Application for Water Right

Transfer

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 Check all items included with this application. (N/A = Not Applicable) \boxtimes Part 1 – Completed Minimum Requirements Checklist. FEB 09 2011 \boxtimes Part 2 – Completed Transfer Application Map Checklist. WATER RESOURCES DEPT SALEM, OREGON \boxtimes Part 3 – Completed Transfer Application – Applicant Information and Signature. \boxtimes Part 4 – Completed Transfer Application – Water Right Information. Please include a separate Part 4 for each water right. List all water right certificates to be transferred here: **42738**. Attachments: X Completed Transfer Application Map. X Completed Evidence of Use Affidavit and supporting documentation. \boxtimes Fees – Amount enclosed: \$ **1,200.00**. See the Department's Fee Schedule at www.wrd.state.or.us or call (503) 986-0883. \boxtimes 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 land use form receipt stub). Not required if water is to be diverted, conveyed, and/or used only on federal lands or if all of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone. N/A For changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation, Water Well Report/Well Log. N/A For Temporary Transfer (one to five years) Begin Year ____ End Year ____. N/A For Temporary Transfer only – Current recorded deed for the land **from** which the authorized place of use is being moved. N/A Temporary Drought Transfer (For use in counties where the Governor has declared drought) (For Staff Use Only) WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S): ____ Application fee not enclosed/insufficient Map not included or incomplete Land Use Form not enclosed or incomplete Additional signature(s) required Part is incomplete Other/Explanation 503-986-0 Staff: Date:

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 ite the existing water right map. Check all boxes that apply.	ems and
\boxtimes	□ N/A	Certified Water Right Examiner (CWRE) Stamp and Original Signature. For a list CWREs, see http://www1.wrd.state.or.us/pdfs/cwre_listing.pdf . CWRE stamp and are not required for temporary changes and substitutions.	
	N/A	If more than three water rights are involved, separate maps are needed for each v	water right.
\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 30 x 30 inch maps, three (3) paper copies and an electronic copy in a .pdf, .tiff of are required.	
\boxtimes			EB 09 2011
		The scale of the map must be: 1 inch = 400 feet, 1 inch = 1,320 feet, the scale of the Proof/Claim of Beneficial Use Map (the map used when the permit was certificate scale of the county assessor map if the scale is not smaller than 1 inch = 1,320 feet scale that has been pre-approved by the Department.	ed), the
\boxtimes		Township, Range, Section, 1/4 1/4, DLC, Government Lot, and other recognized pulsurvey lines.	blic land
\boxtimes		Tax lot boundaries (property lines) are required. Tax lot numbers are recommend	ed.
\boxtimes		Major physical features including rivers and creeks showing direction of flow, lak reservoirs, roads, and railroads.	es and
\boxtimes		Major water delivery system features from the point(s) of diversion/appropriation main pipelines, canals, and ditches.	such as
		Existing place of use that includes separate hachuring for each water right, priority use including number of acres in each quarter-quarter section, government lot, or quarter-quarter section as projected within government lots, donation land claims, recognized public land survey subdivisions. If less than the entirety of the water rebeing changed, a separate hachuring is needed for lands left unchanged.	in each or other
	□ N/A	Proposed place of use that includes separate hachuring for each water right, priori use including number of acres in each quarter-quarter section, government lot, or quarter-quarter section as projected within government lots, donation land claims, recognized public land survey subdivisions.	in each
\boxtimes		Existing point(s) of diversion or well(s) with distance and bearing or coordinates recognized survey corner. This information can be found in your water right certipermit.	
	□ N/A	If you are proposing a change in point(s) of diversion or well(s), show the propose and label it clearly with distance and bearing or coordinates. If GPS coordinates a latitude-longitude coordinates may be expressed as either degrees-minutes-second least one digit after the decimal (example $-42^{\circ}32^{\circ}15.5^{\circ}$) or degrees-decimal with more digits after the decimal (example -42.53764°).	are used, ls with at five or
I	Revised 8/1	1/2010 Transfer Application – Page 2 of 10	FS

