

Application for a Permit to Use  
**Surface Water**



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

**SECTION 1: APPLICANT INFORMATION AND SIGNATURE**

**Applicant**

NAME DAVE WOOD		PHONE (HM) 541.840.3460	
PHONE (WK)	CELL	FAX	
ADDRESS 1944 UPPER APPLGATE ROAD			
CITY JACKSONVILLE	STATE OR	ZIP 97530	E-MAIL * DW766@OUTLOOK.COM

**Co-Applicant**

NAME JANET BARKER		PHONE	FAX
ADDRESS 1974 UPPER APPLGATE ROAD		CELL	
CITY JACKSONVILLE	STATE OR	ZIP 97501	E-MAIL *

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

AGENT / BUSINESS NAME RICK PARSONS / PARSONSWATER CONSULTING LLC		PHONE 541.499.0257	FAX
ADDRESS 1619 MINEAR ROAD		CELL 303.667.5067	
CITY MEDFORD	STATE OR	ZIP 97501	E-MAIL * RICK.PARSONS@PARSONSWATER.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 proposed and final order documents will also be mailed.)

**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 legally use water until the Water Resources Department issues a permit.
- The Department encourages all applicants to wait for a permit to be issued before beginning construction of any proposed diversion. Acceptance of this application does not guarantee a permit will be issued.
- If I begin construction prior to the issuance of a permit, I assume all risks associated with my actions.
- If I receive 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 receive water to which they are entitled.



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

	David M. Wood	8/9/22
Applicant Signature	Print Name and Title if applicable	Date
	Janet Barker	8-9-22
Co-Applicant Signature	Print Name and Title if applicable	Date

For Department Use: App. Number: \_\_\_\_\_

**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.
- YES, the land is encumbered by easements, rights of way, roads or other encumbrances.
- NO, I have a recorded easement or written authorization permitting access.
- NO, I do not currently have written authorization or easement permitting access.
- NO, 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).
- NO, because water is to be diverted, conveyed, and/or used only on federal lands.

**Affected Landowners:** List the names and mailing addresses of all owners of any lands that are not owned by the applicant and that are crossed by the proposed ditch, canal or other work, even if the applicant has obtained written authorization or an easement from the owner. *(Attach additional sheets if necessary).*

Diversion point and Conveyance – Ley Tax Lot 800; Conveyance – Shaw Tax Lot 1200 → Deeds attached

**Legal Description:** 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: SOURCE OF WATER**

**A. Proposed Source of Water**

Provide the commonly used name of the water body from which water will be diverted, and the name of the stream or lake it flows into (if unnamed, say so), and the locations of the point of diversion (POD):

Source 1: APPEL GATE LAKE	Tributary to: APPEL GATE RIVER
TRSQQ of POD: MULTIPLE	
Source 2: APPEL GATE RIVER	Tributary to: ROGUE RIVER
TRSQQ of POD: NE NE SECTION 4, T39S R3W	

If any source listed above is stored water that is authorized under a water right permit, certificate, or decree, attach a copy of the document or list the document number (for decrees, list the volume, page and/or decree name).

PERMIT R-7810

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**B. Applications to Use Stored Water**

Do you, or will you, own the reservoir(s) described in Section 3A above?

Yes.  No. (Enclose a copy of your written notification to the operator of the reservoir of your intent to file this application, which should have been mailed or delivered to the operator.)

If *all* sources listed in Section 3A are stored water, the Department will review your application using the expedited process provided in ORS 537.147, unless you check the box below. Please see the instruction booklet for more information.

By checking this box, you are requesting that the Department process your application under the standard process outlined in ORS 537.150 and 537.153, rather than the expedited process provided by ORS 537.147. To file an application under the standard process, you must enclose the following:

- A copy of a signed non-expired contract or other agreement with the owner of the reservoir (if not you) to impound the volume of water you propose to use in this application.
- A copy of your written agreement with the party (if any) delivering the water from the reservoir to you.

**SECTION 4: SENSITIVE, THREATENED OR ENDANGERED FISH SPECIES PUBLIC INTEREST INFORMATION**

This information must be provided for your application to be accepted as complete. The Water Resources Department will determine whether the proposed use will impair or be detrimental to the public interest with regard to sensitive, threatened or endangered fish species.

To answer the following questions, use the map provided in [Attachment 3](#) or the link below to determine whether the proposed point of diversion (POD) is located in an area where the Upper Columbia, the Lower Columbia, and/or the Statewide public interest rules apply.

For more detailed information, click on the following link and enter the T,R,S,QQ or the Lat/Long of a POD and click on "Submit" to retrieve a report that will show which section, if any, of the rules apply:  
[https://apps.wrd.state.or.us/apps/misc/lkp\\_trsqq\\_features/](https://apps.wrd.state.or.us/apps/misc/lkp_trsqq_features/)

If you need help to determine in which area the proposed POD is located, please call the customer service desk at (503) 986-0900.

