Application for Permanent Water Right Transfer

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

Part 1 of 5 – Minimum Requirements Checklist

Che		This transfer application <u>will be returned</u> 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.
\boxtimes		Part 1 – Completed Minimum Requirements Checklist.
\boxtimes		Part 2 – Completed Transfer Application Map Checklist.
\boxtimes		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.
\boxtimes		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-98329 Please include a separate Part 5 for each water right. (See instructions on page 6) NOTE: A separate transfer application is required for each water right unless the criteria in OAR 690-380-3220 are met.
		Attachments:
\boxtimes		Completed Transfer Application Map.
\boxtimes		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 <u>all</u> 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.
\boxtimes	□ N/A	Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation.
	⊠ N/A	Geologist Report for a change from a surface water point of diversion to a ground water point of appropriation (well), if the proposed well is more than 500' from the surface water source and more than 1000' upstream or downstream from the point of diversion. See OAR 690-380-2130 for requirements and applicability.
	[(For Staff Use Only)
		WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S): Application fee not enclosed/insufficient
		Staff: Date:/

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Part 2 of 5 - Transfer Application Map

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

		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.
\boxtimes		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 $-42^{\circ}32'15.5''$) or degrees-decimal with five or more digits after the decimal (example -42.53764°).

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Part 3 of 5 - Fee Worksheet

	FEE WORKSHEET for PERMANENT TRANSFER (except Substitution)							
1	Base Fee (includes one type of change to one water right for up to 1 cfs)	1	\$1,360					
2	Types of change proposed:	2	0					
	☐ Place of Use ☐ Character of Use ☐ Point of Diversion/Appropriation							
	Number of above boxes checked = $\frac{1(2a)}{}$							
	Subtract 1 from the number in line $2a = 0$ (2b) If only one change, this will be 0							
	Multiply line 2b by \$1090 and enter » » » » » » » » » » » » » » » » » » »							
3	Number of water rights included in transfer <u>1 (3a)</u>	3	0					
	Subtract 1 from the number in 3a above: <u>0 (3b</u>) <i>If only one water right this will be 0</i>							
	Multiply line 3b by \$610 and enter » » » » » » » » » » » » » » » » » » »							
4	Do you propose to add or change a well, or change from a surface water POD to a well?	4	480.00					
	\square No: enter 0 \square Yes: enter \$480 for the 1st well to be added or changed 480 (4a)							
	Do you propose to add or change additional wells?							
	No: enter 0 ☐ Yes: multiply the number of additional wells by \$410 0 (4b)							
	Add line 4a to line 4b and enter » » » » » » » » » » » » » » »							
5	Do you propose to change the place of use or character of use?	5	0					
	No: enter 0 on line 5							
	Yes: enter the cfs for the portions of the rights to be transferred (see below*):(5a)							
	Subtract 1.0 from the number in 5a above:(5b)							
	If 5b is 0 or less, enter 0 on line 5 » » » » » » » » » » » » » »							
	If 5b is greater than 0, round up to the nearest whole number:(5c) and multiply							
	5c by \$410, then enter on line 5 » » » » » » » » » » » » » » » » » »							
6	Add entries on lines 1 through 5 above » » » » » » » » » Subtotal:	6						
7	Is this transfer:	7	0					
	necessary to complete a project funded by the Oregon Watershed Enhancement Board							
	(OWEB) under ORS 541.932?							
	endorsed in writing by ODFW as a change that will result in a net benefit to fish and wildlife habitat?							
	If one or more boxes is checked, multiply line 6 by 0.5 and enter on line 7 »							
	If no box is applicable, enter 0 on line 7 » » » » » » » » » » » » » » » » » »							
8	Subtract line 7 from line 6 » » » » » » » » » » » » » » » » » »	8	1840.00					
	Subtract line Facel substitute to transfer 45 O agrees of Drimary Cortificate 12245 (total 1.25 of for 100 agree)							

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

1. For irrigation calculate cfs for each water right involved as follows:

a. Divide total authorized cfs by total acres in the water right (for C12345, 1.25 cfs \div 100 ac); then multiply by the number of acres to be transferred to get the transfer cfs (x 45 ac= 0.56 cfs).

b. If the water right certificate does not list total cfs, but identifies the allowable use as 1/40 or 1/80 of a cfs per acre; multiply number of acres proposed for change by either 0.025 (1/40) or 0.0125 (1/80). (For C87654, 45.0 ac x 0.0125 cfs/ac = 0.56 cfs)

2. Add cfs for the portions of water rights on all the land included in the transfer; however do not count cfs for supplemental rights on acreage for which you have already calculated the cfs fee for the primary right on the same land. The fee should be assessed only once for each "on the ground" acre included in the transfer. (In this example, blank 5a would be only 0.56 cfs, since both rights serve the same 45.0 acres. Blank 5b would be 0 and Line 5 would then also become 0).

FEE WORKSHEET for SUBSTITUTION							
1	Base Fee (includes change to one well)	1	\$990.00				
2	Number of wells included in substitution(2a)	2					
	Subtract 1 from the number in 2a above:(2b) If only one well this will be 0						
	Multiply line 2b by \$480 and enter » » » » » » » » » » » » » »						
3	Add entries on lines 1 through 2 above » » » » » Fee for Substitution:	3	000				
		0.4	eceived				

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Part 4 of 5 - Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.			
Jason Cole & Elizabeth Cleary Co	le	(530) 304-7185					
ADDRESS			FAX NO.				
P.O. Box 1980							
CITY	STATE	ZIP	E-MAIL				
Jacksonville	OR	97530	jasoncole@gmail.com				
By providing an e-mail address, consent is given to receive all correspondence from the Department							
ELECTRONICALLY. COPIES OF THE F	INAL ORDE	R DOCUMENTS WILL A	LSO 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.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	¥
By providing an e-mail addres				OM THE DEPARTMENT

Explain in your own words what you propose to accomplish with this transfer application, and why: New well has 3 phase power available which is more efficient. New well is the best well so other wells will be used less.

 $^{
m I}$ If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1".

Check One Box

\triangle	By signing this application, I understand that, upon receipt of the draft preliminary determination and prior to	
	Department approval of the transfer, I will be required to provide landownership information and evidence that I	am
	authorized to pursue the transfer as identified in OAR 690-380-4010(5); OR	
	I affirm the applicant is a municipality as defined in ORS 540.510(3)(b) and that the right is in the name of the	
	municipality or a predecessor; OR	
	I affirm the applicant is an entity with the authority to condemn property and is acquiring by condemnation the	
	property to which the water right proposed for transfer is appurtenant and have supporting documentation.	

