REQUEST FOR ASSIGNMENT	
I, (permit holder, applicant) ROBERT G, SPRING, NORMA J. SPRING	
(mailing address) GLIDE OR (state)	97443 541-496-0300
(mailing address) (city) (state)	(zip) (phone)
CHECK ONE	
- hereby assign <u>all my interest</u> in and to application/permit;	
[ ] - hereby assign <u>all my interest</u> in and to a portion of application/permit (include a map showing portion of application assigned);	
[] - hereby assign a portion of my interest in and to the entire application/permit;    FILE # 70402   Permit # 51025   Permit # 51025   Statement #, GR Certificate of Registration # as filed in the office of the Water Resources Director, to:	
Brian Langhar (name of new owner)  607 Lone Rock Rd. Glid (address) (city) (sta	e Or 97443 5414964843 te) (zip) (phome)
(Note: If there are other owners of the property described in this Application, Permit of Certificate of Groundwater Registration you must attach a list of their names and addresses to this form.  I hereby certify that I have notified all other owners of the property described in this Application, Permit or Certificates of Registration of this request for assignment.	
Witness my hand this $5^{\text{TH}}$ day of $5^{\text{EAT}}$ , $19^{2000}$ .	
applicant/permit holder Kolde	ent I Spring
applicant/permit holder // Agring	
DO NOT WRITE IN THIS BOX	
	ompleted assignment be submitted to the

County of Marion. I certify that the within was received by me on the \_\_ SEPT 2000 at o'clock A. m., and was recorded in the Miscellaneous Records, Vol. Page 754
Water Resources Director

Water Resources Department together with a recording fee of \$25. Additional pages will cost \$5 per page.

WATER RESOURCES DEPARTMENT 158 12<sup>TH</sup> STREET NE SALEM, OR 97301-4172