

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

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SECTION 1: APPLICANT INFORMATION AND SIGNATURE

WATER RESOURCES DEPT
SALEM, OREGON

Applicant Information

NAME DAVID ROTH		PHONE (HM) 541 576 2270	
PHONE (WK) 541 420 2606	CELL	FAX	
ADDRESS PO BOX 358			
CITY Christmas Valley	STATE OR	ZIP 97641	E-MAIL

Organization Information

NAME		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 DAVID BAKER		PHONE	FAX
ADDRESS PO BOX 191			CELL 541 306 0319
CITY Christmas Valley	STATE OR	ZIP 97641	E-MAIL bakerdl1@hotmail.com

Note: Attach multiple copies as needed

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.



David Roth
Applicant Signature

David Roth
Print Name and title if applicable

12-12-11
Date

Applicant Signature

Print Name and title if applicable

Date

For Department Use		
App. No. _____	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.

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SALEM, OREGON

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
1	Rockchuck	South Fork Crooked River	
2	Dusty Flats	South Fork Crooked River	
3	Lizard Creek	South Fork Crooked River	
4	Gravel 1	South Fork Crooked River	
5	Gravel 2	South Fork Crooked River	
6	Dirt tank	South Fork Crooked River	

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*).

GL 17443 and GL 17449 were approved 11/2011 with identical circumstances.

SECTION 3: WELL DEVELOPMENT, CONTINUED

Source (aquifer), if known: Basalt

Total maximum rate requested: _____ (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	Rockhuck	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	20"	40'		40'		Basalt	500	1000	3
2	Dusty Flats	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	20"	40'		40'		Basalt	500	1000	3
3	Lizard Creek	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	20"	40'		40'		Basalt	500	1000 1250	3
4	Gravel 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	20"	40'		40'		Basalt	500	1000	3
5	Gravel 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	20"	40'		40'		Basalt	500	1000	3
6	Dirt tank	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	20"	40'		40'		Basalt	500	800	3
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	* Please refer to included well logs								
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	to preliminary design on well. David Bell								

* 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.

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SECTION 4: WATER USE

USE	PERIOD OF USE	ANNUAL VOLUME (ACRE-FEET)
Irrigation	4-1 - 10-30	1913.84

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: 637.99 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: 1913.84

- 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

A. Diversion and Conveyance

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

Pump (give horsepower and type): 100 - 150 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 flow meters on all pumps

• high efficiency irrigation sprinklers

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: June 2012

Date construction will be completed: June 2016

Date beneficial water use will begin: September 2012

SECTION 9: REMARKS

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



Oregon Water Resources Department Land Use Information Form

THIS FORM IS NOT REQUIRED IF: 1) water is to be diverted, conveyed, and/or used only on federal lands; or 2) the application is for a water-right transfer, allocation of conserved water, exchange, permit amendment, or ground water registration modification, and all of the following apply: a) only the place of use is proposed for change, b) there are no structural changes, c) the use of water is for irrigation, and d) the use is located in an irrigation district or exclusive farm-use zone.

Applicant Name: David ROTH
Mailing Address: PO Box 358
Christmas Valley OR 97641 Daytime Phone: 541 420 2606

A. Land and Location

Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), or used. 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				EFU	<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used	Farming
						<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, or used:

Deschutes

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
- Exchange of Water
- Allocation of Conserved Water
- Limited Water Use License
- Permit Amendment of Ground Water Registration Modification

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

Estimated quantity of water needed: 1920.84 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:

Develop 637.99 ac for Organic farming.

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

Receipt for Request for Land Use Information

State of Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, OR 97301-1266

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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.

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Please check the appropriate box below and provide the requested information

Land uses to be served by proposed water uses (including proposed construction) are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): DCC Title 18 Zoning Ord.

Land uses to be served by 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".

Table with 3 columns: Type of Land-Use Approval Needed, Cite Most Significant, Applicable Plan Policies & Ordinance Section References, and Land-Use Approval (Obtained, Denied, Being pursued, 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.

Empty rectangular box for local government comments or recommendations.

Name: Cynthia Smith Title: Associate Planner
Signature: Cynthia Smith Phone: 541-317-3150 Date: 12-12-11
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:

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

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

RECEIPT# 462681 BATCH 6231 INIT CMS 14:54:39 12 DEC 2011 Page 1
TRANSIT# PS1140

Taxmap# 22-20-0000 300 Serial# 143556
Situs: Unassigned

DESCRIPTION	FEE
PLANNING FEE	55.00

CHECK NUMBER 1288	AMOUNT APPLIED	55.00	DAVID BAKER
	TOTAL AMOUNT RECEIVED	55.00	

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

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WATER RESOURCES DEPT
SALEM, OREGON

DESCHUTES COUNTY PLANNING DIVISION

* * LAND USE APPLICATION * *

PS1140 Taxmap 22-20-0000 300 SERIAL 143556 14:54:42 12 DEC 2011
Request PERMIT SIGN OFF FOR OWRD
DAVID ROTH

Location ,
Zone WA EFUHR
Other affected property 2220000000500,2220000000600,2220000000803,2220000000805,

Submitted date 12/12/11 Accepted date _____ Assigned Planner NONE
Expiration date _____ 120th day _____ Counter Person CMS

Applicant DAVID ROTH Owner ROTH,DAVID
Address PO BOX 358 Phone (541) 420-2606
City CHRISTMAS VALLEY, OR 97641
Receipts 462681 Amount Paid 55.00

Status P Status date 12/12/11 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 _____

COMMENTS:

Initials CMS Date 12/12/11 PERMIT FOR WATER RIGHTS FOR IRRIGATION PIVOTS

OTHER LAND USE APPLICATIONS ON THIS PROPERTY

LUA ID	ACCPT DATE	REQUEST
PS1128	09/07/11	LAND USE COMPATIBILITY STATEMENT FOR LIMITED WATER USE LICE
PS1045	10/18/10	LAND USE COMPATIBILITY STATEMENT FOR WATER RESOURCES DEPT.
LL1033	08/27/10	PROPERTY LINE ADJUSTMENT
LL1027	07/06/10	LOT LINE ADJUSTMENT
LL1028	07/06/10	LOT LINE ADJUSTMENT
LR0118	05/14/01	LR VERIFICATION

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WATER RESOURCES DEPT
SALEM, OREGON

DRAFT

LAKE 52337

(ORS 537.765 & OAR 690-205)

WELL LABEL # 1. 103888

START CARD # 206047

ORIGINAL LOG #

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

(1) LANDOWNER Owner Well I.D.
First Name David Last Name Roth
Company _____
Address PO Box 395
City Christmas Valley State OR Zip 97641

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

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other _____
Casing Gauge _____ Casing Diameter _____

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

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

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 460 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
24"	0	29'	Ben	0	29	48	Scks
14"	29	460					

How was seal placed: Method A B C D E
 Other Ben Ten
Backfill placed from _____ ft. to _____ ft. Material _____
filter pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Casing/Liner	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X	16"	+	1	29	.150	Y		X	

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

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

Perf	Scm	Casing	Liner	Screen Dia	From	To	Screen/Slot width	Slot length	# of slots	Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 160 Drawdown _____ Drill stem/Pump depth 460 Duration (hr) 1hr

Temperature 53° °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Lake Twp 22 N or S Range 20 E or W W.M.
Sec 3-4 NW 1/4 of the 42 1/4 Tax Lot 300
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 3 miles west of Hamilton Station turn south 2 mile.

(10) STATIC WATER LEVEL

Existing Well/Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	<u>7-1-11</u>			<u>142'</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
	<u>180</u>	<u>185</u>	<u>100'</u>			<u>142'</u>
	<u>360</u>	<u>380</u>	<u>1000'</u>			<u>142'</u>
	<u>460</u>	<u>460</u>	<u>1000'</u>			<u>142'</u>

(11) WELL LOG Ground Elevation

Material	From	To
top soil	0	2
gray Basalt	2	180
soft clay stone	180	240
Brown Lava Rock	240	290
Pumice and gray clay	290	360
white Pumice w.B	360	380
pink Pumice	380	420
white Pumice w.B	420	460

Date Started 6-21-11 Completed 7-1-11

(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 _____ Date _____
Signed _____

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
License Number 1654 Date 8-1-11
Signed [Signature]
Contact Info. (optional) _____

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SALEM, OREGON

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

19.3
 SALEM, OREGON
 HAMPTON WATER RESOURCES DEPT

JUN 17 1992

415/COE/2
 23132

(1) OWNER:

Name R. L. Coats
 Address P.O. Box 1008
 City Bend State Ore Zip 97707

Well Number: 2

(9) LOCATION OF WELL by legal description:

County Deschutes Latitude _____ Longitude _____
 Township 21S Nor S, Range 10 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

(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.
 Yes No
 Explosives used Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
28	0 20	Concrete	0 20	2 Cuypts.	
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:

Casing/Liner	Diameter	From	To	Gauge	Material			
					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 shos(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
60	396	1/8x3/16	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
2200	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: _____

(10) STATIC WATER LEVEL:

140 ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch. Date DEC 19 2011

(11) WATER BEARING ZONES:

Depth at which water was first found _____ WATER RESOURCES DEPT
 SALEM, OREGON

From	To	Estimated Flow Rate	SWL
210	396	3000	140

(12) WELL LOG:

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	
Grey Rock	165	175	
" "	175	182	
" "	182	188	
Hard Grey 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, 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. I work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge at belief.

Signed _____ WWC Number _____
 Date _____

2934

2/15/88 3/60
1/21

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

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

(2) TYPE OF WORK:
 New Well Deepen Recandition 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 Type _____ Amount _____

HOLE			SEAL			Amount
meter	From	To	Material	From	To	sacks or pounds
10	0	18	Cement	0	13	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:

Diameter	From	To	Gauge	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 Bailor Air Flowing Artesian
Yield gal/min 50 Drawdown 0 Drill stem at _____ Time 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 Nor 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 _____

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 62285 Skyline Ranch Rd
 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 _____ ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
20"	0	20'	Concrete	0	20'	26.42
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	Telepipe size	Casing	Liner
140	396	5/8 x 3	3780	16"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
1800	33'	194'	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: _____

SALEM, OREGON
 (9) LOCATION OF WELL by legal description:
 County Deschutes Latitude _____ Longitude _____
 Township 21 N or S Range 20 E or W. W1
 Section 35 NW 1/4 SW 1/4
 Tax Lot 2400 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 5400 Harmon Brothers, Ore.

(10) STATIC WATER LEVEL:
137 ft. below land surface. Date 4-12-
 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
161	396	2000 Gaffard

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

Material	From	To	SV
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	16
Sand Stone + Gravel	161	252	13
Sand + Gravel	252	250	
Sand pocket	250	265	
Sand + Gravel	265	267	
Hard Rock	267	267	
Sand Stone + Gravel	267	292	
Rock (Grey)	292	301	
Sand stone + Grey Rock	301	323	
Layers Rock + Sandstone	323	323	
Sand Stone + Gravel	323	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 871 Date 12-22

(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 871 Date 12-

**STATE OF OREGON
WATER SUPPLY WELL REPORT**
(as required by ORS 531.765)

AUG 1 2003

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

WATER RESOURCES DEPT.

Desc
54624

ILL.D.# L 133550 53582
START CARD # 133550

(1) OWNER:

Name Roth's Farm Well Number _____
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			Sacks or pounds
Diameter	From	To	Material	From	To	
34"	0	32 1/2	Cement			70 Sack
16"	32 1/2	350	Bentone			80 Sack

How was seal placed: Method A B C D E

Other 3/8" hole 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	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"/>

(7) PERFORATIONS/SCREENS:

Perforations		Screens	
From	To	From	To

(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 gal/min	Drawdown	Drill stem at	Artesian Time
2000 gpm	10'		4 hr.

Temperature of water 58' 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 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 of _____ 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

(12) WELL LOG:

Material	From	To	SWL
TOP SOIL	0	2	
Brown Sand Stone	2	79	
Brown Red ish Lava	79	115	
Hard			
Equal Rock	115	280	WB
Plumice	280	295	WB
DRYER Lava Rock	285	346	WB
DRYER Lava Rock	346	350	WB

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 8-19-03

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

FF 7 0 2003

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 Christmas Lake 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 410 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
20"	0	35	concrete	0	35	25 sacks
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 shoe(s) _____

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

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

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
150 +		410	2 hr

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 _____

(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	380	1500 +	151

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	2	
Hard Blown Sandstone	2	90	
Lava Rock	90	240	
Pumice	240	260	
Blown Layer	260	265	
Gray loam	265	280	
Blown Layer	280	293	
Blown sand stone	293	300	
Cony with loam	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 Thadde Date 2-17-03

desu
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"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<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 Bailer 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: _____

(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 1/4 SW 1/4
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	300	

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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

Sheet1

	Township	Range	Section	¼ ¼	Acres	Taxlot
1 Rockchuck	22 S	20 E		4 NE SW	10.32	600
	22 S	20 E		4 SE SW	25.89	500
	22 S	20 E		4 NW SE	2.07	500
	22 S	20 E		4 SW SE	33.73	500
	22 S	20 E		4 SE SE	2.06	500
	22 S	20 E		9 NE NW	6.83	803
	22 S	20 E		9 NW NE	26.75	500
	22 S	20 E		9 NE NE	12.09	300
	Total Acres					119.74

	Township	Range	Section	¼ ¼	Acres	Taxlot
2 Dusty Flats	22 S	20 E		9 NW NW	1.99	500
	22 S	20 E		9 NE NE	11.57	300
	22 S	20 E		9 SW NE	23.06	500
	22 S	20 E		9 SE NE	40.89	500
	22 S	20 E		9 NW SE	8.51	500
	22 S	20 E		9 NE SE	24.46	500
	22 S	20 E		10 NW NW	0.27	300
	22 S	20 E		10 SW NW	12.16	300
	22 S	20 E		10 NW SW	3.11	500
	Total Acres					126.02

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 WATER RESOURCES DEPT
 SALEM, OREGON

Sheet2

	Township	Range	Section	¼ ¼	Acres	Taxlot
3 Lizard Creek	22 S	20 E		3 NW SW	4.35	300
	22 S	20 E		3 NE SW	27.67	300
	22 S	20 E		3 SW SW	22.46	300
	22 S	20 E		3 SE SW	39.7	300
	22 S	20 E		10 NW NW	18.53	300
	22 S	20 E		10 NE NW	40.19	300
	22 S	20 E		10 SW NW	0.31	300
	22 S	20 E		10 SE NW	14.06	805
					Total Acres	167.27

	Township	Range	Section	¼ ¼	Acres	Taxlot
4 Gravel Pivot	22 S	20 E		9 NW SW	1.51	804
	22 S	20 E		9 NE SW	34.35	500
	22 S	20 E		9 SW SW	1.46	804
	22 S	20 E		9 SE SW	36.01	500
	22 S	20 E		9 NW SE	25.85	500
	22 S	20 E		9 SE SE	26.25	805
						Total Acres

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 WATER RESOURCES DEPT
 SALEM, OREGON

Sheet3

	Township	Range	Section	¼ ¼	Acres	Taxlot
5 Dirt Tank	22 S	20 E	10	SW NW	7.31	300
	22 S	20 E	10	SE NW	9.5	805
	22 S	20 E	10	NW SW	31.34	500
	22 S	20 E	10	NE SW	37.36	500
	22 S	20 E	10	SW SW	7.67	805
	22 S	20 E	10	SE SW	10.16	805
					Total Acres	103.34

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WATER RESOURCES DEPT
SALEM, OREGON



12/13/2011 10:22:34 AM

D-D Cnt=1 Str=2 TM
\$5.00 \$11.00 \$15.00 \$10.00 \$5.00

Warranty Deed to correct and supercede deed of
January 12, 2011 recorded in vol. 2011 at page 40015
Deschutes County Deed Records

KNOW ALL MEN BY THESE PRESENTS, That David Roth and Janette Roth hereinafter called the grantor, for the consideration hereinafter stated, to grantor paid by Stephen F. Roth and Clancy R. Roth husband and wife hereinafter called the grantee, does hereby grant, bargain, sell and convey unto the grantee and grantee's heirs, successors and assigns, that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in Deschutes County, State of Oregon, described as follows, to-wit:

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WATER RESOURCES DEPT
SALEM, OREGON

Township 22 South Range 20, East Willamette Meridian, Deschutes County Oregon

Section 12: Beginning at a point on the west line of the section which is 637.30± north of the W ¼ corner of Section 12; thence South along the west line of the section to the SW corner of section 12; thence east to the S ¼ corner; thence north along the center line of the section to the NW corner of SW ¼ SE ¼; thence east to the NE corner of SW ¼ SE ¼; thence south to the SE corner of SW ¼ SE ¼; thence east to the SE corner of section 12; thence N 00°14'00" E - 2638.68± along the east line to the E ¼ corner; thence N 00°12'00" E - 1329.39± along the east line; thence N 89°46'00" W - 49.31±; thence S 34°36'34" W - 668.18±; thence S 39°10'00" W - 1012.14±; thence S 66°03'10" W - 1104.92±; thence N 89°23'02" W - 1298.21±; thence N 56°28'57" W - 1214.65±; thence N 52°24'45" W - 752.82± to the Point of Beginning. 258.7± Acres

Subject to road and utility easements

To Have and to Hold the same unto the grantee and grantee's heirs, successors and assigns forever. And grantor hereby covenants to and with grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized in fee simple of the above granted premises, free from all encumbrances and that grantor will warrant forever and defend the premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever.

The true and actual consideration paid for this transfer consists of other property given which is the whole consideration.

In Witness Whereof, the grantor has executed this instrument this 15th day of November 2011

Grantor's Name and Address:
David and Janette Roth
PO Box 358
Christmas Valley OR, 97641
Return & send all tax statements to Grantee:
Stephen and Clancy Roth
41600 HWY20
Brothers, OR 97712

This instrument will not allow use of the property described in this instrument in violation of applicable land use laws and regulations. Before signing or accepting this instrument, the person acquiring fee title to the property should check with the appropriate city or county planning department to verify approved uses and to determine any limits on lawsuits against farming or forest practices as defined in ORS 30.930.

"Grantor"

David D. Roth

By: *David D. Roth*

Janette K. Roth

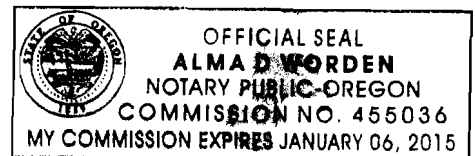
By: *Janette K. Roth*

STATE OF OREGON)
)ss.
County of Lake)

This instrument was acknowledged before me this 15th day of November, 2011 by David Roth

This instrument was acknowledged before me this 15th day of November, 2011 by Janette Roth

Alma D. Worden
Notary Public For Oregon
My Commission expires: 1/6/2015
Commission No.: 455036



Sheet1

	Township	Range	Section	¼ ¼	Acres	Taxlot
1 Rockchuck	22 S	20 E	4	NE SW	10.32	600
	22 S	20 E	4	SE SW	25.89	500
	22 S	20 E	4	NW SE	2.07	500
	22 S	20 E	4	SW SE	33.73	500
	22 S	20 E	4	SE SE	2.06	500
	22 S	20 E	9	NE NW	6.83	803
	22 S	20 E	9	NW NE	26.75	500
	22 S	20 E	9	NE NE	12.09	300
					Total Acres	119.74

	Township	Range	Section	¼ ¼	Acres	Taxlot
2 Dusty Flats	22 S	20 E	9	NW NW	1.99	500
	22 S	20 E	9	NE NE	11.57	300
	22 S	20 E	9	SW NE	23.06	500
	22 S	20 E	9	SE NE	40.89	500
	22 S	20 E	9	NW SE	8.51	500
	22 S	20 E	9	NE SE	24.46	500
	22 S	20 E	10	NW NW	0.27	300
	22 S	20 E	10	SW NW	12.16	300
	22 S	20 E	10	NW SW	3.11	500
					Total Acres	126.02

Sheet2

	Township	Range	Section	¼ ¼	Acres	Taxlot
3 Lizard Creek	22 S	20 E		3 NW SW	4.35	300
	22 S	20 E		3 NE SW	27.67	300
	22 S	20 E		3 SW SW	22.46	300
	22 S	20 E		3 SE SW	39.7	300
	22 S	20 E		10 NW NW	18.53	300
	22 S	20 E		10 NE NW	40.19	300
	22 S	20 E		10 SW NW	0.31	300
	22 S	20 E		10 SE NW	14.06	805
					Total Acres	167.27

	Township	Range	Section	¼ ¼	Acres	Taxlot
4 Gravel Pivot	22 S	20 E		9 NW SW	1.51	804
	22 S	20 E		9 NE SW	34.35	500
	22 S	20 E		9 SW SW	1.46	804
	22 S	20 E		9 SE SW	36.01	500
	22 S	20 E		9 NW SE	25.85	500
	22 S	20 E		9 SE SE	26.25	805
						Total Acres

Sheet3

	Township	Range	Section	¼ ¼	Acres	Taxlot
5 Dirt Tank	22 S	20 E	10	SW NW	7.31	300
	22 S	20 E	10	SE NW	9.5	805
	22 S	20 E	10	NW SW	31.34	500
	22 S	20 E	10	NE SW	37.36	500
	22 S	20 E	10	SW SW	7.67	805
	22 S	20 E	10	SE SW	10.16	805
					Total Acres	103.34

Pivot Ordinations

	Distance from SE Corner Section 9
1 Rockchuck Well	6174 ft North and 1632 ft West
2 Dusty Flats Well	4400 Ft North and 427 ft East
3 Lizard Creek Well	4005 ft North and 701 ft East
4 Gravel Pit Pivot Well 1	3857 ft North and 615 ft East
5 Gravel Pit Pivot Well 2	1896 ft North and 123 ft East
6 Dirt Tank Well	3416 ft North and 546 ft East