Part 3 of 4 - Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.
Horsefly Irrigation District			541-545-6474	
ADDRESS				FAX NO.
P.O. Box 188				541-545-6475
CITY	STATE	ZIP	 E-MAIL	
Bonanza	Or	97623	horseflydist@centu	ırytel.net

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.
Adkins Consulting Engine	eers, Inc	541-884-4666		
ADDRESS				FAX NO.
2950 Shasta Way				541-884-5335
CITY	STATE	ZIP	E-MAIL	
Klamath Falls	Or	97601	adkins@adkinsen	gineering.com

If an agent is listed above, please check <u>one</u> of the following: Please send all correspondence to Agent. Send copies of correspondence to Applicant; OR Please send all correspondence to Applicant. Send copies of correspondence to Agent.
Check this box if this project is fully or partially funded by the American Recovery and Reinvestment Act. (Federal stimulus dollars)
Is the applicant the sole owner of the land on which the water right, or portion thereof, proposed for transfer is located? \square Yes \boxtimes No
If NO, include signatures of all landowners (and mailing address if different than the applicant's attach affidavits of consent (and mailing addresses) from all landowners or individuals/entities to which the water right(s) has been conveyed.
Permanent Transfers Only (check one box)
By signing this application, I understand that, upon receipt of the draft preliminary determination and prior to Department approval of the transfer, I will be required to provide landownership information and evidence that I an authorized to pursue the transfer as identified in OAR 690-380-4010(5); OR
☐ I affirm the applicant is a municipality as defined in ORS 540.510(3)(b) and that the right is in the name of the municipality or a predecessor; OR
I affirm that the applicant is an entity with the authority to condemn property and is acquiring by condemnation the property to which the water right proposed for transfer is appurtenant and have supporting documentation.



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

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or

Applicant signature

Name (and title if applicable) (print)

MATER HESCHROES DED

Applicant signature

Name (and title if applicable) (print)

Date

WATER RESOURCES DEPT SALEM, OREGON

In your own words tell us what change(s) you want made and the reason for the change(s): <u>The applicant is requesting a new P.O.A. #2</u>, which is a new well. The new well work in conjunction with the existing well, or may be used on a rotation basis with the existing well.

Check the following boxes	that app	oly:								
The applicant is resp continue to be sent to		•	etion of	change(s). Notices	and corres	spondence should				
The receiving landov final order is issued.										
The receiving landow of notices and corres				-	-	• • •	es			
At this time, are the lands in this transfer application in the process of being sold? Yes No										
If YES, and you know v information table below assignment will have to	. If you d	lo not kno	w who			•				
If a property sells, the counless a sale agreement please visit our web site	or other c	locument	states o	therwise. (To learn	about sale	e agreements				
RECEIVING LANDOWNER NAME n/a				PHONE NO.	ADDITION	NAL CONTACT NO.				
ADDRESS				L	FAX NO.					
CITY	STATE	ZIP		E-MAIL						
Describe any special owners Irrigation District. Check here if any of the an irrigation or other wa	water rig	hts propo	sed for	transfer are or will b	e located	within or served b	у			
IRRIGATION DISTRICT NAME Horsefly Irrigation District			ADDRES P.O. Bo							
CITY			STATE Or		ZIP 97623					
Check here if water for a for stored water with a f			pplied u	ty.		nt or other contrac	et			
ENTITY NAME			ADDRES							
CITY			STATE		ZIP					
To meet State Land Use Cocity, municipal corporation, conveyed or used.	nsistency or tribal	Requirer governme	ments, yeent) with	ou must list all local	governm on water w	ents (each county, vill be diverted RECEIV	ED			
ENTITY NAME			ADDRES			FEB U9	2011			
Klamath County CITY			STATE	in Street	ZIP	WATER RESOURC	ES DEP			
Klamath Falls			Or		97603	SALEM, ORE				
ENTITY NAME			ADDRES							
CITY Bonanza			STATE Or		ZIP 97623					
Dylializa			· ·		, Jac					

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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.

