

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)

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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? 1 List them here: 80684**
 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: ____/____/____

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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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
Types of change proposed: <input type="checkbox"/> Place of Use <input type="checkbox"/> Character of Use <input checked="" type="checkbox"/> Point of Diversion/Appropriation Number of above boxes checked = <u>1 (2a)</u> Subtract 1 from the number in line 2a = <u>0 (2b)</u> If only one change, this will be 0			
2	Multiply line 2b by \$1090 and enter »	2	0
Number of water rights included in transfer <u>1 (3a)</u> Subtract 1 from the number in 3a above: <u>0 (3b)</u> If only one water right this will be 0			
3	Multiply line 3b by \$610 and enter »	3	0
Do you propose to add or change a well, or change from a surface water POD to a well? <input type="checkbox"/> No: enter 0 <input checked="" type="checkbox"/> Yes: enter \$480 for the 1 st well to be added or changed <u>480 (4a)</u> Do you propose to add or change additional wells? <input checked="" type="checkbox"/> No: enter 0 <input type="checkbox"/> Yes: multiply the number of additional wells by \$410 <u>0 (4b)</u>			
4	Add line 4a to line 4b and enter »	4	480
Do you propose to change the place of use or character of use? <input checked="" type="checkbox"/> No: enter 0 on line 5 <input type="checkbox"/> Yes: enter the cfs for the portions of the rights to be transferred (see below*): _____ (5a) Subtract 1.0 from the number in 5a above: _____ (5b) If 5b is 0 or less, enter 0 on line 5 » If 5b is greater than 0, round up to the nearest whole number: _____ (5c) and multiply 5c by \$410, then enter on line 5 »			
5		5	0
6	Add entries on lines 1 through 5 above » » » » » » » » » » Subtotal:	6	1840
Is this transfer: <input type="checkbox"/> necessary to complete a project funded by the Oregon Watershed Enhancement Board (OWEB) under ORS 541.932? <input type="checkbox"/> endorsed in writing by ODFW as a change that will result in a net benefit to fish and wildlife habitat? If one or more boxes is checked, multiply line 6 by 0.5 and enter on line 7 »			
7	If no box is applicable, enter 0 on line 7 »	7	0
8	Subtract line 7 from line 6 » Transfer Fee:	8	1840

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

- For irrigation calculate cfs for each water right involved as follows:
 - Divide total authorized cfs by total acres in the water right (for C12345, 1.25 cfs ÷ 100 ac); then multiply by the number of acres to be transferred to get the transfer cfs (x 45 ac = 0.56 cfs).
 - If the water right certificate does not list total cfs, but identifies the allowable use as 1/40 or 1/80 of a cfs per acre; multiply number of acres proposed for change by either 0.025 (1/40) or 0.0125 (1/80). (For C87654, 45.0 ac x 0.0125 cfs/ac = 0.56 cfs)
- Add cfs for the portions of water rights on all the land included in the transfer; however **do not count cfs for supplemental rights on acreage for which you have already calculated the cfs fee for the primary right on the same land.** The fee should be assessed only once for each “on the ground” acre included in the transfer. (In this example, blank 5a would be only 0.56 cfs, since both rights serve the same 45.0 acres. Blank 5b would be 0 and Line 5 would then also become 0).

FEE WORKSHEET for SUBSTITUTION			
1	Base Fee (includes change to one well)	1	\$990.00
Number of wells included in substitution _____ (2a) Subtract 1 from the number in 2a above: _____ (2b) If only one well this will be 0			
2	Multiply line 2b by \$480 and enter »	2	NA
3	Add entries on lines 1 through 2 above » » » » » » » » Fee for Substitution:	3	NA

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Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Terry Nofziger		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS P.O. Box 568			FAX NO.
CITY Christmas Valley, OR 97641	STATE OR	ZIP 97641	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:
 This transfer will replace Well #3 with a new well. Well #3 will be retained as a back-up to the new well.
 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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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.



Jerry L. Robinson
Applicant signature

Jerry L. Robinson
Print Name (and Title if applicable)

Owner
Date 4-18-24

Applicant signature

Print Name (and Title if applicable)

Date

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

**If NO, include signatures of all 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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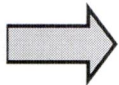
TACS

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	ADDRESS	
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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 # 80684

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Description of Water Delivery System

System capacity: 5.94 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 4 wells directly to 4 center pivot systems for application 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 #1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	LAKE 688 LAKE 5767 L-98336	26 S	18 E	31	SE	SW		1300' NORTH AND 1230' WEST OF S1/4 CORNER SECTION 31
Well #2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	LAKE 689	26 S	18 E	31	NE	SE		1350' NORTH AND 1400' EAST OF S1/4 CORNER SECTION 31
Well #3	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	LAKE 690	26 S	18 E	32	NE	SW		1340' NORTH AND 1150' WEST OF S1/4 CORNER SECTION 32
Well #4	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	LAKE 691	26 S	18 E	32	NE	SE		1360' NORTH AND 1580' EAST OF S1/4 CORNER SECTION 32
Well #5	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		26 S	18 E	32	NE	SW		1340' NORTH AND 1100' WEST OF S1/4 CORNER SECTION 32

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

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

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

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

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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 # 80684

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			
										APOA	26	S	18	E	31	SW	NE	200		0.3	irrigation	Well #1 Well #2 Well #3 Well #4 Well #5	12/22/1980
										APOA	26	S	18	E	31	SE	NE	200, 300		0.8	irrigation	Well #1 Well #2 Well #3 Well #4 Well #5	12/22/1980
										APOA	26	S	18	E	31	NE	SW	500		33.1	irrigation	Well #1 Well #2 Well #3 Well #4 Well #5	12/22/1980
										APOA	26	S	18	E	31	NW	SW	500	3	27.4	irrigation	Well #1 Well #2 Well #3 Well #4 Well #5	12/22/1980
										APOA	26	S	18	E	31	SW	SW	700, 701	4	29.2	irrigation	Well #1 Well #2 Well #3 Well #4 Well #5	12/22/1980

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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: **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 #1	yes	LAKE 688 LAKE 52767 L-98336	537	14"	0-78	0-78	NA	22	shale/basalt	1.54 cfs
Well #2	yes	LAKE 689	583	14"	0-82	0-82	NA	21.5	shale/basalt	0.99 cfs
Well #3	yes	LAKE 690	422	14"	0-100	0-100	NA	18.5	basalt	1.73

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Well #4	yes	LAKE 691	483	14"	0-85	0-85	NA	22.5	basalt	1.68
Well #5	no		500	14"	0-100	0-100			basalt	1.73