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By my signature below, I confirm that I understand:

- Prior to Department approval of the transfer application, I may be required to submit payment to the Department
 for publication of a notice in a newspaper with general circulation in the area where the water right is located,
 once per week for two consecutive weeks. If more than one qualifying newspaper is available, I suggest publishing
 the notice in the following newspaper: <u>Grants Pass Daily Courier.</u>
- 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.

of the Department. I (we) affirm that the information contained in this a	pplication is true and accurat	e.
Applicant signature Applicant signature Applicant signature	Jason Cole	Date $\frac{7/7/25}{26\sqrt{66}}$
Is the applicant the sole owner of the land on which t located? X Yes No*	he water right, or portion the	reof, proposed for transfer is
*If NO, include signatures of all deeded landowners (and attach affidavits of consent (and mailing and/or e-mail awater right(s) were conveyed.		
Check the following boxes that apply:		
The applicant is responsible for completion o sent to the applicant.	f change(s). Notices and corre	spondence should continue to be
The receiving landowner will be responsible fissued. Copies of notices and correspondence		
Both the receiving landowner and applicant v and correspondence should be sent to this la		tion of change(s). Copies of notices
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 wil below. If you do not know who the new landown at a later date.		
If a property sells, the certificated water right(s) I unless a sale agreement or other document state https://www.oregon.gov/owrd/WRDFormsPDF/T	es otherwise. For more informa	ation see:
RECEIVING LANDOWNER NAME	PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS		FAX NO.
CITY STATE ZIP	E-MAIL	Received
Describe any special ownership circumstances:		2025
The confirming Certificate shall be issued in the name	e of: Applicant Receiv	2020



		or will be located within or served b					
an irrigation or other water dist	trict. (Tip: Complete and attach Su ADDRESS	pplemental Form D.)					
СІТУ	STATE	ZIP					
☐ Check here if water for any o	of the rights supplied under a wate	r service agreement or other contra					
for stored water with a fede	eral agency or other entity.						
ENTITY NAME ADDRESS							
CITY	STATE	ZIP					
	tency Requirements, you must list a	all county, city, municipal er will be diverted, conveyed or used					
ENTITY NAME	ADDRESS						
CITY	STATE	ZIP					
ENTITY NAME	ADDRESS						
CITY	STATE	ZIP					

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INSTRUCTIONS for editing the Application Form

To add additional lines to tables within the forms or to copy and paste additional Part 5 pages, please save the application form to your computer. Unlock the document by using one of the following instructions for your Microsoft Word software version:

Microsoft Word 2003

Unlock the document by one of the following:

- Using the Tools menu => click Unprotect Document;
 OR
- Using the Forms toolbar => click on the Protect/Unprotect icon.

To relock the document to enable the checkboxes to work, you will need to:

• Using the **Tools** menu => click **Protect Document**;

OR

Using the Forms toolbar => click on the Protect/Unprotect icon.

Microsoft Word 2007

- Unlock the document by clicking the Review tab, then click Protect Document, then click
 Stop Protect
- To relock the document, click **Editing Restrictions**, then click **Allow Only This Type of Editing**, select **Filling In Forms** from the drop-down menu, then check **Yes**, **Start Enforcing Protection**.

Microsoft Word 2010

- Unlock the document by clicking the **Review** tab; toggle the **Restrict Editing icon** at the upper right, then click **Stop Protect** at the bottom right. Then uncheck the "**Allow only this type of editing** in the document: **Filling in forms**" in the "Editing restrictions" section on the right-hand list of options.
- To relock the document, check the Editing Restrictions/Allow Only This Type of Editing/Filling In Forms box from the drop-down menu, then check Yes, Start Enforcing Protection. You do not need to assign a password for the editing restrictions.

Other Alternatives:

- Photocopy pages or tables in Part 5, <u>mark-through</u> any non-applicable information, insert/attach
 photocopied pages to document in the appropriate location, and manually amend page numbers as
 necessary (e.g. Page 5 6 of 9 10).
- You may refer to additional attachments that you may include, such as separately produced tables or spreadsheets to convey large numbers of rows of place of use listings, owner/property parcels, etc.
 You may contact the Department at 503-986-0900 and ask for Transfer Staff if you have questions.

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Once the application has been

add additional rows to tables

using the Table tools, andselect and copy the pages of

Part 5 and paste as many

additional sets of Part 5 pages

unlocked, you may:

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Part 5 o	£ E	Mator	Diaht	Informa	tion
Dart 5 A	T -	· Water	RIGHT	intorma	TIAN

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 # 98329	Heceived
Description of W	ater Delivery System	JUL 1 0 2025
System capacity:	System capacity: 0.2 cubic feet per second (cfs) OR	
	gallons per minute (gpm)	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 3 wells as needed to bulge in system then pumped from bulge to drippers in vinyard and to K-line sprinklers for other areas. Water is also pumped from wells directly to irrigate

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	v p	R	ng	Sec	% %		Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
1	Authorized Proposed	L-114218	38	s	5	w	15	NE	sw	401	276 feet South & 225 feet West from Center Sec. 15
2	Authorized Proposed	L-127037	38	s	5	w	15	NE	SW	401	664 feet South & 479 feet West from Center Sec. 15
3	Authorized Proposed	L-127761	38	s	5	w	15	NE	SW	401	387 feet South & 499 feet West from Center Sec. 15
4	Authorized Proposed	L-143892	38	S	5	w	15	NE	SW	401	660 feet South & 220 feet West from Center Sec. 15

	Proposed							West from center see. 15
Check a	all type(s) of ch	nange(s) prop	osed be	ow (ch	ange	"CODES" are	provide	ed in parentheses):
	Place of Use	(POU)				Supplemen	tal Use t	o Primary Use (S to P)
	Character of	Use (USE)				Point of Ap	propriat	ion/Well (POA)
	Point of Dive	ersion (POD)			\boxtimes	Additional	Point of	Appropriation (APOA)
	Additional Po	oint of Divers	ion (APO	D)		Substitutio	n (SUB)	
	Surface Wate POA (SW/GV	er POD to Gro V)	ound Wa	ter		Governmer	nt Action	POD (GOV)
Will all	of the propos	ed changes a	ffect the	entire	water	right?		
Yes		nly the Proposed above to o					Table 2	on the next page. Use the
□No	Complete all	of Table 2 to	describe	e 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 # 98329