			CEI	RTIFICA	ATE#	42738		
Descri	ption of Water	r Delivery Sy	stem					
System	capacity: 9.3	4 cubic feet p	er secon	d (cfs) O	R			
	·	gallons pe	er minute	e (gpm)				
five yearnd app Places	ars. Include in object the water at of Use.	formation on the authorize	the pumed place	ps, canal of use. C	s, pipe C anals	elines and spr are used to	inklers conve	ome time within the last used to divert, convey water to authorized Appropriation (POA)
	POD/POA nan		-	•	,	•	,	• • • • •
POD/POA Name or Number	Is this POD/POA Authorized on the Certificate or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L)	Twp	Rng	Sec	V4.1/4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
.O.A. #1 Hoeffler	✓ Authorized✓ Proposed	KLAM 12457	38 S	11 E	36	NW NW	200	870' S, 310'E of NW cor Sec 36
.O.A. #2 new well	☐ Authorized ☐ Proposed		38 S	11 E	26	SE SW	700	300'N, 1500'E, of SW cor Sec 26
	☐ Authorized ☐ Proposed							
	☐ Authorized ☐ Proposed					1		
Check	all type(s) of c	change(s) pro	posed b	elow (ch	ange	"CODES" a	re pro	vided in parentheses):
	Place of Use	(POU)				Supplementa	l Use to	Primary Use (S to P)
	Character of	Use (USE)				Point of App	ropriati	on/Well (POA)
	Point of Dive	ersion (POD)				Additional P	oint of	Appropriation (APOA)
	Additional P	oint of Diver	sion (AP	OD)		Substitution	(SUB)	RECEIVE
	Surface Water POA (SW/G	er POD to Gr W)	ound Wa	ater		Government	Action	POD (GOV) FEB 0 9 201
Will al	l of the propos	,	affect th	e entire v	water	right?		WATER HESOURCES
	S Complete on	O	sed ("to"	lands) se	ection	of Table 2 or	n the ne	SALEM, ORECOME ext page. Use the
□No		of Table 2 to				C	ght to b	e changed.

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Please use additional pages of Table 2 as needed

Table 2. Description of Changes to Water Right Certificate # 42738

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.

	> 9 T C	w	#1						Γ						Γ_	
	POD(s)/ POA(s) to be used (from Table 1)	POD #5	P.O.A. #1 P.O.A. #2	3	3	3	3	3	3	3	"	3	3	3	:	3
ANGES	New Type of USE		Irrigation	3	3	3	3	3	3	3	3	3	3	3	:	3
Proposed ("to" lands) AFTER THE CHANGES	Acres (if applicable	10.0	18.4	4.8	23.3	1.5	16.4	16.7	7.0	9.6	0.2	9.6	27.8	0.3	0.1	8.9
TER	Gvt Lot or DLC	-														
ds) AI	Tax Lot	200														
to" lan	7, 7,	Š Z	WN	WN WN	NE	SE	SE	SW	SW.	SE	SE	SE	SE	NE	NE	NW
") pəs		3 2	SW	N N	NE	SE	SW	SE	SW	NE	WN	SW	SE	SE	WN	SE
ropo	Sec	<u>ы</u>	5		E 35	E 26				27				E 35		•,
Ь	Rng	6	11.5 E		11.5	11.5 1				11.5 E				11.5 1		
	Тwp	2 S	38 S	-	38 S	38 S				38 S				38 S		
Pronosed	Changes (see "CODES" from previous page)	POU/POD	APOA	ä	"	*	33	3	39	35	3	3	35	3	Š	` .
HANGES	POD(s) or POA(s) (name or number from Table 1)	POD #1 POD #2														
Authorized ("from" lands) as they appear BEFORE THE CHANGES	Type of USE listed on Certificate	Irrigation														
pear BEF	Gvt Acres Lot or (if DLC applicable)	15.0							,							
ey ap																
as th	Tax Lot	100														
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TOTAL ACRES 142.5 PRIMARY

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TOTAL SECTION REPLAN RELAW REVISED SECURITY REPLACEMENTS OF THE PROPERTY OF TH

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Table 2. Description of Changes to Water Right Certificate # 42738

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.

