

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

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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)

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- 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? 3 List them here: 88622, 88673, 88736**
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):

<input type="checkbox"/> Application fee not enclosed/insufficient	<input type="checkbox"/> Map not included or incomplete
<input type="checkbox"/> Land Use Form not enclosed or incomplete	<input type="checkbox"/> Evidence of Use Form not enclosed or incomplete
<input type="checkbox"/> Additional signature(s) required	<input type="checkbox"/> Part _____ is incomplete

Other/Explanation _____

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

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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°).

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Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Michael & Heidi Hanson		PHONE NO. (541) 480-6196	ADDITIONAL CONTACT NO.
ADDRESS P.O. Box 130		FAX NO.	
CITY Fort Rock	STATE OR	ZIP 97621	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 Anderson Engineering & Surveying Inc.		PHONE NO. 541-947-4407	ADDITIONAL CONTACT NO.
ADDRESS P.O. Box 28		FAX NO. 541-947-2321	
CITY Lakeview	STATE OR	ZIP 97630	E-MAIL darryla@andersonengineering.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:
To move half a pivot to a new location because the current point of appriation well is located on the neighbor's property

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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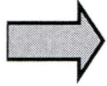
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By my signature below, I confirm that I understand:

- 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: Lake County Examiner.
- 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.



Mike R. Dawson
Applicant signature

Mike R. Hanson
Print Name (and Title if applicable)

1-9-24
Date

Audie J. Hanson
Applicant signature

Heidi J. Hanson
Print Name (and Title if applicable)

1-19-24
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

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

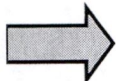
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Check here if any of the water rights proposed for transfer are or will be located within or served by an irrigation or other water district. (Tip: Complete and attach Supplemental Form D.)

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.

ENTITY NAME NA	ADDRESS	
CITY	STATE	ZIP

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

ENTITY NAME Lake County	ADDRESS 513 Center Street	
CITY Lakeview	STATE OR	ZIP 97630

ENTITY NAME NA	ADDRESS	
CITY	STATE	ZIP

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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 # 88622

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Description of Water Delivery System

System capacity: 0.37 cubic feet per second (cfs) OR
 _____ gallons per minute (gpm)

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Describe the current water delivery system or the system that was in place at some time within the last five years. Include information on the pumps, canals, pipelines, and sprinklers used to divert, convey, and apply the water at the authorized place of use. **Water is pumped from the well directly into a pivot on 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)	
Well	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	LAKE 853, 50234, 50975 & 51772	27	S	16	E	5	SW SW	1100	1316' NORTH AND 1304' EAST FROM SW CORNER SECTION 5
Well #1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	LAKE 570 & 571	26	S	16	E	30	NW SE	7602	1340' NORTH AND 1300' EAST FROM S1/4 CORNER SECTION 30

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

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

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

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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 # 88622

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.

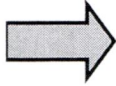
AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.											Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear 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				
EXAMPLE																								
2	S	9	E 15	NE	NW	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
																							POD #6	1901
												POU/POA	26	S	16	E 30	NE	SW	7601		27.90		Well 1	4/10/84
													26	S	16	E 30	SE	SW	7601		2.10		Well 1	4/10/84
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TOTAL ACRES:											TOTAL ACRES: 30.00													

Additional remarks: NA.

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: NA.



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 # NA;
Surface water primary Certificate # NA.

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For a change from Supplemental Irrigation Use to Primary Irrigation Use

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Identify the primary certificate to be cancelled. Certificate # NA

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.

AND/OR

Describe the construction of the authorized and proposed well(s) in Table 3 for any wells that do not have a well log. For *proposed wells not yet constructed or built*, provide “a best estimate” for each requested information element in the table. The Department recommends you consult a licensed well driller, geologist, or certified water right examiner to assist with assembling the information necessary to complete Table 3.

Table 3. Construction of Point(s) of Appropriation

Any well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the accompanying application map. Failure to provide the information will delay the processing of your transfer application until it is received. The information is necessary for the department to assess whether the proposed well(s) will access the same source aquifer as the authorized point(s) of appropriation (POA). The Department is prohibited by law from approving POA changes that do not access the same source aquifer.

Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well: OWRD Well ID Tag No. L-___	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well -specific rate (cfs or gpm). If less than full rate of water right
Well	yes	LAKE 853, 50234, 50975 & 51772	990'	12"	0-143	0-143	NA	26'7"	lava rock	0.79
Well #1	yes	LAKE 570 & 571	765	14"	+1-99	98	NA	18'	lava rock	0.79

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 # **88673**

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Description of Water Delivery System

System capacity: **0.38** cubic feet per second (cfs) OR
 _____ 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. **Water is pumped from the well directly into a pivot on 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)
Well	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	LAKE 853, 50234, 50975 & 51772	27 S	16 E	5	SW	SW	1100	1316' NORTH AND 1304' EAST FROM SW CORNER SECTION 5
Well #1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	LAKE 570 & 571	26 S	16 E	30	NW	SE	7602	1340' NORTH AND 1300' EAST FROM S1/4 CORNER SECTION 30

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 type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Additional Point of Diversion (APOD) | <input type="checkbox"/> Substitution (SUB) |
| <input type="checkbox"/> Surface Water POD to Ground Water POA (SW/GW) | <input type="checkbox"/> Government Action POD (GOV) |

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

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

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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 # 88673

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						
EXAMPLE																										
2	S	9	E	15	NE	NW	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
																									POD #6	1901
													POU/POA	26	S	16	E	30	SE	SW	7601		30.00		Well 1	9/1/76
TOTAL ACRES:													TOTAL ACRES:										30.00			

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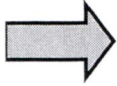
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Additional remarks: NA.

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: NA.

 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 # NA;
Surface water primary Certificate # NA.