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WATER WELL REPORT
STATE OF OREGON

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WATER RESOURCES DEPT
SALEM, OREGON

Circle Lake 688

State Well No. 265/8E-31cb
State Permit No. _____

(1) OWNER:

Name Terry Notziger
Address _____
City _____ State _____

(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
Mud Dug
 Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other
Thermal: Withdrawal Reinjection

(5) CASING INSTALLED:

Steel Plastic
Threaded Welded
14" Diam. from 0 ft. to 78 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 1600 gal./min. with drill stem at 537 ft. 1 hrs.
Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.
_____ g.p.m.
_____ ft. Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:

Special standards: Yes No
Well seal—Material used cement
Well sealed from land surface to 78 ft.
Diameter of well bore to bottom of seal 10 7/8 in.
Diameter of well bore below seal _____ in. 46 sacks
Number of sacks of cement used in well seal _____ sacks
How was cement grout placed? pressure grouted
Was pump installed? no 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 145
NW 1/4 SW 1/4 Section 31 T.26.5 R.18 E W.M.
Tax Lot # _____ Lot _____ Blk _____ Subdivision _____
Address at well location: _____

(11) WATER LEVEL: Completed well.

Depth at which water was first found 356 ft.
Static level 22 ft. below land surface. Date March 18 81
Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing 10"
Depth drilled 537 ft. Depth of completed well 537 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
Sandy Brown soil	0	4	
Brown clay	4	17	
Green clay	17	150	
Gray clay	150	281	
Green clay	281	300	
Brown clay	300	344	
Brown shale	344	356	
broken shale w/o	356	360	22
Brown shale	360	485	
broken shale w/o	485	487	22
Brown shale	487	488	
broken gray base lt w/o	488	537	

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Work started March 16 1981 Completed March 18 1981
Date well drilling machine moved off of well March 19 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] Stan L. Adams Date March 19 1981
(Drilling Machine Operator)
Drilling Machine Operator's License No. 1302

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 Lyle Adams
(Person, firm or corporation)
Address Box 467 Christmas Valley, Ore
(Type or print)
[Signed] Lyle Adams 9763875
(Water Well Contractor)
Contractor's License No. 670 Date Mar. 20, 1981

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

14446 -

LAKE 52767

WELL I.D. LABEL# L 99-3-3-98336
 START CARD # 212635
 ORIGINAL LOG # 684 Lake

(1) **LAND OWNER** Owner Well I.D. _____
 First Name BJ Last Name NO FZICR
 Company _____
 Address PO Box 726
 City CL State OR Zip 97641

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

(2a) **PRE-ALTERATION**
 Dia + From To Gauge Stl Plstc Wld Thrd
 Casing:
 Seal: _____

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

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

(5) **BORE HOLE CONSTRUCTION** Special Standard (Attach copy)
 Depth of Completed Well 537 ft.
 BORE HOLE SEAL OK sacks/lbs

Dia	From	To	Material	From	To	Amt	lbs
14"	80	480				Calculated	
						Calculated	

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

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

(6) **CASING/LINER**

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

 Shoe Inside Outside Other Location of shoes) _____
 Temp casing Yes Dia _____ From _____ To _____

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

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

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailer Air Flowing Artesian
 Yield gal/min _____ Drawdown _____ Drill stem Pump depth _____ Duration (hr) _____
 Temperature 58 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount _____
 From _____ To _____ Description _____ Amount _____ Units _____

(9) **LOCATION OF WELL (legal description)**
 County Lake Twp 26 N/S Range 18 E/W WM
 Sec 31 1/4 of the SW 1/4 Tax Lot 500
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

56891 Millican Rd CL 97641

(10) **STATIC WATER LEVEL**

Existing Well / Pre-Alteration	Date	SWL(psi)	+	SWL(ft)
Completed Well	<u>11-2-16</u>			<u>22</u>

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found _____

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

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

Material	From	To
14" hole	80	480
10" hole	480	537
JUST cleaned		
OUT level		
and drilled 480		
14" to 80' 480		
10" to 480 - 537		
RECEIVED BY OWRD		
MAR 06 2017		
SALEM, OR		
Date Started <u>10-3-16</u> Completed <u>11-2-16</u>		

 RECEIVED BY OWRD
 JAN 20 2017
 SALEM, OR

(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 are true to the best of my knowledge and belief.
 License Number _____ Date APR 22 2024
 Signed _____

(bonded) Water Well Constructor Certification **OWRD**
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 License Number 1654 Date 1-10-17
 Signed _____
 Contact Info (optional) _____

WATER WELL REPORT
STATE OF OREGON

WATER RESOURCES DEPT
SALEM, OREGON
JUN 1 1981

State Well No. 265/8E-3/da
State Permit No. _____

Lake 689

nc

WATER RESOURCES DEPT
SALEM, OREGON

(1) OWNER:

Name John Notziger
Address Box # 57
City Christmas Valley State Ore
97638

(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):

Steel Plastic
Threaded Welded
14" Diam. from 0 ft. to 82 ft. Gauge 250

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?
: _____ gal./min. with _____ ft. drawdown after _____ hrs.
Air test 1600 gal./min. with drill stem at 583 ft. 1 hrs.
Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.
Artesian flow _____ g.p.m.
perature of water _____ Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:

Special standards: Yes No
Well seal—Material used ccment
Well sealed from land surface to _____ ft.
Diameter of well bore to bottom of seal _____ in.
Diameter of well bore below seal 10, 8 3/4 in. 46 sacks
Number of sacks of cement used in well seal _____ sacks
How was cement grout placed? pressure grouted
Was pump installed? no 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 Latte Driller's well number 156
7 1/2 56 3/4 Section 31 T. 26S R. 18E W.M.
Tax Lot # _____ Lot _____ Blk _____ Subdivision _____
Address at well location: _____

(11) WATER LEVEL: Completed well.

Depth at which water was first found 950 ft.
Static level 2 1/2 ft. below land surface. Date May 27
Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing 10, 1 3/4
Depth drilled 583 ft. Depth of completed well 577 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
Brown sandy soil	0	2	
Brown clay	2	18	
Greenish gray clay	18	448	
occasional pomy seen			
Brown shale - med	448	510	21 1/2
broken seams w/B			
gray basalt - hard	510	531	
Broken basalt layered	531	583	21 1/2
w/B			

Received

APR 22 2024

OWRD

Work started May 23 19 81 Completed May 27 19 81
Date well drilling machine moved off of well May 28 19 81

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] Don P. Adams Date May 27 19 81
(Drilling Machine Operator)
Drilling Machine Operator's License No. 1302

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 Tyle Adams (Type or print)
Address Star Pt. Silver Lake Ore 97638
[Signed] Tyle Adams (Water Well Contractor)
Contractor's License No. 690 Date May 27 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

WATER WELL REPORT
STATE OF OREGON

Lake
690

RECEIVED

JUN 17 1981

WATER RESOURCES DEPT
SALEM, OREGON

State Well No. 6165/18E-~~82CA~~ ³²

State Permit No. _____

(1) OWNER:

Name Tom Nofziger
Address Christmas Valley
City PO, 457 State ORE

(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
14" Diam. from 0 ft. to 100 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 11000 gal./min. with drill stem at 422 ft. 1 hrs.
Bailer test gal./min. with ft. drawdown after hrs.
sian flow g.p.m.
perature of water Depth artesian flow encountered " ft.