**Upper Columbia - OAR 690-033-0115 thru -0130**

Is the POD located in an area where the Upper Columbia Rules apply?

Yes  No

If **yes, you are notified** that the Water Resources Department will consult with numerous federal, state, local and tribal governmental entities so it may determine whether the proposed use is consistent with the "Columbia River Basin Fish and Wildlife Program" adopted by the Northwest Power Planning Council in 1994 for the protection and recovery of listed fish species. The application may be denied, heavily conditioned, or if appropriate, mitigation for impacts may be needed to obtain approval for the proposed use.

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If yes,

- I understand that the proposed use does not involve appropriation of direct streamflow during the time period April 15 to September 30, except as provided in OAR 690-033-0140.
- I understand that I will install, operate and maintain a fish screen and fish passage as listed in ORS 498.301 through 498.346, and 509.580 through 509.910, to the specifications and extent required by Oregon Department of Fish and Wildlife, prior to diversion of water under any permit issued pursuant to this application.
- I understand that the Oregon Department of Environmental Quality will review my application to determine if the proposed use complies with existing state and federal water quality standards.
- I understand that I will install and maintain water use measurement and recording devices as required by the Water Resources Department, and comply with recording and reporting permit condition requirements.

**Lower Columbia - OAR 690-033-0220 thru -0230**

Is the POD located in an area where the Lower Columbia rules apply?

Yes  No

If yes, you are notified that that the Water Resources Department will determine, by reviewing recovery plans, the Columbia River Basin Fish and Wildlife Program, and regional restoration programs applicable to threatened or endangered fish species, in coordination with state and federal agencies, as appropriate, whether the proposed use is detrimental to the protection or recovery of a threatened or endangered fish species and whether the use can be conditioned or mitigated to avoid the detriment.

If a permit is issued, it will likely contain conditions to ensure the water use complies with existing state and federal water quality standards; and water use measurement, recording and reporting required by the Water Resources Department. The application may be denied, or if appropriate, mitigation for impacts may be needed to obtain approval of the proposed use.

If yes, provide the following information (the information must be provided with the application to be considered complete).

Yes  No The proposed use is for more than **one** cubic foot per second (448.8 gpm) and is not subject to the requirements of OAR 690, Division 86 (Water Management and Conservation Plans).

If yes, provide a description of the measures to be taken to assure reasonably efficient water use:

**Statewide - OAR 690-033-0330 thru -0340**

Is the POD located in an area where the Statewide rules apply?

Yes  No

If yes, the Water Resources Department will determine whether the proposed use will occur in an area where endangered, threatened or sensitive fish species are located. If so, the Water Resources Department, Department of Fish and Wildlife, Department of Environmental Quality, and the Department of Agriculture will recommend conditions required to achieve "no loss of essential habitat of threatened and endangered (T&E) fish species," or "no net loss of essential habitat of sensitive (S) fish species." If conditions cannot be identified that meet the standards of no loss of essential T & E fish habitat or no net loss of essential S fish habitat, the agencies will recommend denial of the application unless they conclude that the proposed use would not harm the species.

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**SECTION 5: WATER USE**

Provide the amount of water you propose to use from each source, for each use, in cubic feet-per-second (cfs) or gallons-per-minute (gpm). If the proposed use is from storage, provide the amount in acre-feet (af):  
 (1 cfs equals 448.8 gpm. 1 acre-foot equals 325,851 gallons or 43,560 cubic feet)

SOURCE	USE	PERIOD OF USE	AMOUNT
APPLEGATE LAKE VIA APPLEGATE RIVER	IRRIGATION	4/1 – 10/31	27.9 <input type="checkbox"/> cfs <input type="checkbox"/> gpm <input checked="" type="checkbox"/> af
			<input type="checkbox"/> cfs <input type="checkbox"/> gpm <input type="checkbox"/> af
			<input type="checkbox"/> cfs <input type="checkbox"/> gpm <input type="checkbox"/> af

Please indicate the number of primary, supplemental and/or nursery acres to be irrigated.  
 Primary: 6.2 Acres                      Supplemental: \_\_\_\_\_ Acres                      Nursery Use: \_\_\_\_\_ Acres  
 If supplemental acres are listed, provide 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: 27.9

- 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 6: WATER MANAGEMENT**

**A. Diversion and Conveyance**

What equipment will you use to pump water from your source?

