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

attachments are not completed and included.

This transfer application will be returned if Parts 1 through 5 and all required

	For questions, please call (503) 986-0900, and ask for Transfer Section.	Received				
Check all it	ems included with this application. (N/A = Not Applicable)	JUN 0 6 202				
\boxtimes	Part 1 – Completed Minimum Requirements Checklist.	OWED				
\boxtimes	Part 2 – Completed Transfer Application Map Checklist.	OWRD				
	Part 3 – Application Fee, payable by check to the Oregon Water Resource completed Fee Worksheet, page 3. Try the new online fee calculator at: http://apps.wrd.state.or.us/apps/misc/wrd fee calculator.	s Department, and				
\boxtimes	Part 4 – Completed Applicant Information and Signature.					
	Part 5 – Information about Water Rights to be Transferred: How many w be transferred? 2 List them here: 52643, 96628 Please include a separate Part 5 for each water right. (See instruction NOTE: A separate transfer application is required for each water right criteria in OAR 690-380-3220 are met.	s on page 6)				
	Attachments:	AUG 0 5 2024				
	Completed Transfer Application Map.	OWDE				
	Completed Evidence of Use Affidavit and supporting documentation.	OWRD				
	the land the water					
□ N/A	Supplemental Form D – For water rights served by or issued in the name district. Complete when the transfer applicant is not the irrigation district					
N/.	Oregon Water Resources Department's Land Use Information Form with signature from each local land use authority in which water is to be diver and/or used. Not required if water is to be diverted, conveyed, and/or us lands or if <u>all</u> of the following apply: a) a change in place of use only, b) no changes, c) the use of water is for irrigation only, and d) the use is located irrigation district or an exclusive farm use zone.	ted, conveyed, ed only on federal o structural				
	Water Well Report/Well Log for changes in point(s) of appropriation (well point(s) of appropriation.	l(s)) or additional				
□	Geologist Report for a change from a surface water point of diversion to a ground water point of appropriation (well), if the proposed well is more than 500' from the surface water source and more than 1000' upstream or downstream from the point of diversion. See OAR 690-380-2130 for requirements and applicability.					
	(For Staff Use Only)					
	WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S): Application fee not enclosed/insufficient Map not included or incomplete Evidence of Use Form not enclosed or incomplete Additional signature(s) required Part is incomplete Other/Explanation					
	Staff:	J				

Part 2 of 5 – Transfer Application Map

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

		sure that the transfer application map you submit includes all the required items and he existing water right map. Check all boxes that apply.
\boxtimes	□ 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.
\boxtimes		Permanent quality printed with dark ink on good quality paper.
\boxtimes		The size of the map can be $8\% \times 11$ inches, $8\% \times 14$ inches, 11×17 inches, or up to 30×30 inches. For 30×30 inch maps, one extra copy is required.
\boxtimes		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.
\boxtimes		Township, Range, Section, $\frac{1}{4}$, DLC, Government Lot, and other recognized public land survey lines.
\boxtimes		Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
\boxtimes		Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.
\boxtimes		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°).
		- 1000/VE()

Oregon Water Resources Department Transfer Fee Calculation for Permanent (Non-District) Transfer

Today's Date: Friday, June 7, 2024

Discount:

	*	Main		0	Help	
r	0	Returr	า	•	Contac	t Us
			Fee	Calo	culation	
				\$1	,360.00	
OD :	to GI	W POD				<i>3</i> **
		W1 0B		\$1	,090.00	
					\$610.00	
to a	a wel	l.			\$480.00	22
					\$0.00	
atior	n righ	nt.				
rigl	nt.					
e pr	imar	v)				
	nsfe					
0.2	7894	12				
0.0	4835	51				

Base Fee (includes one type of change to one water right for up to 1 cfs)	\$1,360.00
Fill in information below Check each box that applies. Types of Change Proposed: Place of Use Route of Diversion (ROD) Appropriation (ROA); and/or Additional ROD/ROA; and/or SW/ROD to GW/ROD.	
Point of Diversion (POD)/Appropriation (POA); and/or Additional POD/POA; and/or SW POD to GW POD Character of Use	\$1,090.00
Enter total number of water rights included in transfer.	\$610.00
Check this box if you propose to add or change a well, or change from a surface water POD to a well.	\$480.00
Enter total number of groundwater wells (POAs) included in transfer.	\$0.00
Check this box if you propose to change the place of use or character of use for a NON-irrigation right.	Ψ0.00
Check this box if you propose to change the place of use or character of use for an irrigation right. Enter the following for the primary certificates on the land included in the transfer. (If a supplemental certificate also covers the same land as an included primary right, only list the primary.) Total acres in the water right certificate # of acres to be transferred be transferred certificate # 0R not list cfs,enter 1/_ cfs per acre [52643] [268.3] [28.03] [28.03] [2.67] [0.278942] [0.048351]	
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Total Transfer CFS(rounded up to the next whole cfs): 1.00 SUPERSEDING Subtotal:	\$3,540.00
Check each box that applies. The transfer is necessary to complete a project funded by the Oregon Watershed Enhancement Board	
(OWEB) under ORS 541.932.	
The transfer is endorsed in writing by ODFW as a change that will result in a net benefit to fish and wildlife habitat.	

Part 3 of 5 - Fee Worksheet

	FEE WORKSHEET for PERMANENT TRANS	SFER (except Substitution)		
1	Base Fee (includes one type of change to one water right fo	or up to 1 cfs)	1	\$1,360
	Types of change proposed:			
	_	oint of Diversion/Appropriat	ion	
	Number of above boxes checked = $\frac{2(2a)}{5}$ Subtract 1 from the number in line 2a = $\frac{1(2b)}{5}$ If only one of	change this will be 0		
2	Multiply line 2b by \$1090 and enter » » » » » » » » » »		»» .	2 1090
_	Number of water rights included in transfer 2 (3a)			1030
	Subtract 1 from the number in 3a above: 1610 (3b) If only of	one water right this will be 0		
3	Multiply line 3b by \$610 and enter » » » » » » » » »		» » 3	610
	Do you propose to add or change a well, or change from a sometime. No: enter 0 \boxtimes Yes: enter \$480 for the 1 st well to be			
	Do you propose to add or change additional wells?			
	☐ No: enter 0 ☐ Yes: multiply the number of additio	-		
4	Add line 4a to line 4b and enter » » »		» » 4	1710
	Do you propose to change the place of use or character of No: enter 0 on line 5	use?		
	Yes: enter the cfs for the portions of the rights to be tra	ansferred (see below*): <u>0.327</u>	' (5a)	
	Subtract 1.0 from the number in 5a above: -0.673 (5b)			
	If 5b is 0 or less, enter 0 on line 5 » » » » » » » » »			
_	If 5b is greater than 0, round up to the nearest whole n			5 0
5 6	5c by \$410, then enter on line 5 » » » » » » » » » Add entries on lines 1 through 5 above » » » » » » » » » »			6 4770
	Is this transfer:	" " Subtotal.		7 4770
	necessary to complete a project funded by the Orego	n Watershed Enhancement I	Boar Re(ceived
	(OWEB) under ORS 541.932?	ult in a net benefit to fish ar	nd AUG (5 2024
	wildlif	are in a rice belieffe to rish ar	10111	
	If one or mc	nter on line 7 »	Φ'	WRD
7	If no box is a	» » » » » » » » » » » »		7 0
8	Subtract line	» » » » » Transfer Fee		8 4770
	xample for Line of Supplement:	ate 12345 (total 1.25 cfs for 100) acres) ar	nd 45.0 acres
	For irrigation			
	a. Divide to	12345, 1.25 cfs ÷100 ac); then is).	multiply b	y the number
	h If the same	L = - II = = - 1 / 40 = - 1 / 40		
	multiply cfs/ac = t SUPFRSEDED	/40) or 0.0125 (1/80). (For C87	654, 45.0	ac x 0.0125
2.	Add cfs for th	transfer; however do not cour		
	supersed Supersed Superse	or the primary right on the sal ransfer. (In this example, blank and Line 5 would then also become	k 5a would	
	tel scheduk	TITUTION	-,-	
	1 Base Fee (includes change to one well)		1	\$990.00
	Number of wells included in substitution (2a)		7555.00
	Subtract 1 from the number in 2a above: (2)			
	2 Multiply line 2b by \$480 and enter » » » » » »		2	
	3 Add entries on lines 1 through 2 above » » »	» » Fee for Substitution:	3	

Received

Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME		PHONE NO.	ADDITIONAL CONTACT NO.		
Daniel & Leanne Miles		541-576-4842			
ADDRESS			FAX NO.		
81341 Buick Lane					
CITY	STATE	ZIP	E-MAIL		
Silver Lake OR 97638			daniel.miles10@gmail.com		
By providing an e-mail address, consent is given to receive all correspondence from the Department					
ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.					

