

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
- N/A SECTION 6: storage of groundwater in a reservoir
- N/A SECTION 7: use of stored groundwater from the reservoir
- SECTION 8: project schedule
- SECTION 9: within a district
- SECTION 10: remarks

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: \$ 2500
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 _____

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APR 14 2016

SALEM, OR

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 <i>David Brodkey</i>		PHONE (HM) <i>503-206-5864</i>	
PHONE (WK) <i>541-708-3869</i>	CELL <i>703-678-8696</i>	FAX	
ADDRESS <i>4135 NE 14th Ave</i>			
CITY <i>Portland</i>	STATE <i>OR</i>	ZIP <i>97211</i>	E-MAIL* <i>DaBrodkey@yahoo.com</i>

Organization Information

NAME <i>Chosen Ventures, LLC</i>		PHONE <i>541-703-3869</i>		FAX	
ADDRESS <i>1467 Siskiyou Blvd, #228</i>				CELL	
CITY <i>Ashland</i>	STATE <i>OR</i>	ZIP <i>97520</i>	E-MAIL*		

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

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

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.

David Brodkey
Applicant Signature

David Brodkey (Director of Compliance) *3-24-16*
Print Name and title if applicable (Chosen Ventures) Date

Applicant Signature

Print Name and title if applicable

Date

For Department Use		
App. No. <i>G18283</i>	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).

Chosen Ventures, LLC
 1467 S. Highway Blvd, #228
 Ashland, OR 97520

You must 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.

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
900	Bear Creek	2328'	-200
901	Bear Creek	2612'	-160'
902	Bear Creek	1794'	-260

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).

See attached well log for 902 (Sack 20052)

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SECTION 3: WELL DEVELOPMENT, CONTINUED

Total maximum rate requested: 76 (each well will be evaluated at the maximum rate unless you indicate well-specific rates and annual volumes in the table below).

The table below must be completed for each source to be evaluated or the application will be returned. If this is an existing well, the 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 to obtain the necessary information.

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)
900	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	6"	+1 1/2 - 28 1/2	No	0-28 1/2'	Proposed	See well log 902	187'		
901	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	6"	+1 1/2 - 28 1/2	No	0-28 1/2'	Proposed	See well log 902	187'		
902	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Jack 2005Z	<input type="checkbox"/>	6"	+1 1/2 - 28 1/2	No	0-28 1/2'	21' (12/16/85)	See well log 902	187'		
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									

* 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)
Nursery Use	Year-round	130.5

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: _____ 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: _____

- 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)?

APR 14 2015

Pump (give horsepower and type): 3/4 Horsepower, Submerged

SALEM, OR

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)

_____ Drip

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. We will monitor water use with a water meter, and will only apply water when needed. Run-off will be minimized, and will be contained on the property.

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: _____

Gr-10203

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: ASAP
Date construction will be completed: ASAP
Date beneficial water use will begin: ASAP

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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 <u>Talent Irrigation District</u>	Address <u>104 W. Valley View Rd</u>	
City <u>Talent</u>	State <u>OR</u>	Zip <u>97540</u>

SECTION 10: REMARKS

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

— We wish to use the existing well on tax lot 902, and install new wells on tax lots 900 and 901 for nursery use on each lot.

G-18203

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 _____

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MAP

- 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 _____

SALEM OR

G-19283

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: David

First

Brookley
Last

Mailing Address: 1467 Siskiyow Blvd, #228

Ashland
City

OR
State

97520
Zip

Daytime Phone: 541-708-3869

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:
<u>38s</u>	<u>1E</u>	<u>33</u>	<u>NE/SE</u>	<u>900,901,902</u>	<u>EFU</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>Farm</u>
			<u>NW/SE</u>	↓	↓	<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	
			<u>SW/SE</u>	↓	↓	<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	
			<u>SE/SE</u>	↓	↓	<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	

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

Jackson

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: 130.5
 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 Nursery

Briefly describe:

Farm Use

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:	
439-14-00070-20N	3.13	<input checked="" 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.

Name: K. McQuinn Title: Planner I
 Signature: [Signature] Phone: 541-774-6907 Date: 04-11-2016
 Government Entity: Jackson 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: _____ RECEIVED BY OWRC
 City or County: _____ Staff contact: _____ APR 14 2016
 Signature: _____ Phone: _____ Date: _____ SALEM, OR



First American

Owner's Policy of Title Insurance

ISSUED BY

First American Title Insurance Company

POLICY NUMBER

2567552

Schedule A

Name and Address of Title Insurance Company:

First American Title Insurance Company, 1 First American Way, Santa Ana, CA 92707.

File No.: 7161-2567552

Address Reference: 1455 North Mountain Avenue and Amount of Insurance: \$830,000.00
1999 Eagle Mill Road, Ashland, OR 97520

Premium: \$1,384.00

Date of Policy: January 14, 2016 at 9:17 a.m.

1. Name of Insured:
Chosen Ventures, LLC
2. The estate or interest in the Land that is insured by this policy is:
Fee Simple
3. Title is vested in:
Chosen Ventures, LLC
4. The Land referred to in this policy is described as follows:

See Exhibit "A" attached hereto and made a part hereof

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APR 14 2016

SALEM, OR

G-10203



First American

ISSUED BY

First American Title Insurance Company

POLICY NUMBER

5011400-2567552

Exhibit A

File No.: 7161-2567552

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF Jackson, STATE OF OR, AND IS DESCRIBED AS FOLLOWS:

PARCEL 1:

THE WEST 17.2 ACRES OF LOT 21 OF ASHLAND ACRES, AS THE SAME IS DESIGNATED AND DELINEATED ON THE OFFICIAL PLAT THEREOF, RECORDED IN VOLUME 5, PAGE 17, PLAT RECORDS.

PARCEL 2:

ALL OF TRACT 22 OF ASHLAND ACRES, AS THE SAME IS DESIGNATED AND DESCRIBED ON THE OFFICIAL PLAT THEREOF, EXCEPT THE FOLLOWING DESCRIBED LAND: BEGINNING AT THE NORTHEAST CORNER OF TRACT 22 OF ASHLAND ACRES AND THE NORTHWEST CORNER OF TRACT 23 OF SAID ASHLAND ACRES, AS THE SAME IS DESIGNATED AND DESCRIBED ON THE OFFICIAL PLAT THEREOF; THENCE RUNNING SOUTH 970 FEET ALONG THE EAST LINE OF SAID TRACT 22; THENCE WESTERLY 500 FEET TO A POINT 970 FEET SOUTH OF THE NORTH LINE OF SAID TRACT 22; THENCE NORTH 970 FEET TO A POINT ON THE NORTH LINE OF SAID TRACT 22, A DISTANCE OF 500 FEET WESTERLY FROM THE POINT OF BEGINNING; THENCE EAST ALONG THE NORTH LINE OF SAID TRACT 22, A DISTANCE OF 500 FEET, MORE OR LESS, TO THE POINT OF BEGINNING.

PARCEL 3:

BEGINNING AT THE NORTHEAST CORNER OF TRACT 22 OF ASHLAND ACRES AND THE NORTHWEST CORNER OF TRACT 23 OF SAID ASHLAND ACRES, IN JACKSON COUNTY, OREGON, ACCORDING TO THE OFFICIAL PLAT THEREOF RECORDED IN VOLUME 5, PAGE 17 OF PLAT RECORDS; THENCE RUNNING SOUTH 970 FEET ALONG THE EAST LINE OF SAID TRACT 22; THENCE WESTERLY 500 FEET TO A POINT 970 FEET SOUTH OF THE NORTH LINE OF SAID TRACT 22; THENCE NORTH 970 FEET TO A POINT ON THE NORTH LINE OF SAID TRACT 22, A DISTANCE OF 500 FEET WESTERLY FROM THE POINT OF BEGINNING; THENCE EAST ALONG THE NORTH LINE OF SAID TRACT 22, A DISTANCE OF 500 FEET MORE OR LESS, TO THE POINT OF BEGINNING.

NOTE: This Legal Description was created prior to January 01, 2008.

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SALEM, OR

G-18283



First American

Owner's Policy of Title Insurance

ISSUED BY

First American Title Insurance Company

POLICY NUMBER

5011400-2567552

Owner's Policy

Any notice of claim and any other notice or statement in writing required to be given to the Company under this policy must be given to the Company at the address shown in Section 18 of the Conditions.

COVERED RISKS

SUBJECT TO THE EXCLUSIONS FROM COVERAGE, THE EXCEPTIONS FROM COVERAGE CONTAINED IN SCHEDULE B, AND THE CONDITIONS, **FIRST AMERICAN TITLE INSURANCE COMPANY**, a Nebraska corporation (the "Company") insures, as of Date of Policy and, to the extent stated in Covered Risks 9 and 10, after Date of Policy, against loss or damage, not exceeding the Amount of Insurance, sustained or incurred by the Insured by reason of:

1. Title being vested other than as stated in Schedule A.
2. Any defect in or lien or encumbrance on the Title. This Covered Risk includes but is not limited to insurance against loss from
 - (a) A defect in the Title caused by
 - (i) forgery, fraud, undue influence, duress, incompetency, incapacity, or impersonation;
 - (ii) failure of any person or Entity to have authorized a transfer or conveyance;
 - (iii) a document affecting Title not properly created, executed, witnessed, sealed, acknowledged, notarized, or delivered;
 - (iv) failure to perform those acts necessary to create a document by electronic means authorized by law;
 - (v) a document executed under a falsified, expired, or otherwise invalid power of attorney;
 - (vi) a document not properly filed, recorded, or indexed in the Public Records including failure to perform those acts by electronic means authorized by law; or
 - (vii) a defective judicial or administrative proceeding.
 - (b) The lien of real estate taxes or assessments imposed on the Title by a governmental authority due or payable, but unpaid.
 - (c) Any encroachment, encumbrance, violation, variation, or adverse circumstance affecting the Title that would be disclosed by an accurate and complete land survey of the Land. The term "encroachment" includes encroachments of existing improvements located on the Land onto adjoining land, and encroachments onto the Land of existing improvements located on adjoining land.
3. Unmarketable Title.
4. No right of access to and from the Land.

(Covered Risks Continued on Page 2)

In Witness Whereof, First American Title Insurance Company has caused its corporate name to be hereunto affixed by its authorized officers as of Date of Policy shown in Schedule A.

First American Title Insurance Company

Dennis J. Calmore
President

Jeffrey S. Robinson
Secretary

(This Policy is valid only when Schedules A and B are attached)

This Jacket was created electronically and constitutes an original document

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SALEM, OR

G-18283

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

RECEIVED

(★ 902)

Jack
20052

385/1E-33db

JAN 03 1986

PLEASE TYPE OR PRINT IN INK

(for official use only)

**WATER RESOURCES DEPT
 SALEM, OREGON**

(1) OWNER:

Name ROBERT MEYERS
 Address 1315 PROSPECT
 City HELENA State MT.

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon
 If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL: (4) **PROPOSED USE (check):**

Rotary Air Driven Domestic Industrial Municipal
 Thermal:
 Rotary Mud Dug Irrigation Withdrawal Reinjection
 Other:
 Bored Piezometric Grounding Test

(5) CASING INSTALLED: Steel Plastic
 Threaded Welded

6" Diam. from +1 1/2 ft. to 28 1/2 ft. Gauge 250
 " Diam. from ft. to ft. Gauge

LINER INSTALLED: Steel Plastic
 Threaded Welded

NA " Diam. from ft. to ft. Gauge

(6) PERFORATIONS: Perforated? Yes No

Size of perforations in. by in.
 perforations from ft. to ft.
 perforations from ft. to ft.
 perforations from ft. to ft.

(7) SCREENS: Well screen installed? Yes No

Manufacturer's Name
 Type Model No.
 Diam. Slot Size Set from ft. to ft.
 Diam. Slot Size Set from ft. to ft.

(8) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? Yes No If yes, by whom?
 d: gal./min. with ft. drawdown after hrs.
 Air test 8 gal./min. with drill stem at 18 ft. 2 hrs.
 Bailer test gal./min. with ft. drawdown after hrs.
 Artesian flow g.p.m.
 Temperature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION: Special standards: Yes No

Well seal—Material used PORTLAND CEMENT
 Well sealed from land surface to 28 1/2 ft.
 Diameter of well bore to bottom of seal 10 in.
 Diameter of well bore below seal 6 in.
 Amount of sealing material 8 sacks pounds
 How was cement grout placed? PRESSURE GROUT TREMIE PIPE

Was pump installed? no Type HP Depth ft.
 Was a drive shoe used? Yes No Plugs Size: location ft.
 Did any strata contain unusable water? Yes No
 Type of Water? depth of strata
 Method of sealing strata off
 Was well gravel packed? Yes No Size of gravel: ft.
 Gravel placed from ft. to ft.

(10) LOCATION OF WELL by legal description:

County JACKSON NW 1/4 SE 1/4 of Section 33 of
 Township 38 Range 1E WM.
 (Township is North or South) (Range is East or West)
 Tax Lot 900 Lot Block Subdivision

MAILING ADDRESS OF WELL (or nearest address) 1999 EAGLE MILL RD. ASHLAND, OR.

(11) WATER LEVEL of COMPLETED WELL:

Depth at which water was first found 29 ft.
 Static level 21 ft. below land surface. Date 12-16-85
 Artesian pressure lbs. per square inch. Date

(12) WELL LOG: Diameter of well below casing 6"
 Depth drilled 187 ft. Depth of completed well 187 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
SOIL, BROWN	0	2	
CLAY, BROWN	2	14	
SANDSTONE, BROWN	14	24	
SANDSTONE, BLUE	24	29	
SANDSTONE, BROWN HARD	29	33	22
SANDSTONE, BLUE	33	44	
CLAYSTONE, BLUE	44	78	
CLAYSTONE W/SANDSTONE STREAKS BLUE	78	125	
SANDSTONE, GREY	125	187	

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APR 14 2015

SALEM, OR

Date work started 12-16-85 /completed 12-16-85

Date well drilling machine moved off of well 12-16 19 85

(unbonded) Water Well Constructor Certification (if applicable):

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

[Signed] _____ Date _____, 19 _____

(bonded) Water Well Constructor Certification:

Bond U 0951462 Issued by: UNITED PACIFIC
 (number) (Surety Company Name)

On behalf of MARTINSON WELL DRILLING, INC.
 (type or print name of Water Well Constructor)

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief:

(Signed) Ronald J. Hartman
 (Water Well Constructor)

(Dated) 12-17-85

NOTICE TO WATER WELL CONSTRUCTOR
 The original and first copy of this report are to be filed with the

WATER RESOURCES DEPARTMENT,
 SALEM, OREGON 97310
 within 30 days from the date of well completion.

SP*46866-690

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