	% p 1 (1	£	9#	#1												_	1
	POD(s)/ POA(s) to be used (from Table 1)	POD #5	POD #6	P.O.A. #1 P.O.A. #2	ક	3	3	3	3	3	3	3	3	3	3	=	
ANGES	New Type of USE			P.O.A. #1 P.O.A. #2	33	3	3	3	3	3	3	3	3	3	3	=	
Proposed ("to" lands) AFTER THE CHANGES	Acres (if applicable)	10.0	5.0	25.2	23.3	7.2	6.4	12.6	39.6	36.8	36.8	40.0	8.4	4.0	27.2	39.6	
TER 7	Gvt Lot or DLC																
ds) AI	Tax	200	200														
to" lan	1/4 1/4	WN	N.W	SW	SW	SE	SE	SE	NE	NE	NE	NE	N N	WN	N N	SE	
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esodo	Sec	1	7	26			27		34								
Pre	Rng	9 E	9 E	11 E			11 E		11 E								
	Тwр	2 S	s S	38 S			38 S		38 S								· 第一年
Dronoged	Changes (see "CODES" from previous page)	POU/POD	3	APOA	3	3	3	3	3	3	3	3	3	3	3	TAW	E S
HANGES	POD(s) or POA(s) (name or number from Table 1)	POD #1 POD #2	3	P.O.A. #1	3	"	3	"	"	3	"	"	"	3	33	11	
Authorized ("from" lands) as they appear BEFORE THE CHANGES	Type of USE listed on Certificate	Irrigation	3	Irrigation	"	"	33	"	33	3	"	33	3	3	3	•	
ear BEF	Gvt Acres Lot or (if DLC applicable)	15.0	EXAMPLE	25.2	23.3	7.2	6.4	12.6	39.6	36.8	36.8	40.0	8.4	4.0	27.2	39.6	
ey ap	Gvt Lot or DLC		3														
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lands	7,7	MN	3	SW	SW	SE	SE	SE	NE	Z E	NE.	NE	Š	Š	Š	SE	
rom"	7, 4,	NE	;	SW	SE	MS	SW	SE	NE	WN	SW NE	SE	NE	SW	SE	NW SE	
J,,) p	Sec	15	3	26			27		34								
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Please use additional pages of Table 2 as needed

Table - Description of Changes to Water Right Certificate # 42738

			Ι -	= 2	-	l									
	POD(s)/ POA(s) to be used (from Table 1)	POD #5	9# QOd	P.O.A. #1 P.O.A. #2	3	3	"	3	3	3	"	3	3		ENTAL
IANGES	New Type of POA(s) to USE (from Table 1)			3	"	3	3	3	3	3	n	3	3		604.6 SUPPLEMENTAI
Proposed ("to" lands) AFTER THE CHANGES	Acres (if applicable)	10.0	5.0	13.8	33.2	25.8	38.4	37.0	33.2	32.0	39.2	39.6	5.3		604.6 S
FTEF	Gvt Lot or DLC	_													
ds) A	Tax	200	200												TOTAL ACRES
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Pr	Rng	6 E	9 E	11.5 E		, ,									
	Twp	S	S	S 1											
	L	71	71	38											
Pronosed	Changes (see "CODES" from previous	POU/POD	3	APOA	3	3	3	3	3	3	33	3	3		
HANGES	POD(s) or POA(s) (name or number from Table 1)	POD #1 POD #2	3	P.O.A. #1	"	3	"	"	"	"	"	"	"		ge 8 of 10
Authorized ("from" lands) as they appear BEFORE THE CH	Type of USE listed on Certificate	Irrigation	3	Irrigation	"	3	"	ÿ	3	3	"	3	"		Transfer Application – Page 8 of 10
pear BEF	Gvt Acres Lot or (if DLC applicable)	15.0	EXAMPLE	13.8	33.2	25.8	38.4	37.0	33.2	32.0	39.2	39.6	5.3		ransfer Ap
ey ap	Gvt Lot or DLC		3												RECEIVED
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	Twp 1	71	3	38											<u></u>