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

AGENT/BUSINESS NAME		PHONE NO.	ADDITIONAL CONTACT NO.		
Anderson Engineering @ Survey	ing, Inc.	547-947-4407			
ADDRESS			FAX NO.		
P.O. Box 28				947-2321	
CITY	STATE	ZIP	E-MAIL		
Lakeview OR 97630			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: Remove the end guns from existing pivots on several rights to fill in a hole in another pivot, and bring to total acreage up to 120 at the proposed place of use..

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

Check One Box

\boxtimes	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 an
	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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Part 4 of 5 - Applicant Information and Signature

APPLICANT/BUSINESS NAME	-		DHONENO	100,000
	e Mile	S	PHONE NO. 541-576-4842	ADDITIONAL CONTACT NO.
81341 Buick Lane				FAX NO.
Silver Lake	STATE	^{ZIP} 97638		o@gmail.com
BY PROVIDING AN E-MAIL ADDRE	SS, CONSEN	T IS GIVEN TO RECEIVE	ALL CORRESPONDENCE FR	OM THE DEPARTMENT
ELECTRONICALLY. COPIES OF THE				
gent Information – The ago	ent is autho	orized to represent t	he applicant in all matte	ers relating to this applicati
gent/business name Anderson Engineei	ring@	Surveying, Inc	PHONE NO. 547-947-4407	ADDITIONAL CONTACT NO.
PO. BOX 28		7 0 -		FAX NO. 947~2321
Lakeview	STATE	^{ZIP} 97636	E-MAIL darryla@and	ewnengineering.com
BY PROVIDING AN E-MAIL ADDRE ELECTRONICALLY. COPIES OF THE	SS, CONSENT	T IS GIVEN TO RECEIVE R DOCUMENTS WILL A	ALL CORRESPONDENCE FR	OM THE DEPARTMENT
xplain in your own words wh	nat you pro	pose to accomplis	h with this transfer app	olication, and why:
Remove the end	guns	from exis	iting pivots o	n seveal
rights to fill	in a	hole in a	nother pivot,	and bring
to total acre	age i	up to 120	at the pr	oposed place
of we.	,	,		

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

Check One Box

X,	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.
	the first of the f

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:								
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 appro- water right (OAR 690-380-60) 	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 refund of all or part of a fee is of the Department. 	upon request and, as s appropriate in the int	set forth in ORS 536.050(4)(a erests of fairness to the publ), if the Director determines that a ic or necessary to correct an error					
Applicant signature Applicant signature	ion contained in this a	Print Name (and Title if app Leanne Miles	$\frac{1/85}{\text{Date}} = \frac{7/26/24}{\text{Date}}$					
Applicant signature Print Name (and Title if applicable) Date Is the applicant the sole owner of the land on which the water right, or portion thereof, proposed for transfer is located? Yes No If NO, include signatures of all 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 of		change(s) Notices and corre	espondence should continue to be					
sent to the applicant.								
		or completing the proposed or should be sent to this landow	change(s) after the final order is wner.					
☐ Both the receiving land	owner and applicant w		tion of change(s). Copies of notices					
At this time, are the lands in this			Yes 🔯 No					
			eiving landowner information table assignment will have to be filed for					
agreement or other docume	ent states otherwise. F	cated on the land belong to a or more information see: cansfer Property Transaction						
RECEIVING LANDOWNER NAME Daniel and Lear	ne Miles	PHONE NO. 541-576-4842	ADDITIONAL CONTACT NO.					
ADDRESS 81341 Buick Lan	e		FAX NO.					
Silver Lake	STATE ZIP 97638	E-MAIL daniel miles	10@gmail.com					
Describe any special ownership	circumstances:		Received					
			AUG 0 5 2024					
The confirming Certificate shall	be issued in the name	of: Applicant Receiv	OWRD ring Landowner					

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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

11- ma	2A	/	lication is true and accu	1:68 2/1/2020
Applicant signature	Mil	00_	Print Name (and Title	plicable) Date
Applicant signature			7 -1	
Applicant signature			miles	able) Date
s the applicant the sole owner of	of the land	1 2/0	B. land &	proposed for transfer is
of NO, include signatures of all de attach affidavits of consent (and n avoter right(s) were conveyed.		Herold.	he right	ferent than the applicant's half which the
heck the following boxes that a	ipply:	00	CP Kis	
The applicant is response sent to the applicant.	sible for c	This	-2 ing fre	should continue to
The receiving landowne issued. Copies of notice	r will be i	resp Auth	or Fleceived	the final order is
Both the receiving land and correspondence sh	owner an	d app	AUG 05 202	Copies of not
At this time, are the lands in this	s transfer	applicat	OWR	
If YES, and you know who to below. If you do not know w at a later date.	he new la who the n	ndowner ew landow	OAAL	Jowner information to Josignment will have to be filed
If a property sells, the certifunless a sale agreement or	other doc	tument states	cherwise. For more info	to the new owner, ormation see: ctions.pdf
https://www.oregon.gov/o			PHONE NO.	ADDITIONAL CONTACT NO.
https://www.oregon.gov/o				FAX NO.
https://www.oregon.gov/o RECEIVING LANDOWNER NAME NA				
https://www.oregon.gov/o				
https://www.oregon.gov/o RECEIVING LANDOWNER NAME NA	STATE	ZIP	E-MAIL	

Permanent Transfer Application Form - Page 5 of 12

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	water rights proposed for transfer ar	
an irrigation or other water o	district. (Tip: Complete and attach S	upplemental Form D.)
IRRIGATION DISTRICT NAME	ADDRESS	
NA		
CITY	STATE	ZIP
	ny of the rights supplied under a wa r with a federal agency or other enti	
contract for stored water	with a federal agency of other enti-	<u> </u>
ENTITY NAME	ADDRESS	
NA		
CITY	STATE	ZIP
To meet State Land Use Con-	sistency Requirements, you must lis	t all county, city, municipal
	ments within whose jurisdiction wa	
ENTITY NAME	ADDRESS	
Lake County	513 Center	
CITY	STATE	ZIP
Lakeview	OR	97630
	•	the state of the s
ENTITY NAME	ADDRESS	
NA		
CITY	STATE	7ID

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Part 5 of 5 - Water Right Information

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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.

Description of Water Delivery System System capacity: 1.018 cubic feet per second (cfs) OR gallons per minute (gpm) CERTIFICATE # 96628 Received AUG 0 5 2024 OWRD

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 2 wells, each running a pivot irrigation system.

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)	Τv	vp	Rı	ng	Sec	1/4	½	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Well 3	Authorized Proposed	LAKE 774	27	s	15	E	2	SE	SE	300	1089.8' WEST & 1290.7' NORTH OF THE SOUTHEAST CORNER OF SECTION 2
Well 4	Authorized Proposed	LAKE 768	27	s	15	E	2	NE	NW	3, 400	2643.37' WEST & 4012.32' NORTH OF THE SOUTHEAST CORNER OF SECTION 2
Well 7	Authorized Proposed	LAKE 887	27	S	16	E	18	NW	NW	513	1320' NORTH & 1330' EAST OF THE EAST 1/4 CORNER OF SECTION 18

veii /	□ Proposed	LAKE 667	21	3	10	_	16	1400	1400	313	CORNER OF SECTION 18				
Check a	all type(s) of ch	nange(s) prop	ose	d be	low	(cha	nge "(CODES	" are p	orovide	d in parentheses):				
\boxtimes	Place of Use	(POU)						Supple	menta	l Use to	Primary Use (S to P)				
	Character of	Use (USE)					⊠ F	oint o	f Appı	opriati	on/Well (POA)				
	Point of Dive	ersion (POD)						Additional Point of Appropriation (APC							
	Additional Po	oint of Divers	ion (APC	D)			Substit	ubstitution (SUB)						
	Surface Wate POA (SW/GV	er POD to Gro V)	ounc	l Wa	ter			Govern	nment	Action	POD (GOV)				
Will all	of the propos	ed changes a	ffect	the	enti	re w	ater r	ight?							
Yes	•	nly the Proposed								able 2 c	on the next page. Use the				
⊠ No	Complete all	of Table 2 to	des	cribe	e the	por	tion o	f the w	ater r	ight 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 # 96628

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.

	Т			_	at ap	pears	on th	ne cert	ificate		ls) DPOSED CHAI ill be changed.		Proposed Changes (see												5	
Tv	/p	Rng	g	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Date	"CODES" from previous page)	Tw	'p	Rı	ng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date
													EXAMPLE													
2	S	9	Ε	15	NE	NW	100		15.0	Irrigation	POD #1 POD #2	1901	POU/POD	2	s	9	Ε	1	NW	NW	500	1	10.0		POD #5	1901
														2	S	9	E	2	sw	NW	500		5.0		POD #6	1901
27	s	15	E	2	NE	SE	300		1.83	Irrigation	Well 3	1/5/50		27	s	16	E	18	SE	NE	513		3.87	Irrigation	Well 7	1/5/50
27	s	15	E	2	SE	SE	300		2.04	Irrigation	Well 3	1/5/50														
									*																	
						TO	TAL AC	RES:	3.87											TO	TAL AC	RES:	3.87			

Additional remarks: NA.

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Revised 7/7/2022

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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? \(\subseteq \text{Yes} \subsete \text{No} \)

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.

For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # NA

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

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

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 aguifer as the authorized point(s) of appropriation (POA). The Department is prohibited by law from approving POA changes that do not

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 3	yes		120'	12"	0-20	0-10	NA	19.5	sand	0.914
Well 4	yes		361'	14"	0-75	0-75	NA	16	basalt	0.104
Well 7	yes		1155'	14"	0-41	0-22	NA	24	cinders	0.048

access the same source aquifer.

Part 5 of 5 - Water Right Information

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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 # 52643	Rec eived
Description of Wa	ater Delivery System	AUG 0 5 2024
System capacity:	2.67 cubic feet per second (cfs) OR	OWRD
	gallons per minute (gpm)	

Describe the current water delivery system or the system that was in place at some time within the last five years. Include information on the pumps, canals, pipelines, and sprinklers used to divert, convey, and apply the water at the authorized place of use. Water is pumped from 2 wells, each running a pivot irrigation system.

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)	Tv	wp	R	ng	Sec	1/4	½	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)		
Well 1	Authorized Proposed	LAKE 755	27	s	15	E	1	sw	sw sw		sw sw		1280' EAST OF THE SOUTHWEST CORNER OF SECTION 1
Well 2	Authorized Proposed	LAKE 756	27	s	15	E	1	sw	SE	302	1270' NORTH & 3950' EAST OF THE SOUTHWEST CORNER OF SECTION 1		
Well 7	☐ Authorized ☐ Proposed	LAKE 887	27	s	16	Е	18	NW	NW	513	1320' NORTH & 1330' EAST OF THE EAST 1/4 CORNER OF SECTION 18		

Check a	II type(s) of change(s) proposed below (ch	ange	"CODES" are provided in parentheses):
	Place of Use (POU)		Supplemental Use to Primary Use (S to P)
	Character of Use (USE)	\boxtimes	Point of Appropriation/Well (POA)
	Point of Diversion (POD)		Additional Point of Appropriation (APOA)
	Additional Point of Diversion (APOD)		Substitution (SUB)
	Surface Water POD to Ground Water POA (SW/GW)		Government Action POD (GOV)
Will all	of the proposed changes affect the entire	water	right?
Yes	Complete only the Proposed ("to" or "on" "CODES" listed above to describe the pro		s) section of Table 2 on the next page. Use the changes.
⊠ No	Complete all of Table 2 to describe the po	ortion	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 # 52643

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.

	Т			_	hat a	ppear	s on th	ne cert	ificate		ls) DPOSED CHA II be changed		Proposed Changes (see			-	Γhe	listir			ıld app		FTER I	on" lands) PROPOSED	CHANGES	5
Tw	'p	Rn		Sec		4 1/4	Tax Lo	Gvt	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date	"CODES" from previous page)	Tv	/p	Rr	ıg	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date
													EXAMPLE	1												
2	s	9	E	15	NE	NW	100		15.0	Irrigation	POD #1 POD #2	1901	POU/POD	2	S	9	E	1	NW	NW	500	1	10.0		POD #5	1901
														2	S	9	E	2	sw	NW	500		5.0		POD #6	1901
27	s	15	E	1	NE	sw	302		2.83	Irrigation	Well 1 & 2	2/22/77		27	s	16	E	18	NE	NE	513, 200, 100		7.26	Irrigation	Well 7	2/22/77
27	s	15	E	1	NW	sw	302		3.25	Irrigation	Well 1 & 2	2/22/77		27	s	16	E	18	NW	NE	513, 400, 300		7.60	Irrigation	Well 7	2/22/77
27	s	15	E	1	sw	sw	302		3.25	Irrigation	Well 1 & 2	2/22/77		27	s	16	E	18	sw	NE	513		8.23	Irrigation	Well 7	2/22/77
27	s	15	E	1	SE	sw	302		2.84	Irrigation	Well 1 & 2	2/22/77		27	s	16	E	18	SE	NE	513		4.94	Irrigation	Well 7	2/22/77
27	s	15	E	1	NE	SE	302		4.06	Irrigation	Well 1 & 2	2/22/77														
27	s	15	E	1	NW	SE	302		4.31	Irrigation	Well 1 & 2	2/22/77														
27	s	15	E	1	sw	SE	302		3.90	Irrigation	Well 1 & 2	2/22/77														
27	s	15	E	1	SE	SE	302		3.59	Irrigation	Well 1 & 2	2/22/77														
						ТО	TAL AC	RES:	28.03											TO	TAL AC	RES:	28.03			

Additional remarks: NA.

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AUG 0 5 2024

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JUN 0 6 2024

Revised 7/7/2022 Permanent Transfer Application Form – Page 11 of 12

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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? \(\subseteq\) Yes \(\subseteq\) 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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AUG 0 5 2024

For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # NA

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

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

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.

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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		180'	12"	+1-20	0-20	NA	17.5	cinders	2.67
Well 2	yes		224'	12"	+120	0-20	40-80	22	cinders	2.67
Well 7	yes		1155'	14"	0-41	0-22	NA	24	cinders	0.350
,										

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Application for Water Right Transfer Evidence of Use Affidavit



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

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

State	of Oregon)												
Count	y of <u>LAKE</u>)	f <u>Lake</u>) MILES, in my capacity as <u>Landowner</u> , 5 7869 Fort Rock Rood, S. Iver Lake, Ore. 9 7688 ddress 81341 Buick Lane, Silver Lake, OR, 97638													
I, HARO	OLD MILES, in my	capacity as L	ANDOWNER,	- 1		0 4/ 20	•		JUN 06	2024					
mailin	g address 8134	1 BUICK LANE, S	lock Road, itver Lake, O	S. Iver R, 97638	Lake, D	TO. 7 /6.53	5		3011						
teleph	one number (5	<u>41)576-4842</u> ,	being first o	duly swo	rn depose	and say:			OWF	₹D					
1.	My knowledg	ge of the exerc	rise or statu	s of the v	water righ	nt is based o	n (check ana):		Rece	ived					
		onal observati				ional experti			AUG 05	2024					
2.	l attest that:		OVAZI	00											
	Wate Wate	or	OWI	ער											
	Certi														
	My k	nowledge is s	pecific to the	e use of	water at t	he following	locations with	hin the last five ye	ears.						
	Certificate #	Township	Range			SEED TO SEE	Gov't Lot	Acres	2015.						
		TOWNSHIP	nange	Mer	Sec	X X	or DLC	(if applicable)							
		-													
			_												
				-			-		_						
OR															
	Confirming Co	ertificate #	has bee	n issued	within th	e past five y	ears; OR								
							n the last five y	vears. The							
	instream leas	e number is: _	(Note	: If the e	ntire right	t proposed f	or								
								ased instream.);							
	The water right is not subject to forfeiture and documentation that a presumption of forfeiture for would be rebutted under ORS 540.610(2) is attached.														
	Water has be 10 years for C	en used at the ertificate #	actual curr For His	ent poin	t of diver	sion or appro	opriation for m	nore than							
					on rever										
Revised	7/1/2021		Evidenc	e of Use	Affidavit -	Page 1 of 2			TAGE						
						-0c - 0: E			TACS						

- 3. The water right was used for: (e.g., crops, pasture, etc.): IRRIGATION FOR HAYFIELDS AND PASTURE
- 4. I understand that if I do not attach one or more of the documents shown in the table below to support the above statements, my application will be considered incomplete.

Harold a Milan Signature of Affiant

4/<u>23/24</u> Date

Signed and sworn to (or affirmed) before me this 23th day of Apr. 1 , 2024.

NOTARY PUBLIC - OREGON COMMISSION NO. 1032343 MY COMMISSION EXPIRES JANUARY 12, 2027

Notary Public for Oregon

My Commission Expires: January 12 2027

Supporting Documents	Examples
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
☐ Copies of receipts from sales of irrigated crops or for expenditures related to use of water	Power usage records for pumps associated with irrigation use Fertilizer or seed bills related to irrigated crops Farmers Co-op sales receipt
Records such as FSA crop reports, irrigation district records, NRCS farm management plan, or records of other water suppliers	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
Aerial photos containing sufficient detail to establish location and date of photograph	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. Sources for aerial photos: OSU -www.oregonexplorer.info/imagery OWRD - www.wrd.state.or.us Google Earth - earth.google.com TerraServer - www.terraserver.com
Approved Lease establishing beneficial use within the last 5 years	Copy of instream lease or lease number

Revised 7/1/2021

Evidence of Use Affidavit - Page 2 of 2

Received

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JUN 0 6 2024

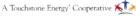
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16755 Finley Butte Rd PO Box 127 LaPine OR 97739-0127



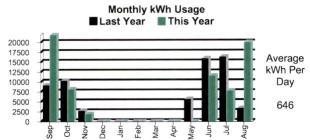
REBECCA K MILES 81341 BUICK LN SILVER LAKE OR 97638-0000

IMPORTANT INFORMATION

Your Debit/Credit Card will be charged for \$1,197.73 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.



Account Number: Service Location: 60 HP

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

Account Detail	
Previous Balance	609.29
Payments Received 07/18/2023	609.29 Credit
Balance Forward	\$0.00
Energy Charge (kWh) 20,040 @ \$0.0479	959.92
Demand Charge (kW) 34.640 @ \$5.20	180.13
Facilities Charge	67.00
Prompt Pay Discount	9.32 Credit
Current Charges	\$1,197.73

Total Amount Due \$1,197.73 Electric Service Detail Meter Number: 76024 Multiplier: 40.0

06/30/2023 - 07/31/2023 Reading Dates:

Number of Days: 31

Current Reading: 5132 Last Reading: 4631

20,040 kWh: 501 x 40 Multiplier = kW: 0.866 x 40 Multiplier = 34.640

Received

Received

AUG 0 5 2024

JUN 0 6 2024

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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: Billing Cycle: 3

Current Charges Due Date:

Total Amount Due: Paid with Credit/Debit Card

Relief Fund Contribution: (optional)

Total Amount Paid:

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REBECCA K MILES 81341 BUICK LN SILVER LAKE OR 97638-0000



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



Please contact our office for address changes, automatic payment changes, and account modifications.

MIDSTATE ELECTRIC CONTACT INFORMATION

PHONE (541) 536-2126 TOLL FREE (800) 722-7219

FAX (541) 536-1423

To report outages call (541) 536-2165 or (800) 752-5935 for 24 hour emergency service

WEBSITE www.midstateelectric.coop
Office hours: 7:00 A.M. - 5:30 P.M.

Monday through Thursday, except holidays.



MIDSTATE ELECTRIC COOPERATIVE (MEC) PAYMENT OPTIONS

<u>Pay On-Line Using SmartHub</u> with a credit or debit card. In addition to paying the bill online, members can view billing history, monitor energy usage, receive notifications via email or text message, report outages and track outage restoration progress and check MEC's news feeds.

<u>Automatic Credit Card Payment</u> allows monthly electric bill payments to be automatically charged to a credit or debit card.

<u>Electronic Funds Transfer</u> allows electric bill payments to be automatically withdrawn from a checking or savings account. <u>In Person</u> at the MEC headquarters facility located at 16755 Finley Butte Rd. La Pine, Oregon. A cashier is located inside during working hours, Monday – Thursday 7:00 am to 5:30 pm. MEC is closed Fridays, weekends and holidays.

<u>Payment Kiosk</u> installed at the entrance of the MEC headquarters facility is available 24 hours a day, seven days a week. Members must have their account number to make payments. Payments can be made by cash, credit or debit card. The payment station does not have the ability to provide change. Payments made in excess of the bill will be credited to the account.

<u>Drive-up Payment Depository</u> located in the parking area at the MEC headquarters facility is available 24 hours a day, seven days a week.

<u>Drop Boxes</u> are located inside Washington Federal Bank in Gilchrist, La Pine, Lakeview and Sagewood Grocery in Christmas Valley. Payments can be made with cash, check or money order at these locations.

By Phone – Call 541-536-2126 or 800-722-7219, option 2. The system prompts for an account number and will provide account balance and instructions on how to pay with a credit card or debit card. The system is available 24 hours a day, seven days a week.

By Mail using the self-addressed envelope enclosed with the bill.

Budget Billing provides the option to have the annual electric bill averaged for a 12-month period so payments are the same each month.

VISA, Master Card, American Express and Discover Card are accepted.

MEC FACTS

MEC was incorporated in 1948 and energized in 1952. In 1952, there were 153 member/owners, 7 miles of energized and 6 employees. MEC has grown to over 16,500 member/owners with over 19,800 services, more than 2358 miles of energized line and employs over 55 people.

MEC is owned by the member/owners, who are represented in each district by a member of the Board of Directors. There are 9 Board Districts and a Board of 9 Directors. Directors are elected by the member/owners and serve a three-year term. Three board members are eligible for re-election each year.

MEC provides electric service to portions of four counties in Central Oregon: Deschutes, Klamath, Lake, and Lane Counties.

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MEC is one of 18 rural electric cooperatives in Oregon. All are members of the National Rural Electric Cooperative Association (NRECA) and Oregon Rural Electric Cooperative Association (ORECA).

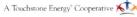
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JUN 0 6 2024





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08/15/2023.

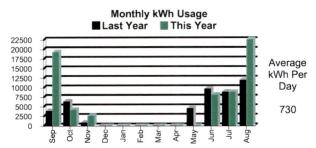
Co-Op News

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Your Debit/Credit Card will be charged for \$1,319.76 on

REBECCA K MILES 81341 BUICK LN SILVER LAKE OR 97638-0000



Account Number: Service Location: 40 HP FT Billing Date: 08/15/2023 Billing Cycle: 3 Rate: Irr-Seasonal Bill Type: Regular

Account Detail	
Previous Balance	667.50
Payments Received 07/18/2023	667.50 Credit
Balance Forward	\$0.00
Energy Charge (kWh) 22,640 @ \$0.0479	1,084.46
Demand Charge (kW) 34.320 @ \$5.20	178.46
Facilities Charge	67.00
Prompt Pay Discount	10.16 Credit
Current Charges	\$1,319.76

Total Amount Due \$1,319.76

Electric Service Detail

Meter Number: 68147 Multiplier: 40.0 06/30/2023 - 07/31/2023 Reading Dates:

Number of Days:

22084 Current Reading: Last Reading: 21518

22,640 kWh: 566 x 40 Multiplier = 0.858 x 40 Multiplier = 34.320 kW:

Received

AUG 0 5 2024

OWRD

Received

JUN 0 6 2024

OWRD

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: Billing Cycle: 3

Current Charges Due Date:

Paid with Credit/Debit Card **Total Amount Due:**

Relief Fund Contribution: (optional)

Total Amount Paid:

A Touchstone Energy® Cooperative K

REBECCA K MILES 81341 BUICK LN SILVER LAKE OR 97638-0000



MIDSTATE ELECTRIC COOPERATIVE INC **PO BOX 127** LA PINE OR 97739-0127 Ուկիլի հայ Մինհարլիանգրկյան գլիի ինիկ իր Ալկինիկիլի



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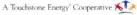
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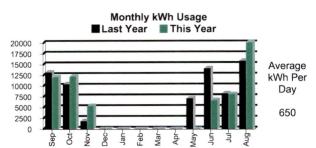
REBECCA K MILES 81341 BUICK LN SILVER LAKE OR 97638-0000

IMPORTANT INFORMATION

Your Debit/Credit Card will be charged for \$1,239.15 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.



Service Location: FT 56 HP -125 HP Account Number: Billing Date: 08/15/2023 Billing Cycle: 3 Rate: Irr-Seasonal Bill Type: Regular

\$1,239.15

Account Detail	
Previous Balance	660.66
Payments Received 07/18/2023	660.66 Credit
Balance Forward	\$0.00
Energy Charge (kWh) 20,160 @ \$0.0479	965.66
Demand Charge (kW) 41.640 @ \$5.20	216.53
Facilities Charge	67.00
Prompt Pay Discount	10.04 Credit
Current Charges	\$1,239.15

Total Amount Due

Electric Service Detail

Meter Number: 68161 Multiplier: 40.0 06/30/2023 - 07/31/2023

Reading Dates: Number of Days:

22039 **Current Reading:** Last Reading: 21535

504 x 40 Multiplier = 20,160 kWh:

kW: 1.041 x 40 Multiplier = 41.640

Received

Received

AUG 0 5 2024

JUN 0 6 2024

OWRD

OWRD

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: Billing Cycle: 3

Current Charges Due Date:

Total Amount Due:

Paid with Credit/Debit Card

Relief Fund Contribution: (optional)

A Touchstone Energy® Cooperative *

REBECCA K MILES 81341 BUICK LN

Total Amount Paid:

SILVER LAKE OR 97638-0000



MIDSTATE ELECTRIC COOPERATIVE INC **PO BOX 127** LA PINE OR 97739-0127 Ուկիլի հայ Մինսայլիան դրկյանակի ինինի նաև հերկին ին



Please contact our office for address changes, automatic payment changes, and account modifications.

MIDSTATE ELECTRIC CONTACT INFORMATION

PHONE (541) 536-2126 TOLL FREE (800) 722-7219

FAX (541) 536-1423

To report outages call (541) 536-2165 or (800) 752-5935 for 24 hour emergency service

WEBSITE www.midstateelectric.coop Office hours: 7:00 A.M. - 5:30 P.M. Monday through Thursday, except holidays.



MIDSTATE ELECTRIC COOPERATIVE (MEC) PAYMENT OPTIONS

Pay On-Line Using SmartHub with a credit or debit card. In addition to paying the bill online, members can view billing history, monitor energy usage, receive notifications via email or text message, report outages and track outage restoration progress and check MEC's news feeds.

Automatic Credit Card Payment allows monthly electric bill payments to be automatically charged to a credit or debit

Electronic Funds Transfer allows electric bill payments to be automatically withdrawn from a checking or savings account. In Person at the MEC headquarters facility located at 16755 Finley Butte Rd. La Pine, Oregon. A cashier is located inside during working hours, Monday - Thursday 7:00 am to 5:30 pm. MEC is closed Fridays, weekends and holidays.

Payment Kiosk installed at the entrance of the MEC headquarters facility is available 24 hours a day, seven days a week. Members must have their account number to make payments. Payments can be made by cash, credit or debit card. The payment station does not have the ability to provide change. Payments made in excess of the bill will be credited to the

Drive-up Payment Depository located in the parking area at the MEC headquarters facility is available 24 hours a day, seven days a week.

Drop Boxes are located inside Washington Federal Bank in Gilchrist, La Pine, Lakeview and Sagewood Grocery in Christmas Valley. Payments can be made with cash, check or money order at these locations.

By Phone - Call 541-536-2126 or 800-722-7219, option 2. The system prompts for an account number and will provide account balance and instructions on how to pay with a credit card or debit card. The system is available 24 hours a day, seven days a week.

By Mail using the self-addressed envelope enclosed with the bill.

Budget Billing provides the option to have the annual electric bill averaged for a 12-month period so payments are the same each month.

VISA, Master Card, American Express and Discover Card are accepted.

MEC FACTS

MEC was incorporated in 1948 and energized in 1952. In 1952, there were 153 member/owners, 7 miles of energized and 6 employees. MEC has grown to over 16,500 member/owners with over 19,800 services, more than 2358 miles of energized line and employs over 55 people.

MEC is owned by the member/owners, who are represented in each district by a member of the Board of Directors. There are 9 Board Districts and a Board of 9 Directors. Directors are elected by the member/owners and serve a three-year term. Three board members are eligible for re-election each year.

MEC provides electric service to portions of four counties in Central Oregon: Deschutes, Klamath, Lake, and Lane Counties.

MEC's service territory covers 5,600 square miles from the Cascade Mountains to the West, Lava Butte to the North, Received Klamath Marsh to the South, and Christmas Valley to the East.

MEC is one of 18 rural electric cooperatives in Oregon. All are members of the National Rural Electric Cooperative Association (NRECA) and Oregon Rural Electric Cooperative Association (ORECA).

AUG 0 5 2024

OWRD

MEC is a Touchstone Energy® Cooperative providing high standards of service according to their four core values: integrity, accountability, innovation and a longstanding commitment to communities. Touchstone Energy® Cooperatives, a national alliance of 750 local member owned electric cooperatives in 46 states, are committed to providing their members with safe, reliable electricity at the lowest possible price

JUN 0 6 2024

RECTA

Received

Received

AUG 0 5 2024

JUN 0 6 2024

OWRD OWRD Land Use Information Form

OREGON

Oregon Water Resources Department

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

NAME								PHO	NE		
Harold	Miles							541	541-576-4842		
MAILING	ADDRESS										
81341	Buick Lar	ne									
CITY				STATE	ZIP	EMAIL					
Silver L	ake			OR	97638	daniel	miles10@	gmail.com	1		
(transport	lude the fo	ollowing in	developed. A	pplicants	for municip	al use, or	oe diverted (t irrigation us nformation re	es within irr	igation dis	stricts, may	
Township	Range	Section	Y4 Y4	Tax Lot	Plan Designat Rural Resident			Water to be:		Proposed Land Use:	
275	16E	18	NENE	300, 400, 513			☐ Diverted	☑ Conveyed	⊠ Used	irrigation	
275	16E	18	NWNE	100, 200, 513	Agriculture		☐ Diverted	□ Conveyed	Used	irrigation	
275	16E	18	NESW	513	Agriculture		Diverted	○ Conveyed	Used	irrigation	
275	16E	18	NESE	513	Agriculture		Diverted	□ Conveyed	Used	irrigation	
Lake Co	unty						ed, and/or u			as applicable.	
B. <u>Descri</u> Type of ap ☐ Perm	NOTE: A separate Land Use Information Form must be completed and submitted for <u>each</u> county and city, as applicable. B. <u>Description of Proposed Use</u> 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										
Source of	water:	Reservo	ir/Pond	Ground	Water	Surfac	e Water (name	e)			
Estimated	quantity o	of water ne	eded: <u>0.399</u>	1	Cubic fee	et per seco	ond 🗌 gall	ons per minu	ite 🗌	acre-feet	
Intended	use of wat		rrigation Municipal	=	mercial si-Municipal	=	ustrial ream	Domesti		_ household(s)	
Briefly des	cribe:							-		***************************************	
Remove	the end	guns from	n 3 pivots o	n 2 certii	ficates to c	omplete	a 3 pivot an	d increase	its acrea	ge up to 120	

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

OWRD

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 eceived activities such as building or grading permits.

AUG 0 5 2024

Please check the appropriate box b	elow and provide the requested i	nformation	OWR	חו
☑ Land uses to be served by the proposed regulated by your comprehensive plan.	water use(s), including proposed construction (s):	uction, are allowed	autright or are not	
☐ Land uses to be served by the proposed	water use(s), including proposed construction Please attach documentation of applicable I/land-use decision and accompanying fi	uction, involve disc e land-use approv	cretionary land-use als which have	
Type of Land-Use Approval Needed (e.g., plan amendments, rezones, conditional-use permits, etc.)	Cite Most Significant, Applicable Plan Polic & Ordinance Section References	ies Land-	-Use Approval:	
		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued	
		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued	
		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued	
		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued	
Local governments are invited to express sp. Resources Department regarding this proportion of the last specific proportion of	osed use of water in the box below or on	nendations to the Gaseparate sheet.	Oregon Water	
Name: Dans Joneson	Title: Fran	ing Director		
Name: Dans Janes Signature:	Date:	IN 2024		
Governmental Entity: LAKE COUNTY FLA				
Receipt Ackno	owledging Request for Land Use I	nformation		
Note to Local Government Representative: Please complete this form and return it to th this form while the applicant waits, you may have 30 days from the date of OWRD's Publi Oregon Water Resources Department. Please for a new permit to use or store water, a cor	te applicant. For new water right application complete this receipt and return it to the accomplete of the application to submit the control of the application to submit the control of the account of the application form is required the control of the application form is required.	ons <u>only</u> , if you are applicant. If you sign ompleted Land Use ceipt as part of intal iired for all other ap	n the receipt, you will Information Form to ke for an application	
Applicant Name:				
Staff Name:				
Staff Signature:	Date:			
Governmental Entity:	Phone:			

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.

VATER RESOURCES DEPT.

WATER WELL REPOR

STATE OF OREGON

(Please type or print)

(Do not write above this line)

State Well No.

State Permit No.

WATER RESOURCES	1			
(1) OWNER: A ALL CO	(10) LOCATION OF WELL:			
Name HAROLOH, MILES	County LAME Driller's well no	15		
Address STAR AT SILVER LATIE, CIEG.	Bearing and distance from section or subdivisi	on corne	, E ,	W.M.
(2) TYPE OF WORK (check):	Deating and distance from promotion			
New Well ☑ Deepening ☐ Reconditioning ☐ Abandon ☐				
If abandonment, describe material and procedure in Item 12.	(11) WATER LEVEL: Completed w	ell.		
		be	2	ft.
Determ C Driven C	Depth at which water was first found		Data 5	17/2.
Rotary Driven Domestic Industrial Municipal Cable	Static level 22 ft. below land s			
Dug ☐ Bored ☐ Irrigation M Test Well ☐ Other ☐	Artesian pressure lbs. per squar	e inch.	Date	
CASING INSTALLED: Threaded Welded M	(12) WELL LOG: Diameter of well to Depth drilled 224 ft. Depth of complete color, texture, grain size	leted wel	ture of	
"Diam. fromft. toft. Gage	and show thickness and nature of each stratu with at least one entry for each change of forma position of Static Water Level and indicate prin	tion. Rep	ort each	change in
PERFORATIONS: Perforated? Yes I No.	MATERIAL	From	То	SWL
Type of perforator used /6/8 Ch		0	2	
Size of perforations in. by 2 in.	70P SOIL BAN		- C	
perforations from it. to it.	CLAY BRN	2	35	
perforations from				
perforations from	CLAY CREEN	35	60	
(7) SCREENS: Well screen installed? Yes No				
Manufacturer's Name	SAND MED DAKK	60	140	
Type Model No	* CLAY		-	
Diam. Slot size Set from ft. to ft.	TI BALLOSTANE DAM	140	155	-
Diam. Slot size Set from ft. to ft.	H. SAVIDSTUTE BAN.	140	1,55	
(8) WELL TESTS: Drawdown is amount water level is lowered below static level	MED SAAM BIK	155	11/3	WB
Was a pump test made? X Yes \(\times \) No If yes, by whom? OWN FR \(\times \) d: 700 gal./min. with 40 ft. drawdown after \(\times \) hrs.	RED CINDERS	163	190	W.B.
u. 100 gar./mm. with 10 ft. drawdown area. 2 ms.	4 01-14-000	1		10 27
	H. BASABI COKEY	190	224	N.K.
",	BRUITEN		ļ	
Bailer test gal./min. with ft. drawdown after hrs.		-	-	
Artesian flow g.p.m.	F/0 1-1	1	1	.77
aperature of water Depth artesian flow encountered ft.	Work started 5/2 1977 Complete	ed 5/	_/	19 //
(9) CONSTRUCTION:	Date well drilling machine moved off of well	5/	7	1977
Well seal-Material used CEMENT Well sealed from land surface to	Drilling Machine Operator's Certification This well was constructed under my Materials used and information reported	direc	t super	rvision. e to my
Diameter of well bore to bottom of seal in.	best knowledge and belief.	سر '	-/7/	77
Diameter of well bore below seal	[Signed] (Drilling Machino Operator)	Date	<u> </u>	, 19.//
Number of sacks of cement used in well seal sacks	Drilling Machine Operator's License No.	84	<i>t</i>	
How was cement grout placed? GRRAVITY FEED	Water Well Contractor's Certification:			
Was a drive shoe used? Yes YNo Plugs Size: location ft.	This well was drilled under my jurisd true to the best of my knowledge and be	iction a	nd this	report is
Did any strata contain unusable water? Yes No Received Type of water? depth of strata	Address A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TAT	G L	1, OK
Method of sealing strata off AUG 0 5 2024	[Signed] Charles	tex	al.	
Was well gravel packed? ☐ Yes ❷No Size of gravel:	(Water Well Cont	5/7	/	77
Gravel placed from ft. to f	Centractor's License No.)	7./	<i>!</i>	, 19 //
(USE ADDITIONAL S	HEETS IF NECESSARY)		5	SP*45656-119

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.

Please type or print 200 not write above this line 2 9 1977

State Well No. 7515	/ CC	
State Well No		

State Permit No.

77	ATER RESOURCES DEPT.			
(1) OWNER:	(19)ALOGATION OF WELL:			
Name HAROLD FT. Miles	County Lake Driller's well nu	ımber		
Address Star Route	5, W 1/4 5. W/4 Section / T. 27	R. 15	E	W.M.
Silver hate Ore	Bearing and distance from section or subdivision			
(2) TYPE OF WORK (check):	1300 E from corner sect 1,2	.11,12	1 4/3	00
New Well ✓ Deepening □ Reconditioning □ Abandon □		, , ,		
If abandonment, describe material and procedure in Item 12.	(11) WATER LEVEL: Completed w	ell.		
(3) TYPE OF WELL: (4) PROPOSED USE (check):	Depth at which water was first found		173	ft.
Potony D Drivon D	1001			1 max
Cable Jetted 🗆 Domestic 🗀 industrial 🗋 Mullicipal				a report
Dug Bored -Irrigation Test Well Other	Artesian pressure lbs. per squar	e inch.	Date	
CASING INSTALLED: Threaded Welded	(12) WELL LOG: Diameter of well h	elow ca	sing /	2
12 " Diam. from # ft. to 20 ft. Gage .250	Depth drilled /86 ft. Depth of compl			ft.
	Formation: Describe color, texture, grain size a			naterials:
	and show thickness and nature of each stratur	n and a	quifer pe	netrated,
PERFORATIONS: Perforated? Yes No.	with at least one entry for each change of format position of Static Water Level and indicate prin			
I state and a second			То	SWL
Type of perforator used	MATERIAL A 70 G	n From		SWL
Size of perforations in. by in.	dop Soil + Hardpan Brow	8	8	175
perforations from ft. to ft.	DAMA STONE BYOWN	0	50	1/2
perforations from ft. to ft.	Blucksand + coarse Brown		74	WB
perforations fromft, toft.	52719	50		2013
(E) CODDENG	Vellow clay + sand	74	76	110
(7) SCREENS: Well screen installed? Yes No	COArse Brown Sand	76	79	WB
Manufacturer's Name	The Brown Sond	79	80	
Type Model No	Corrse Brown Sand			
Diam Slot size Set from ft. to ft.	4 Red Sinders	80	97	WB
Diam. Slot size Set from ft. to ft.	Black cinders	97	138	
(8) WELL TESTS: Drawdown is amount water level is lowered below static level	Brown grave 1 + ainders Black	131	142	
Was a pump test made? XYes □ No If yes, by whom? OWNEY	Brown cinders +	142	146	WB
Yield: 750 gal./min. with 45 ft. drawdown after 8 hrs.	DKmie			
11-127	Redeinders + Brown	146	180	WB
30 Det 77 yield 1200 98/1/11 55 Hrau	gravel			
A Compr. who 4 to woodown after hrs.				
Artesian flow g.p.m.	1111 / 22			97
nperature of water Depth artesian flow encountered ft.	Work started //March 1977 Complete	_		197/
(9) CONSTRUCTION:	Date well drilling machine moved off of well	101/	o U	19 77
Well seal-Material used Qement	Drilling Machine Operator's Certification:			
Well sealed from land surface to	This well was constructed under my			
Diameter of well bore to bottom of seal	Materials used and information reported best knowledge and belief.	apove	are true	to my
Diameter of well bore below seal		Data 3	1. Nai	1 10 77
	[Signed] Harold Miles (Drilling Machine Operator)	Date a	. Q /. W. O. S	3 119-1.1.
Number of sacks of cement used in well sealsacks	Drilling Machine Operator's License No.			
Number of sacks of bentonite used in well seal sacks				
Brand name of bentonite	Water Well Contractor's Certification:			
Number of pounds of bentonite per 100 gallons	This well was drilled under my jurisdi	ction ar	nd this r	eport is
of waterlbs./100 gals.	true to the best of my knowledge and beli		- Se WARRY A	-To-car yru
Was a drive shoe used? 🗌 Yes 📈 No Plugs Size: location ft.	Name			
Did any strata contain unusable water? 🔲 Yes 🕱 No	Name (Person, firm or corporation)	T	ecelv	it)
Type of water? depth of strata	Address	П	CCCIV	
Method of sealing strata off		ALIC	05 1	0024
Was well gravel packed? ☐ Yes ☒ No Size of gravel:	[Signed] (Water Well Contr	actor)	J	T.10.
/ -				
Gravel placed from ft. to ft.	Contractor's License No Date	-	AA41 I	
(USE ADDITIONAL SH	EETS IF NECESSARY)	Recei	VAC SI	*45656-119

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.

WATER WELL REPORT

STATE OF OREGON

(Please type or print)

(Do not write above this line)

Jake Jake

State Well No. 275/15E-26a

State Permit No.

(1) OWNER:	(10) LOCATION OF WELL:	,		
Name Calvin LAIRD	County LAKE Driller's well no	imber /	24	
Address Sithium RT. Box 128A	77 14 7 W 1/4 Section - T. 275	R. 15-2		W.M.
martle Point Dryon 97458	Bearing and distance from section or subdivisi-	on corner		
(2) TYPE OF WORK (check):				
New Well Deepening Reconditioning Abandon	St PNWA			
If abandonment, describe material and procedure in Item 12.	(11) WATER LEVEL: Completed w	ell.		
(3) TYPE OF WELL: (4) PROPOSED USE (check):	Depth at which water was first found 18			ft.
Rotary Driven Domestic Industrial Municipal	Static level 16 ft. below land s	surface.	Date M	ay 30m
☐ Jetted ☐ ☐ Irrigation ☐ Test Well ☐ Other ☐	Artesian pressure lbs. per squar	e inch.	Date	, , , , , , ,
CASING INSTALLED: Threaded Welded	(12) WELL LOG: Diameter of well by	elow cas	ing	2
19 "Diam from 0 ft. to 75 ft. Gage . 180	Depth drilled 361 ft. Depth of compl	eted well	_35	ft.
"Diam from ft. to ft. Gage	Formation: Describe color, texture, grain size			
Diam, from It. to Gage	and show thickness and nature of each stratu with at least one entry for each change of forma	tion. Repo	rt each	change in
PERFORATIONS: Perforated? Yes No.	position of Static Water Level and indicate prin	cipal wat	er-bearin	ng strata.
Type of perforator used	MATERIAL	From	То	SWL
Size of perforations in. by in.	Sandy Brown Soil	0	1.2	
perforations from ft. to ft.	Sandy Brown clay	/5	60	
perforations from ft. to ft.	Green clays tohe	60	190	i C
perforations from ft. to ft.	Black Sandstone cond	190	211	10_
(7) SCREENS: Well screen installed? Yes No	med harry Brain clay & shale	211	2.75	
Manufacturer's Name	Gray hasalt hard	275	283	
Type Model No.	Brocken brown rack	2 53	336	
Diam Slot size Set from ft. to ft.	Brocken brown law was	336	361	16
Diam. Slot size Set from ft. to ft.				
(8) WELL TESTS: Drawdown is amount water level is lowered below static level	DECEMEN			
a pump test made? Yes No If yes, by whom?	RECEIVED		1	WED
Yield: gal./min. with ft. drawdown after hrs,	JUL 2 5 1980	- 1		W L L
" " " "		00	T24	1980
" Took " " "	WATER RESOURCES DEPTWA	TER R	SOUR	CEC DER
r lest 2000 gal./min. with ft. drawdown after / hrs.	SALEM, OREGON	SALE	M, OR	ECON DEPT
			, 011	LGON
mperature of water Depth artesian flow encounteredft.	Work started May 28 19 80 Complete	od 110	,21	19 80
inperagure of water Depth artesian now encountered	. /		51	~
(9) CONSTRUCTION:	Date well drilling machine moved off of well	May	\$/_	19 70
Well seal—Material used CeluchT	Drilling Machine Operator's Certification:		cupor	wision
Well sealed from land surface toft.	This well was constructed under my Materials used and information reported	above a	are true	to my
Diameter of well bore to bottom of seal	best knowledge and belief	1	_	2 500
Diameter of well bore below seal in well seal 25		Date J.		-, 19
Number of sacks of cement used in well seal sacks How was cement grout placed?	Drilling Machine Operator's License No.	130	2	
				and the second s
A STATE OF THE STA	Water Well Contractor's Certification:	iotio	d 46:0	onant is
	This well was drilled under my jurisd true to the best of my knowledge and bel	iction an lief.	a this r	eport is
Was a drive shoe used? Yes No Plugs Size: location ft.	Name Lyle Roleman			
Did any strata contain unusable water? Tyes N No	(Person, firm or corporation)	P (Ty	pe or pri	17/17 2
Type of water? depth of strata Received	Address' N. S. John J.	0000	ا سعار	11123
Method of sealing strata off ALIC 0 5 2024	[Signed] July addressed			
Was well gravel packed? Yes No Size of gravel 0 3 2021	Pageired (Water Well Control			50
Gravel placed from ft. to ft.	Recailed icense No. 670 Date Je	and A	**	, 19
(USE OWINDAL SE	HEETS IF NECESSARY)		S	P*45656-119

WATER WELL REPORT

)_{State Well No.} 27|15-2 dd

STATE ENGINEER, SALEM, OH SON 1971 (Do not write above this line)

State	Permit	No.	***************************************

STATE ENGINEER				
(1) OWNER: SALEM OR = IN	(10) LOCATION OF WELL:			
Name Harold Fl. Miles	County 42Ke Driller's well nu			
Address Star Route Silverbake, Ore	S. E. 14 S.E. 14 Section 2 T. 27	R. 151	=	W.M.
audicos of a recourt - service	Bearing and distance from section or subdivision	n corner	300	FT
(2) TYPE OF WORK (check):	N & Bo S. E CATHE SEC 2, 1	050	F7	
New Well Deepening Reconditioning Abandon	Viest.			
If abandonment, describe material and procedure in Item 12.	(11) WATER LEVEL: Completed we	eII.		
		7		ft.
	Depth at which water was first found	undaga Da	10 11	May
Rotary Driven Domestic Industrial Municipal Cable	Static level 19 ft. below land st			, al
Dug	- Artesian pressure lbs. per square	inch. Da	te	
CASING INSTALLED: Threaded □ Welded /// // Diam. from ft. to ft. Gage // // Diam. from ft. to ft. Gage // Carrier ft. G	(12) WELL LOG: Diameter of well be Depth drilled /2/ ft. Depth of completion: Describe color, texture, grain size a and show thickness and nature of each stratum with at least one entry for each change of format position of Static Water Level and indicate prince	eted well and structur and aqui tion. Report	re of m fer pen	aterials; netrated, hange in
Perforated? Tyes No.		From	То	SWL
Type of perforator used	MATERIAL	<i>D</i>	1	
Size of perforations in. by in.	10p 5011		6	
perforations from ft. to ft.	Hard pan - yellow	-	10	
perforations from ft. to ft.	Hard clav - vellow + black		12	
perforations from ft. to ft.	Sand stone - yellow + black		8	
(7) SCREENS: Well screen installed? ☐ Yes ☑ No			18	
Manufacturer's Name	sand stone- yellow +block		1	
Type Model No.	Clay + sand - yellow clay - light	-	-	
Diam. Slot size Set from ft. to ft.		21	23	
Diam. Slot size Set from ft. to ft.	38 Sand stone - yellow-black		7	
	Black sard		~/	195
(8) WELL TESTS: Drawdown is amount water level is lowered below static level	Yellow 50He	51	12	19 3
Was a pump test made? ▼Yes □ No If yes, by whom? ♥WHEY	Fine Black /ava & gravel	62 6	4	195
	vellow sand	64 6	7	18 €
	Brown sand	9	0	195
1,000 " 10 " 20 "	Black sand		5	192
n n n	Hard Rlack Rock	-	99	195
Bailer test gal./min. with ft. drawdown after hrs.	Black cinders	99 /	01	192
Artesian flow g.p.m.	Vellow pumice	10/14	20	193
perature of water Depth artesian flow encountered ft.	Work started 3/Jan 19 // Complete	ed / 6 /4	17-1/	19 7/
(a) CONCEDICATION.	Date well drilling machine moved off of well	16 Ap7	11	19 7/
(9) CONSTRUCTION:	Drilling Machine Operator's Certification:			
Well seal-Material used Cement	This well was constructed under my	direct s	uper	vision
Well sealed from land surface toft.	Materials used and information reported best knowledge and belief	above ar	e true	to my
Diameter of well bore to bottom of seal in.	[Signed] Harold, Miles	Data 5/	May	107/
Diameter of well bore below seal	(Drilling Machine Operator)	Date	2	., 102.2
Number of sacks of cement used in well seal 3 sacks	Drilling Machine Operator's License No.	None	7	
Number of sacks of bentonite used in well seal sacks	4			
Brand name of bentonite	Water Well Contractor's Certification:			
Number of pounds of bentonite per 100 gallons of water lbs./100 gals.	This well was drilled under my jurisd true to the best of my knowledge and bel	iction and	this r	eport is
Was a drive shoe used? ☐ Yes XNo Plugs Size: location ft.	* *			-
Did any strata contain unusable water? Yes X No	Name (Person, firm or corporation)	(Type	or prin	nt)
Type of water? depth of strata	Address			
V P				
Method of sealing strata off	[Signed] (Water Well Control of Received)	metor)	h	
Was well gravel packed? Yes No Size of gravel:	Connectivedense No Date	Heceiv	ed	, 19
Gravel placed fromft. toft.	A 1			
(USE ADDITIONAL S)	HEETSUN DEGESZOZAK)	JG 05	2024 ^{si}	P*45656-11

WATER WELL REPORT are to be filed with the STATE OF OREGON WATER RESOURCES DEPARTMENT. JUN 171982 SALEM, OREGON 97310 (Please type or print) State Permit No. . within 30 days from the date (Do not write above the ATER RESOURCES DEPT of well completion. (1) OWNER: Driller's well number Name т. 2 1) E 1/4 Section Bearing and distance from section or subdivision corner 160 (2) TYPE OF WORK (check): Abandon [Reconditioning [New Well Deepening [If abandonment, describe material and procedure in Item 12. (11) WATER LEVEL: Completed well. Depth at which water was first found (4) PROPOSED USE (check): (3) TYPE OF WELL: Rotary Static level 24 ☐ Driven ☐ ft. below land surface. Date Domestic | Industrial | Municipal | Jetted [Irrigation Test Well | Other lbs. per square inch. Date Artesian pressure Bored Dug CASING INSTALLED: Threaded | Welded (12) WELL LOG: Diameter of well below casing . 4 " Diam from Oft to 4/ ft. Gage 19 Depth drilled //5 ft. Depth of completed well ft. to ft. Gage Diam. from ... Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, ft. to ft. Gage " Diam, from 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. PERFORATIONS: Perforated? Yes No. SWL MATERIAL Type of perforator used Size of perforations in. by DIATO MAC COUS EARTH perforations from ft. to ... 800 perforations from BROWN perforations from 1084 1129 GREV HARD 1129 1139 (7) SCREENS: Well screen installed? | Yes | No ARGE Red Manufacturer's Name . Model No. Set from Diam. Slot size Set from ft. to ft. Diam. Slot size Drawdown is amount water level is (8) WELL TESTS: Received lowered below static level Golde Was a pump test made? Yes | No If yes, by whom? 50 gal./min. with ft. drawdown after hrs. OWRD " ft. drawdown after Bailer test gal./min. with Artesian flow 198 2 Completed Work started 4 perature of water 5 depth artesian flow encountered ... Date well drilling machine moved off of well 6 -(9) CONSTRUCTION: Drilling Machine Operator's Certification: Well seal-Material used This well was constructed under my direct supervision. Materials used and information reported above are true to my Well sealed from land surface to best knowledge and belief. Diameter of well bore to bottom of seal . [Signed] Wallow Date 6/10 Diameter of well bore below seal Drilling Machine Operator's License No. 936 Number of sacks of cement used in well seal How was cement grout placed? 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 WACTER KBAE
(Person, firm or corporation) Was a drive shoe used? [] Yes No Plugs Size: location (Type or print Did any strata contain unusable water? [Yes No depth of strata Type of water? Method of sealing strata off Was well gravel packed? ☐ Yes No Size of gravel: Contractor's License No. 671 Date 6/10 , 1902 Gravel placed from

(USE ADDITIONAL SHEETS IF NECESSARY)

TICE TO WATER WELL CONTRACTOR The original and first copy of this repor

ANDERSON

ENGINEERING & SURVEYING, INC.



Oregon Water Resources Department

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



TRANSMITTAL LETTER

JOB NO:

2023-105

OWRD

DATE: 06/03/2024

				ATTENTION:	
725 Summer Street NE, Suite A				RE: Miles Transfer	
Salem, OF	R 97301-1260	5			
	WE ARE SE	NDING YOU ATTACHED:			
		X PRINTS	X PLANS		
		OTHER	_		
					-
COPIES	DATE	DESCRIPT	TION		
1		Application for permanent water	r right transfer		
1	Land use information form				
1	Map to accompany water right transfer				
1	Application for water right transfer evidence of use affidavit				
1	_	Well Logs Application Fee Check			
1	 	Application Fee Check			
DEM A DI/S		x FOR APPR AS REQUE	ESTED	FOR REVIEW AND COMMENT FOR SIGNATURE	
REMARKS					
	Thank you!				Descional
					Heceived
					AUG 0 5 2024
					OWRD
СОРҮ ТО			SIG	NED Brilene Ortwein	
	If enclosures are not as noted, please notify us at once				Received
					JUN 0 6 202