(9) CONSTRUCTION:

Special standards: Yes No
Well seal—Material used cement
Well sealed from land surface to 100 ft.
Diameter of well bore to bottom of seal 17" in.
Diameter of well bore below seal 10" in.
Number of sacks of cement used in well seal 58 sacks
How was cement grout placed? pressure grouted
Was pump installed? NO 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 151
NE 1/4 Sec 37 T. 265 R. 18E W.M.
Tax Lot # _____ Lot _____ Blk _____ Subdivision _____
Address at well location: _____

(11) WATER LEVEL: Completed well.

Depth at which water was first found 410 ft.
Static level 18 1/2 ft. below land surface. Date _____
Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing 10"
Depth drilled 422 ft. Depth of completed well 422 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>brown soil</u>	<u>0</u>	<u>2</u>	
<u>brown clay</u>	<u>2</u>	<u>20</u>	
<u>green clay</u>	<u>20</u>	<u>311</u>	
<u>pump seam</u>	<u>311</u>	<u>312</u>	
<u>grey clay</u>	<u>312</u>	<u>410</u>	
<u>very baked grey basalt</u>	<u>410</u>	<u>422</u>	<u>18 1/2</u>

Received

APR 22 2024

OWRD

Work started April 27 19 81 Completed April 28 19 81
Date well drilling machine moved off of well April 28 19 81

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] Lyle Adams Date April 29 81
(Drilling Machine Operator)
Drilling Machine Operator's License No. 1292

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 Lyle Adams
(Person, firm or corporation) (Type or print)
Address Star Rt. Silver Lake Ore 97638
[Signed] Lyle Adams
(Water Well Contractor)
Contractor's License No. 690 Date April 29 19 81

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

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

SP 12658-690

14446 -

WATER WELL REPORT
STATE OF OREGON

*Lake
691*

RECEIVED

State Well No. *265/18E-322a*

JUL 6 1981

State Permit No.

WATER RESOURCES DEPT
SALEM, OREGON

(1) OWNER:

Name *Tom Nofziger*
Address *Box 457*
City *Christmass Valley* State *Ore*

(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 Threaded Plastic Welded
14" Diam. from *0* ft. to *80* ft. Gauge *280*
" 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

Was a pump test made? Yes No If yes, by whom?
: gal./min. with ft. drawdown after hrs.
" " " " " "
Air test *1400* gal./min. with drill stem at *483* ft. | hrs.
Bailer test gal./min. with ft. drawdown after hrs.
ian flow g.p.m.
erature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Special standards: Yes No

Well seal—Material used *cement*
Well sealed from land surface to *80* ft.
Diameter of well bore to bottom of seal *17* in.
Diameter of well bore below seal *10, 8 3/4* in.
Number of sacks of cement used in well seal *416* sacks
How was cement grout placed? *pressure grouted*
Was pump installed? *NO* 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 *157*
NE 1/4 SE 1/4 Section *32* T. *265* R. *18E* W.M.
Tax Lot # Lot Blk Subdivision
Address at well location:

(11) WATER LEVEL: Completed well.

Depth at which water was first found ft.
Static level *22 1/2'* ft. below land surface. Date
Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing *10, 8 3/4*

Depth drilled *483* ft. Depth of completed well *483* 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
Brown soil	0	2	
Brown clay	2	28	
grey clay	28	52	
green clay	52	225	
gray clay & pumy seams	225	268	
green clay	268	315	
broken grey basalt w/b	315	335	22 1/2'
hard grey creviced shell	335	390	
hard grey basalt	390	403	
grey basalt broken layers	403	483	22 1/2'

Received

APR 22 2024

OWRD

Work started *May 28* 19 *81* Completed *May 30* 19 *81*
Date well drilling machine moved off of well *June 1* 19 *81*

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] *Tyle Adams* Date *June 1, 1981*
(Drilling Machine Operator)
Drilling Machine Operator's License No. *1292*

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 *Tyle Adams* (Type or print)
(Person, firm or corporation)
Address *Star Rt Silver Lake, Ore.*
[Signed] *Tyle Adams* (Water Well Contractor)
Contractor's License No. *690* Date *June 1*, 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.

SP12658-690

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 LAKE

Received
 APR 22 2024
 OWRD

I, BLAINE NOEZIGER, in my capacity as AGENT,
 mailing address PO Box 726 CHRISTMAS VALLEY, OR 97641
 telephone number (541) 408-2745, 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 # 860854; 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)

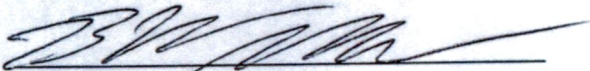
3. The water right was used for: (e.g., crops, pasture, etc.): CROPS

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.

Received

APR 22 2024

OWRD


Signature of Affiant

4/18/24
Date

Signed and sworn to (or affirmed) before me this 18 day of April, 2024



Notary Public for Oregon

My Commission Expires: March 25, 2028

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 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.terraserver.com</p>
<input type="checkbox"/> Approved Lease establishing beneficial use within the last 5 years	Copy of instream lease or lease number



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

IMPORTANT INFORMATION

Your Debit/Credit Card will be charged for \$65.48 on 05/16/2023.

Co-Op News

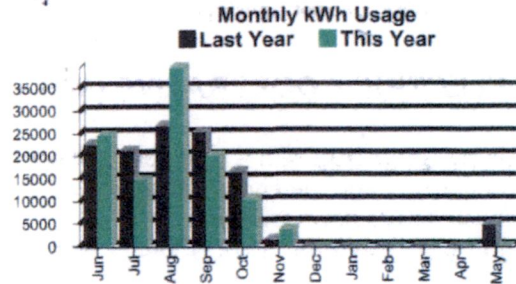
MEC's office will be closed on Monday, May 29th for Memorial Day. Our after-hours outage line, (800)752-5935, is available 24 hours a day to assist you.

Received

APR 22 2024

OWRD

BLAINE J NOFZIGER
PO BOX 726
CHRISTMAS VALLEY OR 97641-0000



Average kWh Per Day
0

Account Number: 1376912 Service Location: PIVOT #3 75 HP
Billing Date: 05/16/2023 Billing Cycle: 3 Rate: Irr-Seasonal Bill Type: Regular

Account Detail		Electric Service Detail	
Previous Balance	3.44 Credit	Meter Number: 66559	Multiplier: 40.0
Payments Received	0.00	Reading Dates: 10/31/2022 - 04/30/2023	
Balance Forward	\$3.44 Credit	Number of Days: 181	
Energy Charge (kWh) 40 @ \$0.0479	1.92	Current Reading: 28962	
Facilities Charge	67.00	Last Reading: 28961	
Current Charges	\$68.92	kWh: 1 x 40 Multiplier = 40	
		kW: 0.044 x 40 Multiplier = 1.760	
Total Amount Due \$65.48			

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: 1376912 Billing Cycle: 3
Balance Forward: \$3.44 Credit
Current Charges Due Date: \$68.92
Total Amount Due: Paid with Credit/Debit Card
Relief Fund Contribution: (optional)
Total Amount Paid:



BLAINE J NOFZIGER
PO BOX 726
CHRISTMAS VALLEY OR 97641-0000

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



03903905162300013769120000000000000000

14446 -



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

IMPORTANT INFORMATION

Your Debit/Credit Card will be charged for \$1,515.23 on 06/20/2023.

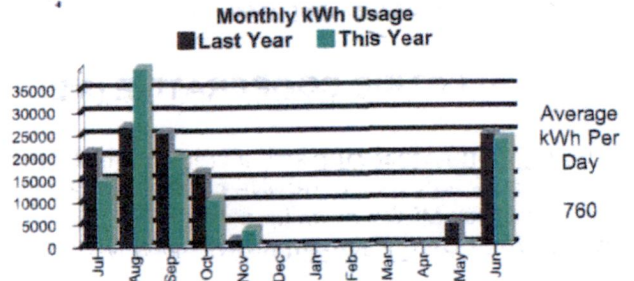
Co-Op News

MEC's office will be closed on Tuesday, July 4th for Independence Day. Our after-hours outage line, (800) 752-5935, is available 24 hours a day to assist you.

Smarthub is the center of member engagement. Manage your electric account 24/7 by accessing Smarthub at www.mse.coop.

BLAINE J NOFZIGER
PO BOX 726
CHRISTMAS VALLEY OR 97641-0000

Received
APR 22 2024
OWRD



Account Number: 1376912 Service Location: PIVOT #3 75 HP
Billing Date: 06/20/2023 Billing Cycle: 3 Rate: Irr-Seasonal Bill Type: Regular

Account Detail		Electric Service Detail	
Previous Balance	65.48	Meter Number: 66559	Multiplier: 40.0
Payments Received 05/16/2023	65.48 Credit	Reading Dates: 04/30/2023 - 05/31/2023	
Balance Forward	\$0.00	Number of Days: 31	
Energy Charge (kWh) 23,560 @ \$0.0479	1,128.52	Current Reading: 29551	
Demand Charge (kW) 61.680 @ \$5.20	320.74	Last Reading: 28962	
Facilities Charge	67.00	kWh: 589 x 40 Multiplier =	23,560
Prompt Pay Discount	1.03 Credit	kW: 1.542 x 40 Multiplier =	61.680
Current Charges	\$1,515.23		
Total Amount Due \$1,515.23			

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: 1376912 Billing Cycle: 3

Current Charges Due Date:
Total Amount Due: Paid with Credit/Debit Card
Relief Fund Contribution: (optional)
Total Amount Paid:



BLAINE J NOFZIGER
PO BOX 726
CHRISTMAS VALLEY OR 97641-0000

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



03903906202300013769120000000000000000

14446 -





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

A Touchstone Energy® Cooperative

IMPORTANT INFORMATION

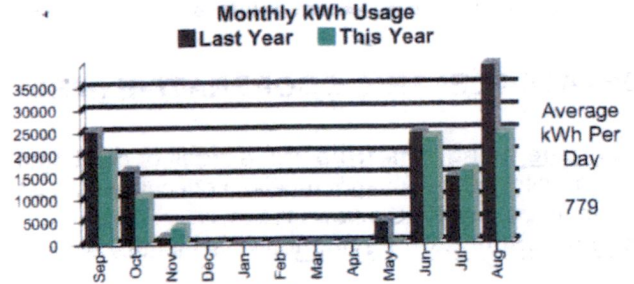
Your Debit/Credit Card will be charged for \$1,523.43 on 08/15/2023.

Co-Op News

OUR OFFICE WILL BE CLOSED ON MONDAY, SEPTEMBER 4TH FOR LABOR DAY. OUR AFTER-HOURS OUTAGE LINE, (800)752-5935, 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.

BLAINE J NOFZIGER
PO BOX 726
CHRISTMAS VALLEY OR 97641-0000

Received
APR 22 2024
OWRD



Account Number: 1376912

Service Location: PIVOT #3 75 HP

Billing Date: 08/15/2023 Billing Cycle: 3 Rate: Irr-Seasonal Bill Type: Regular

Account Detail	
Previous Balance	1,137.77
Payments Received 07/18/2023	1,137.77 Credit
Balance Forward	\$0.00
Energy Charge (kWh) 24,160 @ \$0.0479	1,157.26
Demand Charge (kW) 60.880 @ \$5.20	316.58
Facilities Charge	67.00
Prompt Pay Discount	17.41 Credit
Current Charges	\$1,523.43
Total Amount Due	\$1,523.43

Electric Service Detail	
Meter Number: 66559	Multiplier: 40.0
Reading Dates: 06/30/2023 - 07/31/2023	
Number of Days: 31	
Current Reading: 30558	
Last Reading: 29954	
kWh: 604 x 40 Multiplier =	24,160
kW: 1.522 x 40 Multiplier =	60.880

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: 1376912 Billing Cycle: 3

Current Charges Due Date:

Total Amount Due: Paid with Credit/Debit Card

Relief Fund Contribution: (optional)

Total Amount Paid:



A Touchstone Energy® Cooperative

BLAINE J NOFZIGER
PO BOX 726
CHRISTMAS VALLEY OR 97641-0000

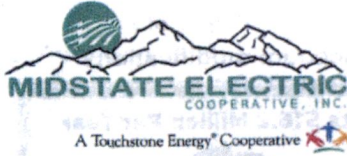
MIDSTATE ELECTRIC COOPERATIVE INC
PO BOX 127
LA PINE OR 97739-0127



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14446 -





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

A Touchstone Energy® Cooperative

IMPORTANT INFORMATION

Your Debit/Credit Card will be charged for \$1,461.77 on 09/19/2023.

