ground elevation, From, To, SWL. Rows include Clay brown firm, Sand brown, Clay green, Sandstone brown soft, Claystone blue soft, Gravelloosely cemented, Sand eroded out, Gravel & sand loosely cemented, Sand eroded out, Gravel loosely cemented, Claystone blue & gray.

Video camera down well. There was 80' of 14" casing. bottom of well was 110'. Air lifted bottom of well from 110 down to 133'. Re-videoed the well, there was a 20' piece of 12" perforated pipe set in the bottom 133'. Used 12" spear to fish out. Drilled in a 6" gravel feed pipe next to 14" casing. Cleaned out 14" hole down to 126'. Re-videoed the well. Installed well screen & 15 tons of pea gravel

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Date started 2/26/2002 Completed 3/8/2002

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed Eugene T. Mack WWC Number 1394 Date 3/20/2002 Mack Drilling Company, Inc.

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Eugene T. Mack WWC Number 1394 Date 3/20/2002 Mack Drilling Company, Inc.

14191

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

HARN
50501

WELL I.D. # L 26601
START CARD # 116923

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

(1) OWNER:

Well Number H18A
Name Carpenter Ranch
Address P.O. Box 607
City Rivers State OR Zip 97126

(2) TYPE OF WORK

New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other Test

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 120 ft.

Explosives used Yes No Type None Amount None

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
18	0 107	Bentonite	42 0	63	Sacks
14	107 125				
10	125 145				

How was seal placed: Method A B C D E

Other Air Injection

Backfill placed from 107 ft. to 42 ft. Material Native

Gravel placed from - ft. to - ft. Size of gravel -

(6) CASING/LINER:

Casing/Liner	Diameter	From To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing:	14	13 107 250	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"/>

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

Perforations Method Touch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
107	87	250	50	1 1/4		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian
			Time
1500	23	100	2 1/2 hr.

Temperature of water _____ Depth Artesian Flow Found _____

Was a water analysis done? Yes By whom _____

Did any strata contain water not suitable for intended use? Yes Too little

Salty Muddy Odor Colored Other _____

Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County Harney Latitude _____ Longitude _____
Township 25S N or S Range 31E W. M.
Section 33 NE 1/4 NW 1/4
Tax Lot 5600 Block _____ Subdivision _____
Street Address of Well (or nearest address): 178 Waver
Spring Rd.

(10) STATIC WATER LEVEL:

27 ft. below land surface. Date 2-10-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 42'

From	To	Estimated Flow Rate	SWL
42	61	400	27
82	105		27
115	123		27

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top Soil	0	6	
Brown Sand	6	28	
Green Clay	28	42	
Brown Sand Stone	42	61	27
Blue Clay Stone			
w/ Gravel	61	82	27
Grey Sand w/B	82	105	27
Blue Clay Stone	105	115	27
Brown Sand Stone			
w/ Gravel	115	123	27
Grey Clay	123	145	27

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FEB 17 2000

MAR 15 2023

WATER RESOURCES DEPT
SALEM, OREGON

OWRD

Date started 2-8-00 Completed 2-10-00

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

WWC Number _____

Signed _____ Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1521

Signed Donald H. Reed Date 2-14-00

REVISION

50350

RECEIVED

STATE OF OREGON WATER SUPPLY WELL REPORT WELL I.D.# L.26599

JAN 22 1999 (START AND) # 62965

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

(1) OWNER:

Name Carpenter Ranch Well Number A Address P.O. Box 667 City Burns State Ore Zip 97720

(2) TYPE OF WORK

New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable Auger Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well ft. Explosives used Yes No Type Amount

Table with columns: HOLE Diameter, SEAL From, To, Material, From, To, Sacks or pounds

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:

Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded for Casing and Liner

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner

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

Table with columns: Pump, Bailer, Air, Flowing Artesian, Yield gal/min, Drawdown, Drill stem at, Time

Temperature of water Depth Artesian Flow Found Was a water analysis done? Did any strata contain water not suitable for intended use? Salty Muddy Odor Colored Other Depth of strata:

(9) LOCATION AND LEGAL DESCRIPTION:

County Harney Latitude Longitude Township 25 N or S Range 31 E E or W. WM. Section 28 NW 1/4 SE 1/4 Tax Lot 5700 Lot Block Subdivision Street Address of Well (or nearest address) Weaver Springs Rd.

(10) STATIC WATER LEVEL:

ft. below land surface. Date Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG:

Table with columns: Material, From, To, SWL. Includes handwritten note: Log Revised due to the wrong info at time of drilling

RECEIVED

MAR 15 2023

OWRD

Date started Completed

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed Date WWC Number

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Donald H. Leard Date 1.12.99 WWC Number 1521

14191

WVW 50358 RECEIVED

WELL I.D.#

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

NOV 12 1998

(START CARD) # 4-26594

Instructions for completing this report WATER RESOURCES DEPT. SALEM, OREGON

(1) OWNER: Name Carpenter Ranch Address P.O. Box 667 City Burns State OR Zip 97720

(9) LOCATION OF WELL by legal description: County Harney Township 23 N or S Range 31 E or W. WM. Section 34 SW 1/4 SW 1/4 Tax Lot 5700 Lot Block Subdivision Street Address of Well (or nearest address) Weaver Springs Rd.

(2) TYPE OF WORK: [X] New Well [] Deepening [] Alteration (repair/recondition) [] Abandonment

(10) STATIC WATER LEVEL: 26 ft. below land surface. Date 10-26-98 Artesian pressure lb. per square inch. Date

(3) DRILL METHOD: [X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Other

(11) WATER BEARING ZONES: Depth at which water was first found 52

(4) PROPOSED USE: [] Domestic [] Community [] Industrial [] Irrigation [] Thermal [] Injection [] Livestock [X] Other Test

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 145 ft. Explosives used [] Yes [X] No Type Amount

Table with 4 columns: From, To, Estimated Flow Rate, SWL. Data rows: 52 to 96 (1000), 131 to 145 (500)

HOLE SEAL table with columns: Diameter, From, To, Material, Sacks or pounds. Data: 16 to 98 (Bentonite 46), 12 to 98 (145)

How was seal placed: Method [] A [] B [] C [] D [] E [] Other Air Inject Backfill placed from ft. to ft. Material Gravel placed from ft. to ft. Size of gravel

(12) WELL LOG: Ground Elevation

(6) CASING/LINER table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Casing: 12 to 98 (210) [X] Steel [] Plastic [X] Welded [] Threaded

WELL LOG table with columns: Material, From, To, SWL. Entries: Top Soil (0-8), Brown Sand (8-27), Brown Clay (27-52), Grey Sandstone (52-96), Blue Clay (96-131), Grey Sandstone (131-145)

(7) PERFORATIONS/SCREENS table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Data: 58 to 98 (125) 200 12 [X] Casing [] Liner

(8) WELL TESTS: Minimum testing time is 1 hour. [] Pump [] Bailer [X] Air [] Artesian. Yield 1500+ gal/min, Drawdown 96, Drill stem at 80, Time 1 hr.

Date started 10-25-98 Completed 10-26-98 (unbonded) Water Well Constructor Certification:

Temperature of water 54 Depth Artesian Flow Found Was a water analysis done? NO Yes By whom Did any strata contain water not suitable for intended use? NO Too little [] Salty [] Muddy [] Odor [] Colored [] Other Depth of strata:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief. WWC Number Signed Date

(bonded) Water Well Constructor Certification: I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief. WWC Number 1521 Signed Donald H. Reed Date 10-27-98

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

05-24-2011

WELL LABEL # L 101835

START CARD # 205801

(1) LAND OWNER

Owner Well I.D. 101835

"B"

First Name _____ Last Name _____
Company CARPENTER RANCH LLC
Address 1930 LEWIS ST
City SALEM State OR Zip 97302

(9) LOCATION OF WELL (legal description)

County Harney Twp 25.00 S N/S Range 31.00 E E/W WM
Sec 34 SE 1/4 of the NW 1/4 Tax Lot 7400
Tax Map Number _____ Lot _____
Lat _____ or _____ DMS or DD
Long _____ or _____ DMS or DD
Street address of well Nearest address

198 WEAVER SPRINGS RD, BURNS, OR 1.5 MI W OF HWY 205

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Predeepening, Date, SWL(psi), SWL(ft). Includes data for Completed Well on 05-18-2011 with SWL of 60.

WATER BEARING ZONES

Depth water was first found 78

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Includes data for 05-18-2011 with SWL of 60.

(11) WELL LOG

Ground Elevation MAR 15 2023

Table with columns: Material, From, To. Lists various soil types like CLAY BR. SILTY, SAND BR SILTY FIRM, etc.

Date Started 09-27-2010 Completed 05-18-2011

(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.

License Number 1394 Date 05-24-2011
Electronically Filed
Signed EUGENE MACK (E-filed)

(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.

License Number 1394 Date 05-24-2011
Electronically Filed
Signed EUGENE MACK (E-filed)
Contact Info (optional)

(2) TYPE OF WORK [X] New Well [] Deepening [] Conversion
[] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD

[X] Rotary Air [] Rotary Mud [X] Cable [] Auger [] Cable Mud
[] Reverse Rotary [X] Other AIR LIFT PUMP

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

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)

Depth of Completed Well 189.00 ft.

Table with columns: Dia, From, To, Material, SEAL, To, Amt, sacks/lbs. Includes data for Bentonite Chips.

How was seal placed: Method [] A [] B [] C [] D [] E

[X] Other POURED & PROBED

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from 0 ft. to 168 ft. Material WELL ROC Size 3/4"

Explosives used: [] Yes Type _____ Amount _____

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes data for 24 and 14 inch casings.

Shoe [] Inside [X] Outside [] Other Location of shoe(s) 189

Temp casing [] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method MILLS KNIFE

Screens Type _____ Material _____

Table with columns: Perf/S, Casing/Screen, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size.

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

[X] Pump [] Bailer [] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Includes data for 800 and 1,000 gpm.

Temperature 62 °F Lab analysis [] Yes By _____

Water quality concerns? [] Yes (describe below)

Table with columns: From, To, Description, Amount, Units.

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL					sacks/	
Dia	From	To	Material	From	To	Amt	lbs		
6.12	189	370	Cement	189	370	18	S		

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<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"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS

Perf/S	Casing/	Screen		Scrn/slot	Slot	# of	Tele/	
creen	Liner	Dia	From	To	width	length	slots	pipe size

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

Water Bearing Zones

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)

(11) WELL LOG

Material	From	To
CLAY GREEN SANDY W/SAND STREAKS	95	100
SANDSTONE GREY COARSE SOFT	100	102
SAND GREY COARSE W/CINDERS	102	103
CLAYSTONE & SANDSTONE LAYERED	103	106
CLAYSTONE GREEN W/GRAVEL	106	112
CLAYSTONE GRAY SOFT W/FRXS	112	116
CLAY SOFT STICKY	116	119
SAND BLK W/SILT FINE	119	123
CLAYSTONE SOFT & SILTY	123	128
SANDSTONE M-COARSE W/SHELLS	128	137
SAND FINE TO MED W/CLAY M-HARD	137	143
CLAY GRAY W/SAND FINE LAYERS SOFT	143	154
CLAY GREEN SILTY SANDY FINE	154	158
CLAY GREY STICKY SOME SILT	158	164
CLAY STICKY BLUE GRAY	164	167
SANDROCK HARD	167	168
CLAY DARK GREEN STICKY SWELLING	168	174
CLAYSTONE FIRM	174	176
CLAY GREEN & GRAY	176	184
CLAYSTONE GRAY M-HARD	184	189
CLAYSTONE GRAY HARD	189	210
CLAYSTONE WHITE & LIGHT GRAY	210	226
CLAYSTONE GRAY W/HARD SEAMS	226	245
CLAYSTONE GRAY W/BR LAYERS HARD	245	360
CLAY BROWN W/CLAYSTONE BR SOFT	360	370

Comments/Remarks

24" SHOE AT 80 FEET. NO WATER FOUND BELOW 160 FEET.

Permanent Transfer Application Intake Checklist

Check the Certificates in WRIS

Transfer # T- 1460

Checked by <u>kg</u> Date <u>3/20/23</u>	Type of Change(s) Proposed: NO other changes allowed other than those listed	
Calculated Fee \$ <u>5390</u>	<input checked="" type="checkbox"/> POU <input type="checkbox"/> POD <input type="checkbox"/> APOD <input checked="" type="checkbox"/> POA <input checked="" type="checkbox"/> APOA <input type="checkbox"/> USE	
Fee Received \$ <u>5390</u>		# of rights to be Transferred? <u>1</u>
Deficiencies and Observations:		Certificate #(s) <u>62014</u>

If OK, check box; if not, fill in.

- 1. Has applicant filled out the Minimum Requirements Checklist (Part 1 of 5)? Is the application complete? If not, what is missing (check Evidence of Use and Land Use)? _____
- 2. Have all the applicants listed at the top of the page signed at the bottom? If not, whose signature is missing? _____
- 3 Has the applicant indicated that the place of use is in or near an irrigation district? Have they included a Form D? N/A. Name of the District _____
- 4. Part 5 of application, has the applicant completed the entire page and does the information match the description of the explanation of the reasons on Part 4 of the application? If not, you may need to contact the applicant or agent? _____
- 5. For multiple certificates, do each of the certificates listed on Application Page 1 have their own separate completed Part 5 tables 1 & 2? If no, which certificates are missing a separate Part 5, tables 1 & 2? _____
- 6. Is there more than one landowner or more than one water use? (OAR 690-380-3220). If so, a separate application for each water use from each landowner **must** be submitted unless:
 - a. There is a change in POD/POA to a new common POD/POA for a delivery system serving multiple rights and multiple ownerships; or
 - b. A change in USE or POU of all rights are on a single parcel from all sources; or
 - c. Transfers between two parcels using water are from the same source.
- 7. Has the map been completed and signed by a CWRE? Does the map meet the requirements? If not, what is missing? _____. Map waiver included?
- 8. If a change in point of appropriation, have the well logs been included? N/A.
- 9. If a change in place of use is within Umatilla County, is there a Supplemental Form U included? N/A.

If all boxes (#1-#9) are checked (with no remaining deficiencies identified), accept the application. Put this check sheet in the transfer folder. If any boxes are not checked, this application is deficient, and **CANNOT** be accepted. Unless the applicant or agent can resolve the deficiencies within 2-3 days, it should be returned and the **deficiencies listed in the "staff" section at the bottom of Application Page 1.**

Actions taken:

_____ Date _____

Permanent Transfer Application Intake Checklist

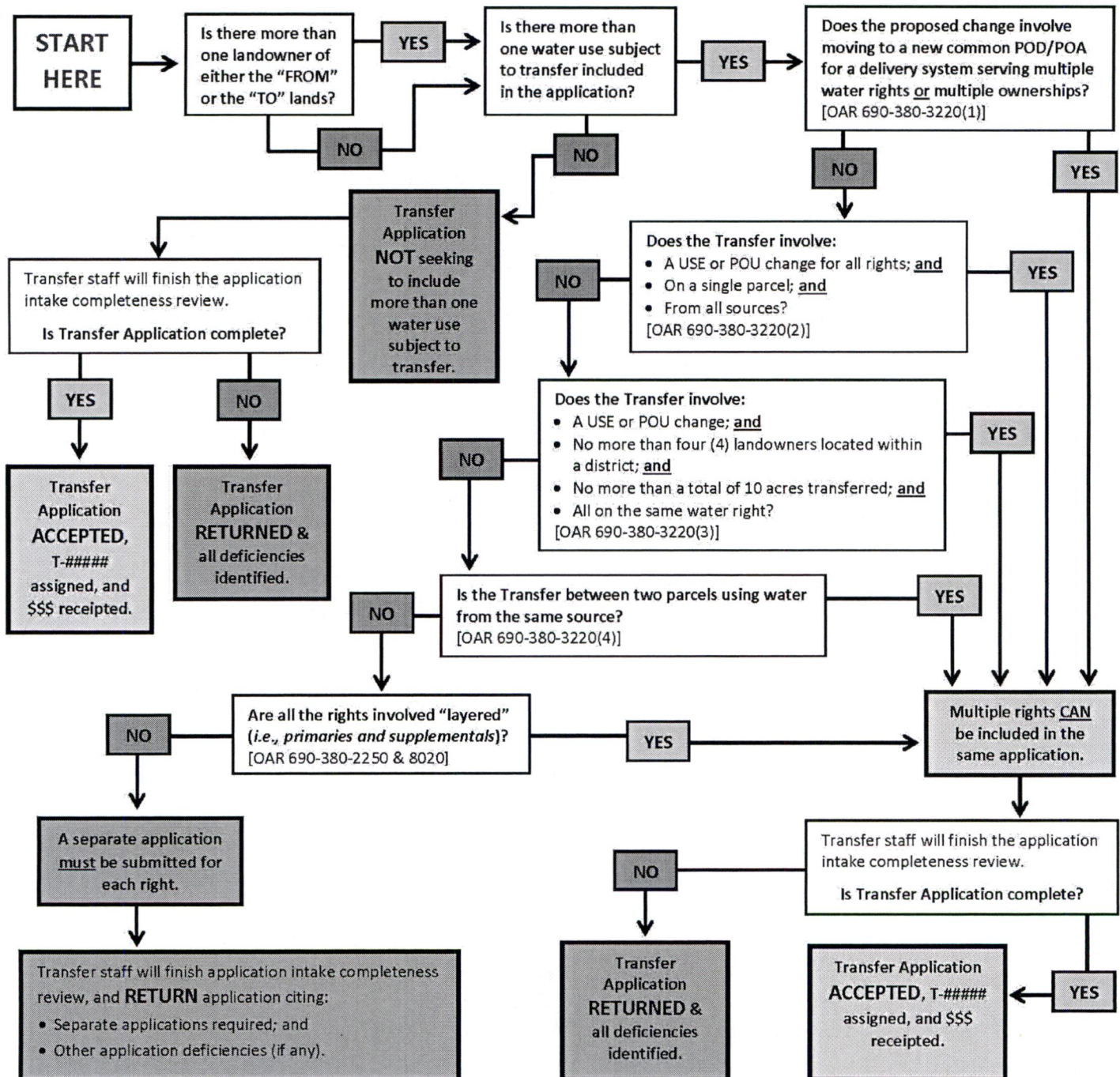
Last Revised: August 19, 2022

By: Lisa Jaramillo

Decision Tree: Can Multiple Water Rights be included in a Single Transfer Application?

OAR 690-380-3220 – General Criteria / OAR 690-380-2250 – Suppl Water Right or Permit / OAR 690-380-8020 – Temp Transfer Suppl WR

FOR DIV. 380 TRANSFERS: The following series of questions outlined in the flow chart below can be used to determine if separate transfer applications are required for each water right proposed for transfer. To qualify for including multiple water rights in a single application, a proposed transfer application must meet at least one of the exceptions outlined in OAR 690-380-3220(1)-(4).



- **NOTE:** Only water rights that meet the criteria of a "water use subject to transfer" under ORS 540.505 may be transferred in a Div. 380 Transfer, except as otherwise noted in OAR 540.510, OAR 690-380-2240, & OAR 690-380-2250. Permit Amendments & GR Modifications are administered under ORS 537.211(4) & OAR 690-382, respectively.
- "More than one landowner" does **NOT** mean two individuals who are married & are both a deeded owner of the parcel(s), nor a single Trust citing more than one name.
- **Other considerations:** The claim of beneficial use for all the water rights involved in a transfer will be evaluated at one time. The Department does not allow sequential or partial perfection of the rights changed through a water right transfer. As a result, the ability of a water right holder to obtain a certificate and/or apply for a subsequent transfer, including a temporary transfer, will be limited if the first transfer includes rights held by other parties who have not completed the authorized changes.

Permanent Transfer Application Intake Checklist

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	\$1,360
	<p>Types of change proposed:</p> <p><input checked="" type="checkbox"/> Place of Use</p> <p><input type="checkbox"/> Character of Use</p> <p><input checked="" type="checkbox"/> Point of Diversion/Appropriation</p> <p>Number of above boxes checked = <u>2</u> (2a)</p> <p>Subtract 1 from the number in line 2a = <u>1</u> (2b) <i>If only one change, this will be 0</i></p>		
2	Multiply line 2b by \$1090 and enter » » » » » » » » » » » » » » » »	2	1090
	<p>Number of water rights included in transfer <u>1</u> (3a)</p> <p>Subtract 1 from the number in 3a above: _____ (3b) <i>If only one water right this will be 0</i></p>		
3	Multiply line 3b by \$610 and enter » » » » » » » » » » » » » » » »	3	∅
	<p>Do you propose to add or change a well, or change from a surface water POD to a well?</p> <p><input type="checkbox"/> No: enter 0</p> <p><input checked="" type="checkbox"/> Yes: enter \$480 for the 1st well to be added or changed <u>480</u> (4a)</p> <p>Do you propose to add or change additional wells?</p> <p><input type="checkbox"/> No: enter 0</p> <p><input checked="" type="checkbox"/> Yes: multiply the number of additional wells by \$410 <u>6</u> (4b) <i>6</i></p>		
4	Add line 4a to line 4b and enter » » » » » » » » » » » » » » » »	4	2940
	<p>Do you propose to change the place of use or character of use?</p> <p><input type="checkbox"/> No: enter 0 on line 5 » » » » » » » » » » » » » » » » » »</p> <p><input checked="" type="checkbox"/> Yes: enter the cfs for the portions of the rights to be transferred (see example below*): <u>10.12</u> (5a)</p> <p>Subtract 1.0 from the number in 5a above: _____ (5b)</p> <p>If 5b is 0 or less, enter 0 on line 5 » » » » » » » » » » » » » » » » » »</p> <p>If 5b is greater than 0, round up to the nearest whole number: _____ (5c)</p>		
5	Multiply 5c by \$410, then enter on line 5 » » » » » » » » » » » » » » » »	5	∅
6	Add entries on lines 1 through 5 above » » » » » » » » » » » » » » » » Subtotal:	6	5390
	<p>Is this transfer:</p> <p><input type="checkbox"/> necessary to complete a project funded by the Oregon Watershed Enhancement Board (OWEB) under ORS 541.932?</p> <p><input type="checkbox"/> endorsed in writing by ODFW as a change that will result in a net benefit to fish and wildlife habitat?</p> <p>If one or more boxes is checked, multiply line 6 by 0.5 and enter on line 7 »</p>		
7	If no box is applicable, enter 0 on line 7 » » » » » » » » » » » » » » » »	7	
8	Subtract line 7 from line 6 » » » » » » » » » » » » » » » » Transfer Fee:	8	5390



**ALL POINTS
ENGINEERING & SURVEYING**
P.O. Box 767 (CRR)
Terrebonne, Oregon 97760

RECEIVED

MAR 15 2023

OWRD

TRANSMITTAL

To:
Oregon Water Resources Department
725 Summer St. NE Suite A
Salem, OR 97301-1266

Date: 3/13/2023 Job: 22-138

Attention: Transfer Section

Re: Certificate 62014

Prints Plans Map/Plat Specifications Change order Other

Copies	No.	Description
1	1	Application Form (10 sheets letter bond)
1	2	Application map (1 sheet ledger bond)
1	3	Land Use Information (1 sheet letter bond)
1	4	Well Logs (7 sheets letter bond)
1	5	Affidavit of Use (8 sheets letter bond)
1	6	Fee for Application (1 check for \$5,390)

These are transmitted as checked below:

For OWRD approval Approved as submitted Approved as noted
 Copies for distribution Returned for corrections Returned corrected prints
 Review and comment For bids due Other

Remarks:

Please find attached the application to change part of the POU and add POAs to 62014.

Thanks, and if you have questions please don't hesitate to call (541) 548-5833.

Signed:  _____