

Minimum Requirements Checklist

Minimum Requirements (OAR 690-310-0040, OAR 690-310-0050 & ORS 537.615)

Include this checklist with the application

Check that each of the following items is included. The application will be returned if all required items are not included. If you have questions, please call the Water Rights Customer Service Group at (503) 986-0900.

- SECTION 1: applicant information and signature
- SECTION 2: property ownership
- SECTION 3: well development
- SECTION 4: water use
- SECTION 5: water management
- SECTION 6: storage of groundwater in a reservoir
- SECTION 7: use of stored groundwater from the reservoir
- SECTION 8: project schedule
- SECTION 9: within a district
- SECTION 10: remarks

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SALEM, OREGON

Attachments:

- Land Use Information Form with approval and signature (*must be an original*) or signed receipt
- Provide the legal description of: (1) the property from which the water is to be diverted, (2) any property crossed by the proposed ditch, canal or other work, and (3) any property on which the water is to be used as depicted on the map. Example: A copy of the deed, land sales contract or title insurance policy.
- Fees - Amount enclosed: \$3900 + \$600
See the Department's Fee Schedule at www.oregon.gov/owrd or call (503) 986-0900.

Provide a map and check that each of the following items is included:

- Permanent quality and drawn in ink
- Even map scale not less than 4" = 1 mile (example: 1" = 400 ft, 1" = 1320 ft, etc.)
- North Directional Symbol
- Township, Range, Section, Quarter/Quarter, Tax Lots
- Reference corner on map
- Location of each well, and/or dam if applicable, by reference to a recognized public land survey corner (distances north/south and east/west). Each well must be identified by a unique name and/or number.
- Indicate the area of use by Quarter/Quarter and tax lot clearly identified
- Number of acres per Quarter/Quarter and hatching to indicate area of use if for primary irrigation, supplemental irrigation, or nursery
- Location of main canals, ditches, pipelines or flumes (if well is outside of the area of use)
- Other _____

Superseded

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- Township, Range, Section, Quarter/Quarter, Tax Lots
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- Number of acres per Quarter/Quarter and hatching to indicate area of use if for primary irrigation, supplemental irrigation, or nursery
- Location of main canals, ditches, pipelines or flumes (if well is outside of the area of use)
- Other _____

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 ANDY ROOT			PHONE (HM)
PHONE (WK) 541-573-3645	CELL		FAX
ADDRESS 524 N. HWY 20			
CITY HINES	STATE OR	ZIP 97738	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 ALL POINTS ENGINEERING & SURVEYING, INC.			PHONE 541-548-5833	FAX 541-585-4602
ADDRESS P.O. BOX 767			CELL 541-420-0401	
CITY TERREBONNE	STATE OR	ZIP 97760	E-MAIL* SCOTT@APEANDS.COM	

Note: Attach multiple copies as needed

* By providing an e-mail address, consent is given to receive all correspondence from the department electronically. (paper copies of the final order documents will also be mailed.)

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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.

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


Applicant Signature

Andy Root, Owner
Print Name and title if applicable

5-25-12
Date

Applicant Signature

Print Name and title if applicable

Date

For Department Use		
App. No. <u>G-17561</u>	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
9	Harney Lake		
10	Harney Lake		
11	Harney Lake		
12	Harney Lake		
13	Harney Lake		
14	Harney Lake		
15	Harney Lake		

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*).

These 7 wells are needed as they to be connected into a single irrigation system.

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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).

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

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SECTION 3: WELL DEVELOPMENT, CONTINUED

Source (aquifer), if known: Harney Lake Basin

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SALEM, OREGON

Total maximum rate requested: 5.9 cfs (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)
9	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HARN 51448	<input type="checkbox"/>	14"	+2' TO -92'		0'-20'	100.99 11/8/2011	Basalt	200'	4000	
10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HARN 51765	<input type="checkbox"/>	14"	+1.5' TO -60'		0'-18';	104 2/3/2011	Basalt	167'	2500	
11	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HARN 51760	<input type="checkbox"/>	14"	+2' TO -102'		0'-24'	104 1/21/2011	Basalt	195'	2500	
12	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HARN 51817	<input type="checkbox"/>	14"	+2' TO 108'		0'-18'	78.23 11/8/2011	Basalt	170'	2500	
13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HARN 51445	<input type="checkbox"/>	14"	+0' TO -35'		0'-35'	107.58 11/8/2011	Sand & Gravel	280'	1000	
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HARN 51871	<input type="checkbox"/>	14"	+2 TO -94		0 - -18	94' 8/15/2012	Sand & Cinder	232'	800	
15	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HARN 51970	<input type="checkbox"/>	14"	+2 TO -183		0 - -18	107' 9/27/2013	Sand & Cinder	310'	1000	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									

* 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: Harney Lake Basin

Total maximum rate requested: 5.9 cfs (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.

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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)
9	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HARN 51448	<input type="checkbox"/>	14"	+2' TO - 92'		0'-20'	100.99 11/8/2011	Basalt	200'	4000	
10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HARN 51765	<input type="checkbox"/>	14"	+1.5' TO -60'		0'-18';	104 2/3/2011	Basalt	167'	2500	
11	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HARN 51760	<input type="checkbox"/>	14"	+2' TO - 102'		0'-24'	104 1/21/2011	Basalt	195'	2500	
12	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HARN 51817	<input type="checkbox"/>	14"	+2' TO 108'		0'-18'	78.23 11/8/2011	Basalt	170'	2500	
13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HARN 51445	<input type="checkbox"/>	14"	+0' TO - 35'		0'-35'	107.58 11/8/2011	Sand & Gravel	280'	1000	
	<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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 *** Source aquifer examples: Troutdale Formation, gravel and sand, alluvium, basalt, bedrock, etc.

SECTION 4: WATER USE

USE	PERIOD OF USE	ANNUAL VOLUME (ACRE-FEET)
Irrigation	March 1 to October 31	1068

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: 355.9 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: 1068

- 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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A. Diversion and Conveyance

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

- Pump (give horsepower and type): 4 Turbines w/ 250 hp & 1 Turbine w/ 75 hp
- Other means (describe): _____

Provide a description of the proposed means of diversion, construction, and operation of the diversion works and conveyance of water. Turbine pumps, buried mainlines, & center pivots with drop tubes

B. Application Method

What equipment and method of application will be used? (e.g., drip, wheel line, high-pressure sprinkler)
Low pressure drop tubes from 9 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.

The amount of water requested is what is required to meet peak evapotranspiration rates of crops grown.

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: _____

G-17561

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: Spring 2012

Date construction will be completed: Fall 2012

Date beneficial water use will begin: Upon permit approval

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SECTION 9: WITHIN A DISTRICT

Check here if the point of diversion or place of use are located within or served by an irrigation or other water district.

Irrigation District Name	Address	
City	State	Zip

SECTION 10: REMARKS

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

The rate of 1/60 cfs per acre is requested to meet the rate required to meet evapotranspiration rates of crops grown.

6-17561

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: Andy

First

Root

Last

Mailing Address: 524 N Hwy 20

Hines

City

OR

State

97738

Zip

Daytime Phone: 541-573-3615

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:
25S	30E	29		2600	EFU	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	EFU
25S	30E	29	NW	3000	EFU	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	EFU
25S	30E	32	NW	601	EFU	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	EFU
25S	30E	32	NW	3200	EFU	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	EFU
25S	30E	32	NE	3300	EFU	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	EFU
25S	30E	33	SW	2500	EFU	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	EFU
25S	30E	33	SE	3600	EFU	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	EFU
25S	30E	34	SW	2002	EFU	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	EFU
26S	30E	3&4		800	EFU	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	EFU
26S	30E	4	NW	900	EFU	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	EFU
26S	30E	4	SW	1000	EFU	<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	EFU
26S	30E	4	SW	1100	EFU	<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	EFU
26S	30E	4	SE	1200	EFU	<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	EFU
26S	30E	4&5		1300	EFU	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	EFU

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

Harney County	<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="font-weight: bold; font-size: 1.1em;">JUN 07 2012</div>
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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: 1068 cubic feet per second gallons per minute acre-feet

G-17561

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

Briefly describe:

Proposed water use is for irrigating new fields of crops.



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

See bottom of Page 3. →

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For Local Government Use Only

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

Please check the appropriate box below and provide the requested information

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

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

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

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

Brandon McMurter - Director Planning Dept.

Name: _____ Title: _____

Signature: *AWL*

Phone: *(541) 573-6655* Date: *5/11/2012*

Government Entity: *Hessway 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: _____

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Date _____

(For staff use only)



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

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- SECTION 1: _____
- SECTION 2: _____
- SECTION 3: _____
- SECTION 4: _____
- SECTION 5: _____
- SECTION 6: _____
- SECTION 7: _____
- SECTION 8: _____
- SECTION 9: _____
- Land Use Information Form _____
- Provide the legal description of: (1) the property from which the water is to be diverted, (2) any property crossed by the proposed ditch, canal or other work, and (3) any property on which the water is to be used as depicted on the map.
- Fees _____

MAP

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SALEM, OREGON**

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5

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

WELL ID. # L 26615
START CARD # 155763

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

(1) LAND OWNER Name Andy Root Well Number _____
Address PO Box 946
City Burns State OR Zip 97720

(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 125 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
20	0 38	Bent	0 38	2.7	3 sacks
16	38 108	Cement	25 108	6 yds	
14	108 125				

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: 16	42	38	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	25	108	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"/>

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

(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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
1000+	51	125	3 hr.

Temperature of water 63 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Yes No
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Harney Latitude _____ Longitude _____
Township 25 S N 0 Range 30 E E. W. WM.
Section 33 SW 1/4 NE 1/4
Tax Lot 3600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1 Mi west of End of Warren Springs Burns, OR.

(10) STATIC WATER LEVEL:
74 ft. below land surface, Date 1-18-05
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
117	125	1000+	74

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top Soil	0	8	-
Brown Sand			
stone	8	21	-
Brown Clay	21	90	-
stone			
Brown Fractured			
Basalt	90	100	-
Hard Gray			
Basalt	100	117	-
Red Brown			
Gray Gypsum			
w/white			
Clay (w/)	117	125	74
Hard Brown			
Basalt	125	130	74

Date started 1-12-05 Completed 1-18-05
(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
WVC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
WVC Number 1521
Signed Donald A. Reed Date 1-18-05

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WATER RESOURCES DEPT
SALEM, OREGON

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WATER RESOURCES DEPT
SALEM, OREGON

G-17561

Amendment

HARN 51445

13

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 337.765 & OAR 690-205-0210)

WELL LABEL # L _____
START CARD # 189552

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

(1) LAND OWNER
Owner Well I.D. _____
First Name _____ Last Name _____
Company Mr. Mike Stahl ELFA Land Reclamation
Address 524 Hwy 20
City Albion State IL Zip 91338

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
Depth of Completed Well 280 ft.

BORE HOLE			SEAL			
Dis.	From	To	Material	From	To	Amount (cubic ft)
0	0	32	GRAVEL	0	32	84

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes. Type _____ Amount _____

(6) CASING/LINER

Casing/Liner	Dis.	From	To	Change	Steel	Plastic	Welded	Thrd
X	16"	0	35	1.50	X		X	

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

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

Perf	Screen	Casing	Screen	From	To	Screen slot width	Slot length	# of slots	Tele pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Baller Air Flowing Artesian
Yield gal/min 1000 Drawdown 170 Drill rate/turn depth 7hr
Duration (hr) _____

Temperature 50 °F Lab analysis Yes By _____
Water quality concern? Yes (describe below)
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
County HARNEY Twp 25 N or S Range 30 E or W W.M.
Sec 33 6E 1/4 of the 6E 1/4 1/4 Lot 7700
Tax Map Number _____ Lot _____
Lat _____ or _____ DMS or DD
Long _____ or _____ DMS or DD
Street Address of Well (or nearest address) No Address
5519th

(10) STATIC WATER LEVEL

	Date	SWL (psi)	SWL (ft)
Basing Well/Predeepening	<u>2-6-08</u>		<u>92</u>
Completed Well			

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>2-10-08</u>	<u>100</u>	<u>190</u>	<u>100w</u>		<u>91</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
Top Soil	0	2
Sand gravel	2	15
Black Sand Stone	15	40
Blue Clay	40	140
Plastic Clay	140	170
Tan Clay	170	275
Sand gravel	175	280

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WATER RESOURCES DEPT
SALEM, OREGON
Date Started 1-22-08 Completed 2-10-08

(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 4-23-08
Signed _____
Contact info. (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT ONE COPY FOR CONSTRUCTOR ONE COPY FOR CUSTOMER
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK 10/16/2006

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WATER RESOURCES DEPT
SALEM OREGON

HARN 51445

STATE OF OREGON WATER SUPPLY WELL REPORT

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

WELL LABEL # L _____

START CARD # 189552

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

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company RATTLE Snake Creek Land & CATTLECO
 Address 524 Hwy 20
 City Albion State OR Zip 97138

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
 Depth of Completed Well 280 ft.

BORE HOLE				SEAL				Amount	Scks/lbs
Dip	From	To	Material	From	To				
20'	C	35	CEMENT	C	35	2'			
144	35	280							

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing/Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X	14"	+	59	60	.250	X		X	

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

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type _____ Material _____

Perf	Scrn	Casing	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
 Yield gal/min 1000 Drawdown 190' Drill stem/Pump depth _____ Duration (hr) 4hr

Temperature 50 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County HARNEY Twp 25 N or S Range 30 E or W W.M.
 Sec 33 NE 1/4 of the NE 1/4 Tax Lot 3700
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street Address of Well (or nearest address) NO ADDRESS
45519th

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening	<u>2-6-08</u>			<u>92</u>
Completed Well				

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>2-6-8</u>	<u>140</u>	<u>190</u>	<u>1000-</u>			<u>92'</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
TOP SOIL	0	2
Sand gravel	2	25
Black sand stone	25	90
Blanc clay	90	140
PUH 90 & clay	140	190
Fine clay	190	275
Sand gravel	275	280

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WATER RESOURCES DEPT SALEM, OREGON **WATER RESOURCES DEPT SALEM, OREGON**

Date Started 1-27-08 Completed 2-10-08

(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 4-23-08

Signed _____

Contact Info. (optional) _____

G-17561

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

02-02-2011

WELL LABEL # L 102534

START CARD # 1012337



(1) LAND OWNER Owner Well I.D. 18
First Name Andy Last Name Root
Company ACW
Address 524 N Hwy 20 PO Box 3
City Burns State Or Zip 97720

(2) TYPE OF WORK [X] New Well [] Deepening [] Conversion
[] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD
[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

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

(5) BORE HOLE CONSTRUCTION Special Standard [] Attach copy
Depth of Completed Well 195.00 ft.

Table with columns: Dia, From, To, Material, SEAL, To, Aml, sacks/lbs. Row 1: 18, 0, 24, Bentonite, 0, 24, 80, S

How was seal placed: Method [] A [] B [] C [] D [] E

[X] Other Poured dry & tamp

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: [] Yes Type Amount

(6) CASING/LINER table with columns: Casing Liner, Dia, From, To, Gauge, St, Plstc, Wld, Thrld

Shoe [] Inside [] Outside [] Other Location of shoe(s)

Tamp casing [] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method Screens Type Material

Table with columns: Perf's Casing/Screen, Dia, From, To, Sern/slot width, Slot length, # of slots, Tele pipe size

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

[X] Pump [] Bailor [] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/pump depth, Duration (hr)

Temperature 60 °F Lab analysis [] Yes By

Water quality concerns? [] Yes (describe below)

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

(9) LOCATION OF WELL (legal description)
County Hamey Twp 26.00 S N/S Range 30.00 E E/W WM
Sec 3 NW 1/4 of the NW 1/4 Tax Lot 800
Tax Map Number Lot
Lat 0 or DMS or DD
Long 0 or DMS or DD
[] Street address of well [] Nearest address
29062 Weaver Springs Road

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)
Existing Well / Predeepening
Completed Well 01-28-2011 104
Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft)

(11) WELL LOG table with columns: Material, From, To, Ground Elevation

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(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
Electronically Filed
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 1424 Date 02-02-2011
Electronically Filed
Signed TIMOTHY K RILEY (E-filed)
Contact Info (optional)

G-17561

HARN 51765

10

STATE OF OREGON
WATER SUPPLY WELL REPORT
(As required by ORS 537.765 & OAR 690-205-0210)

HARN 51765

02-18-2011

Page 1 of 1

WELL LABEL # L 102536

START CARD # 1012414

(1) LAND OWNER

Owner Well I.D. well 21
First Name Andy Last Name Root
Company ACW
Address PO Box 3
City Burns State OR Zip 97720

(2) TYPE OF WORK

New Well Deepening Conversion
Alteration (repair/recondition) Abandonment
Rotary Air Rotary Mud Cable Auger Cable Mud
Reverse Rotary Other

(4) PROPOSED USE

(5) BORE HOLE CONSTRUCTION

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, sacks/lbs. Includes data for Bentonite Chips.

How was seal placed: Method A B C D E
Other poured dr & tamped
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: Yes Type Amount

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Sil, Plate, Wld, Thrd. Includes data for 14 inch casing.

Shoe Inside Outside Other Location of shoe(s)
Temp casing Yes Dia From To

(7) PERFORATIONS/SCREENS

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

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

Table with columns: Pump, Bailer, Air, Flowing Artesian, Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr).

Temperature 60 F Lab analysis Yes By
Water quality concerns? Yes (describe below)
From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County Harney Twp 26.00 S N/S Range 30.00 E E/W WM
Sec 3 NW 1/4 of the NW 1/4 Tax Lot 800
Tax Map Number Lot
Lat 0 0 " or DMS or DD
Long 0 0 " or DMS or DD
Street address of well Nearest address
29062 Weaver Spring Road

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Predeepening, Date, SWL(psi), SWL(ft). Includes data for 02-11-2011.

WATER BEARING ZONES

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Includes data for 02-11-2011.

(11) WELL LOG

Table with columns: Material, From, To. Includes entries like Topsoil sand loam, Sand cinders, Clay cinders, etc.

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MAY 12 2011

WATER RESOURCES DEPT SALEM, OREGON

WATER RESOURCES DEPT SALEM, OREGON

Date Started 02-03-2011 Completed 02-11-2011

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards.

License Number Date
Electronically Filed
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.

License Number 1424 Date 02-18-2011
Electronically Filed
Signed TIMOTHY K RILEY (E-filed)
Contact Info (optional)

G-17561

20032521

WARRANTY DEED

DENNY LAND & CATTLE CO., L.L.C., Grantor(s) hereby grant, bargain, sell, warrant and convey to: RAFFISHAWK CREEK LAND & CATTLE COMPANY, LLC, Grantee(s) and grantee's heirs, successors and assigns the following Described real property, free of encumbrances except as specifically set forth herein in the County of HARNEY and State of Oregon, to wit:

SEE EXHIBIT A WHICH IS MADE A PART HEREOF BY THIS REFERENCE

TAX: SEE ATTACHED EXHIBIT B

Grantor is lawfully seized in fee simple on the above granted premises and SUBJECT TO: all those items of record and those apparent upon the land, if any, as of the date of this deed and those shown below, if any:

and the grantor will warrant and forever defend the said premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

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.

The true and actual consideration for this conveyance is \$1,200,000.00.

Until a change is requested, all tax statements shall be sent to Grantee at the following address: PO BOX 946, HURNS, OR 97720

Dated this 4th day of March, 2012

DENNY LAND & CATTLE CO., L.L.C., a California Limited Liability Company, by its Member-Managers:

By: GEORGE P. DENNY, III TRUST dated June 11, 1981, MEMBER

By: [Signature]
George P. Denny, III, Trustee of the George P. Denny III Trust

By: DENNY TRUCKING CORP., a California Corporation, MEMBER

By: [Signature]
George P. Denny, III, as its President

State of Massachusetts
County of Essex

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WATER RESOURCES DEPT
SALEM, OREGON

This instrument was acknowledged before me on 12 4 2012 by George P. Denny, III, as Trustee of the George P. Denny, III Trust dated June 11, 1981 as a MEMBER of DENNY LAND & CATTLE CO., L.L.C. and President of DENNY TRUCKING CORP., a California Corporation, as a MEMBER of DENNY LAND & CATTLE CO., L.L.C.

[Signature]
(Notary Public)

My commission expires 12/2/15

ESCROW NO. 200016503

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JUN 11 2012

WATER RESOURCES DEPT
SALEM, OREGON

INSTRUMENT # 2003 1521

EXHIBIT "A"

Land in Harney County, Oregon, as follows:

TITLE "A"

In Twp. 25 S., R. 30 E., W.M.:

Sec. 28: SW $\frac{1}{4}$ NW $\frac{1}{4}$, W $\frac{1}{2}$ SW $\frac{1}{4}$, SE $\frac{1}{4}$ SW $\frac{1}{4}$, S $\frac{1}{2}$ SE $\frac{1}{4}$.

Sec. 29: S $\frac{1}{2}$ NE $\frac{1}{4}$, SE $\frac{1}{4}$ NW $\frac{1}{4}$, E $\frac{1}{2}$ SW $\frac{1}{4}$, SE $\frac{1}{4}$.

Sec. 32: NE $\frac{1}{4}$, NE $\frac{1}{4}$ NW $\frac{1}{4}$, S $\frac{1}{2}$ S $\frac{1}{2}$, NE $\frac{1}{4}$ SE $\frac{1}{4}$.

Sec. 33: W $\frac{1}{2}$, SE $\frac{1}{4}$, S $\frac{1}{2}$ NE $\frac{1}{4}$, NW $\frac{1}{4}$ NE $\frac{1}{4}$.

Sec. 34: A parcel of land located in the S $\frac{1}{2}$ of Sec. 34, more particularly described as follows:

Parcel No. 1 of Partition Plat No. 90-09-08, recorded September 6, 1990, Instrument No. 901262, Harney County, Plat Records.

SW $\frac{1}{4}$ SW $\frac{1}{4}$, NW $\frac{1}{4}$, EXCEPTING THEREFROM right of way over the N $\frac{1}{2}$ NW $\frac{1}{4}$ conveyed to Harney County, Oregon, by deed recorded June 18, 1962, in Book 71, Page 355, Deed Records.

In Twp. 26 S., R. 30 E., W.M.:

Sec. 3: Government Lots 1, 2, 3 and 4, S $\frac{1}{2}$ N $\frac{1}{4}$, SW $\frac{1}{4}$, W $\frac{1}{2}$ SE $\frac{1}{4}$.

Sec. 4: Government Lots 1, 2, 3 and 4, S $\frac{1}{2}$ N $\frac{1}{4}$, N $\frac{1}{2}$ S $\frac{1}{4}$, S $\frac{1}{2}$ SE $\frac{1}{4}$, SW $\frac{1}{4}$ SW $\frac{1}{4}$.

Sec. 5: Government Lots 1, 2 and 3, S $\frac{1}{2}$ NE $\frac{1}{4}$, E $\frac{1}{2}$ SE $\frac{1}{4}$.

Sec. 8: E $\frac{1}{2}$ E $\frac{1}{4}$.

Sec. 9: All.

Sec. 10: NW $\frac{1}{4}$, W $\frac{1}{2}$ NE $\frac{1}{4}$, NW $\frac{1}{4}$ SW $\frac{1}{4}$.

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WATER RESOURCES DEPT
SALEM, OREGON

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JUN 11 2012

WATER RESOURCES DEPT
SALEM, OREGON

G-17452

INSTRUMENT # 2003 2521

EXHIBIT "B"

ACCOUNT #	CODE #	MAP #	LOT #
59238	4-2	25S 30E	2002
23029	4-2	25S 30E	2500
23024	4-2	25S 30E	2600
23025	4-2	25S 30E	2700
23022	4-2	25S 30E	3200
23027	4-2	25S 30E	3300
23596	4-2	25S 30E	3400
23597	4-2	25S 30E	3500
23023	4-2	25S 30E	3600
23637	4-2	25S 30E	3700
45031	4-2	26S 30NE	700
45033	4-2	26S 30NE	800
45090	4-2	26S 30NE	900
47576	4-2	26S 30NE	1000
45035	4-2	26S 30NE	1200
45034	4-2	26S 30NE	1300
45046	4-2	26S 30NE	2200
47596	4-2	26S 30NE	2500

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WATER RESOURCES DEPT
SALEM, OREGON

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SALEM, OREGON