Water Right Certificate # 42738

Additional remarks:

P.O.A. #2 will work in conjunction with the existing well, or may be used on a rotation basis with the existing well.

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For Place of Use or Character of Use Changes

Are there other water right certificates, water use permits or ground water registrations associated with the "from" or the "to" lands? \square Yes \boxtimes No
If YES, list the certificate, water use permit, or ground water registration numbers:
Pursuant to ORS 540.510, any "layered" water use such as an irrigation right that is supplemental a primary right proposed for transfer must be included in the transfer or be cancelled. Any change to a ground water registration must be filed separately in a ground water registration modification application.
For Substitution (ground water supplemental irrigation will be substituted for surface water primar irrigation)
Ground water supplemental Permit or Certificate #; Surface water primary Certificate #
For a change from Supplemental Irrigation Use to Primary Irrigation Use
Identify the primary certificate to be cancelled. Certificate #
For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation:
Well log(s) are attached for each authorized and proposed well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map. (Tip : You may search for well logs on the Department's web page at: http://apps2.wrd.state.or.us/apps/gw/well_log/Default.aspx)
OR
Describe the construction of the authorized and proposed well(s) in Table 3 for any wells that do not have a well log.

Table 3. Construction of Point(s) of Appropriation

Any well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the accompanying application map. Failure to provide adequate information is likely to delay the processing of your transfer application. For proposed wells, we recommend that you consult a licensed well driller, geologist, or certified water right examiner for the proper information needed to complete the table.

Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well, OWRD Well ID Tag	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 rate (cfs or gpm). If less than full rate of water right
P.O.A. #1	yes	KLAM 12457	1,580	18"	unk	unk	unk	46'±	Basalt	9.34cfs
P.O.A. #2 New well	no		1,500±	18"	TBD	TBD	TBD	46'±	Basalt	7.56cfs
							Set	San 3.0 San 9.2 2.3		
							1	FCEIAI	na Post	
								FEB 09 2	011	

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WATER REGUNCES DEPT SALEM, ORSOON

STATE	ENGINEER
Saler	n, Oregon

KLAM 12457

Well Record

STATE WELL NO 38/112-36D(
COUNTY APPLICATION NO U38 - 6w

R. Hoeffler	MAILING ADDRESS:	G-	-3906°, -3670 p
LOCATION OF WELL: Owner's No	CITY AND STATE:		
NW NW 36 38 N. 11½ E	., W.M.	OD!	
Bearing and distance from section or subdivision			
corner			
	•••••		
Altitude at well			
TYPE OF WELL: Drilled Date Constructed		Ris	
Depth drilled 470 Depth cased		Section 36	
CASING RECORD: 18 inches			
FINISH:		•	
AQUIFERS:			an dang a ——————————————————————————————————
WATER LEVEL: 45.66 feet below land sur	face, August	22, 1949	
PUMPING EQUIPMENT: Type	*****	H.P	
Capacity G.P.M.			
WELL TESTS: Drawdown ft. after	hours		G.P.M
Drawdown ft. after	hours		G.P.M
USE OF WATER SOURCE OF INFORMATION USGS 1281-5	Temp.	°F	, 19

Hardness 225ppm, chloride 9ppm. Drilled for oil prospect; 30-in. hole to 1,580 ft.; now cleaned out to 470 foot depth; reported yield 1,500 gpm; chemical tests made on a dipped sample.

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ADDITIONAL DATA: