

Application for a Permit to Use Ground Water



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

SECTION 1: APPLICANT INFORMATION AND SIGNATURE

Applicant Information

NAME Department of State Lands		PHONE (HM) 541-388-6112	
PHONE (WK)	CELL		FAX
ADDRESS 1645 NE Forbes rd suite 112			
CITY Bend	STATE OR	ZIP 97701	E-MAIL randy.wiest@state.or.us

Organization Information

NAME State of Oregon		PHONE	FAX
ADDRESS			CELL
CITY	STATE	ZIP	E-MAIL

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

AGENT / BUSINESS NAME		PHONE	FAX
ADDRESS			CELL
CITY	STATE	ZIP	E-MAIL

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Note: Attach multiple copies as needed

JAN 18 2011

WATER RESOURCES DEPT
SALEM, OREGON

By my signature below I confirm that I understand:

- I am asking to use water specifically as described in this application.
- Evaluation of this application will be based on information provided in the application.
- I cannot use water legally until the Water Resources Department issues a permit.
- Oregon law requires that a permit be issued before beginning construction of any proposed well, unless the use is exempt. Acceptance of this application does not guarantee a permit will be issued.
- If I get a permit, I must not waste water.
- If development of the water use is not according to the terms of the permit, the permit can be cancelled.
- The water use must be compatible with local comprehensive land-use plans.
- Even if the Department issues a permit, I may have to stop using water to allow senior water-right holders to get water to which they are entitled.

I (we) affirm that the information contained in this application is true and accurate.


Applicant Signature

Larry R. Quantenbach Region Manager 1/6/11
Print Name and title if applicable Date

Applicant Signature

Print Name and title if applicable

Date

For Department Use		
App. No. G-17449	Permit No. _____	Date _____

SECTION 2: PROPERTY OWNERSHIP

Please indicate if you own all the lands associated with the project from which the water is to be diverted, conveyed, and used.

Yes

- There are no encumbrances.
- This land is encumbered by easements, rights of way, roads or other encumbrances.

No

- I have a recorded easement or written authorization permitting access.
- I do not currently have written authorization or easement permitting access.
- Written authorization or an easement is not necessary, because the only affected lands I do not own are state-owned submersible lands, and this application is for irrigation and/or domestic use only (ORS 274.040).
- Water is to be diverted, conveyed, and/or used only on federal lands.

List the names and mailing addresses of all affected landowners (*attach additional sheets if necessary*).

SECTION 3: WELL DEVELOPMENT

WELL NO.	NAME OF NEAREST SURFACE WATER	IF LESS THAN 1 MILE:	
		DISTANCE TO NEAREST SURFACE WATER	ELEVATION CHANGE BETWEEN NEAREST SURFACE WATER AND WELL HEAD
3	South Fork Crooked River		
4	South Fork Crooked River		

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 WATER RESOURCES DEPT
 SALEM, OREGON

Please provide any information for your existing or proposed well(s) that you believe may be helpful in evaluating your application. For existing wells, describe any previous alteration(s) or repair(s) not documented in the attached well log or other materials (*attach additional sheets if necessary*).

G17449

SECTION 3: WELL DEVELOPMENT, CONTINUED

Source (aquifer), if known: LAVA BED Aquifer

Total maximum rate requested: 2000 (each well will be evaluated at the maximum rate unless you indicate well-specific rates and annual volumes in the table below).

Complete the table below. If this is an existing well, the following information may be found on the applicable well log. (If a well log is available, please submit it in addition to completing the table.) If this is a proposed well, or well-modification, consider consulting with a licensed well driller, geologist, or certified water right examiner.

bhhz1-g

OWNER'S WELL NAME OR NO.	PROPOSED	EXISTING	WELL ID (WELL TAG) NO. OR WELL LOG ID**	FLOWING ARTESIAN	CASING DIAMETER	CASING INTERVALS (IN FEET)	PERFORATED OR SCREENED INTERVALS (IN FEET)	SEAL INTERVALS (IN FEET)	MOST RECENT STATIC WATER LEVEL & DATE (IN FEET)	PROPOSED USE			
										SOURCE AQUIFER***	TOTAL WELL DEPTH	WELL-SPECIFIC RATE (GPM)	ANNUAL VOLUME (ACRES-FEET)
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	20"	40'		40'			400	1000	3
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	20"	40'		40'			400	1000	3
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									

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SALEM, OREGON

* Please refer to included well logs to preliminary design on well.

David Rahn

* Licensed drillers are required to attach a Department-supplied Well Tag, with a unique Well ID or Well Tag Number to all new or newly altered wells. Landowners can request a Well ID for existing wells that do not have one. The Well ID is intended to serve as a unique identification number for each well.

** A well log ID (e.g. MARI 1234) is assigned by the Department to each log in the agency's well log database. A separate well log is required for each subsequent alteration of the well.

*** Source aquifer examples: Troutdale Formation, gravel and sand, alluvium, basalt, bedrock, etc.

SECTION 3: WELL DEVELOPMENT, CONTINUED

Source (aquifer), if known: _____

Total maximum rate requested: 2000 (each well will be evaluated at the maximum rate unless you indicate well-specific rates and annual volumes in the table below).

Complete the table below. If this is an existing well, the following information may be found on the applicable well log. *(If a well log is available, please submit it in addition to completing the table.)* If this is a proposed well, or well-modification, consider consulting with a licensed well driller, geologist, or certified water right examiner.

OWNER'S WELL NAME OR NO.	PROPOSED	EXISTING	WELL ID (WELL TAG) NO.* OR WELL LOG ID**	FLOWING ARTESIAN	CASING DIAMETER	CASING INTERVALS (IN FEET)	PERFORATED OR SCREENED INTERVALS (IN FEET)	SEAL INTERVALS (IN FEET)	MOST RECENT STATIC WATER LEVEL & DATE (IN FEET)	PROPOSED USE			
										SOURCE AQUIFER***	TOTAL WELL DEPTH	WELL-SPECIFIC RATE (GPM)	ANNUAL VOLUME (ACRE-FEET)
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>							400	1000	3
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>							400	1000	3
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									

bahr-5

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 SALEM, OREGON

* Licensed drillers are required to attach a Department-supplied Well Tag, with a unique Well ID or Well Tag Number to all new or newly altered wells. Landowners can request a Well ID for existing wells that do not have one. The Well ID is intended to serve as a unique identification number for each well.
 ** A well log ID (e.g. MARI 1234) is assigned by the Department to each log in the agency's well log database. A separate well log is required for each subsequent alteration of the well.
 *** Source aquifer examples: Troutdale Formation, gravel and sand, alluvium, basalt, bedrock, etc.

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

DAVIDSON 211553

1283

JUN 17 1992

21S/20E/27E

SALEM, OREGON

Well Number: 2

Start Cord
 WATER RESOURCES DEPT

23132

(1) OWNER:
 Name R.L. Coats
 Address P.O. Box 1008
 City Bend State ORE Zip 77207

LOCATION OF WELL by legal description:
 County Deschutes Latitude _____ Longitude _____
 Township 21S N or S, Range 20 E or W, WM.
 Section 27 SE 1/4 SW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 2100 N.W. Highway
2 1/2 mi W. Hampton, OR

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

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

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

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

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
28	0 20	Concrete	0 20	2 Cuyals
17.5	20			

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

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 20"	+1	22'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 16"	+1	396	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS: JAN 18 2011

Perforations Method _____
 Screens Type _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
30	396	1/8 x 3/16	4160	16"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
2900	50'	262	8 hrs

Temperature of water 60° Depth Artesian Flow Found _____
 Was a water analysis done? No Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____ G-7449

(10) STATIC WATER LEVEL:
140 ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
210	396	3000	140

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top Soil sandy loam	0	3	
Brown Sand	3	10	
Brown Sand	10	21	
Clay & Sand Brown	21	40	
Brown Rock	40	50	
Brown Rock & Sand	50	69	
Red hard Rock	69	75	
" " "	75	97	
Red Cinder Rock	97	110	
Red hard Rock	110	150	
Brown Sand & Clay	150	165	
Gray Rock	165	175	
" " "	175	182	
" " "	182	188	
Hard Gray Rock	188	285	140
" " "	235	256	140
Soft Red Rock	256	275	140
Clay, Rock & Sand	275	325	140
Pumice & Sand	325	365	140
Pumice	365	371	140
Pumice Rock	371	396	140

Date started Jan 18, 1991 Completed Mar. 18, 1991

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed R.L. Coats WWC Number _____ Date 5-13-92

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

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.766)

11/17/87

2934

215 200 5700
 1101

(1) **OWNER:** WATER RESOURCES DEPARTMENT
 Name R.L. Coats
 Address 63285 Skyline Rd.
 City Bend, OR State OR Zip 97701

(2) **TYPE OF WORK:**
 New Well Deepen Recondition Abandon

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

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

(5) **BORE HOLE CONSTRUCTION:**
 Special Construction approval Yes No Depth of Completed Well 252 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
meter	From To	Material	From To	
10	0 18	Cement	0 10	10
8	18 252			

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

(6) **CASING/LINER:**

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing	8"	2	18	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner	6"	2	152	188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Location of shoe(s) _____

(7) **PERFORATIONS/SCREENS:**

Perforations Method factory
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
152	252	1/8	6 rows	6"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
50	0		1 hr.

Temperature of water 55 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) **LOCATION OF WELL by legal description:**
 County Crook Latitude _____ Longitude _____
 Township 21 N or S, Range 20 E or W, WM.
 Section 31 SW 1/4 SW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Old Imperial well

(10) **STATIC WATER LEVEL:**
174 ft. below land surface. Date 12/17/87
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**

Depth at which water was first found 237

From	To	Estimated Flow Rate	SWL
237	252	50	174

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

Material	From	To	SWL
Top soil	0	4	
Grey lava (hard)	4	78	
Sandstone cong.	78	135	
Grey basalt (hard)	135	188	
Mild lava and sed.	188	237	174
Broken basalt WB	237	252	174

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WATER RESOURCES DEPT
 SALEM, OREGON

Date started 12/12/87 Completed 12/17/87

(unbonded) **Water Well Constructor Certification:**
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed [Signature] WWC Number 1371
 Date _____

(bonded) **Water Well Constructor Certification:**
 I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.
 Signed [Signature] WWC Number 1371
 Date _____

G-17449

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

DESC
50700

JAN - 2 1997

(START CARD) # 87112

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

(1) OWNER: Well Number _____
Name Robert L. Coats
Address 62295 Skyline Ranch Rd
City Beard State Ore. Zip 97101

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

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

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

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

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
20"	0 20'	Concrete	0 20'	26	1/2
18"	20 396'				

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

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 20"	+1	20'	250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 16"	+1	396'		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
140	396	5x3	3700	16"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 1800 Drawdown 33' Drill stem at 194' Time 8 hr.

Temperature of water 56° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____ G-17449

(9) LOCATION OF WELL by legal description:
County Deschutes Latitude _____ Longitude _____
Township 21 N or S Range 20 E or W. WM.
Section 35 NW 1/4 SW 1/4
Tax Lot 1400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 5400 Harmon Rd
Beards, Ore.

(10) STATIC WATER LEVEL:
137 ft. below land surface. Date 4-12-94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 161 ft.

From	To	Estimated Flow Rate	SWL
161	396	2000 Gpm	137

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(12) WELL LOG:
Ground Elevation _____ WATER RESOURCES DEPT
SALEM, OREGON

Material	From	To	SWL
Clay + Sand	0	18	
Clay + Gravel	18	26	
Hard Grey Rock	26	35	
Sand Stone + Clay	35	78	
Gray Rock	78	120	
Sand Stone + Gravel	120	143	
Gray Rock	143	157	
Sand Stone	157	161	161
Sand Stone + Gravel	161	252	176
Sand + Gravel	252	250	
Sand packet	250	265	
Sand + Gravel	265	267	
Hard Rock	267	282	
Sand Stone + Gravel	267	292	
Rock (Grey)	292	301	
Sandstone + Grey Rock	301	333	
Layers Rock + Sandstone	333	343	
Sand Stone + Gravel	343	396	

Date started 9-25-95 Completed 4-12-96
(unbonded) Water Well Constructor Certification:

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

Signed Robert L. Coats WWC Number 87112
Date 12-28-95

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

Signed Robert L. Coats WWC Number 43504
Date 12-28-95

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

AUG 21 2003

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L ~~133550~~ 53582
START CARD # 133550

Desc
54624

(1) OWNER:

Name Roth's Farm
Address PO BOX 358
City CHRISTMAS VALLEY State OR Zip 97641

(2) TYPE OF WORK

New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 350 ft.

Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
24"	0	32 1/2	CEMENT			70 Sack	
16"	32 1/2	350	BENTON			40 Sack	

How was seal placed: Method A B C D E

Other 3/8 HALE Plug

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing: 16"		+1/2	32 1/2	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

Perforations		Method		Material	
From	To	Slot size	Number	Diameter	Tele/pipe size

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

<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gpm	Drawdown	Drill stem at	Time
2000 gpm	10'		4 hr.

Temperature of water 56' Depth Artesian Flow Found _____

Was a water analysis done? Yes By whom _____

Did any strata contain water not suitable for intended use? Too little

Salty Muddy Odor Colored Other _____

Depth of strata: _____ G-17449

(9) LOCATION OF WELL by legal description:

County DESCHUTES Latitude _____ Longitude _____
Township 22 N or S Range 20 E or W. WM.
Section 7 NE 1/4 NW 1/4
Tax Lot 201 Block _____ Subdivision _____
Street Address of Well (or nearest address) 3 mile west of
HUNTON STONE

(10) STATIC WATER LEVEL:

131 ft. below land surface. Date 4-8-02

(11) WATER BEARING ZONES:

Depth at which water was first found 280'

From	To	Estimated Flow Rate	SWL
280	350	1500 F	131
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(12) WELL LOG: WATER RESOURCES DEPT. SALEM, OREGON

Material	From	To	SWL
TOP SOIL	0	2	
Brown Sand Stone	2	79	
Brown Red ish Lava	79	115	
Hard			
Equal Rock	115	280	LB
Pumice	280	295	LB
Brown Lava Rock	285	346	LB
Brown Lava Rock	346	350	LB
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MAY 16 2003			
WATER RESOURCES DEPT. SALEM, OREGON			
RECEIVED			
APR 18 2003			
WATER RESOURCES DEPT. SALEM, OREGON			
RECEIVED			
APR 17 2002			
WATER RESOURCES DEPT. SALEM, OREGON			

Date started 2-19-02 Completed 4-8-02

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

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1654
Signed _____ Date 8-18-03

DESC 55145 Bob's #2 2nd Pivo
 55145 Duane Engle

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

FEB 20 2003
 SALEM, OREGON

WELL I.D. # L 60432
 START CARD # 153701

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

(1) LAND OWNER
 Name David Roth Well Number _____
 Address PO Box 358
 City Christiansburg State IL Zip 62411

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

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

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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 410 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
20"	0 35	Cement	0 35	25	25
16"	35 410				

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

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing	16"	0	410	35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of sheets _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size		Casing	Liner
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing
 Artesian
 Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
150 _____ _____ 410 _____ 10

Temperature of water 50 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata _____ G-17449

(9) LOCATION OF WELL by legal description:
 County Deschutes Latitude _____ Longitude _____
 Township 22 N or S Range 20 E or W W.M.
 Section 2 NW 1/4 NE 1/4
 Tax Lot 200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 1/2 mile west of Hampton store

(10) STATIC WATER LEVEL:
151 ft. below land surface Date 1-26-03
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 240

From	To	Estimated Flow Rate	SWL
240	350	1500 +	151

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
TOP Soil	0	2	
Hard Blown sand	2	90	
Loam Rock	90	240	
Peat	240	260	
Brown loam	260	265	
Gray loam	265	280	
Blow loam	280	293	
Blow sand start	293	300	
Comp with cinders	300	410	

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Date started 12-17-02 Completed 1-26-03
 (unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 WWC Number _____
 Signed _____ Date _____
 (bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number 16541
 Signed Thurman Date 2-17-03

disc 51548

FEB 19 1998

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

WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD) # 38928

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

(1) OWNER: Well Number _____
Name Robert Coats
Address 63285 Skyline Ranch Road
City Bend State Ore. Zip 97701

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 400 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
20"	0	20	Concrete	0	20	2 Cuyds

How was seal placed: Method A B C D E
 Other Pour + vibrated

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 20"	+1	20	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min 2300 Drawdown 50' Drill stem at 262 Time 8 1 hr.

Temperature of water 60° Depth Artesian Flow Found _____
Was a water analysis done? No Yes By whom _____
Did any strata contain water not suitable for intended use? No Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____ G-17449

(9) LOCATION OF WELL by legal description:
County Deschutes Latitude _____ Longitude _____
Township 21 N or S Range 20 E or W. WM.
Section 34 SE 14 SW 14
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
131 ft. below land surface. Date 7-5-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 150 ft.

From	To	Estimated Flow Rate	SWL
150	400	2000 G./M.	131
Set @ 160			

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Sand & Clay	0	4	
" " "	4	9	
" " "	9	14	
Sandy Clay & Gravel	14	30	
Pumice Clay & Gravel	30	170	131
Rock & Clay (Gray)	170	196	
Gray Rock	196	226	
" " + Sandstone	226	294	
Sandstone + Gravel	294	400	

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WATER RESOURCES DEPT
SALEM, OREGON

Date started 5-31-95 Completed 9-14-95
(unbonded) Water Well Constructor Certification:

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

WWC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:

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

WWC Number _____
Signed Robert Coats Date 2-12-98

SECTION 4: WATER USE

USE	PERIOD OF USE	ANNUAL VOLUME (ACRE-FEET)
Irrigation	4-1 - 10-15	748.59

Exempt Uses: Please note that 15,000 gallons per day for single or group **domestic** purposes and 5,000 gallons per day for a single **industrial or commercial** purpose are exempt from permitting requirements.

For irrigation use only:

Please indicate the number of primary and supplemental acres to be irrigated (*must match map*).

Primary: 248.59 Acres Supplemental: _____ Acres

List the Permit or Certificate number of the underlying primary water right(s): _____

Indicate the maximum total number of acre-feet you expect to use in an irrigation season: 748.59

- If the use is **municipal or quasi-municipal**, attach **Form M**
- If the use is **domestic**, indicate the number of households: _____
- If the use is **mining**, describe what is being mined and the method(s) of extraction: _____

SECTION 5: WATER MANAGEMENT

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SALEM, OREGON

A. Diversion and Conveyance

What equipment will you use to pump water from your well(s)?

- Pump (give horsepower and type): 100 hp turbine
- Other means (describe): _____

Provide a description of the proposed means of diversion, construction, and operation of the diversion works and conveyance of water. _____

B. Application Method

What equipment and method of application will be used? (e.g., drip, wheel line, high-pressure sprinkler)

Low pressure, high-efficiency center pivots

C. Conservation

Please describe why the amount of water requested is needed and measures you propose to: prevent waste; measure the amount of water diverted; prevent damage to aquatic life and riparian habitat; prevent the discharge of contaminated water to a surface stream; prevent adverse impact to public uses of affected surface waters.

- Water meters on both pumps
- high efficiency irrigation sprinklers

Use(s): _____

Volume of Reservoir (acre-feet): _____ Dam height (feet, if excavated, write "zero"): _____

Note: If the dam height is greater than or equal to 10.0' above land surface AND the reservoir will store 9.2 acre feet or more, engineered plans and specifications must be approved prior to storage of water.

SECTION 7: USE OF STORED GROUND WATER FROM THE RESERVOIR

If you would like to use stored ground water from the reservoir, complete this section (if more than one reservoir, reproduce this section for each reservoir).

Annual volume (acre-feet): _____

USE OF STORED GROUND WATER	PERIOD OF USE

SECTION 8: PROJECT SCHEDULE

Date construction will begin: July 1, 2011

Date construction will be completed: June 1, 2012

Date beneficial water use will begin: June 1, 2012

SECTION 9: REMARKS

Use this space to clarify any information you have provided in the application (attach additional sheets if necessary).

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WATER RESOURCES DEPT
SALEM, OREGON

SECTION 6: STORAGE OF GROUND WATER IN A RESERVOIR

If you would like to store ground water in a reservoir, complete this section (*if more than one reservoir, reproduce this section for each reservoir*).

Reservoir name: _____ Acreage inundated by reservoir: _____

Use(s): _____

Volume of Reservoir (acre-feet): _____ Dam height (feet, if excavated, write "zero"): _____

Note: If the dam height is greater than or equal to 10.0' above land surface AND the reservoir will store 9.2 acre feet or more, engineered plans and specifications must be approved prior to storage of water.

SECTION 7: USE OF STORED GROUND WATER FROM THE RESERVOIR

If you would like to use stored ground water from the reservoir, complete this section (*if more than one reservoir, reproduce this section for each reservoir*).

Annual volume (acre-feet): _____

USE OF STORED GROUND WATER	PERIOD OF USE

SECTION 8: PROJECT SCHEDULE

Date construction will begin: _____

Date construction will be completed: _____

Date beneficial water use will begin: _____

SECTION 9: REMARKS

Use this space to clarify any information you have provided in the application (*attach additional sheets if necessary*).

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 SALEM, OREGON

G-17449

Land Use Information Form



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

Applicant: submitted by: David BAKER
First Last

Mailing Address: PO Box 191
Christmas Valley ^{DA}~~OR~~ 97641 OR 97641
City State Zip Daytime Phone: 541 306 0319

A. Land and Location

Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), and/or used or developed. Applicants for municipal use, or irrigation uses within irrigation districts may substitute existing and proposed service-area boundaries for the tax-lot information requested below.

Township	Range	Section	¼ ¼	Tax Lot #	Plan Designation (e.g., Rural Residential/RR-5)	Water to be:			Proposed Land Use:
See attachment						<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	
						<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	
						<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	
						<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	

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

Deschutes County

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 WATER RESOURCES DEPT
 SALEM, OREGON

B. Description of Proposed Use

Type of application to be filed with the Water Resources Department:
 Permit to Use or Store Water Water Right Transfer Permit Amendment or Ground Water Registration Modification
 Limited Water Use License Allocation of Conserved Water Exchange of Water

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

Estimated quantity of water needed: 2000 cubic feet per second gallons per minute acre-feet

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

Briefly describe:
249.53 Ac in 2 pivots. High efficiency, low pressure pivot system for organic hay production

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

See bottom of Page 3. →

For Local Government Use Only

The following section must be completed by a planning official from each county and city listed unless the project will be located entirely within the city limits. In that case, only the city planning agency must complete this form. This deals only with the local land-use plan. Do not include approval for activities such as building or grading permits.

Please check the appropriate box below and provide the requested information

- Land uses to be served by the proposed water uses (including proposed construction) are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): DCC 18.16, Exclusive Farm Use Zone
- Land uses to be served by the proposed water uses (including proposed construction) involve discretionary land-use approvals as listed in the table below. (Please attach documentation of applicable land-use approvals which have already been obtained. Record of Action/land-use decision and accompanying findings are sufficient.) **If approvals have been obtained but all appeal periods have not ended, check "Being pursued."**

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

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

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WATER RESOURCES DEPT
SALEM, OREGON

Name: Paul Blikstad Title: Senior Planner

Signature: Paul Blikstad Phone: 541-388-6564 Date: 10-20-10

Government Entity: Deschutes County

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



Receipt for Request for Land Use Information

Applicant name: _____

City or County: _____ Staff contact: _____

Signature: _____ Phone: _____ Date: _____

Attachment A: Legal Description

	Township	Range	Section	¼ ¼	Acres	Tax Lot
Field 1	21 S	20 E	33	NE NE	31.33	2200
	21 S	20 E	33	NW NE	33.08	2200
	21 S	20 E	33	SW NE	31.62	2200
	21 S	20 E	33	SE NE	29.75	2200
				Total	125.78	
Field 2	21 S	20 E	33	NE SE	30.87	2200
	21 S	20 E	33	NW SE	31.35	2200
	21 S	20 E	33	SW SE	30.76	2200
	21 S	20 E	33	SE SE	30.77	2200
				Total	123.75	

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WATER RESOURCES DEPT
SALEM, OREGON

DESCHUTES COUNTY PLANNING DIVISION

* * LAND USE APPLICATION * *

PS1047 Taxmap 21-20-0000 2200 SERIAL 151818 11:34:13 20 OCT 2010

Request OREGON WATER RESOURCES DEPARTMENT SIGN-OFF

DAVID L. BAKER

Location ,

Zone WA EFUHR LM

Other affected property NONE

Submitted date 10/20/10 Accepted date _____ Assigned Planner NONE
Expiration date _____ 120th day _____ Counter Person PEB

Applicant DAVID L. BAKER Owner STATE OF OR
Address P.O. BOX 191 Phone 306-0319
City CHRISTMAS VALLEY, OR 97641
Receipts 455108 Amount Paid 55.00

Status P Status date 10/20/10 Other Permit's 0 Permits
TN Due to staff _____ Due in mail _____ Mailed _____
Notice Due to staff _____ Due in mail _____ Mailed _____
Admn decision due _____ Due Plan Dir _____
Admn dec Admn decision mailed _____ Admin decision appealed _____

HO Hearing date _____ Staff rpt due _____ Staff rpt mailed _____
HO decision _____ HO Decision mailed _____ Appealed _____

BOC hearing _____ BOC decision _____
BOC decision mailed _____ BOC decision appealed _____

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WATER RESOURCES DEPT
SALEM, OREGON

G-17449

DESCHUTES COUNTY COMMUNITY DEVELOPMENT
117 NW LAFAYETTE
BEND, OREGON 97701
(541) 388-6575

* * RECEIPT * RECEIPT * RECEIPT * RECEIPT * RECEIPT * RECEIPT * RECEIPT * *

RECEIPT# 455108 BATCH 5946 INIT PEB 11:34:11 20 OCT 2010 Page 1
TRANSIT# PS1047

Taxmap# 21-20-0000 2200 Serial# 151818
Situs: Unassigned

DESCRIPTION	FEE
PLANNING FEE	55.00

CHECK NUMBER 1196	AMOUNT APPLIED	55.00	DAVID L. BAKER
	TOTAL AMOUNT RECEIVED	55.00	

This is a receipt and does NOT constitute a permit or license

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JAN 18 2011

WATER RESOURCES DEPT
SALEM, OREGON

G-17449

STATE OF OREGON }
County of Deschutes } SS.

570

BE IT REMEMBERED, That on this 5th day of July, A. D. 1929 before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named Mary E. Whitaker, personally and as Administratrix of the estate of John O. Whitaker, deceased, who is known to me to be the identical individual described in and who executed the within instrument, and acknowledged to me that she executed the same freely and voluntarily.

IN TESTIMONY WHEREOF, I have hereunto set my hand and Notarial seal the day and year last above written.

(Notarial Seal)

N. G. Wallace
Notary Public for Oregon.
My commission expires October 12, 1931.

✓ E 8003-*

Mary E. Whitaker et al
to
State of Oregon.

Filed August 23, A.D. 1929.
11:45 o'clock A.M.
J. D. Davidson, County Clerk.
R. K. Innes, Deputy.

KNOW ALL MEN BY THESE PRESENTS, That Mary E. Whitaker, a widow, and Mary E. Whitaker, administratrix of the estate of John O. Whitaker, deceased, in consideration of ONE Dollar and other good and valuable considerations, to me paid by THE STATE OF OREGON, do hereby remise, release and forever QUITCLAIM unto the said THE STATE OF OREGON, and assigns all my right, title and interest in and to the following described parcel of real estate, together with the tenements, hereditaments and appurtenances, situate in County of Deschutes State of Oregon, to-wit:

The South Half of the Southwest Quarter of Section Twenty-eight,
the Northwest Quarter and the North Half of the Southwest Quarter
of Section Thirty-three, all in Township Twenty-one South of
Range Twenty East of the Willamette Meridian.

This deed is executed in full satisfaction of any and all claims and demands of the State Land Board of the State of Oregon against either Mary E. Whitaker personally or Mary E. Whitaker administratrix of the estate of John O. Whitaker, deceased, and of any claims and or demands against the estate of John O. Whitaker, deceased, on account of that certain mortgage executed by Isaac Zierolf to The State Land Board, dated November 15, 1915, recorded in Book 23, page 216, Record of Mortgages of Crook County, Oregon, and which mortgage was thereafter transcribed into and became a public mortgage record for Deschutes County, Oregon, and in full settlement of any and all claims and demands for and or on account of the debt secured by said mortgage.

This deed is executed and delivered in accordance with an order confirming the same duly entered on the 9th day of August, 1929, by the Honorable H.H. Dearmond, County Judge of Deschutes, Oregon, in that certain proceeding then pending in his Court entitled "In the Matter of the Estate of John Orville Whitaker, Deceased, in which said order this deed was and is in all things approved, ratified and confirmed.

TO HAVE AND TO HOLD the same to the said THE STATE OF OREGON, assigns forever.

IN WITNESS WHEREOF, I have hereunto set my hands and seals this 5th day of July,
A.D. 1929.

Mary E. Whitaker (Seal)

Mary E. Whitaker (Seal)
Administratrix of the Estate of
John O. Whitaker, deceased.

G-17449

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JAN 18 2011

WATER RESOURCES DEPT
SALEM, OREGON

569

Done in the presence of

J. C. Rhodes

Mark Neadeau

(Seal)

H. W. McCabe

Edna Neadeau

(Seal)

STATE OF OREGON

County of Deschutes

} SS

On this 2 day of August, A.D. 1928, personally came before me, a Notary Public, in and for said County and State, the within-named Mark Neadeau, and Edna Neadeau, his wife, to me personally known to be the identical person described in and who executed the within instrument, and acknowledged to me that he executed the same freely for the uses and purposes therein named.

WITNESS my hand and Notary Seal this 2nd day of August, A.D. 1928.

(Notarial Seal)

J. C. Rhodes

Notary Public for Oregon.

My commission expires Dec. 7, 1927.

E 5002

Mary E. Whitaker et al

Filed August 23, A.D. 1929.

to

11:43 o'clock A.M.

State of Oregon

J. D. Davidson, County Clerk.

R. K. Innes, Deputy.

KNOW ALL MEN BY THESE PRESENTS, That Mary E. Whitaker, a widow, and Mary E. Whitaker, Administratrix of the Estate of John O. Whitaker, deceased, in consideration of ONE Dollar and other good and valuable considerations, to me paid by THE STATE OF OREGON do hereby remise, release and forever QUITCLAIM unto the said THE STATE OF OREGON, all my right, title, and interest in and to the following described parcel of real estate, together with the tenements, hereditaments and appurtenances, situate in County of Deschutes, State of Oregon, to-wit:

The East Half of Section Thirty-three, Township Twenty-one South, Range Twenty East of the Willamette Meridian,

This deed is executed in full satisfaction of that certain mortgage on the above lands to and in favor of The State Land Board of Oregon and executed by John O. Whitaker and Mary E. Whitaker, husband and wife, dated April 3, 1916, recorded in Book 23 at page 617, Record of Mortgages, Crook County, Oregon, and thereafter transcribed in the public Mortgage Records of Deschutes County, Oregon, and for and on account of any claims and demands on account of the debt secured by said mortgage, and of all claims and demands on account thereof of the State Land Board or The State of Oregon against Mary E. Whitaker, Mary E. Whitaker administratrix of the estate of John O. Whitaker, deceased, and in full satisfaction of any and all claims and demands against the estate of John O. Whitaker, deceased.

This deed is executed and delivered in accordance with an order confirming the same duly entered on the 9th day of August, 1929, by the Honorable H.H. Dearmond, County Judge of Deschutes County, Oregon, in that certain proceeding then pending in his Court entitled "In the Matter of the Estate of John Orville Whitaker, Deceased, in which said order this deed was and is in all things approved, ratified and confirmed.

TO HAVE AND TO HOLD the same to the said The State of Oregon forever.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 5th day of July, A.D. 1929.

Mary E. Whitaker

(Seal)

Mary E. Whitaker

(Seal)

Administratrix of the Estate of John O. Whitaker, deceased.

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JAN 18 2011

WATER RESOURCES DEPT
SALEM, OREGON



571 STATE OF OREGON }
County of Deschutes } SS

BE IT REMEMBERED, That on this 5th day of July, A.D. 1929 before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named Mary E. Whitaker, a widow, and Mary E. Whitaker, administratrix of the estate of John O. Whitaker, deceased, who is known to me to be the identical individual described in and who executed the within instrument, and acknowledged to me that she executed the same freely and voluntarily.

IN TESTIMONY WHEREOF, I have hereunto set my hand and Notarial Seal the day and year last above written.

(Notarial Seal) N. G. Wallace
Notary Public for Oregon.
My Commission expires Oct. 12, 1931.

✓ 8005

Deschutes County Filed August 23, A.D. 1929.
to 1:00 o'clock P. M.
The Bend Securities Company. J. D. Davidson, County Clerk.
R. K. Innes, Deputy

KNOW ALL MEN BY THESE PRESENTS, THAT DESCHUTES COUNTY, a municipal corporation, duly organized and existing under and by virtue of the laws of the State of Oregon, in consideration of the sum of TEN AND 18/100 Dollars to it paid by The Bend Securities Company, an Oregon corporation, does hereby grant, bargain, sell and convey unto said The Bend Securities Company, an Oregon corporation, its successors and assigns forever, the following described real estate, situate in the County of Deschutes and State of Oregon, to-wit:

Lots Five (5), Six (6) and Seven (7) in Block Thirteen (13) of Riverside, according to the official plat thereof on file in the Office of the County Clerk of said County.

To have and to hold unto said The Bend Securities Company, an Oregon corporation, its successors and assigns forever.

This deed is given by the grantor without warranty under the provisions of Chapter 218 of the General Laws of Oregon for the year 1929.

IN WITNESS WHEREOF, DESCHUTES COUNTY pursuant to a resolution of its County Court duly and legally adopted, has caused these presents to be signed by H.H. DeArmond, County Judge of Deschutes County, Oregon and J. S. Innes and E. M. Peck, County Commissioners of said Deschutes County, Oregon this 14th day of August, A.D. 1929.

H. H. DeArmond
County Judge.

E. M. Peck

J. S. Innes
County Commissioners.

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JAN 18 2011

WATER RESOURCES DEPT
SALEM, OREGON

STATE OF OREGON }
County of Deschutes } SS

On this 14th day of August, A.D., 1929 before me appeared H. H. DeArmond, J.S. Innes and E.M. Peck all to me personally known, who being duly sworn, severally and each for himself did say:

That he, the said H.H. DeArmond, is the County Judge and he, said J. S. Innes is one of the County Commissioners, and he, the said E. M. Peck, is one of the County Commissioners of Deschutes County, a municipal corporation of the State of Oregon, the grantor herein named, that said instrument was signed in behalf of the said municipal corporation, under a