Co-Op News

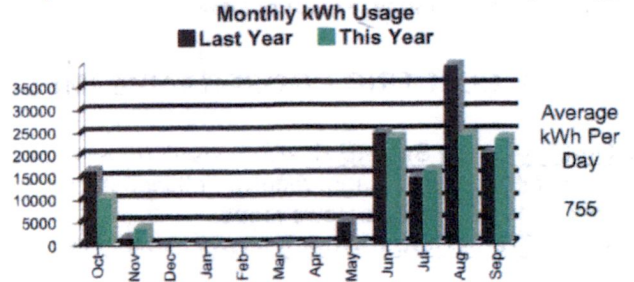
MEC is on Facebook. To receive notifications about your co-op, find us and follow us.

Received

APR 22 2024

OWRD

BLAINE J NOFZIGER
PO BOX 726
CHRISTMAS VALLEY OR 97641-0000



Account Number: 1376912

Service Location: PIVOT #3 75 HP

Billing Date: 09/19/2023 Billing Cycle: 3

Rate: Irr-Seasonal Bill Type: Regular

Account Detail		Electric Service Detail	
Previous Balance	1,523.43	Meter Number: 66559	Multiplier: 40.0
Payments Received 08/15/2023	1,523.43 Credit	Reading Dates: 07/31/2023 - 08/31/2023	
Balance Forward	\$0.00	Number of Days: 31	
Energy Charge (kWh) 23,400 @ \$0.0479	1,120.86	Current Reading: 31143	
Demand Charge (kW) 57.120 @ \$5.20	297.02	Last Reading: 30558	
Facilities Charge	67.00	kWh: 585 x 40 Multiplier =	23,400
Prompt Pay Discount	23.11 Credit	kW: 1.428 x 40 Multiplier =	57.120
Current Charges	\$1,461.77		
Total Amount Due \$1,461.77			

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: 1376912 Billing Cycle: 3

Current Charges Due Date:

Total Amount Due: Paid with Credit/Debit Card

Relief Fund Contribution: (optional)

Total Amount Paid:



A Touchstone Energy® Cooperative

BLAINE J NOFZIGER
PO BOX 726
CHRISTMAS VALLEY OR 97641-0000

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

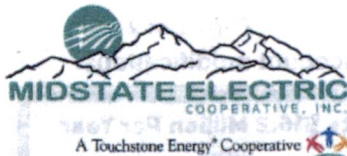


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14446 -





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

IMPORTANT INFORMATION

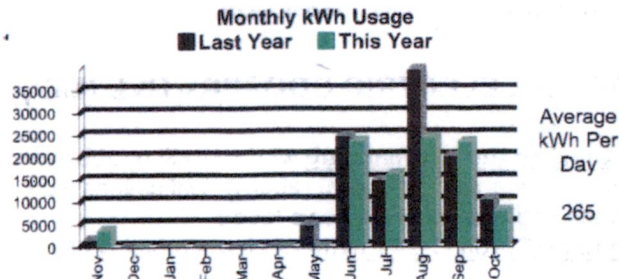
Your Debit/Credit Card will be charged for \$720.12 on 10/17/2023.

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.

BLAINE J NOFZIGER
PO BOX 726
CHRISTMAS VALLEY OR 97641-0000

Received
APR 22 2024
OWRD



Account Number: 1376912 Service Location: PIVOT #3 75 HP
Billing Date: 10/17/2023 Billing Cycle: 3 Rate: Irr-Seasonal Bill Type: Regular

Account Detail		Electric Service Detail	
Previous Balance	1,461.77	Meter Number: 66559	Multiplier: 40.0
Payments Received 09/19/2023	1,461.77 Credit	Reading Dates: 08/31/2023 - 09/30/2023	
Balance Forward	\$0.00	Number of Days: 30	
Energy Charge (kWh) 7,960 @ \$0.0479	381.28	Current Reading: 31342	
Demand Charge (kW) 56.560 @ \$5.20	294.11	Last Reading: 31143	
Facilities Charge	67.00	kWh: 199 x 40 Multiplier =	7,960
Prompt Pay Discount	22.27 Credit	kW: 1.414 x 40 Multiplier =	56.560
Current Charges	\$720.12	Year To Date kWh	95,240
Total Amount Due \$720.12			

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: 1376912 Billing Cycle: 3

Current Charges Due Date:

Total Amount Due: Paid with Credit/Debit Card
Relief Fund Contribution: (optional) _____
Total Amount Paid: _____



BLAINE J NOFZIGER
PO BOX 726
CHRISTMAS VALLEY OR 97641-0000

MIDSTATE ELECTRIC COOPERATIVE INC
PO BOX 127 3
LA PINE OR 97739-0127

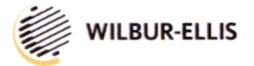


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14446 -



Recommendation Report



Grower	Permit #	Phone	Recommendation Range
DOUBLE N HAY CO INC 89091 LANGDON SPRING RD PO BOX 726 CHRISTMAS VALLEY OR 97641-0726		PH: 541-576-2355	3664408.1 - 3664409.1

Commodity	Commodity Plan/Planting ID	Grower PO	Farming Method	Proposed Date	Expiration Date	Alternate Rec Name
Alfalfa			Conventional	03/15/2024	03/22/2024	11083-Triple Threat with BORON - Dormancy.1

Farm Field / Block / Subblock	County State	Centroid	STR	Apply To	Row/Band	Land Area (acres)	Proposed Area (acres)
MILLICAN 3	Lake OR	43.270375, -120.636030	31-026S-018E	Full Cover		116	116
MILLICAN 5	Lake OR	43.270286, -120.616489	32-026S-018E	Full Cover		130	130
Totals						246	246

Branch	Phone	PCA	Applicator Company
Madras - OR 500 NW Cherry Ln Madras Madras OR 97741		Mike Knepp Lic#:AG-LO148691PC PH: 541-980-4843	Grower Applied Applicator: N/A

Received
APR 22 2024

WARNING: THIS PRODUCT USE RECOMMENDATION IS NOT INTENDED TO REPLACE THE EPA AND/OR STATE APPROVED LABELS FOR THESE PRODUCTS OR ENDORSE A VIOLATION OF ANY STATE AND/OR LOCAL LAWS AND REGULATIONS GOVERNING THE USE OF THESE PRODUCTS. ALWAYS READ AND FOLLOW LABEL DIRECTIONS AND COMPLY WITH ALL APPLICABLE LAWS AND REGULATIONS GOVERNING THE USE OF THESE PRODUCTS