- Pump (give horsepower and type): 10 hp centrifugal Baldor pump
- Other means (describe):

Provide a description of the proposed means of diversion, construction, and operation of the diversion works and conveyance of water.  
 Screened intake will be used to pump water via 6" iron pipe up to valve box with water then distributed to property via ¾" PVC tubing

**B. Application Method**

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

**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 public uses of affected surface waters.  
 Totalizing meter and sprinklers will reduce runoff and allow for measurement of permitted use of water

For Department Use: App. Number: \_\_\_\_\_

**SECTION 7: RESOURCE PROTECTION**

In granting permission to use water from a stream or lake, the state encourages, and in some instances requires, careful control of activities that may affect the waterway or streamside area. See instruction guide for a list of possible permit requirements from other agencies. Please indicate any of the practices you plan to undertake to protect water resources:

- Diversion will be screened per ODFW specifications in ORS 498.301 through 498.346 to prevent uptake of fish and other aquatic life.  
Describe planned actions: existing pump intake already screened
- Excavation or clearing of banks will be kept to a minimum to protect riparian or streamside areas.  
**Note: If disturbed area is more than one acre, applicant should contact the Department of Environmental Quality to determine if a 1200C permit is required.**  
Describe planned actions and additional permits required for project implementation: n/a – pump and intake already installed
- Operating equipment in a water body will be managed and timed to prevent damage to aquatic life.  
Describe planned actions and additional permits required for project implementation: intake screen will minimize impact to aquatic life
- Water quality will be protected by preventing erosion and run-off of waste or chemical products.  
Describe planned actions: enclosed pipe used for entire system; time controlled sprinklers will minimize any runoff or erosion
- List other federal and state permits or contracts to be obtained, if a water right permit is granted.  
n/a

**SECTION 8: PROJECT SCHEDULE**

- a) Date construction will begin: pump and intake already in place
- b) Date construction will be completed: see above
- c) Date beneficial water use will begin: upon issuance of permit and execution of contract with Bureau of Reclamation for Applegate Lake deliveries

**SECTION 9: WITHIN A DISTRICT**

- Check here if the point of diversion or place of use are located within or are 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).*

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# Land Use Information Form



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

**Applicant**

NAME DAVE WOOD AND JANET BARKER			PHONE (HM) 541.840.3460
ADDRESS 1944 UPPER APPLGATE ROAD AND 1974 UPPER APPLGATE ROAD			
CITY JACKSONVILLE	STATE OR	ZIP 97530	E-MAIL* DW766@OUTLOOK.COM

**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:
39	S	4	NE NE	800	EFU	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	IRRIGATION
39	S	4	NE NE	1200	EFU	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	IRRIGATION
39	S	3	NW NW NW NW	1300 1400	EFU / RR-5 EFU	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	IRRIGATION

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
- Limited Water Use License
- Water Right Transfer
- Allocation of Conserved Water
- Permit Amendment or Groundwater Registration Modification
- Exchange of Water

Source of water:  Reservoir/Pond     Groundwater     Surface Water (name) \_\_\_\_\_

Estimated quantity of water needed: 27.9     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:

EXISTING PUMP ON APPLGATE RIVER WILL BE USED TO DIVERT WATER FOR IRRIGATION THAT HAS BEEN RELEASED FROM APPLGATE LAKE

**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.

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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): 4.2-1, 4.3.1
- 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.

NAME <i>Francisco M Hernandez</i>	TITLE: <i>Planner III</i>
SIGNATURE <i>Francisco M Hernandez</i>	DATE <i>08.08.2022</i>
PHONE: <i>541.774.6907</i>	
GOVERNMENT ENTITY <i>Jackson County Development Services</i>	

**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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After recording return to:  
Melissa L. Wood and David M. Wood  
PO Box 93  
Jacksonville, OR 97530

Until a change is requested all tax  
statements shall be sent to the  
following address:  
Melissa L. Wood and David M. Wood  
PO Box 93  
Jacksonville, OR 97530

File No.: 7161-2499422 (PS)  
Date: August 03, 2015

THIS SPACE RESERVED

TL 1300

10

Jackson County Official Records **2015-029203**  
R-WD  
Stn=14 SHINGLJS **08/27/2015 03:39:03 PM**  
\$10.00 \$11.00 \$10.00 \$8.00 \$20.00 **\$59.00**

I, Christine Walker, County Clerk for Jackson County, Oregon, certify  
that the instrument identified herein was recorded in the Clerk  
records.  
Christine Walker - County Clerk

### STATUTORY WARRANTY DEED

**Shirley L. Shaw, Trustee of the Shirley L. Shaw Revocable Living Trust and Shirley L. Shaw**, Grantor, conveys and warrants to **David M. Wood and Melissa L. Wood, as tenants by the entirety**, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

