

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.

Received

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

JUN 18 2024

- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Transfer Application Map Checklist.
- Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the new online fee calculator at: http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator.
- Part 4 – Completed Applicant Information and Signature.
- Part 5 – Information about Water Rights to be Transferred: **How many water rights are to be transferred? 1 List them here: C-48022**
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.

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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: ____/____/____

14476 -

Part 2 of 5 – Transfer Application Map

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

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

- N/A Certified Water Right Examiner (CWRE) Stamp and Original Signature. For a list of CWREs, see http://apps.wrd.state.or.us/apps/wr/cwre_license_view/. CWRE stamp and signature are not required for substitutions.
- N/A If **more than three** water rights are involved, separate maps are needed for each water right.
 - Permanent quality printed with dark ink on good quality paper.
 - The size of the map can be 8½ x 11 inches, 8½ x 14 inches, 11 x 17 inches, or up to 30 x 30 inches. For 30 x 30 inch maps, one extra copy is required.
 - A north arrow, a legend, and scale.
 - The scale of the map must be: 1 inch = 400 feet, 1 inch = 1,320 feet, the scale of the Final Proof/Claim of Beneficial Use Map (the map used when the permit was certificated), the scale of the county assessor map if the scale is not smaller than 1 inch = 1,320 feet, or a scale that has been pre-approved by the Department.
- Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines.
- Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
- Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.
- Major water delivery system features from the point(s) of diversion/appropriation such as main pipelines, canals, and ditches.
- Existing place of use that includes separate hachuring for each water right, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions. If less than the entirety of the water right is being changed, a separate hachuring is needed for lands left unchanged.
- N/A Proposed place of use that includes separate hachuring for each water right, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions.
- Existing point(s) of diversion or well(s) with distance and bearing or coordinates from a recognized survey corner. This information can be found in your water right certificate or permit.
- N/A If you are proposing a change in point(s) of diversion or well(s), show the proposed location and label it clearly with distance and bearing or coordinates. If GPS coordinates are used, latitude-longitude coordinates may be expressed as either degrees-minutes-seconds with at least one digit after the decimal (example – 42°32'15.5") or degrees-decimal with five or more digits after the decimal (example – 42.53764°).

Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Robert Unruh / R&C AG LLC		PHONE NO. 541-891-8360	ADDITIONAL CONTACT NO.
ADDRESS 30083 Pickett Rd			FAX NO.
CITY Malin	STATE OR	ZIP 97632	E-MAIL ru281@aol.com
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.			

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

AGENT/BUSINESS NAME John A. Short / Water Right Services, LLC		PHONE NO. 541-389-2837	ADDITIONAL CONTACT NO.
ADDRESS P.O. Box 1830			FAX NO.
CITY Bend	STATE OR	ZIP 97709	E-MAIL johnshort@usa.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:
Move a portion of C-48022 to a new place of use and 3 different points of appropriation.

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

Check One Box

- By signing this application, I understand that, upon receipt of the draft preliminary determination and prior 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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 JUN 18 2024
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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: **Herald and News.**
- 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.



Robert L Unruh
Applicant signature

Robert L Unruh Chairman 6/6/2024
Print Name (and Title if applicable) Date

Cheri A Unruh
Applicant signature

Cheri A Unruh 6-6-2024
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

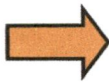
RECEIVING LANDOWNER NAME			PHONE NO.	ADDITIONAL CONTACT NO.
n/a				
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	
Describe any special ownership circumstances:				
The confirming Certificate shall be issued in the name of: <input type="checkbox"/> Applicant <input type="checkbox"/> Receiving Landowner				

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 Shasta View Irrigation District	ADDRESS PO Box 46	
CITY MALIN	STATE OR	ZIP 97632
IRRIGATION DISTRICT NAME Klamath Basin Improvement District	ADDRESS 6640 KID Ln	
CITY Klamath Falls	STATE OR	ZIP 97603

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

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP



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

ENTITY NAME Klamath County Planning Department	ADDRESS 305 Main Street Klamath Falls	
CITY Klamath Falls	STATE OR	ZIP 97601

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

Part 5 of 5 – Water Right Information

Please use a separate Part 5 for each water right being changed. See instructions on page 6, to copy and paste additional Part 5s, or to add additional rows to tables within the form.

CERTIFICATE # 48022

Description of Water Delivery System

System capacity: 4.34 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. **Pumped from well through pipelines to hand lines**

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 "OFF"	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	KLAM 14789	40	S	11	E	36	SW	SW	100	1000' N, 240' E of SW Cor Sec 36
WELL #1 "ON"	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	KLAM 14820/ 53641/61545	40	S	12	E	28	SW	SW	6800	200' N, 1040' E of SW Cor Sec 28
WELL #3 "ON"	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	KLAM 14838/57397 /61549	40	S	12	E	33	NE	NW	400	10' S, 580' E of NW Cor Sec 33
WELL #4 "ON"	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	KLAM 53792	41	S	12	E	6	NE	NW	300	1240' S, 3400' W of NE Cor Sec 6

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.

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 # 48022

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				
40	S	11	E	35	SW	NE	6001		5.6	IR	WELL "OFF"	1971	POU, POA	40	S	12	E	29	SE	SE	1200		36.7	IS	WELL 1, 3, 4 "ON"	1971				
"	"	"	"	"	SE	NE	"		23.4	IR	"	"	"	"	"	"	"	32	NE	SE	900		22.0	IS	"	"				
"	"	"	"	"	NE	NW	"		17.4	IR	"	"	"	"	"	"	"	32	SE	SE	900		0.3	IS	"	"				
"	"	"	"	"	SE	NW	"		34.1	IR	"	"	"	"	"	"	"	33	NW	NE	300		27.7	IS	"	"				
"	"	"	"	"	NE	SW	"		34.6	IR	"	"	"	"	"	"	"	33	NE	SW	900		33.7	IS	"	"				
"	"	"	"	"	NE	SE	"		29.5	IR	"	"	"	"	"	"	"	33	NW	SW	901		23.3 IS 3.5 IR	IS & IR	"	"				
"	"	"	"	"	NW	SE	"		13.9	IR	"	"	"	"	"	"	"	33	SW	SW	901		0.2	IS	"	"				
"	"	"	"	"									"	"	"	"	"	33	SE	SW	900/ 901		11.1	IS	"	"				
TOTAL ACRES:							158.5																TOTAL ACRES:							158.5

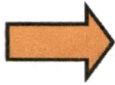
Additional remarks: _____.

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JUN 18 2024
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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: KA 1000 is layered with the proposed "ON" lands designated for supplemental irrigation.



Pursuant to ORS 540.510, any "layered" water use such as an irrigation right that is supplemental to a primary right proposed for transfer must be included in the transfer or be cancelled. Any change to a ground water registration must be filed separately in a ground water registration modification application.

For Substitution (ground water supplemental irrigation will be substituted for surface water primary irrigation)

Ground water supplemental Permit or Certificate # _____;
Surface water primary Certificate # _____.

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JUN 18 2024

For a change from Supplemental Irrigation Use to Primary Irrigation Use

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Identify the primary certificate to be cancelled. Certificate # _____

For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation:

Well log(s) are attached for each authorized and proposed well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map.

Tip: You may search for well logs on the Department's web page at:
http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx

AND/OR

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

Table 3. Construction of Point(s) of Appropriation

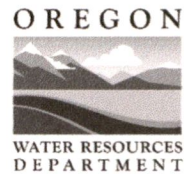
Any well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the accompanying application map. Failure to provide the information will delay the processing of your transfer application until it is received. The information is necessary for the department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

Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well: OWRD Well ID Tag No. L-_____	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well-specific rate (cfs or gpm). If less than full rate of water right

Supplemental Form D

Water Right Transfers Within the Boundaries of or Served by an Irrigation District or other Water Supplier (Association, Ditch Co., etc.)

[For transfers submitted under OAR Chapter 690 Division 380]



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

The Department requires non-district applicants to communicate with districts/water suppliers during the planning and preparation of transfer applications involving water rights having a point of diversion or appropriation (POD/POA) or place of use (POU) served by or located within the boundaries of an irrigation district, or other type of water supplier to which assessments are paid. In some cases consent will be required from the district or water supplier.

This form must be included with any transfer application that involves rights served by or located within the boundaries of a district or other type of water supplier.

1. APPLICANT INFORMATION

NAME ROBERT UNRUH / R&C AG, LLC			PHONE (HM)	
PHONE (WK)		CELL 541-891-8360		FAX
ADDRESS 30083 Pickett Rd				
CITY Malin	STATE OR	ZIP 97632	E-MAIL** ru281@aol.com	

2. DISTRICT or WATER SUPPLIER INFORMATION

DISTRICT/WATER SUPPLIER NAME SHASTA VIEW IRRIGATION DISTRICT			PHONE (HM)	
PHONE (WK)		CELL		FAX
ADDRESS PO Box 46				
CITY MALIN	STATE OR	ZIP 97632	E-MAIL**	

** By providing an e-mail address, the applicant and/or the district/water supplier consents to receive all correspondence from the Department electronically. Copies of final order documents will also be mailed.

3. WATER RIGHTS ISSUED IN THE NAME OF, or LOCATED WITHIN, or SERVED BY AN IRRIGATION DISTRICT, OTHER DISTRICT, OR WATER SUPPLIER

a. List the water right(s) involved in this transfer:

	Application / Decree	Permit / Previous Transfer	Certificate	Is the water right in the name of a district, water supplier, or BOR*?
1.		-	48022	YES <input type="checkbox"/>
2.		-		YES <input type="checkbox"/>
3.		-		YES <input type="checkbox"/>

Attach additional pages for additional water rights if necessary.

*Bureau of Reclamation

14476 -

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 JUN 18 2024

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- b. Determine a district's/water supplier's connection to your points of diversion (POD) or appropriation (POA) and places of use (POU). [You may need to consult with your district/water supplier.]

CURRENT ASSOCIATIONS Please answer the following "yes" or "no" questions:

YES NO One or more of the current POD(s) / POA(s) involved in the transfer are served by a district/water supplier or rely on BOR water.

YES NO All or a portion of the current POU involved in this proposed transfer receives water for either primary or supplemental irrigation from the district/water supplier; i.e., the POU is currently layered with a district or BOR water supplied water right(s).

PROPOSED ASSOCIATIONS Please answer the following "yes" or "no" questions:

YES NO One or more of the proposed POD(s) / POA(s) involved in the transfer are currently served or will be served by a district/water supplier if the transfer is approved, or rely on BOR water.

YES NO All or a portion of the proposed POU involved in this proposed transfer currently receives or will receive either primary or supplemental irrigation from the district/water supplier; i.e., the POU will be layered with a district/water supplier or BOR water supplied water right(s).

COMMENTS OR ADDITIONAL INFORMATION : THIS TRANSFER PROPOSES TO LAYER A PORTION GROUNDWATER CERTIFICATE 48022 WITH THE "ON" LANDS, A MAJORITY OF WHICH IS CURRENTLY SUPPLIED SURFACE WATER THROUGH KA 1000, THE PROPOSED C-48022 "ON" IRRIGATION WILL BE SUPPLEMENTAL TO KA-1000 WHERE APPLICABLE. THE "ON" LANDS ARE PROPOSED TO BE SERVED BY TWO PRIVATELY OWNED WELLS AND A SVID WELL (WELL #4 KLAM 53792), WHICH WOULD DELIVER WATER THROUGH THE SVID DELIVERY SYSTEM TO THE "ON" LANDS.

4. APPLICANT'S SIGNATURE

(1) I certify that I have notified the district/water supplier about the proposed water right transfer application by [check one]:

email, phone, postal mail, in person, or other (please specify)

(2) I certify that to the best of my knowledge the information contained in this Supplemental Form D is true and accurate.



Applicant Signature

Robert Unruh

Name (print)

6/6/2024

Date

5. (WHEN REQUIRED) DISTRICT or WATER SUPPLIER CONSENT TO THE PROPOSED WATER RIGHT TRANSFER

District Manager or Water Supplier consent is required if any box on this form is marked "YES."

The district/water supplier certifies the following:

- (1) The district/water supplier has reviewed the applicant's proposed water right transfer application and maps; and
- (2) The district/water supplier consents to the proposed water right transfer application.

YES NO After proof of completion, the confirming water right certificate is to remain in the name of the U.S. Bureau of Reclamation or the district/water supplier.

YES NO The district/water supplier will be responsible for submitting the claim of beneficial use prepared by a Certified Water Rights Examiner (CWRE).


Signature of District Manager /Water Supplier

Nick Grando / Shasta view
Name (print), Title

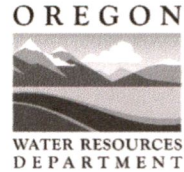
06-04-2024
Date

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Supplemental Form D

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1. APPLICANT INFORMATION

NAME ROBERT UNRUH / R&C AG, LLC			PHONE (HM)
PHONE (WK)	CELL 541-891-8360	FAX	
ADDRESS 30083 Pickett Rd			
CITY Malin	STATE OR	ZIP 97632	E-MAIL** ru281@aol.com

2. DISTRICT or WATER SUPPLIER INFORMATION

DISTRICT/WATER SUPPLIER NAME KLAMATH BASIN IMPROVEMENT DISTRICT			PHONE (HM)
PHONE (WK)	CELL	FAX	
ADDRESS 6640 KID LN			
CITY KLAMATH FALLS	STATE OR	ZIP 97603	E-MAIL**

** By providing an e-mail address, the applicant and/or the district/water supplier consents to receive all correspondence from the Department electronically. Copies of final order documents will also be mailed.

3. WATER RIGHTS ISSUED IN THE NAME OF, or LOCATED WITHIN, or SERVED BY AN IRRIGATION DISTRICT, OTHER DISTRICT, OR WATER SUPPLIER

a. List the water right(s) involved in this transfer:

	Application / Decree	Permit / Previous Transfer	Certificate	Is the water right in the name of a district, water supplier, or BOR*?
1.		-	48022	YES <input type="checkbox"/>
2.		-		YES <input type="checkbox"/>
3.		-		YES <input type="checkbox"/>

Attach additional pages for additional water rights if necessary.

*Bureau of Reclamation

- b. Determine a district's/water supplier's connection to your points of diversion (POD) or appropriation (POA) and places of use (POU). [You may need to consult with your district/water supplier.]

CURRENT ASSOCIATIONS Please answer the following "yes" or "no" questions:

- YES NO One or more of the current POD(s) / POA(s) involved in the transfer are served by a district/water supplier or rely on BOR water.
- YES NO All or a portion of the current POU involved in this proposed transfer receives water for either primary or supplemental irrigation from the district/water supplier; i.e., the POU is currently layered with a district or BOR water supplied water right(s).

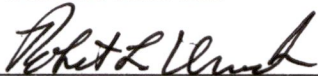
PROPOSED ASSOCIATIONS Please answer the following "yes" or "no" questions:

- YES NO One or more of the proposed POD(s) / POA(s) involved in the transfer are currently served or will be served by a district/water supplier if the transfer is approved, or rely on BOR water.
- YES NO All or a portion of the proposed POU involved in this proposed transfer currently receives or will receive either primary or supplemental irrigation from the district/water supplier; i.e., the POU will be layered with a district/water supplier or BOR water supplied water right(s).

COMMENTS OR ADDITIONAL INFORMATION : THIS TRANSFER PROPOSES TO LAYER A PORTION GROUNDWATER CERTIFICATE 48022 WITH THE "ON" LANDS, A MAJORITY OF WHICH IS CURRENTLY SUPPLIED SURFACE WATER THROUGH KA 1000, THE PROPOSED C-48022 "ON" IRRIGATION WILL BE SUPPLEMENTAL TO KA-1000 WHERE APPLICABLE. THE "ON" LANDS ARE PROPOSED TO BE SERVED BY TWO PRIVATELY OWNED WELLS AND A SVID WELL (WELL #4 KLAM 53792), WHICH WOULD DELIVER WATER THROUGH THE SVID DELIVERY SYSTEM TO THE "ON" LANDS.

4. APPLICANT'S SIGNATURE

- (1) I certify that I have notified the district/water supplier about the proposed water right transfer application by [check one]:
 email, phone, postal mail, in person, or other (please specify)
- (2) I certify that to the best of my knowledge the information contained in this Supplemental Form D is true and accurate.



Applicant Signature

Robert Unruh

Name (print)

6/6/2024

Date

5. (WHEN REQUIRED) DISTRICT or WATER SUPPLIER CONSENT TO THE PROPOSED WATER RIGHT TRANSFER

District Manager or Water Supplier consent is required if any box on this form is marked "YES."

The district/water supplier certifies the following:

- (1) The district/water supplier has reviewed the applicant's proposed water right transfer application and maps; and
- (2) The district/water supplier consents to the proposed water right transfer application.

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YES NO After proof of completion, the confirming water right certificate is to remain in the name of the U.S. Bureau of Reclamation or the district/water supplier.

YES NO The district/water supplier will be responsible for submitting the claim of beneficial use prepared by a Certified Water Rights Examiner (CWRE).

Cherrese Wilson
Signature of District Manager /Water Supplier

Cherrese Wilson
Name (print), Title
Secretary KBID

6/12/2024
Date

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Land Use Information Form



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

NOTE TO APPLICANTS

In order for your application to be processed by the Water Resources Department (WRD), this Land Use Information Form must be completed by a local government planning official in the jurisdiction(s) where your water right will be used and developed. The planning official may choose to complete the form while you wait, or return the receipt stub to you. Applications received by WRD without the Land Use Form or the receipt stub will be returned to you. Please be aware that your application will not be approved without land use approval.

This form is NOT required if:

- 1) Water is to be diverted, conveyed, and/or used only on federal lands; **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 or modifying a water right. The Water Resources Department (WRD) requires its applicants to obtain land-use information to be sure the water rights do not result in land uses that are incompatible with your comprehensive plan. Please complete the form or detach the receipt stub and return it to the applicant for inclusion in their water right application. You will receive notice once the applicant formally submits his or her request to the WRD. The notice will give more information about WRD's water rights process and provide additional comment opportunities. You will have 30 days from the date of the notice to complete the land-use form and return it to the WRD. If no land-use information is received from you within that 30-day period, the WRD may presume the land use associated with the proposed water right is compatible with your comprehensive plan. Your attention to this request for information is greatly appreciated by the Water Resources Department. If you have any questions concerning this form, please contact the WRD's Customer Service Group at 503-986-0801.

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JUN 18 2024
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Land Use Information Form



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

Applicant(s): R&C AG LLC

Mailing Address: 30083 Pickett Rd

City: Malin

State: OR

Zip Code: 97632

Daytime Phone: _____

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:
See Attached List							
_____	_____	_____	_____	_____	_____	<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:

Klamath 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: 1.98 cfs

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

Briefly describe:

Permanent Transfer application to move a portion of Certificate 48022 to a new place of use and 3 different wells.

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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. →

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JUN 18 2024
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14476 -

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):

Land uses to be served by the proposed water uses (including proposed construction) involve discretionary land-use approvals as listed in the table below. (Please attach documentation of applicable land-use approvals which have already been obtained. Record of Action/land-use decision and accompanying findings are sufficient.) **If approvals have been obtained but all appeal periods have not ended, check "Being pursued."**

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

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

Name: Libby Gallagher

Title: Planner II

Received

Signature: Libby Gallagher

Phone: 541-851-3674 Date: April 5, 2024

JUN 18 2024

Government Entity: Klamath County Planning Department

OWRD

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



Receipt for Request for Land Use Information

Applicant name: _____

City or County: _____ Staff contact: _____

Signature: _____ Phone: _____ Date: _____

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>Taxlot ID</u>	<u>Notes & Land Use</u>	<u>Owner</u>	<u>Zone</u>
41S	12E	6	4112-00600-00300	#4 SVID Well, diverted and conveyed - piped through	T&S DOTINGA 2005 REVOCABLE TRUST ET AL	FR
41S	12E	6	4112-00600-00100	Conveyed - piped through	HALOUSEK TY J & GAIL	EFU-C
41S	12E	5	4112-00500-00400	Conveyed - piped through	HAGERTY LAND CO LLC	EFU-C
41S	12E	5	4112-00500-00500	Conveyed - piped through	HAGERTY LAND CO LLC	EFU-C
41S	12E	5	4112-00500-00800	Conveyed - piped through	HAGERTY CLAUDE T & MARILYN S	EFU-C
41S	12E	5	4112-00500-00700	Conveyed - piped through	HAGERTY LAND CO LLC	EFU-C
41S	12E	5	4112-00500-00900	Conveyed - piped through	HAGERTY LAND CO LLC	EFU-C
41S	12E	5	4112-00500-00200	Conveyed - piped through	HAGERTY LAND CO LLC	EFU-C
40S	12E	32	4012-03200-01700	Conveyed - piped through	WALKER WILLIAM W CO-TRUSTEE &	EFU-C
40S	12E	32	4012-03200-01800	Conveyed - piped through	DUNCAN CRISS	EFU-C

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JUN 18 2024
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40S	12E	32	4012-03200-01000	Conveyed - piped through	BLOOMFIELD TERRI L	EFU-C
40S	12E	32	4012-03200-00700	Conveyed - piped through	STASTNY EDWIN J JR AND DIANA F REV ET AL	FR
40S	12E	33	4012-03300-00500	Conveyed - piped through	R&C AG LLC	FR
40S	12E	33	4012-03300-00801	Conveyed - piped through, Used - Irrigation	UNRUH CHERI A & ROBERT L	EFU-C
40S	12E	32	4012-03200-00900	Conveyed - piped through, Used - Irrigation	UNRUH CHERI A & ROBERT L	EFU-C
40S	12E	33	4012-03300-00900	Conveyed - piped through, Used - Irrigation	KESSLER EDWARD P TRUSTEE &	EFU-C
40S	12E	33	4012-03300-00901	Conveyed - piped through, Used - Irrigation	KESSLER EDWARD P TRUSTEE &	EFU-C
40S	12E	33	4012-03300-00400	#3 Well - Unruh Trust, diverted and conveyed - piped through	UNRUH ANITA J TRUSTEE &	FR
40S	12E	28	4012-00000-06800	#1 Well- R&C Ag LLC, diverted and conveyed - piped through	R&C AG LLC	FR

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JUN 18 2024
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40S	12E	28	4012-00000-07000	Conveyed - piped through	VOEGELI DALE L & HUNTER ROXAN D	FR
40S	12E	33	4012-03300-00300	Conveyed - piped through, Used - Irrigation	VOEGELI DALE L & HUNTER ROXAN D	FR
40S	12E	29	4012-02900-01200	Conveyed - piped through, Used - Irrigation	R&C AG LLC	FR
40S	12E	28	4012-00000-06900	Conveyed - piped through	UNRUH ANITA J TRUSTEE &	FR
40S	12E	32	4012-03200-00600	Conveyed - piped through	ADKISSON FAMILY TRUST ET AL	FR
40S	12E	32	4012-03200-00200	Conveyed - piped through	STASTNY EDWIN J JR AND DIANA F REV ET AL	FR
40S	12E	29	4012-02900-00700	Conveyed - piped through	UNITED STATES	FR

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STATE OF OREGON
WATER SUPPLY WELL REPORT

MAY 06 2003

PAGE 1

WELL I.D. # L 57464
START CARD # 149160

(as required by ORS 537.765) WATER RESOURCES DEPT
Instructions for completing this report are on the back page of this form.

(1) LAND OWNER Well Number
Name SHASTA VIEW IRR DIST
Address P.O. BOX 46
City MALIN State OR Zip 97632

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 620 ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL
Diameter From To Material From To Sacks or (pounds)

24" 0 75 CEMENT 25 75 6625
20" -75 300 BENTONITE 0 18 33 SACKS
16" 300 425 OPEN
14" 425 620

How was seal placed: Method A B C D E
 Other BENTONITE POURED DRY

Backfill placed from -18 ft. to 25 ft. Material BENTONITE
Gravel placed from _____ ft. to _____ ft. Size of gravel 15 SACKS

(6) CASING/LINER:
Diameter From To Gauge Steel Plastic Welded Threaded
Casing: 20" +1 75 250
Liner: _____

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

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min Drawdown Drill stem at Time
1200 _____ 600' 1 hr.

Temperature of water 62° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom Received
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

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JUN 18 2024

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(9) LOCATION OF WELL by legal description:
County KLAMATH Latitude _____ Longitude _____
Township 41 N or S Range 12 E or W. WM.
Section 6 NE 1/4 NW 1/4
Tax Lot N/A Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) N. off PAYGE WAY

(10) STATIC WATER LEVEL:
105 ft. below land surface. Date 4-30-03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 240' 139

From	To	Estimated Flow Rate	SWL
139	145	2 gpm	112
240	480	500 +	112
559	625	1000 +	112

(12) WELL LOG:
Ground Elevation 4100'

Material	From	To	SWL
SANDY TOPSOIL	0	8	
BROWN SAND	8	21	
GRAY CLAY	21	60	
GRAY CLAY / BOULDERS	60	70	
BASALT	70	139	
GRAY CLAY / SAND / BAN LAY	139	145	112
BASALT	145	178	
GREEN CLAY	178	185	
BASALT / BAN LAY	185	187	
BASALT	187	212	
BROKEN BASALT / GRN. LAY	212	222	
GREEN CLAY	222	230	
CLAY / SANDSTONE LAYERS	230	240	112
BROWN SAND	240	267	
SAND / CLAY	267	273	
SAND / SANDSTONE LAYERS	273	300	
BLACK & RED CINDERS	300	330	
BASALT	300	350	

CONTINUED ON NEXT PAGE
Date started 9-04-02 Completed 4-30-03

(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 1355
Signed Arthur L. Jay Date 5-05-03

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

PAGE 2

WELL ID. # L 57464
 START CARD # 149160

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

(1) LAND OWNER Well Number _____
 Name SHASTA VIEW IRR DIST
 Address PO Box 46
 City MALIN State OR Zip 97632

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

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

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

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian Time
1200		600'	1 hr.

Temperature of water 62° 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 KLAMATH Latitude _____ Longitude _____
 Township 41 N of S Range 12 E of W. WM.
 Section 6 NE 1/4 NW 1/4
 Tax Lot N/A Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) N. OFF PAYER WAY

(10) STATIC WATER LEVEL:
 _____ 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
RECEIVED			
MAY 06 2003			
WATER RESOURCES DEPT SALEM, OREGON			

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
CONTINUED FROM PAGE 1			
BROKEN BASALT / GRAVEL	350		
+ SAND		362	112
BASALT	362	375	112
BROKEN BASALT SEAMS	375		
OF CLAY + CINDERS		440	112
RED + BLACK CINDERS	440	467	112
BROWN SAND	467	480	112
BRN. SANDY CLAY	480	559	
BASALT / BLK + BRN LAVA	559	625	112
LOST 2 - 5 3/4" LARBIDE ROLLER CONES FROM HOLE OPENER LAYING @ 620'			
GRADUAL INCREASE OF FLOW THROUGH W/B ZONES			

Date started 9604-02 Completed 4-30-03

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

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number 1355
 Signed Arthur J. Jay Date 5-05-03

STATE OF OREGON WATER SUPPLY WELL REPORT

KLAM 61549

WELL I.D. LABEL#

103028

START CARD #

1060820

ORIGINAL LOG #

5/18/2023

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

(1) LAND OWNER

Owner Well I.D.

First Name ROB Last Name UNRUH

Company

Address 3083 PICKET RD

City MALIN State OR Zip 97632

(2) TYPE OF WORK

New Well Deepening Conversion

Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrd

Material From To Amt sacks/lbs

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 420.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs

How was seal placed: Method A B C D E

Other SEAL WAS UNDISTURBED

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 Actual Amount

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd

Shoe Inside Outside Other Location of shoe(s)

Temp casing Yes Dia From + To

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type Material

Table with columns: Perf/Screen, Casing/Liner, Dia, From, To, Scrm/slot width, Slot length, # of slots, Tel/pipe size

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

Pump Bailer Air Flowing Artesian

Table with columns: 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 221 ppm

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

(9) LOCATION OF WELL (legal description)

County KLAMATH Twp 40.00 S N/S Range 12.00 E E/W WM

Sec 33 NE 1/4 of the NW 1/4 Tax Lot 400

Tax Map Number Lot

Lat " or 42.06411000 DMS or DD

Long " or -121.42084000 DMS or DD

Street address of well Nearest address

30403 PICKET RD, MALIN, OR 97632

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft)

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found

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

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft)

(11) WELL LOG

Ground Elevation

Table with columns: Material, From, To

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JUN 18 2024

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Date Started 5/14/2023 Completed 5/18/2023

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards.

License Number 1739 Date 5/18/2023

Signed CHARLES FRY (E-filed)

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above.

License Number 1355 Date 5/18/2023

Signed ARTHUR FRY (E-filed)

Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: New exempt use wells must be submitted with a map and recording fee.

14476 -

ORIGINAL
File Original and
Duplicate with the
STATE ENGINEER,
SALEM, OREGON

WATER WELL REPORT *Klamath 14838* State Well No. *40/12-33C(1)*
STATE OF OREGON OBSERVATION WELL *G-365*
State Permit No. _____

RECEIVED

(1) OWNER: *CLARK UNION APR 4 1958*
Name *John Maddex* STATE ENGINEER
Address *P.O. Box 663 SALEM, OREGON*
Malin, Oregon

(2) LOCATION OF WELL:
County *Klamath* Owner's number, if any *1*
NE 1/4 NW 1/4 Section 33 T. 40S, R. 12E, W.M.
Bearing and distance from section or subdivision corner
S. 88° 16' 10" 746' from North
quarter-corner of Section 33,
T. 40S, R. 12E, W.M.

(3) TYPE OF WORK (check):
New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 11.

(4) PROPOSED USE (check):
Agricultural Industrial Municipal
Domestic Test Well Other
(5) TYPE OF WELL:
Rotary Driven
Cable Jetted
Dug Bored

(6) CASING INSTALLED: Threaded Welded
16" Diam. from 0 ft. to 61.5 ft. Gage 3/16"
" Diam. from _____ ft. to _____ ft. Gage _____
" Diam. from _____ ft. to _____ ft. Gage _____

(7) 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.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

(8) 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.

(9) CONSTRUCTION:
Is well gravel packed? Yes No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.
Was a surface seal provided? Yes No To what depth? _____ ft.
Material used in seal— *7 Sacks cement*
Did any strata contain unusable water? Yes No
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(10) WATER LEVELS:
Static level *161.5* ft. below land surface Date *4/1/57*
Artesian pressure _____ lbs. per square inch Date _____

Log Accepted by:
[Signed] *John Maddex* Date *3/20*, 19*57*
By *William J. Wheeler* (Owner)
Eugr (USE ADDITIONAL SHEETS IF NECESSARY)

(11) WELL TESTS: Drawdown is amount water level is lowered below static level *Interstate Pump*
Was a pump test made? Yes No If yes, by whom? *K.F. Oregon*
Yield: *780* gal./min. with *27* ft. drawdown after *1 1/2* hrs.
" *900* " " *3 3/4* " " *2* "
" *1000* " " *4 3/4* " " *2* "
Bailer test *1180* gal./min. with *4 3/4* ft. drawdown after *2* hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water *56* Was a chemical analysis made? Yes No

(12) WELL LOG: Diameter of well *16* inches.
Depth drilled *248* ft. Depth of completed well *248* ft.
Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
<i>Sandy clay & Chalk</i>	<i>0</i>	<i>57</i>
<i>Firm Lava</i>	<i>57</i>	<i>75</i>
<i>Hard Lava</i>	<i>75</i>	<i>107</i>
<i>Soft Lava</i>	<i>107</i>	<i>218</i>
<i>Black Water sand</i>	<i>218</i>	<i>222</i>
<i>Hard shell</i>	<i>222</i>	<i>230</i>
<i>Water cinders</i>	<i>230</i>	<i>235</i>
<i>Water raised 4 feet.</i>		
<i>Very hard shell</i>	<i>235</i>	<i>248</i>

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Work started *3/27* 19*57* Completed *4/2* 19*57*

(13) PUMP: Manufacturer's Name _____
Type: *Deep well turbine* H.P. *75*

Well Driller's Statement:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
NAME *Pat Mc Ginley* (Type or print)
Address *Tulelake, Calif.*
Driller's well number _____
[Signed] _____ (Well Driller)
License No. _____ Date _____, 19____

STATE OF OREGON

JAN 03 2003

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

Klam
53641

WELL I.D. # L 51773
START CARD # 145950

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

(1) **LAND OWNER**
Name U.S. Timberland/Klamath Falls, LLC Well Number _____
Address 7680 Happy Hollow Lane
City Bananza, State OR Zip 97623

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

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

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

(5) **BORE HOLE CONSTRUCTION:**
Special Construction approval Yes No Depth of Completed Well 396
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
14	0	230				
8	230	396				

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:**

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: _____

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"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailer Air Flowing Artesian
Yield gal/min 1500 Drawdown 30 Drill stem at _____ Time 1 hr.

Temperature of water 56° 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 Klamath Latitude _____ Longitude _____
Township 40S N or S Range 12E E or W. WM.
Section 28 SW 1/4 SW 1/4
Tax Lot 6800 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address)
30083 Pickett Rd., Malin, OR

(10) **STATIC WATER LEVEL:**
169 ft. below land surface. Date 12/30/02
Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
230	396	1500	169

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

Material	From	To	SWL
Gray basalt	230	244	
Gray&green basalt	244	252	
Broken brn&gray basalt	252	257	
Gray basalt	257	272	
Red rock	272	287	
Brn lava	287	289	
Gray basalt	289	292	
Decomposed lava	292	298	
Red & brn lava	298	336	
Brn lava	336	350	
Red & brn lava	350	375	
Gray basalt	375	385	
Red & brn lava	385	396	

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NOV 30 2004

WATER RESOURCES DEPT

Date started 12/30/02 Completed 12/30/02

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

WWC Number _____
Signed _____ Date _____

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

WWC Number 1228
Signed Randy A. Osipian Date 12/30/02

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KLAM 14820

ORIGINAL
File Original, a
Duplicate with
STATE ENGINEER,
SALEM, OREGON

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MAY 21 1956

WATER WELL DRILLERS REPORT
STATE OF OREGON
KLAM
14820

Do Not State Well No. 4912-28N(1)
Fill In State Permit No. _____

(1) OWNER:

Name PEREIRA Alice PERARA
Address 1507 Maryland Avenue
West Sacramento

(2) LOCATION OF WELL:

County KIAMATH Owner's number, if any--
R. F. D. or Street No. _____
Bearing and distance from section or subdivision corner
SW 1/4 of SW 1/4 Sec 28 T40S
R12 E.W.M.

(3) TYPE OF WORK (check):

rw well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

(5) EQUIPMENT:

Rotary
Cable
Dug Well

(6) CASING INSTALLED:

FROM	ft. to	Diam.	Gage OR Wall	Diameter of Bore	from ft.	to ft.
	0	40	14" 13/8"			
	"	"	"			
	"	"	"	None		
	"	"	"			
	"	"	"			
	"	"	"			
	"	"	"			
	"	"	"			
	"	"	"			
	"	"	"			

Type and size of shoe or well ring None Size of gravel: _____
Describe joint Weld

(7) PERFORATIONS:

Type of perforator used _____

SIZE of perforations	in., length, by	in.		
FROM	ft. to	ft.	perf per foot	No. of rows
	"	"	"	"
	"	"	"	"
	"	"	"	"
	"	"	"	"
	"	"	"	"
	"	"	"	"

SCREENS:

Give Manufacturer's Name, Model No. and Size _____

(8) CONSTRUCTION:

Was a surface sanitary seal provided? Yes No To what depth 40 ft.
Were any strata sealed against pollution? Yes No
If yes, note depth of strata _____
FROM 0 ft. to 40 ft.
" " " " " "
METHOD OF SEALING CEMENT PACKER

(9) WATER LEVELS:

Depth at which water was first found 163 ft.
Standing level before perforating _____ ft.
Standing level after perforating _____ ft.
Log Accepted by: _____
[Signed] Alice Pereira Dated 9 May, 1956
Owner

(10) WELL TESTS:

Was a pump test made? Yes No If yes, by whom?
Yield: 1100 gal./min. with 31 ft. draw down after 4 hrs.
" 870 " " 19 " 4 "
" " " " " " " "
Artesian flow _____ g.p.m.
Shut-in pressure _____ lbs. per square inch.
Bailer test _____ g.p.m. with _____ ft. drawdown
Temperature of water _____ Was a chemical analysis made? Yes No
Was electric log made of well? Yes No

(11) WELL LOG:

Diameter of well, 14 inches.
Total depth 230 ft. Depth of completed well 230 ft.
Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.
0 ft. to 6 ft. Soil
6 " 24 " CLAY
24 " 31 " SAND
31 " 57 1/2 " CHALK
57 1/2 " 92 " Blue BASALT Boulders
92 " 94 " CONGLOMERATE
94 " 107 " BROWN LAVA
107 " 121 " SANDSTONE
121 " 128 " CLAY & SAND
128 " 168 " SANDSTONE
168 " 173 " Red LAVA
173 " 180 " PACKED SAND
180 " 182 " VOLCANIC SAND
182 " 192 " CINDERS & SAND
192 " 223 " HARD Red & BLACK LAVA
223 " 230 " BLACK LAVA Boulders

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Ground elevation at well site 4100 feet above mean sea level.
Work started APRIL 7 1956 Completed MAY 1 1956

Well Driller's Statement:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME John A. Van Meter
(Person, firm, or corporation) (Typed or printed)
Address Malin, Oregon
Driller's well number 8
[Signed] John A. Van Meter
(Well Driller)
License No. 170 Dated April 1, 1956

NOTICE TO WATER WELL CONTRACTOR

The original and first copy of this report are to be filed with the

STATE ENGINEER, SALEM, OREGON 97310 within 30 days from the date of well completion.

RECEIVED WATER WELL REPORT **RECEIVED**
 JUN 17 1969 STATE OF OREGON JUN 28 1969
 (Please type or print. Do not write above this line.)
 SALEM, OREGON 97310 SALEM, OREGON

Klamath 14789
 State Well No. 40/11-36 ca
 State Permit No.

(1) OWNER:

Name Rajnus Bros.
 Address Malin, 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 Driven
 Cable Jetted
 Dug Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
 Irrigation Test Well Other

CASING INSTALLED:

Threaded Welded
 16" Diam. from 0 ft. to 19 ft. Gage 1"
 " Diam. from _____ ft. to _____ ft. Gage _____
 " Diam. from _____ ft. to _____ ft. Gage _____

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.
 _____ 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) WATER LEVEL: Completed well.

Static level 168 ft. below land surface Date 5/31/69
 Artesian pressure _____ lbs. per square inch Date _____

(9) WELL TESTS:

Drawdown is amount water level is lowered below static level.
 Was a pump test made? Yes No If yes, by whom? Pump Center
 Yield: 1850 gal./min. with 17 ft. drawdown after 4 hrs.

Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.
 Artesian flow _____ g.p.m. Date _____
 Temperature of water 69 Was a chemical analysis made? Yes No

(10) CONSTRUCTION:

Well seal—Material used Portland cement
 Depth of seal 3' 9" 19 ft.
 Diameter of well bore to bottom of seal 20 in.
 Were any loose strata cemented off? Yes No Depth _____
 Was a drive shoe used? Yes No
 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.

(11) LOCATION OF WELL:

County Klamath Driller's well number _____
 N.E. 1/4 S.W. 1/4 Section 36 T. 40S R. 11 E W.M.
 Bearing and distance from section or subdivision corner _____

(12) WELL LOG:

Diameter of well below casing 16"
 Depth drilled 765 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 as drilling proceeds. Note drilling rates.

MATERIAL	From	To	SWL
sandy loam top soil	0	3	
soft sandstone	3	45	
gray lava boulders	45	49	
brown sandstone	49	128	
boulder, gravel & clay	128	149	
brown sandstone	149	164	
yellow clay	164	184	
blue clay	184	217	168
blue basalt	217	424	168
gray clay & sand	424	580	168
brown shale	580	587	168
gray clay	587	605	168
brown clay	605	666	168
gray lava	666	687	168
red & gray bubbly lava	687	760	168
soft gray sandstone	760	762	168
hard gray basalt	762	764	168
red cinders & clay	764	765	168

Work started 3/6 1969 Completed 5/31 1969
 Date well drilling machine moved off of well 5/31 1969

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] John A. Van Meter Date 6/15, 1969
 (Drilling Machine Operator)

Drilling Machine Operator's License No. 118

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 John A. Van Meter
 (Person, firm or corporation) (Type or print)

Address P.O. Box 204 Malin, Oregon

[Signed] John A. Van Meter
 (Water Well Contractor)

Contractor's License No. 170 Date 6/15, 1969

(USE ADDITIONAL SHEETS IF NECESSARY)

Application for Water Right Transfer

Evidence of Use Affidavit

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

State of Oregon)
) ss
 County of DESCHUTES

I, BRYCE WITHERS, in my capacity as WATER RIGHT SPECIALIST,

mailing address PO BOX 1830 BEND, OR 97709

telephone number 541-389-2837, being first duly sworn depose and say:

Received
 JUN 18 2024
 OWRD

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

- Personal observation
 Professional expertise

2. I attest that:

Water was used during the previous five years on the **entire** place of use for Certificate #48022; 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.): **POTATOES & WHEAT**

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.

Brylith
Signature of Affiant

4-23-24
Date

Signed and sworn to (or affirmed) before me this 23 day of April, 2024.



Linda Lee Miller
Notary Public for Oregon

My Commission Expires: July 12, 2025

Supporting Documents	Examples
<input type="checkbox"/> Copy of a water right certificate that has been issued within the last five years. (not a remaining right certificate)	Copy of confirming water right certificate that shows issue date
<input type="checkbox"/> Copies of receipts from sales of irrigated crops or for expenditures related to use of water	<ul style="list-style-type: none"> ● Power usage records for pumps associated with irrigation use ● Fertilizer or seed bills related to irrigated crops ● Farmers Co-op sales receipt
<input type="checkbox"/> Records such as FSA crop reports, irrigation district records, NRCS farm management plan, or records of other water suppliers	<ul style="list-style-type: none"> ● District assessment records for water delivered ● Crop reports submitted under a federal loan agreement ● Beneficial use reports from district ● IRS Farm Usage Deduction Report ● Agricultural Stabilization Plan ● CREP Report
<input checked="" type="checkbox"/> Aerial photos containing sufficient detail to establish location and date of photograph	<p>Multiple photos can be submitted to resolve different areas of a water right. If the photograph does not print with a "date stamp" or without the source being identified, the date of the photograph and source should be added.</p> <p>Sources for aerial photos: OSU – www.oregonexplorer.info/imagery OWRD – www.wrd.state.or.us Google Earth – earth.google.com TerraServer – www.terra-server.com</p>
<input type="checkbox"/> Approved Lease establishing beneficial use within the last 5 years	Copy of instream lease or lease number

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25

T40S R11E

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36

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02

T41S R11E

01

14476 -



Request for Map Scale Waiver

2 messages

Bryce Withers <brycewrs@gmail.com>
To: STARNES Patrick K * WRD <Patrick.K.STARNES@water.oregon.gov>

Thu, Apr 4, 2024 at 8:48 AM

Hi Kelly,

We would like to request approval of an alternative map scale for a Permanent Transfer Application Map. The "TRANSFER "ON" MAP (2 of 2 Conveyance Map)" is drawn at 1"=2000'. The main map showing the Place of Use is at 1"=1320'. Thank you for your consideration.

--

Bryce Withers

Water Right Specialist
(541)408-1400 cell

Water Right Services, LLC
PO Box 1830
Bend, OR 97709

<https://oregonwater.us>

2 attachments

 UNRUH_TFR_MAP_ON.pdf
404K

 UNRUH_TFR_MAP_ON_2.pdf
417K

STARNES Patrick K * WRD <Patrick.K.STARNES@water.oregon.gov>
To: Bryce Withers <brycewrs@gmail.com>

Thu, Apr 4, 2024 at 9:15 AM

Good Morning Bryce,

The Department grants a map scale waiver for the attached proposed place of use map .

Please include a printed copy of this e-mail when you submit the transfer application.

Sincerely,

Kelly

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JUN 18 2024
OWRD

14476 -

Kelly Starnes, Transfer Program Analyst

(He/Him/His)

Oregon Water Resources Department

725 Summer St NE Suite A

Salem OR 97301-1271

Cell phone: 503-979-3511 Fax: 503-986-0903

E-mail: patrick.k.starnes@water.oregon.gov

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

[Quoted text hidden]

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