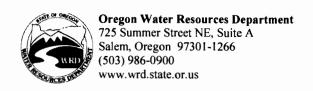
Application for Water Right **Transfer**

JUN 1 4 2010



Part 1 of 4 - Minimum Requirements Checklist

This transfer application will be returned if Parts 1 through 4 and all required attachments are not completed and included.

For questions, please call (503) 986-0900, and ask for Transfer Section.

FOR ALL TRANSFER APPLICATIONS RECEIVED

	k all iter	ms included with this application. $(N/A = Not Applicable)$	JUN 2 1 2010							
\boxtimes		Part 1 – Completed Minimum Requirements Checklist.	WATER RESOURCES DEPT							
\boxtimes		Part 2 – Completed Transfer Application Map Checklist.	SALEM, OREGON							
\boxtimes		Part 3 – Completed Transfer Application – Applicant Information and	Signature.							
\boxtimes		Part 4 – Completed Transfer Application – Water Right Information. It separate Part 4 for each water right. List all water right certificates to 1 Only #46819. 86375								
		Attachments:								
\boxtimes		Completed Transfer Application Map.								
\boxtimes		Completed Evidence of Use Affidavit and supporting documentation.								
\boxtimes		Fees – Amount enclosed: \$ 619.60. See the Department's Fee Schedule at www.wrd.state.or.us or call (500)	3) 986-0883.							
	N/A	Affidavit(s) of Consent.								
	N/A	Supplemental Form D – For water rights served by or issued in the name of an irrigation district. Complete when the transfer applicant is not the irrigation district.								
	N/A	Land Use Information Form with approval and signature (or signed lar stub). Not required if water is to be diverted, conveyed, and/or used or if all of the following apply: a) a change in place of use only, b) no struuse of water is for irrigation only, and d) the use is located within an ir exclusive farm use zone.	nly on federal lands or uctural changes, c) the							
	N/A	For changes in point(s) of appropriation (well(s)) or additional point(s) Water Well Report/Well Log.	of appropriation,							
\boxtimes	N/A	For Temporary Transfer (one to five years) Begin Year 2010 End Y	Year <u>2015</u> .							
\boxtimes	□ N/A	For Temporary Transfer only – Current recorded deed for the land from authorized place of use is being moved.	n which the							
	N/A	Temporary Drought Transfer (For use in counties where the Governor	has declared drought)							
110		(For Staff Use Only) ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(Application fee not enclosed/insufficient Map not included or incomplete Land Use Form not enclosed or incomplete Additional signature(s) required Part is incomplete Explanation 503-986-0 Date: / /	(S):							

1

Part 2 of 4 - Transfer Application Map Checklist

Your transfer application will be returned if any of the map requirements listed below are not met.

		sure that the transfer application map you submit includes all the required items an the existing water right map. Check all boxes that apply.	ıd
\boxtimes	□ N/A	Certified Water Right Examiner (CWRE) Stamp and Original Signature. For list of CW see http://www1.wrd.state.or.us/pdfs/cwre_listing.pdf . CWRE stamp and signature are required for temporary changes, historic point of diversion changes, and substitutions.	
	N/A	If more than three water rights are involved, separate maps are needed for each water r	ight.
\boxtimes		Permanent quality printed with dark ink on white or clear paper or film.	
\boxtimes		The size of the map can be $8\frac{1}{2} \times 11$ inches, $8\frac{1}{2} \times 14$ inches, or up to 30 x 30 inches. For 30 x 30 inch maps, three (3) paper copies and an electronic copy in a .pdf, . The converge are required.	To at
\boxtimes		A north arrow, a legend, and scale.	
\boxtimes		WATER RESOURCE The scale of the map must be: 1 inch = 400 feet, 1 inch = 1,320 feet, the scale prof/Claim of Beneficial Use Map (the map used when the permit was certificated), the scale of the county assessor map if the scale is not smaller than 1 inch = 1,320 feet, or a scale that has been pre-approved by the Department.	6 N
\boxtimes		Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized public lar survey lines.	nd
\boxtimes		Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.	
\boxtimes		Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.	l
\boxtimes		Major water delivery system features from the point(s) of diversion/appropriation such a main pipelines, canals, and ditches.	as
		Existing place of use that includes separate hachuring for each water right, priority date, use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or oth recognized public land survey subdivisions. If less than the entirety of the water right is being changed, a separate hachuring is needed for lands left unchanged.	h ner
	□ N/A	Proposed place of use that includes separate hachuring for each water right, priority date use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or oth recognized public land survey subdivisions.	h
\boxtimes		Existing point(s) of diversion or well(s) with distance and bearing or coordinates from a recognized survey corner. This information can be found in your water right certificate permit.	
	N/A N/A	If you are proposing a change in point(s) of diversion or well(s), show the proposed local and label it clearly with distance and bearing or coordinates. If GPS coordinates are use latitude-longitude coordinates may be expressed as either degrees-minutes-seconds with least one digit after the decimal (example – 42°32'15.5") or degrees-decimal with five of more digits after the decimal (example – 42.53764°).	ed, at
i	Revised 3/2		

Part 3 of 4 - Applicant Information and Signature

Applicant 1	Information
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APPLICANT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.					
Lon Wadekamper			541-567-3876						
ADDRESS				FAX NO.					
29899 Country Lane									
CITY	STATE	ZIP	E-MAIL	·					
Hermiston	OR	97838							

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

AGENT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.				
Ronald V. McKinnis			541-567-2017	541-481-7678				
ADDRESS				FAX NO.				
79980 Prindle Loop Road			541-481-2679					
CITY	STATE	ZIP	E-MAIL					
Hermiston	OR	97838	ronm@portofmorrow.com					

Hermiston	OR	97838	ronm@portofmorrow.com	
	ondence	to Agent. Send c	owing: opies of correspondence to App nd copies of correspondence to A	*
Check this box if this pro Reinvestment Act. (Fede	-		nded by the American Recovery	and
Is the applicant the sole own transfer is located? Yes		land on which the	e water right, or portion thereof,	proposed for
,	ent (and n	nailing addresses)	ailing address if different than the from all landowners or individual	· · · · · · · · · · · · · · · · · · ·
	understand ransfer, I w	ill be required to pro	the draft preliminary determination an vide landownership information and ex	
☐ I affirm the applicant is a mur name of the municipality or a			.510(3)(b) and that the right is in the	
			ndemn property and is acquiring by for transfer is appurtenant and have	JUN 2 1 2010
I (we) affirm that the information of the informati		eained in this appl Len Wadekam Name (and title if ap	ication is true and accurate.	TER RESOURCES DEPT SALEM, OREGON

In your own words tell us what change(s) you want made and the reason for the change(s): Removed drip

Name (and title if applicable) (print)

Date

system for Grapes and installed a small pivot for irrigation of row crops

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Applicant signature

The applicant is resp continue to be sent to	onsible for the app	or comple	etion of	change(s). Noti	ces and correspo	ondence should		
The receiving landor final order is issued.								
The receiving landor of notices and corres								
At this time, are the lands in	ı this tran	sfer appli	ication in	n the process of	being sold?	Yes ⊠No		
If YES, and you know vinformation table below assignment will have to	. If you c	do not kno	ow who	ll be, please con the new landow	nplete the receivener will be, then	ing landowner a request for		
If a property sells, the co- unless a sale agreement please visit our web site	or other o	document	states o	therwise. (To le	arn about sale a	greements		
RECEIVING LANDOWNER NAME				PHONE NO.	ADDITIONAL	CONTACT NO.		
ADDRESS					FAX NO.			
CITY	STATE	ZIP		E-MAIL				
Check here if any of the an irrigation or other wa	_			e and attach Sup		•		
CITY			STATE		ZIP			
Check here if water for a for stored water with a f					vice agreement	or other contract		
ENTITY NAME			ADDRES	s				
CITY			STATE ZIP					
To meet State Land Use Cocity, municipal corporation, conveyed or used.								
ENTITY NAME Umatilla County - Planning De	pt.		ADDRES 216 SE	S 4 th Street				
CITY Pendleton			STATE OR	· · ·	ZIP 97801	RECEIVE		
			·T		7/001	JUN 2 1 2010		
ENTITY NAME			ADDRES	S		WATER RESOURCES		
CITY			STATE		ZIP SALEM OREGO			

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Check the following boxes that apply:

Part 4 of 4 - Water Right Information

Please use a separate Part 4 for each water right being changed. See instructions at http://www.wrd.state.or.us/OWRD/PUBS/forms.shtml.

CERTIFICATE # 46819 86375

Description	of	Water	Delivery	System
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System capacity: 0.11 cubic feet per second (cfs) OR gallons per minute (gpm)

Describe the current water delivery system or the system that was in place at some time within the last five years. Include information on the pumps, canals, pipelines and sprinklers used to divert, convey and apply the water at the authorized place of use. Well with sub Pump and pipeline to serve a Drip System for the irrigation of Grapes

Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA) (Note: If the POD/POA name is not specified on the certificate, assign it a name or number here.)

POD/POA Name or Number	Name or Authorized on		If POA, OWRD Well Log ID# (or Well ID Tag # L)		Sec	1/4 1/4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)	
Well	■ Authorized □ Proposed	UMAT 3883 & 3384	5 N	28 E	21	sw sw	1000	1750' S & 90' E from W 1/4 Corner Sec 21	
	☐ Authorized ☐ Proposed								
	☐ Authorized ☐ Proposed								
	☐ Authorized ☐ Proposed								

Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses): Supplemental Use to Primary Use (S to P) \boxtimes Place of Use (POU) Point of Appropriation/Well (POA) Character of Use (USE) Point of Diversion (POD) Additional Point of Appropriation (APOA) Additional Point of Diversion (APOD) Substitution (SUB) RECEIVED Government Action POD (GOV) Historic POD (HPOD) JUN 2 1 2010 Surface Water POD to Ground Water WATER RESOURCES DEPT POA (SW/GW) SALEM, OREGON Will all of the proposed changes affect the entire water right?

Yes Complete only the Proposed ("to" lands) section of Table 2 on the next page. Use the "CODES" listed above to describe the proposed changes.

No Complete all of Table 2 to describe the portion of the water right to be changed.

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Please use additional pages of Table 2 as needed

Table 2. Description of Changes to Water Right Certificate # 46819 86 375

List only the part of the right that will be changed. For the acreage in each 1/4 1/4, list the change proposed. If more than one change, specify the acreage associated with each change. If more than one POD/POA, specify the acreage associated with each POD/POA.

	> 2 p (, t	- 9									Ţ
	POD(s)/ POA(s) to be used (from Table 1)	POD #5	POD #6	Well	Well							
ANGES	New Type of POA(s) to USE (from Table 1)			Irrigation	Irrigation							
Proposed ("to" lands) AFTER THE CHANGES	Acres (if applicable)	10.0	5.0	9.0	9.2							8.6
FTE	Gvt Lot or DLC	_										ES
A (spr	Tax I	200	200	1500	1000	-						TOTAL ACRES
o" lar	4	N N	NW	SE	S.							OTA
("t	7, 7,	NW NW	SW NW	Z	₹ X							
sodo	Sec	_	7	20	21							1
Pr	Rng	E)	ъ	Ħ	国							1
		6 S	6 S	N 28	N 28							-
	Тwp	2	2	S.	S.							
Pronosed	Changes (see "CODES" from previous page)	POU/POD	33	POU	POU	POU	POU	POU	POU			
HANGES	POD(s) or POA(s) (name or number from Table 1)	POD #1 POD #2	3	Well	Well	Well	Well	Well	Well			
Authorized ("from" lands) as they appear BEFORE THE CHANGES	Type of USE listed on Certificate	Irrigation	3	Irrigation	Irrigation	Irrigation	Irrigation	Irrigation	Irrigation			
pear BEF	Got Acres Lot or (if DLC applicable)	15.0	EXAMPLE	3.30	1.33	90.0	1.82	2.84	0.45			8.6
ey ap	Gvt Lot or DLC		3									ES
as th	Tax	100	3	1500	1500	1500	1000	1000	1000			TOTAL ACRES
lands	7.	N N	3	Z	SE	SE	š	SW.	SW			OTA
"mo	% %	NE	3	SE	NE	SE	SW	ž	SW			
l ("fr	Sec	15	3	20	20	20	21	21	21			
rized	Rng	ഥ	3	Ħ	E	F	ഥ	ഥ	F			
utho	_	6 5	3	7 78	N 28	78	N 28	N 28	N 28			
A	Тwp	2 S	;	Z V	8 N	N N	S	S	S			
									_			

BECEIATansfer Application – Page 6 of 7 JUN 2 1 2010 WATER RESOURCES DEPT SALEM, OREGON

Revised 3/2/2010

Additional remarks:

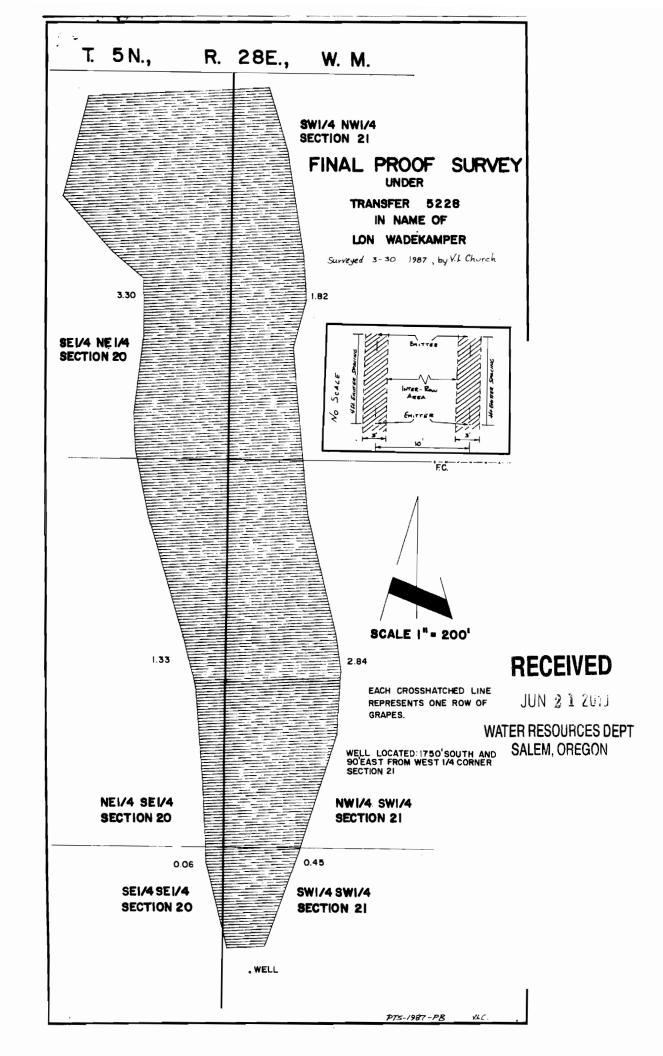
								Cei	rtificate#_	
F	or Place	of Use or Cl	haracter	of Use C	hanges					
		e other water "from" or the	_	-		•	ground wa	iter registr	ations assoc	iated
	If YES, I	list the certifi	cate, wat	er use per	mit, or gi	ound wate	r registratio	on number	rs:	
	a primar	to ORS 540 y right propo and water reg on.	sed for tr	ansfer mu	ist be incl	uded in the	e transfer o	r be cance	lled. Any c	hange
F	or Subst	itution (grou irriga	nd water ation)	suppleme	ental irrig	ation will l	be substitut	ed for surf	face water p	rimary
		water suppler water primary				#;				
F	or a chai	nge from Su	pplemen	tal Irriga	tion Use	to Primar	y Irrigatio	n Use		
	Identify	the primary o	ertificate	to be can	celled. (Certificate #	#			
F	or a chai	nge in point(s) of app	ropriatio	n (well(s)) or addit	tional poin	t(s) of an	oropriation	:
	ass app	ell log(s) are a ociated with olication map o://apps2.wrd	the corre . (Tip: Y	sponding You may s	well(s) ir earch for	Table 1 al well logs o	bove and or on the Depa	n the accor	mpanying	
	OR									
		scribe the connot have a w		of the au	thorized	and propos	sed well(s)	in Table 3	for any wel	lls that
Any well(s accompany transfer ap	in this ling appliplication.	ion of Point(isting must b cation map. For propose examiner for	e clearly Failure to d wells,	tied to co o provide we recom	rrespondi adequate mend tha	information tyou const	on is likely ult a license	to delay the d well dri	ne processin	g of your ist, or
Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well, OWRD Well ID Tag No. L	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well - specific rat (cfs or gpm). <u>If</u> less than full rate of water right

WATER RESOURCES DEPT SALEM, OREGON

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JUN 2 1 2010

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