**LEGAL DESCRIPTION:** Real property in the County of Jackson, State of Oregon, described as follows:

**Commencing at the Northwest corner of Section 3, Township 39 South, Range 3 West of the Willamette Meridian, Jackson County, Oregon; thence South along the West line of said Section 3, a distance of 971.92 feet; thence South 89° 46' 00" East 1055.21 feet to a point on the Westerly right of way of the County Road, being the point of beginning; thence North 89° 46' West 606 feet; thence North 0° 14' 00" East 203.91 feet; thence South 89° 46' 00" East 640.10 feet to the Westerly line of said County Road; thence South 9° 43' 40" West 206.74 feet, more or less to the true point of beginning.**

**Subject to:**

1. The **2015-2016** Taxes, a lien not yet payable.
2. Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

The true consideration for this conveyance is **\$187,000.00**. (Here comply with requirements of ORS 93.030)

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490316050730  
TICOR TITLE

RECORDING REQUESTED BY:



1555 E. McAndrews Road, Ste 100  
Medford, OR 97504

GRANTOR'S NAME:  
Janet Barker Revocable Trust

GRANTEE'S NAME:  
Janet Barker, Trustee of the Janet Barker Revocable Trust dated  
January 11, 2011

AFTER RECORDING RETURN TO:  
Janet Barker, Trustee of the Janet Barker Revocable Trust dated  
January 11, 2011  
1974 Upper Applegate Road  
Jacksonville, OR 97530

SEND TAX STATEMENTS TO:  
Janet Barker Revocable Trust  
1974 Upper Applegate Road  
Jacksonville, OR 97530

1-047907-2 and 393W03 1400  
1974 Upper Applegate Road, Jacksonville, OR 97530

Jackson County Official Records **2017-004908**  
R-BSD  
Stn=0 BARROWKL 02/13/2017 11:01:49 AM  
\$10.00 \$20.00 \$15.00 \$8.00 \$11.00 **\$64.00**

I, Christine Walker, County Clerk for Jackson County, Oregon, certify  
that the instrument identified herein was recorded in the Clerk  
records.  
Christine Walker - County Clerk

TL 1400

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**BARGAIN AND SALE DEED - STATUTORY FORM**  
(INDIVIDUAL or CORPORATION)

Janet Barker, Trustee of the Janet Barker Revocable Trust, Grantor, conveys to Janet Barker, Trustee of the Janet Barker Revocable Trust dated January 11, 2011, Grantee, the following described real property, situated in the County of Jackson, State of Oregon,

That tract of land situated in the Northwest Quarter of Section 3, Township 39 South, Range 3 West of the Willamette Meridian in Jackson County, Oregon, more fully described as follows:

Commencing at the Northwest corner of said Section 3; thence South along the West line of said Section 3, a distance of 971.66 feet to the point of beginning, from which an iron pin bears South 89° 46' East; thence South 89° 46' East 1055.07 feet to a 5/8 inch iron pin on the Westerly line of the county road; thence South 9° 44' 10" West along said road 283.93 feet to the beginning of a curve having a radius of 848.51 feet; thence along said curve (long chord of which bears South 4° 07' 50" West 165.76 feet), a distance of 166.02 feet to a 5/8 inch iron pin; thence South 78° 26' 30" West 1015.71 feet, more or less, to the Westerly line of said Section 3; thence along said section line 653.0 feet to the point of beginning.

Death Certificate attached as Exhibit "A"

The true consideration for this conveyance No Dollars And No/100 Dollars (\$0.00). (See ORS 93.030).

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010. THIS INSTRUMENT DOES 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 THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES, AS DEFINED IN ORS 30.930, AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

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**BARGAIN AND SALE DEED - STATUTORY FORM**  
(continued)

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Dated: 2/8/17

Janet Barker Revocable Trust

Janet Barker  
Janet Barker, Trustee

State of Oregon  
County of Jackson

This instrument was acknowledged before me on Feb 8, 2017 by Janet Barker, Trustee of the Janet Barker Revocable Trust.

Veronica Laine Deason  
Notary Public - State of Oregon

My Commission Expires: 1/1/19



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CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

BLACK INK

H94553  
LD TAG NO.

136-

STATE FILE NUMBER

1. Legal Name (include AKA's, if any) Hubert William Barker			2. Death Date (month day yyyy) Apr. 18, 2010		
3. Sex (M/F) Male	4a. Age - Last Birthday 85	4b. Under 1 Year Months Days Hours	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Jackson
7. Birthdate (month day yyyy) May 26, 1924		8a. Birthplace (City/Town, or County) Medford		8b. (State or Foreign Country) Oregon	
9. Decedent's Education High school graduate			12. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
10. Was Decedent of Hispanic Origin? (Yes or No, if yes, specify) No			11. Decedent's Race(s) White		
13. Residence: Number and Street (e.g., 874.25 2nd Street, Apt. No. 8) 1974 Upper Applegate Rd.			14. City/Town Jacksonville		
15. Residence County Jackson		18. State or Foreign Country Oregon		17. Zip Code + 4: 97530	
16. Residence County Jackson			18. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. Marital Status at Time of Death Married			20. Spouse's Name (if married or widowed, give name prior to first marriage) Janet - Glotfelty		
21. Usual Occupation (indicate type of work done during most of working life. DO NOT USE "RETIRED.") Inspector			22. Kind of Business/Industry (DO NOT USE COMPANY NAME.) Agriculture		
23. Father's Name (First, Middle, Last, Suffix) Richard - Barker			24. Mother's Name Prior to First Marriage (First, Middle, Last) Winnifred - Myles		
25. Informant's Name Janet Barker		26. Telephone Number N/A		27. Relation to Decedent Wife	
28. Mailing Address (Number & Street, City/Town, State, Zip + 4) 1974 Upper Applegate Rd. Jacksonville, OR			28. Mailing Address (Number & Street, City/Town, State, Zip + 4) 97530		
29. Place of Death Decedent's home			30. Facility Name		
31. Location of Death (give address) 1974 Upper Applegate Rd.			32. City/Town or Location of Death Jacksonville		33. State Oregon
34. Zip Code + 4 97530			35. Method of Disposition Cremation		
36. Place of Disposition (name of cemetery, crematory, or other place) Siskiyou Crematory			37. Location Medford, Oregon		
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) Perl Funeral Home 2100 Siskiyou Blvd. Medford, Oregon 97504					
39. Date of Disposition (month day yyyy) Apr. 20, 2010			40. Funeral Director's Signature [Signature]		
41. OR License Number 3841			42. Registrar's Signature [Signature]		
43. Date Received (month day yyyy) APR 21 2010			44. Local File Number		
45. Record Amendment					
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
49. Time of Death 08:45					
CAUSE OF DEATH (See instructions and examples.)					
50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.					
Final disease or condition resulting in death -> IMMEDIATE CAUSE -> <u>undetermined natural causes</u>					
Sequitally list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).					
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: <u>stroke, diabetes, coronary art. dv., cerebral pb., CHF, atherosclerosis</u>					
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
55. Date of Injury (month day yyyy)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
59. Location of Injury (Number & Street, City/Town, State, Zip + 4)					
60. Describe how injury occurred.					
61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4) Roy Lichtenstein MD 1698 E. McAndrews Rd. #300, Medford, Oregon 97504					
63. Name and Title of Attending Physician (if Other than Certifier)					
64. Title of Certifier Medical Doctor			65. License Number MD 10626		66. Date Signed (month day yyyy) 7/12/10
67. Medical Certifier: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.					
68. Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.					
69. Record Amendment					

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

4-21-2010 3/2

ORIGINAL - VITAL RECORDS COPY

45-2 (06/08)

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE JACKSON COUNTY REGISTRAR.

APR 21 2010

[Signature]

MARK J. ORNDOFF  
COUNTY REGISTRAR  
JACKSON COUNTY, OREGON

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT OREGON STATE SEAL AND BORDER.







After recording return to:  
Margaret S. Ley  
361 Hamilton Road  
Jacksonville, OR 97530

Until a change is requested all tax  
statements shall be sent to the  
following address:  
Margaret S. Ley  
361 Hamilton Road  
Jacksonville, OR 97530

File No.: 7161-2462033 (1b)  
Date: July 25, 2015

THIS SPACE RES	Jackson County Official Records	<b>2015-026691</b>
	R-WD	
	Str=14 SHINGLJS	<b>08/05/2015 09:38:08 AM</b>
	\$15.00 \$11.00 \$10.00 \$8.00 \$20.00	<b>\$64.00</b>

I, Christine Walker, County Clerk for Jackson County, Oregon, certify that the instrument identified herein was recorded in the Clerk records.  
Christine Walker - County Clerk

TL 800

15

### STATUTORY WARRANTY DEED

**Howard R. Juul and Diane M. Juul, Trustees of the Diane M. Juul Revocable Trust U/A/D April 15, 2005**, Grantor, conveys and warrants to **Margaret S. Ley**, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

See Legal Description attached hereto as Exhibit A and by this reference incorporated herein.

**Subject to:**

1. The **2015-2016** Taxes, a lien not yet payable.
2. Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

The true consideration for this conveyance is **\$565,000.00**. (Here comply with requirements of ORS 93.030)

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**EXHIBIT A**

**LEGAL DESCRIPTION:** Real property in the County of Jackson, State of Oregon, described as follows:

**PARCEL 1:**

**COMMENCING AT A ONE INCH BRASS CAPPED IRON PIPE AT THE NORTHEAST CORNER OF SECTION 4, IN TOWNSHIP 39 SOUTH, RANGE 3 WEST, OF THE WILLAMETTE MERIDIAN IN JACKSON COUNTY, OREGON; THENCE SOUTH 00° 12' 45" WEST, ALONG THE EAST LINE OF SECTION 4, A DISTANCE OF 654.88 FEET TO THE SOUTHEAST CORNER OF THAT TRACT DESCRIBED IN INSTRUMENT RECORDED AS NO. 81-09132, SAID OFFICIAL RECORDS; THENCE SOUTH 74° 25' 00" WEST, ALONG THE SOUTHERLY LINE OF SAID TRACT, 117.87 FEET TO A 5/8" IRON PIN; THENCE CONTINUE SOUTH 74° 25' 00" WEST, ALONG SAID SOUTHERLY LINE, 541.96 FEET TO A 5/8" IRON PIN; THENCE CONTINUE SOUTH 74° 25' 00" WEST, ALONG SAID SOUTHERLY LINE, 106.63 FEET TO THE SOUTHWEST CORNER THEREOF; THENCE SOUTH 30° 31' 50" EAST 251.98 FEET; THENCE SOUTH 40° 02' 46" EAST 941.94 FEET (RECORD SOUTH 40° 01' 50" EAST 953.05 FEET, MORE OR LESS) TO THE EAST LINE OF SAID SECTION 4; THENCE NORTH 00° 12' 45" EAST, ALONG SAID EAST LINE, 1,144.59 FEET, MORE OR LESS, TO THE TRUE POINT OF BEGINNING.**

**PARCEL 2:**

**AN EASEMENT FOR INGRESS AND EGRESS AS SET FORTH IN DOCUMENTS RECORDED OCTOBER 5, 1979 AS INSTRUMENT NO. 79-22211 AND MAY 15, 1981 AS INSTRUMENT NO. 81-09075, OFFICIAL RECORDS OF JACKSON COUNTY, OREGON.**

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

3

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Jackson County Official Records 2011-001688  
R-QCD  
Cnt=1 ALONZOKM 01/14/2011 09:56:19 AM  
\$10.00 \$10.00 \$5.00 \$11.00 \$15.00 Total:\$54.00  
\$3.00



Christine Walker, County Clerk for Jackson County, Oregon, certifies that the instrument identified herein was recorded in the Clerk records.  
Christine Walker - County Clerk

**QUITCLAIM DEED**

*TL 1200*

WHEREAS, Shirley L. Shaw is owner in Fee Simple of the following real property:

1922 Upper Applegate, Jacksonville, Jackson County, Oregon, more particularly described as follows:

**See Exhibit "A" attached**

NOW, THEREFORE, Shirley L. Shaw hereby grants, conveys and releases all of her title and ownership in said above-mentioned property to the Shirley L. Shaw Revocable Living Trust. The consideration for this transfer of ownership in said property is Estate Planning.

I, Shirley L. Shaw, hereby release any claim in said property to the Shirley L. Shaw Revocable Living Trust.

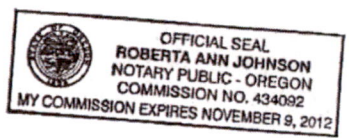
*[Handwritten signature of Shirley L. Shaw]*  
Shirley L. Shaw

Dated: 1-11-11

The foregoing instrument was acknowledged before me this 11th day of January, 2011, by Shirley L. Shaw.

Send Tax Statements to:  
Shirley L. Shaw  
P.O. Box 723  
Jacksonville, OR 97530

*Roberta Ann Johnson*  
Notary Public for Oregon  
My commission expires: 11-9-12



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Exhibit "A"

PARCEL I:

Commencing at the Northwest corner of Section 3, Township 39 South, Range 3 West, Willamette Meridian, Jackson County, Oregon; thence South along the West line of said Section 3, a distance of 971.92 feet to the point of beginning; thence South 89° 46' East 449.21 feet to a 5/8" iron pin; thence North 0° 14' 00" East 203.91 feet; thence South 89° 46' East 640.10 feet to the Westerly line of County Road; thence North 9° 44' 10" East 25.35 feet; thence North 89° 46' West 338.28' thence North 0° 14' 00" East 270' thence North 89° 46' West 757.27' more or less to the West line of said Section; thence South 498.91' to the point of beginning.

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# CONTRACT DATA SHEET



**Bureau of Reclamation**  
Attn: PN-6324  
1150 N. Curtis Road  
Boise, ID 83706-1234  
208-378-5344

## RECLAMATION *Managing Water in the West*

### 1. Applicant Information:

#### A. Landowners

- 1) Name of Landowner(s): DAVE WOOD
- 2) Address: 1944 APPLGATE ROAD JACKSONVILLE, OR 97530
- 3) Mailing Address (if different): \_\_\_\_\_
- 4) Taxpayer Identification Number(s): \_\_\_\_\_  
(Social Security Number or Employer Identification Number<sup>1</sup>)
- 5) Do you own all of the land where you propose to divert and make use of water? YES

#### B. Water User Organizations (e.g., Irrigation Districts, Ditch/Canal Companies, Water Control Districts, Water User Associations & Cooperatives, Irrigation Improvement Districts, and similar entities organized according to State Law)

- 1) Name of Organization: \_\_\_\_\_
- 2) Name & Title of Applicant: \_\_\_\_\_
- 3) Mailing Address of Organization: \_\_\_\_\_
- 4) Taxpayer Identification Number: \_\_\_\_\_  
(Social Security Number or Employer Identification Number)
- 5) Please provide the following information:
  - (a) A description of the area served by the organization (location, total acreage, number of water users, prominent crops, etc.)
  - (b) Copy of organization by-laws, articles of incorporation (if applicable), board resolution authorizing the applicant to represent and bind the organization under contract with the United States.

- 2. Source of water (name of stream, river): APPLEGATE LAKE VIA APPLEGATE RIVER
- 3. Proposed point of diversion: 840 feet SOUTH and 700 feet WEST of NE corner of Section 4, Township 39S, Range 3W, Willamette Meridian.
- 4. A water right permit to divert storage water is required. Application or file number with Oregon Water Resources Department (OWRD) if you have applied for a permit to divert storage water: IN PROCESS.
- 5. Include a map of lands and diversion points. (Same as required by OWRD for application of surface/ground water permit).

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**OWRD**

6. Do you currently hold a right to natural flows for irrigating the property described herein? NO  
If yes, what is/are the priority date(s)? \_\_\_\_\_
7. Total quantity of water from storage requested: 12.15 acre-feet.
8. Location of land to be irrigated in each 40-acre tract:

TOWNSHIP	RANGE	SECTION	40-ACRE TRACT (1/4) (1/4)	NO. of ACRES	TYPE of IRRIGATED CROP
39S	3W	S	NW NW	2.7	GRASS

9. What is the present use of the land identified above? (farming; idle [fallow cultivated land]; native [appears never to have been tilled]; planted pasture or other [please specify]). NATIVE
10. Is the land identified above currently being irrigated? NO If yes, what is the source? (natural flows, wells, etc.) \_\_\_\_\_
11. Diversion must be screened to prevent uptake of fish and other aquatic life. Describe plan(s) to comply with State/Federal fish screen standards: EXISTING 10 HP CENTRIFUGAL PUMP HAS  
OWRD-APPROVED FISH SCREEN
12. Telephone number where you can be reached during the day: 541.840.3460

Before returning the completed Contract Data Sheet to the address provided on page 1, please ensure you have:

- ANSWERED ALL QUESTIONS COMPLETELY
- ATTACHED AND IDENTIFIED ADDITIONAL SHEET(S) AS NECESSARY
- ATTACHED THE REQUIRED MAP
- SUBMIT PAYMENT FOR THE APPROPRIATE CONTRACT ADMINISTRATION FEE<sup>2</sup>. MAKE CHECK PAYABLE TO THE U.S. BUREAU OF RECLAMATION

<sup>1</sup> Section 31001.(i) of the Debt Collection Improvement Act of 1996 (Chapter 10 of Pub. L. 104-134) requires each contractor with an agency of the United States to furnish their taxpayer identifying number (social security number or employer identification number) and each agency to disclose to that contractor its intent to use such number for purposes of collecting and reporting on any delinquent amounts arising out of such contractor's relationship with the Government.

<sup>2</sup> The minimum contract administration fee for most applications is \$100. However, from time to time this fee may be revised to cover the costs of the United States. We recommend you contact this office to verify the current minimum contract administration fee. If the costs to the United States of evaluating the application are in excess of the minimum contract administration fee, an estimate of the reimbursable costs for which advance payment is required will be provided to the applicant.

RECEIVED

AUG 26 2022

OWRD



# CONTRACT DATA SHEET



**Bureau of Reclamation**  
**Attn: PN-6324**  
**1150 N. Curtis Road**  
**Boise, ID 83706-1234**  
**208-378-5344**

## RECLAMATION

*Managing Water in the West*

### 1. Applicant Information:

#### A. Landowners

- 1) Name of Landowner(s): JANET BARKER
- 2) Address: 1974 APPLGATE ROAD JACKSONVILLE, OR 97530
- 3) Mailing Address (if different): \_\_\_\_\_
- 4) Taxpayer Identification Number(s): \_\_\_\_\_  
(Social Security Number or Employer Identification Number<sup>1</sup>)
- 5) Do you own all of the land where you propose to divert and make use of water? YES

#### B. Water User Organizations (e.g., Irrigation Districts, Ditch/Canal Companies, Water Control Districts, Water User Associations & Cooperatives, Irrigation Improvement Districts, and similar entities organized according to State Law)

- 1) Name of Organization: \_\_\_\_\_
- 2) Name & Title of Applicant: \_\_\_\_\_
- 3) Mailing Address of Organization: \_\_\_\_\_
- 4) Taxpayer Identification Number: \_\_\_\_\_  
(Social Security Number or Employer Identification Number)
- 5) Please provide the following information:
  - (a) A description of the area served by the organization (location, total acreage, number of water users, prominent crops, etc.)
  - (b) Copy of organization by-laws, articles of incorporation (if applicable), board resolution authorizing the applicant to represent and bind the organization under contract with the United States.

2. Source of water (name of stream, river): APPLGATE LAKE VIA APPLGATE RIVER

3. Proposed point of diversion: 840 feet SOUTH and 700 feet WEST of NE corner of Section 4, Township 39S, Range 3W, Willamette Meridian.

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5. Include a map of lands and diversion points. (Same as required by OWRD for application of surface/ground water permit).

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6. Do you currently hold a right to natural flows for irrigating the property described herein? NO  
If yes, what is/are the priority date(s)? \_\_\_\_\_
7. Total quantity of water from storage requested: 15.75 acre-feet.
8. Location of land to be irrigated in each 40-acre tract:

TOWNSHIP	RANGE	SECTION	40-ACRE TRACT (1/4) (1/4)	NO. of ACRES	TYPE of IRRIGATED CROP
39S	3W	S	NW NW	3.5	GRASS

9. What is the present use of the land identified above? (farming; idle [fallow cultivated land]; native [appears never to have been tilled]; planted pasture or other [please specify]). NATIVE
10. Is the land identified above currently being irrigated? NO If yes, what is the source? (natural flows, wells, etc.) \_\_\_\_\_
11. Diversion must be screened to prevent uptake of fish and other aquatic life. Describe plan(s) to comply with State/Federal fish screen standards: EXISTING 10 HP CENTRIFUGAL PUMP HAS  
OWRD-APPROVED FISH SCREEN
12. Telephone number where you can be reached during the day: \_\_\_\_\_

Before returning the completed Contract Data Sheet to the address provided on page 1, please ensure you have:

- ANSWERED ALL QUESTIONS COMPLETELY
- ATTACHED AND IDENTIFIED ADDITIONAL SHEET(S) AS NECESSARY
- ATTACHED THE REQUIRED MAP
- SUBMIT PAYMENT FOR THE APPROPRIATE CONTRACT ADMINISTRATION FEE<sup>2</sup>. MAKE CHECK PAYABLE TO THE U.S. BUREAU OF RECLAMATION

<sup>1</sup> Section 31001.(i) of the Debt Collection Improvement Act of 1996 (Chapter 10 of Pub. L. 104-134) requires each contractor with an agency of the United States to furnish their taxpayer identifying number (social security number or employer identification number) and each agency to disclose to that contractor its intent to use such number for purposes of collecting and reporting on any delinquent amounts arising out of such contractor's relationship with the Government.

<sup>2</sup> The minimum contract administration fee for most applications is \$100. However, from time to time this fee may be revised to cover the costs of the United States. We recommend you contact this office to verify the current minimum contract administration fee. If the costs to the United States of evaluating the application are in excess of the minimum contract administration fee, an estimate of the reimbursable costs for which advance payment is required will be provided to the applicant.

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## Minimum Requirements Checklist

Minimum Requirements (OAR 690-310-0040, OAR 690-310-0050 & ORS 537.140)

### 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.

Please submit the original application and signatures to the Water Resources Department. Applicants are encouraged to keep a copy of the completed application.

- SECTION 1: Applicant Information and Signature
- SECTION 2: Property Ownership
- SECTION 3: Source of Water
- SECTION 4: Sensitive, Threatened or Endangered Fish Species Public Interest Information
- SECTION 5: Water Use
- SECTION 6: Water Management
- SECTION 7: Resource Protection
- SECTION 8: Project Schedule
- SECTION 9: Within a District
- SECTION 10: Remarks

#### Include the following additional items:

- Land Use Information Form with approval and signature of local planning department (*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.
- Fees - Amount enclosed: \$ 1507  
See the Department's Fee Schedule at [www.oregon.gov/owrd](http://www.oregon.gov/owrd) or call (503) 986-0900.
- Map that includes the following items:
  - 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 diversion, by reference to a recognized public land survey corner (distances north/south and east/west)
  - Indicate the area of use by Quarter/Quarter and tax lot identified clearly.
  - 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)

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Surface Water — Page 8

Rev. 07/21

For Department Use: App. Number: \_\_\_\_\_

OWRD