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For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # NA

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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.

AND/OR

- Describe the construction of the authorized and proposed well(s) in Table 3 for any wells that do not have a well log. For *proposed wells not yet constructed or built*, provide "a best estimate" for each requested information element in the table. The Department recommends you consult a licensed well driller, geologist, or certified water right examiner to assist with assembling the information necessary to complete Table 3.

Table 3. Construction of Point(s) of Appropriation

Any well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the accompanying application map. Failure to provide the information will delay the processing of your transfer application until it is received. The information is necessary for the department to assess whether the proposed well(s) will access the same source aquifer as the authorized point(s) of appropriation (POA). The Department is prohibited by law from approving POA changes that do not access the same source aquifer.

Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well: OWRD Well ID Tag No. L-_____	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well-specific rate (cfs or gpm). If less than full rate of water right
Well	yes	LAKE 853, 50234, 50975 & 51772	990'	12"	0-143	0-143	NA	26'7"	lava rock	0.79
Well #1	yes	LAKE 570 & 571	765	14"	+1-99	98	NA	18'	lava rock	0.79

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 # 88736

Description of Water Delivery System

System capacity: 0.33 cubic feet per second (cfs) OR
 _____ gallons per minute (gpm)

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Describe the current water delivery system or the system that was in place at some time within the last five years. Include information on the pumps, canals, pipelines, and sprinklers used to divert, convey, and apply the water at the authorized place of use. **Water is pumped from the well directly into a pivot on 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)
Well	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	LAKE 853, 50234, 50975 & 51772	27 S	16 E	5	SW SW	1100	1316' NORTH AND 1304' EAST FROM SW CORNER SECTION 5
Well #1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	LAKE 570 & 571	26 S	16 E	30	NW SE	7602	1340' NORTH AND 1300' EAST FROM S1/4 CORNER SECTION 30

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 type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Additional Point of Diversion (APOD) | <input type="checkbox"/> Substitution (SUB) |
| <input type="checkbox"/> Surface Water POD to Ground Water POA (SW/GW) | <input type="checkbox"/> Government Action POD (GOV) |

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

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

14408 -

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 # 88736

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				
EXAMPLE																										
2	S	9	E	15	NE	NW	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
														2	S	9	E	2	SW	NW	500		5.0		POD #6	1901
6	s	16	E	5	NE	SW	1000		2.90	irrigation	Well	1/23/81	POU/POA	26	S	16	E	30	NE	SW	7601		2.90		Well 1	1/23/81
																									Well 1	
TOTAL ACRES:												TOTAL ACRES:										2.90				

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Additional remarks: _____.

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: NA.



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 # NA;

Surface water primary Certificate # NA.

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For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # NA

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-specific rate (cfs or gpm). If less than full rate of water right
Well	yes	LAKE 853, 50234, 50975 & 51772	990'	12"	0-143	0-143	NA	26'7"	lava rock	0.79
Well #1	yes	LAKE 570 & 571	765	14"	+1-99	98	NA	18'	lava rock	0.79

14408 -

Land Use Information Form

Applicant(s): Michael & Heidi Hanson

Mailing Address: P.O. Box 130

City: Fort Rock

State: OR

Zip Code: 97621

Daytime Phone: 541-480-6196

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>26S</u>	<u>16E</u>	<u>30</u>	<u>NE SW</u>	<u>7601</u>	<u>A Agriculture</u>	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	<u>irrigation</u>
<u>26S</u>	<u>16E</u>	<u>30</u>	<u>SE SW</u>	<u>7601</u>	<u>A Agriculture</u>	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>irrigation</u>
<u>26S</u>	<u>16E</u>	<u>30</u>	<u>NW SE</u>	<u>7602</u>	<u>A Agriculture</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	<u>irrigation</u>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	_____

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

Lake 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: 0.79 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:

Move half a pivot from its current location to a new location.

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Note to applicant: If the Land Use Information Form cannot be completed while you wait, please have a local government representative sign the receipt at the bottom of the next page and include it with the application filed with the Water Resources Department.

See bottom of Page 3. →

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). *Yuba County Zoning Ordinance Article 3: R-2 zone.*
- 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.

26-16-30-7601, 7602

Name: *Doreen Johnson* Title: *Planning Director*

Signature: *[Signature]* Phone: *54-942-6036* Date: *7 Nov 2023*

Government Entity: *Lake County Planning Dept.*

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.

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Receipt for Request for Land Use Information

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Applicant name: _____

City or County: _____ Staff contact: _____

Signature: _____ Phone: _____ Date: _____

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Application for Water Right Transfer

Evidence of Use Affidavit



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

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

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State of Oregon)

County of Lake)

ss

I, Hudi Hanson, in my capacity as owner

Mike Hanson

mailing address PO Box 130 Fort Rock OR 97735

telephone number (541) 233-8442, being first duly sworn depose and say:

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

- Personal observation Professional expertise

2. I attest that:

Water was used during the previous five years on the **entire** place of use for Certificate # _____; **OR**

My knowledge is specific to the use of water at the following locations within the last five years:

Certificate #	Township		Range		Mer	Sec	¼ ¼		Gov't Lot or DLC	Acres (if applicable)
88622	26	S	17	E	WM	5	NE	SW		27.90
88622	26	S	17	E	WM	5	NW	SW		2.10
88736	26	S	17	E	WM	5	NE	SW		2.90
88673	26	S	17	E	WM	5	NW	SW		30.00

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)

14408 -

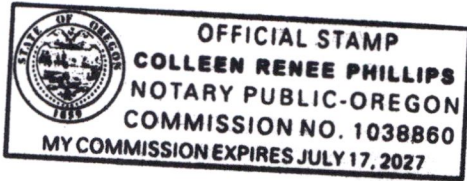
3. The water right was used for: (e.g., crops, pasture, etc.): CROPS

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.