OWRD

Application

Method	Timing	Spray Vol.	Nozzle	Droplet	Pressure	Tank Size	Load Size	# Loads	ac/Load	ac/Final Load
Broadcast-Ground	Dormant	13 gpa				1200 Gallons	1200 Ga	2.7	92.31	61.38

Product	Manufacturer / Active Ingredient	Pest	Signal Word	Supplier	Rate	Total Product Quantity	Per Load	Final Load
CAYUSE PLUS	Wilbur-Ellis Company LLC / NITROGEN SURFACTANT	ADJUVANT	Caution	WE	5 Pt / 100 Gal	19.98 Gal	7.5 Gal	4.99 Gal
TRICOR DF 70506-103	UPL NA Inc. / METRIBUZIN	COMMON CHICKWEED, MOUSEEAR CHICKWEED	Caution	WE	0.7031 Lb / Tr Ac	172.96 Lb	64.90 Lb	43.16 Lb
DIREX 4 L 66222-54	ADAMA / DIURON	SHEPHERDSPURS E	Caution	WE	1 Pt / Tr Ac	30.75 Gal	11.54 Gal	7.67 Gal
GRAMOXONE SL 3.0 100-1652	Syngenta Crop Protection, LLC / PARAQUAT	ANNUAL BROADLEAF WEEDS, ANNUAL GRASSES	Danger	WE	1.4843 Pt / Tr Ac	45.64 Gal	17.13 Gal	11.39 Gal
CROSSHAIR	Wilbur-Ellis Company LLC / DRIFT REDUCTION AGENT, DEPOSITION AID	ADJUVANT	Warning	WE	4 Oz / Tr Ac	7.68 Gal	2.88 Gal	1.92 Gal
FOLI-GRO BORON 10%	Wilbur-Ellis Company LLC / NUTRIENT	NUTRIENT	Caution	WE	1 Pt / Tr Ac	30.75 Gal	11.54 Gal	7.67 Gal
Diluent						3063.18 Gal	1149.41 Gal	764.36 Gal


REI	PHI	Posting Responsibility	WPS Notification	Reasons for Recommendation
12 Hours	42 Day(s)	Grower	Oral warning OR Post warning signs	Pest is Present

Deliver To	Delivery Instructions

Recommendation Notes

Products are listed in the order of mixing.

BY EXECUTING THIS PRODUCT USE RECOMMENDATION AND BEFORE USING A PRODUCT RECOMMENDED HEREIN, I HEREBY CERTIFY THAT (1) I WILL READ AND FOLLOW THE THEN-CURRENT PRODUCT LABEL AFFIXED TO SUCH PRODUCT'S CONTAINER (A SPECIMEN LABEL CAN BE OBTAINED DIRECTLY FROM WILBUR-ELLIS COMPANY UPON REQUEST) AND ALL APPLICABLE LAWS AND REGULATIONS GOVERNING THE USE OF SUCH PRODUCT, (2) THE RECOMMENDATIONS CONTAINED HEREIN ARE CONSISTENT WITH MY REVIEW AND UNDERSTANDING OF THE PRODUCT NOTICES INCLUDED WITH THIS RECOMMENDATION AND SUCH PRODUCT'S LABEL, (3) I HAVE CONSIDERED AND, IF PRACTICABLE, ADOPTED, MEASURES THAT WOULD MITIGATE ANY SIGNIFICANT ADVERSE IMPACT ON THE ENVIRONMENT AND (4) I UNDERSTAND AND AGREE THAT WILBUR-ELLIS COMPANY EX-PRESSLY DISCLAIMS ANY WARRANTY OF COMPLETENESS OR ACCURACY, AND ANY AND ALL IMPLIED OR STATUTORY WARRANTIES, INCLUDING ANY WARRANTY OF FITNESS FOR A PARTICULAR USE OR WARRANTY OF MERCHANTABILITY, AND THAT WILBUR-ELLIS COMPANY SHALL NOT BE LIABLE FOR ANY DIRECT, INDIRECT, CONSEQUENTIAL, SPECIAL, OR INCIDENTAL DAMAGES ARISING OUT OF THIS PRODUCT USE RECOMMENDATION, MY USE OF THE PRODUCTS RECOMMENDED HEREIN OR MY FAILURE TO FOLLOW THE THEN-CURRENT PRODUCT LABEL AND/OR APPLICABLE LAWS AND REGULATIONS.

Signature 	Date	03/15/2024
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Received
APR 22 2024
OWRD



Recommendation Report



Grower	Permit #	Phone	Recommendation Range
DOUBLE N HAY CO INC 89091 LANGDON SPRING RD PO BOX 726 CHRISTMAS VALLEY OR 97641-0726		PH: 541-576-2355	3422900.1 - 3422900.1

Commodity	Grower PO#/UPI	Farming Method	Proposed Date	Expiration Date	Alternate Rec Name
Alfalfa		Conventional	04/08/2023	04/15/2023	11083-PIVOT 3 TRIPLE THREAT.1

Farm Field / Block / Subblock	County State	Centroid	STR	Apply To	Row/Band	Land Area (acres)	Proposed Area (acres)
MILLICAN 3	Lake OR	<u>43.270375</u> <u>-120.636030</u>	31-026S-018E	Full Cover		116	116
Totals						116	116

Branch	Phone	PCA	Applicator Company
Madras - OR 500 NW Cherry Ln Madras Madras OR 97741		Mike Knepp Lic#:AG-LO148691PC PH: 541-980-4843	Grower Applied Applicator: N/A

WARNING: THIS PRODUCT USE RECOMMENDATION IS NOT INTENDED TO REPLACE THE EPA AND/OR STATE APPROVED LABELS FOR THESE PRODUCTS OR ENDORSE A VIOLATION OF ANY STATE AND/OR LOCAL LAWS AND REGULATIONS GOVERNING THE USE OF THESE PRODUCTS. ALWAYS READ AND FOLLOW LABEL DIRECTIONS AND COMPLY WITH ALL APPLICABLE LAWS AND REGULATIONS GOVERNING THE USE OF THESE PRODUCTS

Application

Method	Timing	Spray Vol.	Nozzle	Droplet	Pressure	Tank Size	Load Size	# Loads	ac/Load	ac/Final Load
Broadcast-Ground		15 gpa								

Product	Manufacturer / Active Ingredient	Pest	Signal Word	Supplier	Rate	Total Product Quantity	Per Load	Final Load
CAYUSE PLUS	Wilbur-Ellis Company LLC / NITROGEN SURFACTANT	ADJUVANT	Caution	WE	8 Oz / Tr Ac	7.25 Gal		
TRICOR DF 70506-103	UPL NA Inc. / METRIBUZIN	COMMON CHICKWEED, SHEPHERDSPURSE	Caution	WE	0.7 Lb / Tr Ac	81.2 Lb		
DIREX 4 L 66222-54	ADAMA / DIURON	CHICKWEED	Caution	WE	1 Pt / Tr Ac	14.5 Gal		
GRAMOXONE SL 3.0 100-1652	Syngenta Crop Protection, LLC / PARAQUAT	ANNUAL BROADLEAF WEEDS	Danger	WE	1.4 Pt / Tr Ac	20.3 Gal		
EFFICAX	Wilbur-Ellis Company LLC / DEPOSITION AID, ESTERIFIED SEED OIL	ADJUVANT	Warning	WE	8 Oz / Tr Ac	7.25 Gal		
Diluent						1690.70 Gal		

REI	PHI	Posting Responsibility	WPS Notification	Reasons for Recommendation
12 Hours	42 Day(s)	Grower	Oral warning OR Post warning signs	Pest is Present

Deliver To	Delivery Instructions

Received

APR 22 2024

OWRD

Recommendation Notes

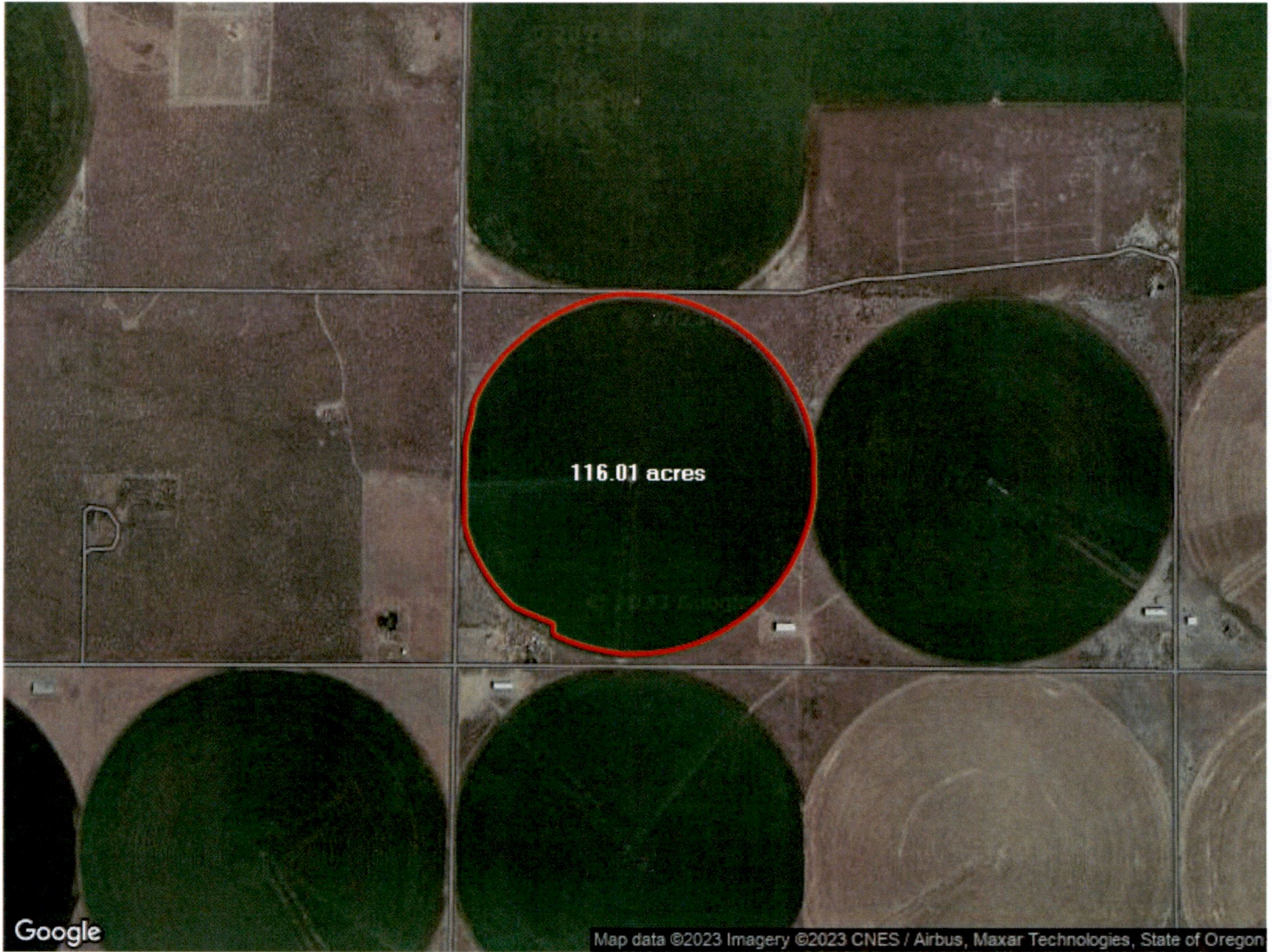
Mixing Order is Top to Bottom on Recommendation

BY EXECUTING THIS PRODUCT USE RECOMMENDATION AND BEFORE USING A PRODUCT RECOMMENDED HEREIN, I HEREBY CERTIFY THAT (1) I WILL READ AND FOLLOW THE THEN-CURRENT PRODUCT LABEL AFFIXED TO SUCH PRODUCT'S CONTAINER (A SPECIMEN LABEL CAN BE OBTAINED DIRECTLY FROM WILBUR-ELLIS COMPANY UPON REQUEST) AND ALL APPLICABLE LAWS AND REGULATIONS GOVERNING THE USE OF SUCH PRODUCT, (2) THE RECOMMENDATIONS CONTAINED HEREIN ARE CONSISTENT WITH MY REVIEW AND UNDERSTANDING OF THE PRODUCT NOTICES INCLUDED WITH THIS RECOMMENDATION AND SUCH PRODUCT'S LABEL, (3) I HAVE CONSIDERED AND, IF PRACTICABLE, ADOPTED, MEASURES THAT WOULD MITIGATE ANY SIGNIFICANT ADVERSE IMPACT ON THE ENVIRONMENT AND (4) I UNDERSTAND AND AGREE THAT WILBUR-ELLIS COMPANY EXPRESSLY DISCLAIMS ANY WARRANTY OF COMPLETENESS OR ACCURACY, AND ANY AND ALL IMPLIED OR STATUTORY WARRANTIES, INCLUDING ANY WARRANTY OF FITNESS FOR A PARTICULAR USE OR WARRANTY OF MERCHANTABILITY, AND THAT WILBUR-ELLIS COMPANY SHALL NOT BE LIABLE FOR ANY DIRECT, INDIRECT, CONSEQUENTIAL, SPECIAL, OR INCIDENTAL DAMAGES ARISING OUT OF THIS PRODUCT USE RECOMMENDATION, MY USE OF THE PRODUCTS RECOMMENDED HEREIN OR MY FAILURE TO FOLLOW THE THEN-CURRENT PRODUCT LABEL AND/OR APPLICABLE LAWS AND REGULATIONS.

Signature 	Date	04/08/2023
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Received
APR 22 2024
OWRD

Farm Field / Block / Subblock	County State	Centroid	STR	Apply To	Row/Band	Proposed Area	Treated Area
MILLICAN 3	Lake OR	43.270375, -120.636030	31-026S-018E	Full Cover		116	116



Surrounding Crops

	Alfalfa	

Ground Speed	Water Source

Received
APR 22 2024
OWRD

Personal Protection Equipment

Handler

Body: Long-sleeved shirt and long pants, Hand: Chemical-resistant gloves: Barrier Laminate OR Butyl Rubber OR Nitrile Rubber OR Neoprene Rubber OR Polyvinyl Chloride OR Viton OR Natural Rubber OR Polyethylene, Foot: Shoes plus socks, Eye: Protective Eyewear, Head: Not required, Frontal: Chemical-resistant apron: For Mixer/Loader OR For Cleaning Up Spills or Equipment, Breath: Respirator- NIOSH approved particulate respirator with any N, R, P, or HE filter with NIOSH approval number prefix TC-84A

Early Entry

Body: Coveralls, Hand: Chemical-resistant gloves: Barrier Laminate OR Butyl Rubber OR Nitrile Rubber OR Neoprene Rubber OR Polyvinyl Chloride OR Viton OR Natural Rubber OR Polyethylene, Foot: Shoes plus socks, Eye: Protective Eyewear, Head: Not required, Frontal: Not required, Breath: Not required

Received
APR 22 2024
OWRD

Land Use Information Form



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

Received
APR 22 2024
OWRD

NOTE TO APPLICANTS

In order for your application to be processed by the Oregon Water Resources Department (OWRD), this Land Use Information Form must be completed by a local government planning official in the jurisdiction(s) where your water right will be diverted, conveyed, used, and developed. The planning official may choose to complete the form while you wait or return the "Receipt Acknowledging Request for Land Use Information" to you. Applications received by OWRD without the Land Use Information Form, or the signed receipt, will be returned to you. **IMPORTANT:** Please note that while OWRD can accept a signed receipt as part of intake for an application for a new permit to use or store water, a completed Land Use Information Form is required for OWRD's acceptance of all other applications. Please be aware that your application cannot be approved without land use approval.

This form is NOT required if:

- 1) Water is to be diverted, conveyed, and used on federal lands only; **OR**
- 2) The application is for a water right transfer, allocation of conserved water, exchange, permit amendment, or ground water registration modification, and **all** of the following apply:
 - a. The existing and proposed water use is located entirely within lands zoned for exclusive farm-use or within an irrigation district;
 - b. The application involves a change in place of use only;
 - c. The change does not involve the placement or modification of structures, including but not limited to water diversion, impoundment, distribution facilities, water wells and well houses; **and**
 - d. The application involves irrigation water uses only.

NOTE TO LOCAL GOVERNMENTS

The person presenting the attached Land Use Information Form is applying for a new water right or modifying an existing water right. The Oregon Water Resources Department (OWRD) requires applicants to obtain land use information to ensure the water right does not result in land uses that are incompatible with your comprehensive plan. Please complete the form and return it to the applicant for inclusion in their application. **NOTE:** For new water right applications only, if you are unable to complete this form while the applicant waits, you may complete the "Receipt Acknowledging Request for Land Use Information" and return it to the applicant.

You will receive notice via OWRD's weekly Public Notice once the applicant formally submits their request to OWRD. The notice will give more information about OWRD's water right process and provide additional comment opportunities. If you previously only completed the receipt for an application for a new permit to use or store water, you will have 30 days from the Public Notice date to complete the Land Use Information Form and return it to OWRD. Your attention to this request for information is greatly appreciated. If you have questions concerning this form, please contact OWRD's Customer Service Group at 503-986-0900 or WRD_DL_customerservice@water.oregon.gov.

Land Use Information Form



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

Received
APR 22 2024
OWRD

NAME Terry Nofziger			PHONE	
MAILING ADDRESS P.O. Box 568				
CITY Christmas Valley	STATE OR	ZIP 97641	EMAIL	

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:
26S	18E	32	NE SW	8600	Agriculture	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	irrigation
						<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	
						<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	
						<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

NOTE: A separate Land Use Information Form must be completed and submitted for each county and city, as applicable.

B. Description of Proposed Use

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

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

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

Estimated quantity of water needed: 1.73
 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:

The transfer consists of drill a new Well 50 feet to the east of of Existing Well #3. Location listed above is for the well, and not the entire water right certificate

Note to applicant: For new water right applications only, if the Land Use Information Form cannot be completed while you wait, please have a local government representative sign the receipt on the bottom of page 4 and include it with the application filed with the Oregon Water Resources Department.

See Page 4 →

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.

Received

APR 22 2024

Please check the appropriate box below and provide the requested information

OWRD

- Land uses to be served by the proposed water use(s), including proposed construction, are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): Lake County zoning Ordinance Article 3: A-2 Zone.
- Land uses to be served by the proposed water use(s), 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

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

26-18- NOZISER

Name: DARWIN JOHNSON Title: Planning Director
 Signature: [Signature] Date: 18 APRIL 2024
 Governmental Entity: LAKE COUNTY PLANNING DEPT. Phone: 541-947-6036

Receipt Acknowledging Request for Land Use Information

Note to Local Government Representative:
 Please complete this form and return it to the applicant. **For new water right applications only**, if you are unable to complete this form while the applicant waits, you may complete this receipt and return it to the applicant. If you sign the receipt, you will have 30 days from the date of OWRD's Public Notice of the application to submit the completed Land Use Information Form to Oregon Water Resources Department. Please note while OWRD can accept a signed receipt as part of intake for an application for a new permit to use or store water, a completed Land Use Information Form is required for all other applications.

Applicant Name: _____
 Staff Name: _____ Title: _____
 Staff Signature: _____ Date: _____
 Governmental Entity: _____ Phone: _____