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	pear	s on th	ie cert	ificate l		Is) DPOSED CHAN ill be changed.		Proposed Changes (see	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.												
Twp	Rn		Sec		1 1/4	Tax Lo	Gvt	Acres	Type of USE listed on Certificate	POD(s) or		"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 5	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
													38	s	5	w	15	NE	sw	401		15		POA 1, 2, 3, 4	2015
+																									
+																							Rece	ive d	
																							JUL 10	2025	
A	ddi	tior	nal r	emai	rks:	 																	OW	RD	
R	evise	ed 7/	7/202	22				ent Trar	sfer Applicat	tion Form – Pa	ge 9 of 1							TAC							
					TO	TAL AC	RES:			1,							£ 6	0 9	TOT	AL ACI	RES:	15.0			

For Place of Use or Character of Use Changes

-		
		there other water right certificates, water use permits or ground water registrations associated the "from" or the "to" lands? Yes No
	If YES	S, list the certificate, water use permit, or ground water registration numbers:
>	a pri	uant to ORS 540.510, any "layered" water use such as an irrigation right that is supplemental to mary right proposed for transfer must be included in the transfer or be cancelled. Any change ground water registration must be filed separately in a ground water registration modification cation.
F	or Su	bstitution (ground water supplemental irrigation will be substituted for surface water primary irrigation)
		and water supplemental Permit or Certificate #; ace water primary Certificate #
F	For a c	hange from Supplemental Irrigation Use to Primary Irrigation Use
	Iden	tify the primary certificate to be cancelled. Certificate #
F	For a c	hange in point(s) of appropriation (well(s)) or additional point(s) of appropriation:
	\boxtimes	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 <i>proposed wells not yet constructed or built</i> , 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.
		Construction of Point(s) of Appropriation (s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the

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Α 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
			4						,	
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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 o	f Oregon)							
County	of JOSEPHINE)	Sach	50en)	SS						Doochusel
	COLE, in my ca		1	PERTY C	WNER.						Received
	address <u>P.O. I</u>					97530				J	UL 10 2025
	one number (<u>5</u>						rn denos	and say:			OWRD
·							·				
1.	My knowledg				status	of the v					
	⊠ Perso	onal ob	servat	ion			Profess	ional experti	se		
2.	I attest that:										
				_	he prev	vious fiv	e years c	n the entire	place of use f	or	
	Certi	ficate #		_; OR							
	My k	nowled	lge is s	pecific	to the	use of	water at	the following	g locations wit	hin the last five y	ears:
	Certificate #	Town	nship	Ra	nge	Mer	Sec	1/4 1/4	Gov't Lot	Acres	
	建设作业人类 。								or DLC	(if applicable)	
											_
	*										
											\dashv
OD.											
OR 🖂	Confirming C	ortifica	+0 # 00	220 h	as boo	n issuad	within th	no past five v	voars: OP		
	Ü									years The	
	instream leas								n the last five for	years. The	
	transfer was	not lea	sed, a	ddition	al evid	ence of	use is ne	eded for the	portion <u>not</u> le	eased instream.);	OR
	The water rig would be reb							ntation that a	a presumption	of forfeiture for	non-use
	Water has be 10 years for 0								opriation for i	more than	
					(cc	ontinues	s on reve	rse side)			

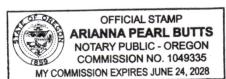
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- 3. The water right was used for: (e.g., crops, pasture, etc.): VINEYARD, PASTURE, LANDSCAPE
- 4. I understand that if I do not attach one or more of the documents shown in the table below to support the above statements, my application will be considered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

Signature of Affiant

Signed and sworn to (or affirmed) before me this $\frac{8^{+h}}{}$ day of $\frac{34^{+h}}{}$.



Notary Public for Oregon

My Commission Expires: June 24, 2028

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

STATE OF OREGON

COUNTY OF JOSEPHINE

CERTIFICATE OF WATER RIGHT

THIS CERTIFICATE ISSUED TO

JASON COLE ELIZABETH CLEARY-COLE PO BOX 1980 JACKSONVILLE OR 97530 JUL 1 0 2025

OWRD

confirms the right to the use of water perfected under the terms of Permit G-18385. The amount of water used to which this right is entitled is limited to the amount used beneficially, and shall not exceed the amount specified, or its equivalent in the case of rotation, measured at the point of diversion from the source. The specific limits and conditions of the use are listed below.

APPLICATION FILE NUMBER: G-18050

SOURCE OF WATER: WELL 1 (JOSE 59341/L114218, WELL 2 (L127037), AND WELL 3 (L127761) IN POWELL CREEK BASIN

PURPOSE or USE: IRRIGATION OF 15.0 ACRES

MAXIMUM RATE: 0.13 CUBIC FOOT PER SECOND (CFS); FURTHER LIMITED TO 0.06 CFS FROM WELL #1, 0.035 CFS FROM

WELL #2, AND O.09 CFS FROM WELL #3, NOT TO EXCEED 0.13 CFS IN ANY COMBINATION BETWEEN THE WELLS

PERIOD OF USE: APRIL 1 THROUGH OCTOBER 31

DATE OF PRIORITY: APRIL 13, 2015

WELL LOCATIONS:

Twp	Rng	Mer	Sec	Q-Q	Measured Distances
38 S	5 W	WM	15	NE SW	WELL #1 ORIGINAL (L114218) - 276 FEET SOUTH AND 225 FEET WEST FROM C1/4 CORNER, SECTION 15
38 S	5 W	WM	15	NE SW	WELL #2 ORIGINAL (L127037) - 664 FEET SOUTH AND 479 FEET WEST FROM C1/4 CORNER, SECTION 15
38 S	5 W	WM	15	NE SW	WELL #3 ADDITIONAL (L127761) - 387 FEET SOUTH AND 499 FEET WEST FROM C1/4 CORNER, SECTION 15

The amount of water used for irrigation, under this right, together with the amount secured under any other right existing for the same lands, is limited to a diversion of ONE-EIGHTIETH of one cubic foot per second and 2.5 acre-feet for each acre irrigated during the irrigation season of each year.

NOTICE OF RIGHT TO PETITION FOR RECONSIDERATION OR JUDICIAL REVIEW

This is an order in other than a contested case. This order is subject to judicial review under ORS 183.484 and ORS 536.075. Any petition for judicial review must be filed within the 60-day time period specified by ORS 183.484(2). Pursuant to ORS 183.484, ORS 536.075 and OAR 137-004-0080, you may petition for judicial review and petition the Director for reconsideration of this order. A petition for reconsideration may be granted or denied by the Director, and if no action is taken within 60 days following the date the petition was filed, the petition shall be deemed denied. In addition, under ORS 537.260 any person with an application, permit or water right certificate subsequent in priority may jointly or severally contest the issuance of the certificate within three months after issuance of the certificate.

Application G-18050.gc

Page 1 of 3

Certificate 98329

THE PLACE OF USE IS LOCATED AS FOLLOWS:

Twp	Rng	Mer	Sec	Q-Q	Acres		
38 S	5 W	WM	15	NE SW	15.0		

The combined quantity of water diverted at the new additional point of appropriation (Well 3), together with that diverted at the old points of appropriation (Wells 1 and 2), shall not exceed the quantity of water lawfully available at the original points of appropriation (Wells 1 and 2).

Water from Well 3 shall be acquired from the same aquifer as the original points of appropriation.

Measurement devices, and recording/reporting of annual water use conditions:

- A. The water user shall maintain, in good working order, a totalizing flow meter, or another suitable measuring device approved by the Director at each point of appropriation (new and existing).
- B. The water user shall allow the watermaster access to the device; provided however, where any device is located within a private structure, the watermaster shall request access upon reasonable notice.
- C. The Director may require the water user to keep and maintain a record of the volume of water diverted, and may require the water user to report water-use on a periodic schedule as established by the Director. In addition, the Director may require the water user to report general water-use information, the periods of water use and the place and nature of use of water under the right.
- D. The Director may provide an opportunity for the water user to submit alternative measuring and reporting procedures for review and approval.

Use of water under authority of this right may be regulated if analysis of data available after the right is issued discloses that the appropriation will measurably reduce the surface water flows necessary to maintain the free-flowing character of a scenic waterway in quantities necessary for recreation, fish and wildlife in effect as of the priority date of the right or as those quantities may be subsequently reduced.

The water user shall ensure that the wells have been assigned an OWRD Well Identification Number (Well ID tag), which shall be permanently attached to the wells. The Well ID shall be used as a reference in any correspondence regarding the wells, including any reports of water use, water level, or pump test data.

Failure to comply with any of the provisions of this right may result in action including, but not limited to, restrictions on the use, civil penalties, or cancellation of the right.

If substantial interference with a senior water right occurs due to withdrawal of water from any well listed on this right, then use of water from the well(s) shall be discontinued or reduced and/or the schedule of withdrawal shall be regulated until or unless the Department approves or implements an alternative administrative action to mitigate the interference. The Department encourages junior and senior appropriators to jointly develop plans to mitigate interferences.

The well(s) shall be maintained in accordance with the General Standards for the Construction and Maintenance of Water Wells in Oregon. The works shall be equipped with a usable access port adequate to determine the water-level elevation in the well at all times.

The use may be restricted if the quality of downstream waters decreases to the point that those waters no longer meet state or federal water quality standards due to reduced flows.



Where two or more water users agree among themselves as to the manner of rotation in the use of water and such agreement is placed in writing and filed by such water users with the watermaster, and such rotation system does not infringe upon such prior rights of any water user not a party to such rotation plan, the watermaster shall distribute the water according to such agreement.

The Director may require water-level or pump-test data every ten years.

This right is for the beneficial use of water without waste. The water user is advised that new regulations may require the use of best practical technologies or conservation practices to achieve this end.

By law, the land use associated with this water use must be in compliance with statewide land-use goals and any local acknowledged land-use plan.

The right to the use of the water for the above purpose is restricted to beneficial use on the place of use described.

Issued

JUL 0 8 2025

Katherine Ratcliffe

Water Right Services Division Administrator, for

Ivan Gall, Director

Oregon Water Resources Department

Received
JUL 1 0 2025
OWRD

Application G-18050.gc

Page 3 of 3

Certificate 98329

Received

Land Use Information Form

OWRD



Oregon Water Resources Department

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

NAME		***************************************					***************************************	PHO	ONE	
	nd elizak	eth Clea	rv-Cole						0-304-71	85
	ADDRESS									
P.O. 19	80									
CITY				STATE	ZIP	EMAIL				
Jackson	rville			OR	97530	jasono	cole@gmai	l.com		
A. <u>Land a</u>	ınd Locat	ion								
							oe diverted (
							irrigation us		-	stricts, may
substitute	existing a	nd propos	ed service-a				nformation r	equested b	elow.	
Township	Range	Section	1/4 1/4	Tax Lot #	Plan Designati Rural Resident			Water to be:		Proposed Land Use:
										Irrigation
385	5W	15	NESW	401	EF		□ Diverted	□ Conveyed	□ Used	vineyard -
										pasture
							Diverted	☐ Conveyed	Used	
							☐ Diverted	☐ Conveyed	Used	
							Diverted	Conveyed	Used	
List all cou	ınties and	cities whe	re water is p	proposed to	o be diverte	d, conve	yed, and/or u	used or dev	eloped:	
Josephir	ne									
NOTE: A s	eparate La	ind Use Inf	ormation Fo	orm must b	oe complete	d and sul	bmitted for <u>e</u>	each county	and city, a	s applicable.
B. Descri	ption of F	roposed	Use							
				egon Wate	er Resources	Departm	nent:			
		Store Wate		ter Right Tra		_		or Ground Wa	ater Registra	ation Modification
	ed Water U			nange of Wa		_	on of Conserv			
Source of	water:	Reservoi	r/Pond	☑Ground \	Water	Surface	e Water (name	e)		
Estimated	quantity o	of water ne	eeded: <u>0.13</u>		Cubic fee	t per seco	nd 🗌 gal	lons per min	ute 🗌	acre-feet
Intended (use of wat	er: 🖂ı	rrigation	Comn	nercial	Indu	ıstrial	Domesti	c for	household(s)

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.

Quasi-Municipal

Municipal

We are proposing to add an additional well to our water right

See Page 4 🗪

Instream

Land Use Information Form —Page 3 of4

Last Revised: 10/2023

Briefly describe:

Other



JUL 1 0 2025

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 landuse plan. Do not include approval for activities such as building or grading permits.

Please check the appropriate box i	below and provide the requested in	ormation	
	d water use(s), including proposed construct . Cite applicable ordinance section(s):		d outright or are not
approvals as listed in the table below. (already been obtained. Record of Actio	d water use(s), including proposed construct (Please attach documentation of applicable lon/land-use decision and accompanying find have not ended, check "Being Pursued."	and-use appro	vals which have
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:
		☐ 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
-	special landuse concerns or make recommer bosed use of water in the box below or on a		
Name:	Title:		
Signature:	Date:		
Governmental Entity:	Phone:		
Receipt Ackno	owledging Request for Land Use Info	rmation	
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 con	te applicant. For new water right applications complete this receipt and return it to the application to submit the compenote note whileOWRD can accept a signed receipt appleted Land Use Information Form is required	icant. If you sign leted Land Use as part of intake	n the receipt, you will Information Form to e for an application
Applicant Name:			
	Title:		
Governmental Entity:			

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 landuse plan. Do not include approval for activities such as building or grading permits.

Please check the appropriate box below and provide the requested information

and uses to be served by the proposed regulated by your comprehensive plan.	water use(s), including proposed constructi Cite applicable ordinance section(s): 19.4	on, are allowed 4. 020.A	outright or are not AGRICULTURE,
FARMING, AND FARM	USE. OUTPUGHT PERMIT water use(s), including proposed construction	TED USE.	
	Please attach documentation of applicable I		
	n/land-use decision and accompanying findi	ngs are sufficie	nt.) If approvals have
been obtained but all appeal periods h	ave 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-l	Jse 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
Posources Department regarding this prop	pecial landuse concerns or make recommen osed use of water in the box below or on a s	senarate sheet	
Assistant MAUST OBTA	IN ANY NECESSARU PER	EMITS FA	LOM THE
DOMESTANDET OF STATE	IN ANY NEEDSLARY PER LANDS FOR WORK WITH	IN IDEN	TIFIED
WETLANDS.			
	A 00		0
Name: TERRI WOODNU	Title: ASS	STANT	PUANNERL
Signature: Wndy	Date: Juni		PLANNER 25
Governmental Entity: ODSEPHINE	DOLNTY PLANNING Phone: 5	11 - 470	1-5433
Receipt Ackno	wledging Request for Land Use Info	rmation	
Note to Local Government Representative:			
Please complete this form and return it to th	e applicant. For new water right applications complete this receipt and return it to the appl	only, if you are i	unable to complete
have 30 days from the date of OWRD's Public	c Notice of the application to submit the comp	leted Land Use	Information Form to
Oregon Water Resources Department.Please	note whileOWRD can accept a signed receipt npleted Land Use Information Form is required	as part of intake	for an application
Applicant Name:			
			Beceived
Staff Name:			Received
Staff Signature:	Title:		IUI 1 0 2025

Land Use Information Form —Page 4 of4

Josephine County Planning 700 NW Dimmick Street Suite C Grants Pass, OR 97526 STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210) **JOSE 59341**

8/28/2014

WELL I.D. LABEL# L START CARD # ORIGINAL LOG#

	 1	age	1	UI	1
114218					
1022781					

(1) LAND OWNER Owner Well I.D.	
First Name JASON T Last Name COLE	(9) LOCATION OF WELL (legal description)
Company	County Josephine Twp 38.00 S N/S Range 5.00 W E/W W
Address PO BOX 1980	Sec 15 NE 1/4 of the SW 1/4 Tax Lot 401
City JACKSONVILLE State OR Zip 97544	Toy Man Number
(2) TYPE OF WORK New Well Deepening Conversion	Tax Map Number Lot Lat o ' " or DMS or DE Long " or DMS or DE
Alteration (complete 2a & 10) Abandonment(complete 5a)	Lat Or DMS of DD
(2a) PRE-ALTERATION	Long or DMS or DD
Dia + From To Gauge Stl Plstc Wld Thrd	Street address of well Nearest address
Casing:	15250 WATER GAP RD WILLIAMS, OR 97544
Material From To Amt sacks/lbs	
Seal:	(10) STATIC WATER LEVEL
(3) DRILL METHOD	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)
Rotary Air Rotary Mud Cable Auger Cable Mud	Date SWL(psi) + SWL(ft) Existing Well / Pre-Alteration
Reverse Rotary Other	Completed Well 4/18/2014 0.5 X 1.2
(4) PROPOSED USE	Flowing Artesian? Try Hole?
Industrial/ Commercial Livestock Dewatering	WATER BEARING ZONES Depth water was first found 76.00
ThermalInjectionOther	SWL Date From To Est Flow SWL(psi) + SWL(ft)
(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)	[4/10/2014
Depth of Completed Well 200.00 ft.	4/18/2014 76 92 13 0.5 X 0
BORE HOLE SEAL sacks/ Dia From To Material From To Amt lbs	
10 0 45 Bentonite Chips 0 45 38 S	
6 45 200	
	(11) WELL LOG Ground Elevation
How was seal placed: Method A B C D E	
	Material From To
XOther DRY POURED	Brown Clay & Boulders 0 36
Backfill placed from ft. to ft. Material	Grey/Brown Serpentine 36 39
Filter pack from ft. to ft. Material Size	Grey Serpentine Med Hard 39 123
Explosives used: Yes Type Amount	Grey/Green Serpentine Hard 123 144
	Grey/Purple Scrpentine 144 178
(5a) ABANDONMENT USING UNHYDRATED BENTONITE	Grey/Green Serpentine 178 189
Proposed Amount Actual Amount	Grey/Purple Serpentine 189 200
(6) CASING/LINER	
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	
● 6 × 2 58 .250 ● X	Dank
0 200 sch 40 0 0	Received
	JUL 1 D 2025
	2020
Shoe Inside X Outside Other Location of shoe(s) 58	Olamo
	OWRD
Temp casing Yes Dia From To	
(7) PERFORATIONS/SCREENS	
Perforations Method Saw Cut	
Screens Type Material	Date Started4/16/2014 Complete 4/18/2014
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/	4
Screen Liner Dia From To width length slots pipe size	(unbonded) Water Well Constructor Certification
Perf Liner 4 180 200 .188 4 60	I certify that the work I performed on the construction, deepening, alteration, of
	abandonment of this well is in compliance with Oregon water supply we
	construction standards. Materials used and information reported above are true to
	the best of my knowledge and belief.
	License Number 1945 Date 8/28/2014
(8) WELL TESTS: Minimum testing time is 1 hour	
	Signed JUSTIN SPLIETHOF (E-filed)
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	(bonded) Water Well Constructor Certification
13 200 1	I accept responsibility for the construction, deepening, alteration, or abandonme
	work performed on this well during the construction dates reported above. All wo
	performed during this time is in compliance with Oregon water supply w
Temperature 56 °F Lab analysis Yes By	construction standards. This report is true to the best of my knowledge and belief
	License Number 1835 Date 8/28/2014
Water quality concerns? Yes (describe below) TDS amount From To Description Amount Units	U MOI MOI T
	Signed KEVIN D GILL (E-filed)
	Contact Info (optional) Clouser Drilling Inc.
ODIGINAL WATER DESCRIBES F	EDADTMENT

STATE OF OREGON WATER (as requir

JOSE 60213

WELL I.D. LABEL# I START CARD#

ORIGINAL LOG#

127037	
1035751	
	T

R SUPPLY WELL REPORT	
red by ORS 537.765 & OAR 690-205-0210)	8/23/2017

1) LAND OWNER Owner Well I.D.	
First Name JASON Last Name COLE Company	(9) LOCATION OF WELL (legal description)
Address 1050 HUMBUG CREEK RD	County JOSEPHINE Twp 38.00 S N/S Range 5.00 W E/W WN
City JACKSONVILLE State OR Zip 97530 C) TYPE OF WORK New Well Deepening Conversion	Sec 15 NE 1/4 of the SW 1/4 Tax Lot 401
TYPE OF WORK New Well Deepening Conversion	Tax Map Number Lot
Alteration (complete 2a & 10) Abandonment(complete 5a)	Tax Map Number Lot Lat ° ' " or 42.26390700 DMS or DD Long ° " or -123.28112000 DMS or DD
(a) PRE-ALTERATION	Long or123.28112000 DMS or DD
Dia + From To Gauge Stl Plstc Wld Thrd Casing:	Street address of well Nearest address 15250 WATER GAP RD. WILLIAMS, OR
Material From To Amt sacks/lbs	
Seal:	(10) STATIC WATER LEVEL
X Rotary Air Rotary Mud Cable Auger Cable Mud	Date SWL(psi) + SWL(ft)
	Existing Well / Pre-Alteration
Reverse Rotary Other	Completed Well 8/14/2017 7
4) PROPOSED USE Domestic Irrigation Community	Completed Well 8/14/2017 7 Flowing Artesian? Dry Hole?
Industrial/ Commericial Livestock Dewatering	WATER BEARING ZONES Depth water was first found 113.00
Thermal Injection Other	SWL Date From To Est Flow SWL(psi) + SWL(ft)
5) BORE HOLE CONSTRUCTION Special Standard (Attach copy	
Depth of Completed Well 240.00 ft.	
BORE HOLE SEAL sacks/	
Dia From To Material From To Amt Ibs	8/14/2017 168 171 1.5 7 X
10 0 40 Bentonite Chips 0 40 41 S	
6 40 240 Calculated 18.26	
	(11) WELL LOG Ground Flevation
Calculated	Glound Elevation
How was seal placed: Method A B C D E	Material From To
Other DRY POURED	TIGHT BROWN CLAY W/SOME GRAVEL 0 17
Backfill placed from ft. to ft. Material	GRAVEL/COBBLE W/CLAY 17 34
Filter pack from ft. to ft. Material Size	BROWN BASALT MED. 34 59 BROKEN BROWN BASALT 59 72
Explosives used: Yes Type Amount	BROKEN BROWN BASALT 59 72 GRAY BASALT W/QUARTZ MED/HARD 72 113
5a) ABANDONMENT USING UNHYDRATED BENTONITE	BROKEN GRAY BASALT 113 118
Proposed Amount Actual Amount	GRAY BASALT MED/HARD 118 132
	BROKEN GRAY BASALT 132 137
6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	GRAY BASALT W/QUARTZ HARD 137 162
(a) 6 X 2 78 .250 (a) X	GREEN/GRAY BASALT MED/ HARD 162 177
	GRAY BASALT HARD. Install artesian kit 177 240
	Received
	110001000
	JUL 1 0 2025
Shoe Inside Outside Other Location of shoe(s) 78	#UL 1 0 £023
Temp casing Yes Dia From + To	OWE
7) PERFORATIONS/SCREENS	OWRD
Perforations Method	
Screens Type Material	Date Started8/11/2017
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/	
Screen Liner Dia From To width length slots pipe size	(unbonded) Water Well Constructor Certification
	I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well
	construction standards. Materials used and information reported above are true to
	the best of my knowledge and belief.
	License Number 1989 Date 8/15/2017
B) WELL TESTS: Minimum testing time is 1 hour	0/13/2017
	Signed GREG ELLIS (E-filed)
Pump Bailer • Air Flowing Artesian	(handed) Water Well Constructor Configuration
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 6.5 240 1	(bonded) Water Well Constructor Certification
0.3	I accept responsibility for the construction, deepening, alteration, or abandonmer work performed on this well during the construction dates reported above. All wor
	performed during this time is in compliance with Oregon water supply we
Towards 51 % F. Lab analysis Very Dv.	construction standards. This report is true to the best of my knowledge and belief.
Temperature 51 °F Lab analysis Yes By Water quality concerns? Yes (describe below) TDS amount 174ppm	License Number 1835 Date 8/23/2017
Water quality concerns? Yes (describe below) TDS amount 174 ppm From To Description Amount Units	1055 Date 8/25/2017
	Signed KEVIN D GILL (E-filed)
	Contact Info (optional) CLOUSER DRILLING INC.

127037					
1036914					
IOSEDHINE	60212				

STATE OF OREGON	JOSE	60298	WELL I.	D. LABEL	# L ₁₂₇₀₃	7	
WATER SUPPLY WELL REPORT			STA	RT CARD	# 10369	14	
(as required by ORS 537.765 & OAR 690-205-0210)	11/3/	2017	ORIGI	NAL LOG	# JOSEPH	IINE 602	13
(1) LAND OWNER First Name JASON Owner Well I.D. Last Name COLE		(9) LOCATION	ON OF W	ELL (lega	ıl descrip	otion)	
Company		County JOSEPHIN			_		W E/W WM
Address 15250 WATER GAP RD. WILLIAMS, OR City JACKSONVILLE State OR Zip 97530		Sec 15 N			_		
(2) TYPE OF WORK New Well Deepening Conver	sion	Tax Map Number			I	_ot	
X Alteration (complete 2a & 10) Abandonment(com		Lat°Long°	'"	or 42.26390	700		_ DMS or DD
(2a) PRE-ALTERATION	ipiete 3a)	Long°		or -123.281			_ DMS or DD
Casing: 6 X 2 78 .250 Stl Plstc Wld Thrd Material From To Gauge Stl Plstc Wld Thrd One of the control of the		15250 WATER (et address of GAP RD. WI	*		dress	
Seal: Bentonite Chips 0 40 41 Sacks				-			
(3) DRILL METHOD Rotary Air Rotary Mud Cable Auger Cable Mud		(10) STATIC Existing Wel		I	Date SW	L(psi) +	SWL(ft)
Reverse Rotary Other		Completed W		10/27/2		ᅱቨ	0
(4) PROPOSED USE Domestic Irrigation Community			Flowing	Artesian?		Hole?	
Industrial/ Commercial Livestock Dewatering		WATER BEARIN	G ZONES	Depth	water was	first found _	
Thermal Injection Other		SWL Date	From				+ SWL(ft)
(5) BORE HOLE CONSTRUCTION Special Standard (At	tach copy)	10/27/2017	113	171	6.5	0.3	[X]
Depth of Completed Well 240.00 ft.	taen copj)	10/27/2017	113	1 / 1	0.5	0.5	
BORE HOLE SEAL	sacks/						
Dia From To Material From To Am							
10 0 40 Bentonite Chips 0 40 41 6 40 240 Calculated 18.3							
6 40 240 Calculated 18							
Calculated		(11) WELL L	OG	Ground Elev	ation		
How was seal placed: Method A B C D	E		Material			From	То
Other NOT DISTURBED		EXISTING BOR				0	240
Backfill placed from ft. to ft. Material		Installed new line	er to 162 feet			0	240
Filter pack from ft. to ft. Material Size							
Explosives used: Yes Type Amount							
(5a) ABANDONMENT USING UNHYDRATED BENTONIT	E						
Proposed Amount Actual Amount							-
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc W	/ld Thrd					Doo	eived
						neu	iveu
6 X 2 78 .250 0 2 0 162 SCH40	$\dashv \vdash \vdash \mid$					JUL 1	2025
	$\dashv \vdash \vdash \vdash \vdash$					JUL 1	2023
	+ $+$ $+$					ON	(DD
Shoe Inside Outside Other Location of shoe(s)						UVI	HU
Temp casing Yes Dia From + To							
(7) PERFORATIONS/SCREENS Perforations Method SAW CUT							
Screens Type Material	_	Date Started 10)/27/2017	Co	ompleted	10/27/2017	
Perf/ Casing/ Screen Scrn/slot Slot # of	Tele/						
	pipe size	(unbonded) War I certify that the				on deeneni	ng alteration or
Perf Liner 4 142 162 .188 4 60		abandonment of					
		construction stan			d information	on reported	above are true to
		the best of my kr	lowledge and	belief.	Page 17 To		
		License Number			Date		
(8) WELL TESTS: Minimum testing time is 1 hour		Signed					
Pump Bailer Air Flowing Art							
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr))	(bonded) Water					, ,
		I accept responsi work performed of					
		performed during					
Temperature °F Lab analysis Yes By		construction stand					
	ppm	License Number	1835		Date 11/3	/2017	
Water quality concerns? Yes (describe below) TDS amount 174 From To Description Amount	Units						

Signed KEVIN D GILL (E-filed)

Contact Info (optional) CLOUSER DRILLING INC.

WATER SUPPLY WELL REPORT - continuation page

JOSE 60298

WELL I.D. LABEL# L 127037

START CARD # 1036914

ORIGINAL LOG # JOSEPHINE 60213

1 0	11/3/201	7	ORIGINAL LOG # J	OSEPHINE 602	213
2a) PRE-ALTERATION	Wat	ter Quality Co	oncerns	BALLERS STATEMENT NEWSCOOLS OF THE COLUMN	
Dia + From To Gauge Stl Plstc Wld Thrd	Fror		Description	Amou	nt Units
Material From To Amt sacks/lbs					
S PODE HOLE CONSTRUCTION	(10)	STATIC W.	ATER LEVEL		
5) BORE HOLE CONSTRUCTION BORE HOLE SEAL		L Date Fro	om To Est Flo	ow SWL(psi)	+ SWL(ft)
	sacks/ t lbs				
					
Calculated					
Calculated	\bot				-
Calculated					
Calculated	+- $ $ $ $ $ $				
FILTER PACK		WELL LOC	<u> </u>		
From To Material Size	(11)	WELL LOC			
		Ma	nterial	From	То
					_
6) CASING/LINER					_
Casing Liner Dia + From To Gauge Stl Plstc Wld	Thrd				
8 9 H	H				_
	HIL				
					_
	H				
7) PERFORATIONS/SCREENS					
Perf/ Casing/ Screen Scrn/slot Slot # of	Tele/			_	_
Screen Liner Dia From To width length slots	pipe size				
	$+-\parallel$				
		. 75			
		nments/Rem			
(8) WELL TESTS: Minimum testing time is 1 hour	UNS	STABLE MATE	RIAL BELOW 162'. INSTA	LLED ARTESI	AN KIT.
	4.5				
Yield gal/min Drawdown Drill stem/Pump depth Duration	(111)			Recen	md
	_				
	-			JUL 10	2025
, and the second	_			OWR	D

STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210) **JOSE 60294**

10/26/2017

WELL I.D. LABEL# L START CARD # ORIGINAL LOG #

	1 age 1 01 1
127761	
1036881	

(1) LAND OWNER Owner Well I.D.	
First Name JASON Last Name COLE	(9) LOCATION OF WELL (legal description)
Company	
Address 1050 HUMBUG CREEK RD.	County JOSEPHINE Twp 38.00 S N/S Range 5.00 W E/W WM
City JACKSONVILLE State OR Zip 97530	Sec 15 NE 1/4 of the SW 1/4 Tax Lot 401
(2) TYPE OF WORK New Well Deepening Conversion	Tax Map Number Lot Lat o ' " or DMS or DD
Alteration (complete 2a & 10) Abandonment(complete 5a)	Lat° ' " or DMS or DD
(2a) PRE-ALTERATION	Long o ' or DMS or DD
Dia + From To Gauge Stl Plstc Wld Thrd	(Nearest address
Casing:	15250 WATER GAP RD. WILLIAMS, OR 97544
Material From To Amt sacks/lbs	
Seal:	(40) CM + MVC VV + MVD V DVDV
(3) DRILL METHOD	(10) STATIC WATER LEVEL
Rotary Air Rotary Mud Cable Auger Cable Mud	Date SWL(psi) + SWL(ft) Existing Well / Pre-Alteration
Reverse Rotary Other	
(A) PROPOSED VOE	Completed Well 10/24/2017 0.4 🗶 0.9 Flowing Artesian? 😾 Dry Hole?
(4) PROPOSED USE Domestic Irrigation Community	
Industrial/ Commericial Livestock Dewatering	WATER BEARING ZONES Depth water was first found 78.00
ThermalInjectionOther	SWL Date From To Est Flow SWL(psi) + SWL(ft)
(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)	10/24/2017
Depth of Completed Well 140.00 ft.	10/24/2017 78 119 24 0.4 X
BORE HOLE SEAL sacks/ Dia From To Material From To Amt Ibs	
10 0 19 Bentonite Chips 0 19 17 S	
6 19 140 Calculated 8.67	
0 17 140	
Calculated	(11) WELL LOG Ground Elevation
How was seal placed: Method A B C D E	Material From To
XOther DRY POURED	BRN CLAY TIGHT COBBLE GRAVEL 0 8
Backfill placed from ft. to ft. Material	GREY & BROWN BASALT BROKEN 8 43
Filter pack from ft. to ft. Material Size	GREY GREEN BROWN BASALT BROKEN 43 119
	GREY & PURPLE BASALT HARD 119 140
Explosives used: Yes Type Amount	
(5a) ABANDONMENT USING UNHYDRATED BENTONITE	
Proposed Amount Actual Amount	
(C) CACING/LINED	
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	
(a) C C C C C C C C C	
0 4 2 140 SCH40 0 0 1	Received
RALT HILL THE RESERVE AND HE	110001100
	TUL 1 U 2025
Shoe Inside X Outside Other Location of shoe(s) 78	
	OWRD
Temp casing Yes Dia From + To	
(7) PERFORATIONS/SCREENS	
Perforations Method SAW CUT	
Screens Type Material	Date Started 10/24/2017 Completed 10/24/2017
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/	(unbonded) Water Well Constructor Certification
Screen LinerDiaFromTowidthlengthslotspipe sizePerfLiner4120140.188460	I certify that the work I performed on the construction, deepening, alteration, or
Peri Liner 4 120 140 .188 4 00	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.
	License Number 1945 Date 10/26/2017
(9) WELL TECTS. Minimum 4 - 4 in - 4 in - 1 have	17-13
(8) WELL TESTS: Minimum testing time is 1 hour	Signed JUSTIN SPLIETHOF (E-filed)
Pump Bailer • Air Flowing Artesian	
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	(bonded) Water Well Constructor Certification
24 138 1	I accept responsibility for the construction, deepening, alteration, or abandonment
	work performed on this well during the construction dates reported above. All work
	performed during this time is in compliance with Oregon water supply well
Temperature 54 °F Lab analysis Yes By	construction standards. This report is true to the best of my knowledge and belief.
	License Number 1835 Date 10/26/2017
Water quality concerns? Yes (describe below) TDS amount 153 ppm Prom To Description Amount Units	
	Signed KEVIN D GILL (E-filed)
	Contact Info (optional) CLOUSER DRILLING INC.

STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210) **JOSE 61281**

10/14/2021

WELL I.D. LABEL# L START CARD# ORIGINAL LOG #

	143892				
	1054123				
1					

(1) LAND OWNER Owner Well I.D.	
First Name JASON & ELIZABETH Last Name COLE	(9) LOCATION OF WELL (legal description)
Company	County JOSEPHINE Twp 38.00 S N/S Range 5.00 W E/W WM
Address PO BOX 1980	Sec 15 NE 1/4 of the SW 1/4 Tax Lot 401
City JACKSONVILLE State OR Zip 97530 (2) TYPE OF WORK New Well Deepening Conversion	Tax Map Number Lot
(2) TYPE OF WORK New Well Deepening Conversion	Tax Map Number Lot Lat o ' " or 42.26396808 DMS or DD Long o ' " or -123.27986746 DMS or DD
Alteration (complete 2a & 10) Abandonment(complete 5a)	Long ' "or -123,27986746 DMS or DD
(2a) PRE-ALTERATION Dia + From To Gauge Stl Plstc Wld Thrd	Street address of well Nearest address
Casing: Casing	15250 WATER GAP RD. WILLIAMS, OR 97544
Material From To Amt sacks/lbs	
Seal:	
(3) DRILL METHOD	(10) STATIC WATER LEVEL
Rotary Air Rotary Mud Cable Auger Cable Mud	Date SWL(psi) + SWL(ft) Existing Well / Pre-Alteration
Reverse Rotary Other	Completed Well 9/29/2021 6
(4) PROPOSED USE	Flowing Artesian? Dry Hole?
Industrial/ Commericial Livestock Dewatering	WATER BEARING ZONES Depth water was first found 58.00
Thermal Injection Other	SWL Date From To Est Flow SWL(psi) + SWL(ft)
(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)	9/29/2021 58 88 40 6
Depth of Completed Well 100.00 ft.	
BORE HOLE SEAL sacks/	
Dia From To Material From To Amt Ibs	
10 0 37 Bentonite Chips 0 37 26 S 6 37 100 Calculated 16.89	
6 37 100 Calculated 16.89	
Calculated	(11) WELL LOG Ground Elevation
How was seal placed: Method A B C D E	Material From To
Other DRY POURED	BROWN CLAY BOULDERS 0 56
Backfill placed from ft. to ft. Material	GREY/BROWN BROKEN BASALT 56 100
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	
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	Dans!
	Received
	JUL 1 0 2025
Shoe Inside X Outside Other Location of shoe(s) 78	OWRD
	34110
Temp casing Yes Dia From + To	
(7) PERFORATIONS/SCREENS	
Perforations Method Holte Air	D + C+ + logogood
Screens Type Material Perf/ Casing/ Screen Scrn/slot Slot # of Tele/	Date Started 9/29/2021 Completed 9/29/2021
Screen Liner Dia From To width length slots pipe size	(unbonded) Water Well Constructor Certification
Perf Casing 6 58 78 .188 1 480	I certify that the work I performed on the construction, deepening, alteration, or
	abandonment of this well is in compliance with Oregon water supply well
	construction standards. Materials used and information reported above are true to
	the best of my knowledge and belief.
	License Number 1945 Date 10/8/2021
(8) WELL TESTS: Minimum testing time is 1 hour	Signed JUSTIN SPLIETHOF (E-filed)
Pump Bailer • Air Flowing Artesian	Signed JUSTIN SPLIETHOF (E-filed)
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	(bonded) Water Well Constructor Certification
40 78 1	I accept responsibility for the construction, deepening, alteration, or abandonment
	work performed on this well during the construction dates reported above. All work
	performed during this time is in compliance with Oregon water supply well
Temperature 55 °F Lab analysis Yes By	construction standards. This report is true to the best of my knowledge and belief.
Water quality concerns? Yes (describe below) TDS amount 144 ppm From To Description Amount Units	License Number 1835 Date 10/14/2021
From To Description Amount Units	Signed KEVIN GILL (E-filed)
	Signed KEVIN GILL (E-filed) Contact Info (optional) Clouser Drilling Inc.
	Contact fillo (optional) Clouser Diffilling file.