[Signature]
Signature of Affiant

1/9/24
Date

Signed and sworn to (or affirmed) before me this 9th day of January, 2024.



[Signature]
Notary Public for Oregon

My Commission Expires: July 17, 2027

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 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

14408 -



16755 Finley Butte Rd
 PO Box 127
 LaPine OR 97739-0127

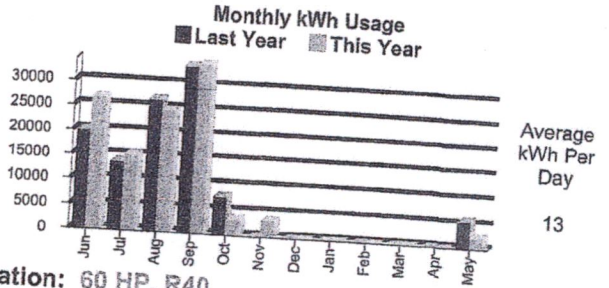
IMPORTANT INFORMATION

Co-Op News

MEC's office will be closed on Monday, May 30th for Memorial Day. Our after-hours outage line, (800)752-5935, is available 24 hours a day to assist you.

*Pol
 # 9282
 5-26-22*

CORNELL BROS INC
 PO BOX 533
 CHRISTMAS VALLEY OR 97641-0000



Account Number: 2379311

Billing Date: 05/17/2022 Billing Cycle: 3

Service Location: 60 HP, R40

Rate: Irr-Seasonal Bill Type: Regular

Account Detail

Previous Balance	0.00
Payments Received	0.00
Balance Forward	\$0.00
Energy Charge (kWh) 2,280 @ \$0.0449	102.37
Demand Charge (kW) 50.000 @ \$0.00	0.00
Demand Charge (kW) 5.760 @ \$4.40	25.34
Facilities Charge	64.00
Current Charges	\$191.71

Electric Service Detail

Meter Number: 67966	Multiplier: 40.0
Reading Dates: 10/31/2021 - 04/30/2022	
Number of Days: 181	
Current Reading: 24977	
Last Reading: 24920	
kWh: 57 x 40 Multiplier =	2,280
kW: 1.394 x 40 Multiplier =	55.760

Total Amount Due \$191.71

Prompt Payment Discount - 1.5% will be credited to your next electric bill if your current bill is paid by the due date.
 Late Charge - \$5.00 per month

JERRYS 1/2 2840.00

*Total
 5680.03*

10-27-22 698.86 = 2 349.43

JERRYS 1/2 3189.43

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PO Box 127
LaPine OR 97739-0127

IMPORTANT INFORMATION

Co-Op News

Smarthub is the center of member engagement. Manage your electric account 24/7 by accessing Smarthub at www.mse.coop.
OUR OFFICE WILL BE CLOSED MONDAY JULY 4, 2022 FOR INDEPENDENCE DAY. OUR AFTER-HOURS OUTAGE LINE, (800) 752-5935, IS AVAILABLE 24 HOURS A DAY TO ASSIST YOU.

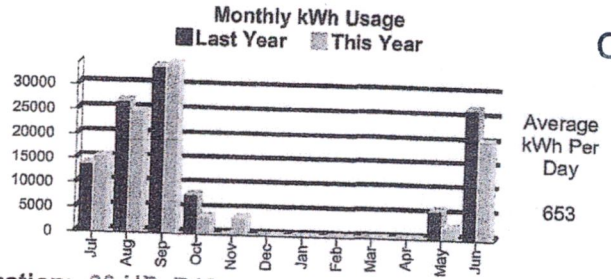
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CORNELL BROS INC
PO BOX 533
CHRISTMAS VALLEY OR 97641-0000

*Pod
9314
7-1-22*



Account Number: 2379311

Billing Date: 06/21/2022 Billing Cycle: 3

Service Location: 60 HP, R40

Rate: Irr-Seasonal Bill Type: Regular

Account Detail		Electric Service Detail	
Previous Balance	191.71	Meter Number: 67966	Multiplier: 40.0
Payments Received 05/31/2022	191.71 Credit	Reading Dates: 04/30/2022 - 05/31/2022	
Balance Forward	\$0.00	Number of Days: 31	
Energy Charge (kWh) 20,240 @ \$0.0449	908.78	Current Reading: 25483	
Demand Charge (kW) 56.200 @ \$5.20	292.24	Last Reading: 24977	
Facilities Charge	64.00	kWh: 506 x 40 Multiplier = 20,240	
Current Charges	\$1,265.02	kW: 1.405 x 40 Multiplier = 56.200	
Total Amount Due	\$1,265.02		

Prompt Payment Discount - 1.5% will be credited to your next electric bill if your current bill is paid in full and received within 10 days of billing date.
Late Charge - \$5 or 1.5%, whichever is greater, for outstanding balances not received in our office by 5:30 PM the day prior to your next billing.

Account Number: 2379311 Billing Cycle: 3

Current Charges Due Date: 07/11/2022

Total Amount Due: \$1,265.02

Relief Fund Contribution: (optional)

Total Amount Paid: 1265.02



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CORNELL BROS INC
PO BOX 533
CHRISTMAS VALLEY OR 97641-0000

MIDSTATE ELECTRIC COOPERATIVE INC
PO BOX 127
LA PINE OR 97739-0127



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IMPORTANT INFORMATION

Co-Op News

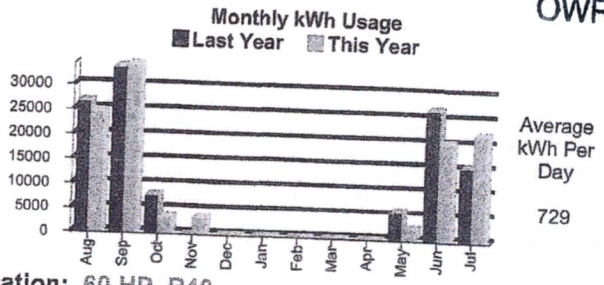
The last day to submit a photograph for the 2023 Calendar Contest is Monday, August 15th. Call (541)536-2126 option 5 for additional information.

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*PD # 9349
 7-31-22*

CORNELL BROS INC
 PO BOX 533
 CHRISTMAS VALLEY OR 97641-0000



Account Number: 2379311

Billing Date: 07/19/2022 Billing Cycle: 3

Service Location: 60 HP, R40

Rate: Irr-Seasonal Bill Type: Regular

Account Detail		Electric Service Detail	
Previous Balance	1,265.02	Meter Number: 67966	Multiplier: 40.0
Payments Received 07/06/2022	1,265.02 Credit	Reading Dates: 05/31/2022 - 06/30/2022	
Balance Forward	\$0.00	Number of Days: 30	
Energy Charge (kWh) 21,880 @ \$0.0449	982.41	Current Reading: 26030	
Demand Charge (kW) 56.480 @ \$5.20	293.70	Last Reading: 25483	
Facilities Charge	64.00	kWh: 547 x 40 Multiplier =	21,880
Current Charges	\$1,340.11	kW: 1.412 x 40 Multiplier =	56.480
Total Amount Due \$1,340.11			

Prompt Payment Discount - 1.5% will be credited to your next electric bill if your current bill is paid in full and received within 10 days of billing date.
 Late Charge - \$5 or 1.5%, whichever is greater, for outstanding balances not received in our office by 5:30 PM the day prior to your next billing.

Account Number: 2379311 Billing Cycle: 3

Current Charges Due Date: 08/08/2022

Total Amount Due: \$1,340.11
 Relief Fund Contribution: (optional)
 Total Amount Paid:



CORNELL BROS INC
 PO BOX 533
 CHRISTMAS VALLEY OR 97641-0000

MIDSTATE ELECTRIC COOPERATIVE INC
 PO BOX 127
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 PO Box 127
 LaPine OR 97739-0127

IMPORTANT INFORMATION

Co-Op News

October is National Co-op Month. Join in the celebration and enter to win a \$100 electric bill credit. Visit Facebook or www.mse.coop for details.

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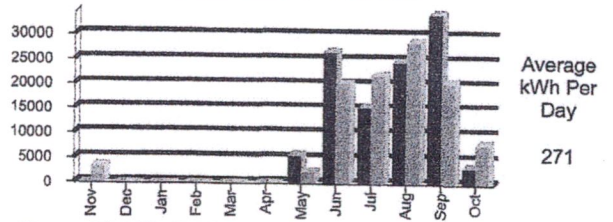
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pd # 9462 10-27-22

CORNELL BROS INC
 PO BOX 533
 CHRISTMAS VALLEY OR 97641-0000

Monthly kWh Usage
 ■ Last Year ■ This Year



Account Number: 2379311 Service Location: 60 HP, R40
 Billing Date: 10/18/2022 Billing Cycle: 3 Rate: Irr-Seasonal Bill Type: Regular

Account Detail		Electric Service Detail	
Previous Balance	1,245.98	Meter Number: 67966	Multiplier: 40.0
Payments Received 09/29/2022	1,245.98 Credit	Reading Dates: 08/31/2022 - 09/30/2022	
Balance Forward	\$0.00	Number of Days: 30	
Energy Charge (kWh) 8,120 @ \$0.0449	364.59	Current Reading: 27456	
Demand Charge (kW) 55.640 @ \$5.20	289.33	Last Reading: 27253	
Facilities Charge	64.00	kWh: 203 x 40 Multiplier = 8,120	
Prompt Pay Discount	19.06 Credit	kW: 1.391 x 40 Multiplier = 55.640	
Current Charges	\$698.86		
Total Amount Due \$698.86			

Prompt Payment Discount - 1.5% will be credited to your next electric bill if your current bill is paid in full and received within 10 days of billing date.
 Late Charge - \$5 or 1.5%, whichever is greater, for outstanding balances not received in our office by 5:30 PM the day prior to your next billing.

Account Number: 2379311 Billing Cycle: 3

Current Charges Due Date: 11/07/2022

Total Amount Due: \$698.86
 Relief Fund Contribution: (optional) _____
 Total Amount Paid: _____



CORNELL BROS INC
 PO BOX 533
 CHRISTMAS VALLEY OR 97641-0000

MIDSTATE ELECTRIC COOPERATIVE INC
 PO BOX 127
 LA PINE OR 97739-0127



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LaPine OR 97739-0127

IMPORTANT INFORMATION

Co-Op News

Midstate Electric is on Facebook. To receive notifications about your Co-op, find us and follow us.

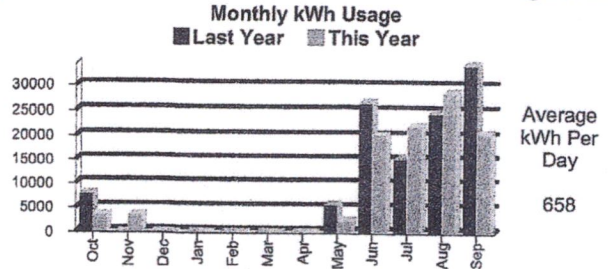
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*PD # 9426
9-26-22*

CORNELL BROS INC
PO BOX 533
CHRISTMAS VALLEY OR 97641-0000



Account Number: 2379311

Service Location: 60 HP, R40

Billing Date: 09/20/2022 Billing Cycle: 3 Rate: Irr-Seasonal Bill Type: Regular

Account Detail		Electric Service Detail	
Previous Balance	1,637.21	Meter Number: 67966	Multiplier: 40.0
Payments Received 08/29/2022	1,637.21 Credit	Reading Dates: 07/31/2022 - 08/31/2022	
Balance Forward	\$0.00	Number of Days: 31	
Energy Charge (kWh) 20,400 @ \$0.0449	915.96	Current Reading: 27253	
Demand Charge (kW) 55.880 @ \$5.20	290.58	Last Reading: 26743	
Facilities Charge	64.00	kWh: 510 x 40 Multiplier =	20,400
Prompt Pay Discount	24.56 Credit	kW: 1.397 x 40 Multiplier =	55.880
Current Charges	\$1,245.98		
Total Amount Due \$1,245.98			

Prompt Payment Discount - 1.5% will be credited to your next electric bill if your current bill is paid in full and received within 10 days of billing date.
Late Charge - \$5 or 1.5%, whichever is greater, for outstanding balances not received in our office by 5:30 PM the day prior to your next billing.

Account Number: 2379311 Billing Cycle: 3

Current Charges Due Date: 10/10/2022

Total Amount Due: \$1,245.98
Relief Fund Contribution: (optional)
Total Amount Paid:



CORNELL BROS INC
PO BOX 533
CHRISTMAS VALLEY OR 97641-0000

MIDSTATE ELECTRIC COOPERATIVE INC
PO BOX 127
LA PINE OR 97739-0127



0390390920220002379311012459801245986



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LaPine OR 97739-0127

A Touchstone Energy® Cooperative

IMPORTANT INFORMATION

Co-Op News

OUR OFFICE WILL BE CLOSED ON MONDAY SEPTEMBER 5TH FOR LABOR DAY. OUR AFTER-HOURS OUTAGE LINE, (800)752-5835, IS AVAILABLE 24 HOURS A DAY TO ASSIST YOU. Please update your contact information at www.mse.coop or call (541)536-2126, option 3.

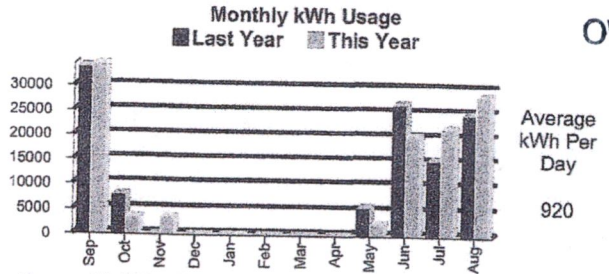
RECEIVED

FEB 20 2024

OWRD

Pd
9382
8-24-22

CORNELL BROS INC
PO BOX 533
CHRISTMAS VALLEY OR 97641-0000



Account Number: 2379311

Service Location: 60 HP, R40

Billing Date: 08/16/2022 Billing Cycle: 3

Rate: Irr-Seasonal Bill Type: Regular

Account Detail		Electric Service Detail	
Previous Balance	1,340.11	Meter Number: 67966	Multiplier: 40.0
Payments Received 08/03/2022	1,340.11 Credit	Reading Dates: 06/30/2022 - 07/31/2022	
Balance Forward	\$0.00	Number of Days: 31	
Energy Charge (kWh) 28,520 @ \$0.0449	1,280.55	Current Reading: 26743	
Demand Charge (kW) 56.280 @ \$5.20	292.66	Last Reading: 26030	
Facilities Charge	64.00	kWh: 713 x 40 Multiplier = 28,520	
Current Charges	\$1,637.21	kW: 1.407 x 40 Multiplier = 56.280	
Total Amount Due	\$1,637.21		

Prompt Payment Discount - 1.5% will be credited to your next electric bill if your current bill is paid in full and received within 10 days of billing date.
Late Charge - \$5 or 1.5%, whichever is greater, for outstanding balances not received in our office by 5:30 PM the day prior to your next billing.

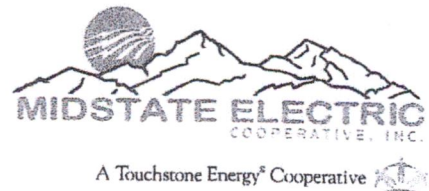
Account Number: 2379311 Billing Cycle: 3

Current Charges Due Date: 09/06/2022

Total Amount Due: \$1,637.21

Relief Fund Contribution: (optional)

Total Amount Paid: _____



CORNELL BROS INC
PO BOX 533
CHRISTMAS VALLEY OR 97641-0000

MIDSTATE ELECTRIC COOPERATIVE INC
PO BOX 127
LA PINE OR 97739-0127



0390390816220002379311016372101637214



14408 -



LAKE COUNTY, OREGON **2021-000324**
 D-WDEED **02/17/2021 01:26:00 PM**
 Cnt=1 Pgs=2
 \$10.00 \$11.00 \$10.00 \$60.00 **\$91.00**

I, Stacie Geaney, County Clerk for Lake County, Oregon, certify that the instrument identified herein was recorded in the Clerk records.
 Stacie Geaney - County Clerk

THIS SPACE

After recording return to:
Michael R Hanson and Heidi Hanson
PO Box 130
Fort Rock, OR 97735

RECEIVED
 FEB 20 2024
 OWRD

Until a change is requested all tax statements shall be sent to the following address:
Michael R Hanson and Heidi Hanson
PO Box 130
Fort Rock, OR 97735
 File No. 439670AM

STATUTORY WARRANTY DEED

Sharon R. Kerns ,
 Grantor(s), hereby convey and warrant to

Michael R Hanson and Heidi Hanson, as Tenants by the Entirety,

Grantee(s), the following described real property in the County of Lake and State of Oregon free of encumbrances except as specifically set forth herein:

Government Lots 3 and 4 and the East 1/2 of the Southwest 1/4 of Section 30, Township 26 South, Range 16 East of the Willamette Meridian, Lake County, Oregon

FOR INFORMATION PURPOSES ONLY, THE MAP/TAX ACCT #(S) ARE REFERENCED HERE:

261600-7601

The true and actual consideration for this conveyance is \$50,000.00
 The above-described property is free of encumbrances except all those items of record, if any, as of the date of this deed, those shown below, if any.

RECEIVED
 JAN 23 2024
 OWRD

14408 -



THIS SPACE RESERVED FOR RECORDER'S USE

After recording return to:

Michael R Hanson and Heidi Hanson

PO Box 130

Fort Rock, OR 97735

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

Michael R Hanson and Heidi Hanson

PO Box 130

Fort Rock, OR 97735

File No. 439670AM

Recorded Electronically
ID <u>2021-000324</u>
County <u>Lake</u>
Date <u>2-17-2021</u> Time <u>1:26pm</u>

STATUTORY WARRANTY DEED

Sharon R. Kerns ,

Grantor(s), hereby convey and warrant to

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Government Lots 3 and 4 and the East 1/2 of the Southwest 1/4 of Section 30, Township 26 South, Range 16 East of the Willamette Meridian, Lake County, Oregon

FOR INFORMATION PURPOSES ONLY, THE MAP/TAX ACCT #(S) ARE REFERENCED HERE:

261600-7601

The true and actual consideration for this conveyance is \$50,000.00.

The above-described property is free of encumbrances except all those items of record, if any, as of the date of this deed and those shown below, if any:

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FEB 20 2024

OWRD

RECEIVED

JAN 23 2024

OWRD

14408 -

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010. THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES, AS DEFINED IN ORS 30.930, AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

Dated this 16 day of February, 2021

Sharon R. Kerns
Sharon R Kerns

State of Oregon } ss
County of Lane }

Matthew Raymond Klein

On this 16 day of February, 2021, before me, _____ a Notary Public in and for said state, personally appeared Sharon R. Kerns, known or identified to me to be the person(s) whose name(s) is/are subscribed to the within Instrument and acknowledged to me that he/she/they executed same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

Matthew Klein
Notary Public for the State of Oregon
Residing at: Lane County
Commission Expires: 12-3-21



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FEB 20 2024

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RECEIVED

JAN 23 2024

OWRD

14408 -

WATER WELL REPORT
STATE OF OREGON

LAKE
0590

RECEIVED
JUL 15 1982
WATER RESOURCES DEPT.
SALEM, OREGON

State Well No. 265/16E-30A
State Permit No. G-9021?

(1) OWNER:

Name Garold R. Hanson
Address 85452 Dillard Access Road
City Engleville 97405 State Oregon

(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 Domestic Industrial Municipal
Rotary Mud Dug Irrigation Test Well Other
 Bored Thermal: Withdrawal Reinjection

(4) PROPOSED USE (check):

(5) CASING INSTALLED:

Steel Plastic
Threaded Welded
14" Diam. from 7.1 ft. to 99 ft. Gauge .250
" Diam. from ft. to ft. Gauge

LINER INSTALLED:

" Diam. from ft. to ft. Gauge

(6) PERFORATIONS:

Perforated? Yes No
Type of perforator used
Size of perforations in. by in.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to 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
a pump test made? Yes No If yes, by whom?
gal./min. with ft. drawdown after 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 Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Special standards: Yes No
Well seal—Material used CEMENT
Well sealed from land surface to 99 ft.
Diameter of well bore to bottom of seal 19 in.
Diameter of well bore below seal 12 in.
Number of sacks of cement used in well seal 40 sacks
How was cement grout placed? TAMMCEL PIPE
Was pump installed? N.O. 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 LAKE Driller's well number
1/4 SE 1/4 Section 30 T. 26 S. R. 16 E W.M.
Tax Lot # Lot Blk Subdivision
Address at well location: 10 MI WEST of Christmas Valley

(11) WATER LEVEL: Completed well.

Depth at which water was first found 18 ft.
Static level 18 ft. below land surface. Date
Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing 12
Depth drilled ft. Depth of completed well 650 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
SAND	1	5	
SAND and CLAY	5	650	

Work started 4-20 1982 Completed 6-1 1982
Date well drilling machine moved off of well 6-1 1982

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] Garold R. Hanson Date 6-1, 1982
(Drilling Machine Operator)

Drilling Machine Operator's License No. _____

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 _____
(Person, firm or corporation) (Type or print)

Address _____

[Signed] _____
(Water Well Contractor)

Contractor's License No. _____ Date _____, 19_____

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

14408-

WATER WELL REPORT
STATE OF OREGON

Lake 571

RECEIVED

JUN 25 1982

WATER RESOURCES DEPT
SALEM, OREGON

State Well No. 265/16E-30dc

State Permit No. G-9021

deepening

(1) OWNER:

Name Gerald Hanson
Address 85452 Dillard Access Rd.
City Eugene State OR

(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
 Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other
Thermal: Withdrawal Reinjection

(5) CASING INSTALLED:

Steel Plastic
Threaded Welded

NO CASING ADDED

LINER INSTALLED:

" Diam. from ft. to ft. Gauge

(6) PERFORATIONS:

Perforated? Yes No

Type of perforator used

Size of perforations in. by in.
..... perforations from ft. to ft.
..... perforations from ft. to ft.
..... perforations from ft. to 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?
1000 gal./min. with ft. drawdown after hrs.

Air test 1000 gal./min. with drill stem at 60 ft. 1 hrs.

Ballor test gal./min. with ft. drawdown after hrs.

Artesian flow g.p.m.
..... rate of water Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Special standards: Yes No

Well seal—Material used
Well sealed from land surface to
Diameter of well bore to bottom of seal in.
Diameter of well bore below seal in.
Number of sacks of cement used in well seal sacks
How was cement grout placed?

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:

Gravel placed from ft. to ft.

(10) LOCATION OF WELL:

County Lake Driller's well number 03
SW 1/4 SE 1/4 Section 30 T. 26S R. 16E W.M.
Tax Lot # Lot Blk Subdivision

Address at well location: 10 mi West of Christmas Valley

(11) WATER LEVEL: Completed well.

Depth at which water was first found ft.
Static level 18 ft. below land surface. Date 6-11-82

Artesian pressure lbs. per square inch. Date
(12) WELL LOG: From 650 8 3/4" to 735
Diameter of well below casing

Depth drilled 115 ft. Depth of completed well 765 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
Green Claystone	650	709	
Black Lava Rock	709	743	
Red Lava Broken w/B	743	755	
Black Lava	755	765	

Work started 6-2 19 82 Completed 6-11 19 82
Date well drilling machine moved off of well 6-11 19 82

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] Adelbert L. Clark Date 6-11, 19 82
(Drilling Machine Operator)

Drilling Machine Operator's License No. 1476

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 Clark Well Drilling (Type or print)
(Person, firm or corporation)
Address Rt. 2 Bx 592-F Chiloquon, OR.

[Signed] Adelbert L. Clark
(Water Well Contractor)

Contractor's License No. 805 Date 6-11, 19 82

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.

SP12658-690

14408-

LAKE
60975

RECEIVED

APR 13 2000

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 317.500)

WATER RESOURCES DEPT. WELL ID # 38975
SALEM, OREGON START CARD # 129632

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

(1) OWNER: Well Number

Name PT CORP
Address 712 W 5th
City Clatsop Falls State OR Zip 97101

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

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

(4) PROPOSED USE:
 Domestic Commercial Industrial Irrigation
 Thermal Injection Leachate Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 92.0 ft.
Explosion used Yes No Type _____ Arrows _____

HOLE SEAL

Table with columns: Diameter, From, To, Material, From, To, Sacks or pounds. Row 1: 4.5, 91.0, 92.0, Gravel, 92.0, 92.0, 1.0. Row 2: 4.5, 91.0, 92.0, Gravel, 92.0, 92.0, 1.0.

How was seal placed: Method A B C D 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, Used, Plastic, Welded, Threaded. All cells are empty.

Joint: _____

Fluid location of joint: _____

(7) PERFORATIONS/SCREENS:

Table with columns: From, To, Size, Number, Diameter, Material, Depth, Casing, Liber. All cells are empty.

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

Pump Header Air Flowing
Vital gauge 1.1 Inverts 92.0 ft. Time 1.0 hr.

Temperature of water 68 Depth Artesian Flow Found _____

Was a water analysis done? Yes No By whom _____

Did any water contain water not suitable for intended use? No little Yes

Turb Hardly Other Colored Other

Depth of stain: _____

(9) LOCATION OF WELL by legal description:

County Clatsop Latitude _____ Longitude _____
Township 7 N or S Range 16 E or W W.M.
Section 2 1/4 1/4 1/4 1/4
Tax Lot 700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address): _____

(10) STATIC WATER LEVEL:
16.7 ft. below land surface. Date 4-2-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

Table with columns: From, To, Estimated Flow Rate, SWL. All cells are empty.

(12) WELL LOG:

Table with columns: Material, From, To, SWL. Row 1: Gravel, 88.0, 92.0, 92.0. Row 2: Gravel, 92.0, 92.0, 92.0. Row 3: 1/2 in. PVC, 92.0, 92.0, 92.0. Row 4: 1/2 in. PVC, 92.0, 92.0, 92.0. Row 5: 1/2 in. PVC, 92.0, 92.0, 92.0.

RECEIVED

DEC 01 2000

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 3-23-00 at _____ Completed 4-2-00

(Undersigned) Water Well Constructor Certification:

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

WWC Number 1654

Signed _____ Date _____

(Undersigned) 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 _____
Signed _____ Date 4-8-00

ORIGINAL: WATER RESOURCES DEPARTMENT FIRST COPY: CONSTRUCTOR SECOND COPY: CUSTOMER

LAKE 51772

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

WELL I.D. # 38915
 START CARD # 183801

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

(1) **LAND OWNER** Well Number _____
 Name PAT CORNELL
 Address PO BOX 533
 City CHRISTMAS VALLEY State OR Zip 97641

(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 990 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
6"	920	990				

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
				<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"/>

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

(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"/>
						<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	Drawdown	Drill stem at	Time
<u>2500</u>		<u>990</u>	<u>1 hr</u>

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 (legal description)**
 County LAKE
 Tax Lot 700 Lot _____
 Township 27 N or S Range 16 E or W WM
 Section 5 52 1/4 52 1/4

Lat _____ " or _____ (degrees or decimal)
 Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) N address assigned

(10) **STATIC WATER LEVEL**
26.7" ft. below land surface. Date 4-29-06
26.7" ft. below land surface. Date " " "
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES**
 Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
<u>960</u>	<u>990</u>	<u>1000 gal</u>	

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

Material	From	To	SWL
<u>SOFT Lava Rock</u>	<u>920</u>	<u>960</u>	
<u>Black chert</u>	<u>960</u>	<u>990</u>	

RECEIVED

JUL 31 2006

WATER RESOURCES DEPT
 SALEM, OREGON

Date Started 4-28-06 Completed 4-29-06

(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 1654 Date 7-2-06

Signed [Signature]

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.

*Lake
0253*

WATER WELL REPORT

STATE OF OREGON
(Please type or print)

RECEIVED

OCT 23 1981

State Well No.

275/6E-5c

WATER RESOURCES DEPT

State Permit No.

(Do not write above this line)

SALEM, OREGON

(1) OWNER:

Name *Gerald Lanier*
Address *STAR RT.
SILVER LAKE ORE.*

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Driven
 Jetted
 Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

(5) CASING INSTALLED:

Threaded Welded
14" Diam. from *0* ft. to *111* ft. Gage *250*
" Diam. from " ft. to " ft. Gage
" Diam. from " ft. to " ft. Gage

(6) PERFORATIONS:

Perforated? Yes No

Type of perforator used _____
Size of perforations in. by in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ 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

a pump test made? Yes No If yes, by whom?

Yield: gal./min. with ft. drawdown after hrs.
" " " " "
" " " " "
Pump test *30* gal./min. with *0* ft. drawdown after *2* hrs.
Artesian flow g.p.m.

(9) CONSTRUCTION:

Well seal—Material used *Portland Cement*
Well sealed from land surface to *30* ft.
Diameter of well bore to bottom of seal *14* in.
Diameter of well bore below seal _____ in.
Number of sacks of cement used in well seal *28* sacks
How was cement grout placed? *pumped*

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: _____
Gravel placed from _____ ft. to _____ ft.

(10) LOCATION OF WELL:

County *Lake* Driller's well number _____
1/4 SW 1/4 Section 5 T. 27S R. 16E W.M.

Bearing and distance from section or subdivision corner
Center SAWYER FOR PIVOT IRRIGATION

(11) WATER LEVEL: Completed well.

Depth at which water was first found *890* ft.
Static level *26'8"* ft. below land surface. Date _____
Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing *11"*
Depth drilled *920* ft. Depth of completed well *920* 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
<i>Top Soil Sand Brown</i>	<i>0</i>	<i>2</i>	
<i>DIATOMITE</i>	<i>2</i>	<i>30</i>	
<i>CLAY GRAY</i>	<i>30</i>	<i>890</i>	
<i>Cinders Black</i>	<i>890</i>	<i>920</i>	
<i>11' 14" hole</i>			
<i>11-130 11" hole</i>			
<i>130-890 8" hole</i>			
<i>890-920 6" hole</i>			
<i>10' ROCK 6" hole</i>			

Work started *9-26* 1981 Completed *10-9* 1981
Date well drilling machine moved off of well *10-9* 1981

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] *Charles Blackman* Date *10-9*, 1981
(Drilling Machine Operator)

Drilling Machine Operator's License No. *1003*

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 *Charles Blackman*
(Person, firm or corporation) (Type or print)

Address *P.O. Box 100X Mt. Valley Ore 97638*

[Signed] *Charles Blackman*
(Water Well Contractor)

Contractor's License No. *657* Date *10-9*, 1981

DEC 4 1996 LAKE 50234

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

50234

(START CARD) # 88456

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

(1) OWNER: Well Number 106740 Name Dave HOGAN Address 2614 1ST ST City Tillamook State OR Zip 97141

(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 [X] Industrial [] Irrigation [] Thermal [] Injection [] Livestock [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval [X] Yes [] No Depth of Completed Well 848 ft. Explosives used [] Yes [X] No Type Amount

Table with columns for HOLE Diameter, From, To, Material, and SEAL From, To, Sacks or pounds. Includes handwritten entry for 14 inch diameter hole with cement seal.

How was seal placed: Method [] A [] B [X] 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 for Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Includes handwritten entry for 12 inch casing.

(7) PERFORATIONS/SCREENS: Table with columns for From, To, Slot size, Number, Diameter, Material, Casing, Liner. Includes handwritten entry for perforations.

(8) WELL TESTS: Minimum testing time is 1 hour. [] Pump [] Bailer [X] Air [] Flowing Artesian. Yield gal/min 1200, Drawdown, Drill stem at 200', Time 1 hr.

Temperature of water 52 degrees, 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 Lake Latitude Longitude Township 27 S N or S Range 16 E or W. WM. Section 5 SW 1/4 SW 1/4 Tax Lot 300 Lot Block Subdivision Street Address of Well (or nearest address)

(10) STATIC WATER LEVEL: 23 ft. below land surface. Date 8-7-96 Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Table with columns for From, To, Estimated Flow Rate, SWL. Includes a handwritten graph showing water level fluctuations.

(12) WELL LOG: Ground Elevation

Table with columns for Material, From, To, SWL. Includes handwritten entry for DIATOMITE from 98 to 143 feet and 12 inch casing to 143 feet.

RECEIVED

SEP 03 1996

WATER RESOURCES DEPT. SALEM, OREGON

Date started 8-1-96 Completed 8-10-96

(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.

WVC Number Signed Date

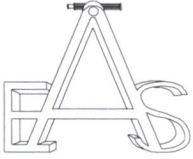
(bonded) Water Well Constructor Certification: I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards.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

WVC Number 1654 Signed [Signature] Date 8-27-96

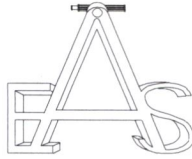
ANDERSON

ENGINEERING & SURVEYING, INC.

TRANSMITTAL LETTER



PO Box 28
17681 Hwy 395
Lakeview, Oregon 97630
541-947-4407
541-947-2321 FAX



Oregon Water Resources Department

725 Summer St NE, Suite A

Salem, OR 97301

DATE: 2/14/2024	JOB NO: 2023-054
ATTENTION: Arla Davis	
RE: Hanson Water Right Transfer	

WE ARE SENDING YOU ATTACHED:

- PRINTS PLANS
- OTHER _____

COPIES	DATE	DESCRIPTION
1		Water Right Transfer Application with Fee

THESE ARE TRANSMITTED AS CHECKED BELOW:

- FOR APPROVAL FOR REVIEW AND COMMENT
- AS REQUESTED FOR SIGNATURE
- OTHER _____

REMARKS

Arla;

I have enclosed the water right transfer application and fee - copies of power bills are now included with the Evidence of Use Affidavit. Please contact me at (541) 947-4407, carment@andersonengineering.com if you have questions. Thank you!

COPY TO _____

If enclosures are not as noted, please notify us at once

SIGNED Carmen Tague _____

14408 -

RECEIVED

FEB 20 2024

OWRD