

Application for Water Right Transfer

Part 1 of 4 – Minimum Requirements Checklist



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem, Oregon 97301-1266
 (503) 986-0900
 www.wrd.state.or.us

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

Check all items included with this application. (N/A = Not Applicable)

- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Transfer Application Map Checklist.
- Part 3 – Completed Transfer Application – Applicant Information and Signature.
- 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: **64775, 82230.**

Attachments:

- Completed Transfer Application Map.
- Completed Evidence of Use Affidavit and supporting documentation.
- Fees – Amount enclosed: \$ **1,600.00.**
See the Department's Fee Schedule at www.wrd.state.or.us or call (503) 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 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)

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(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 _____
 Staff: _____ 503-986-0 _____ 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.

Please be sure that the transfer application map you submit includes all the required items and matches the existing water right map. Check all boxes that apply.

- N/A Certified Water Right Examiner (CWRE) Stamp and Original Signature. For list of CWREs see http://www1.wrd.state.or.us/pdfs/cwre_listing.pdf. CWRE stamp and signature are not 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 right.
- Permanent quality printed with dark ink on white or clear paper or film.
- The size of the map can be 8½ x 11 inches, 8½ x 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, .tiff or .jpg format are required.
- A north arrow, a legend, and scale.
- The scale of the map must be: 1 inch = 400 feet, 1 inch = 1,320 feet, the scale of the Prior Proof/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.
- Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines.
- Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
- Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.
- Major water delivery system features from the point(s) of diversion/appropriation such as main pipelines, canals, and ditches.
- Existing place of use that includes separate hachuring for each water right, priority date, and 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 other 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.
- N/A Proposed place of use that includes separate hachuring for each water right, priority date, and 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 other recognized public land survey subdivisions.
- 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 or permit.
- N/A If you are proposing a change in point(s) of diversion or well(s), show the proposed location and label it clearly with distance and bearing or coordinates. If GPS coordinates are used, latitude-longitude coordinates may be expressed as either degrees-minutes-seconds with at least one digit after the decimal (example – 42°32'15.5") or degrees-decimal with five or more digits after the decimal (example – 42.53764°).

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Part 3 of 4 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME COLAHAN ENTERPRISES		PHONE NO. 541-943-3341	ADDITIONAL CONTACT NO.
ADDRESS PO BOX 300		FAX NO.	
CITY PAISLEY	STATE OR	ZIP 97636	E-MAIL lizzymongo@yahoo.com

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

AGENT/BUSINESS NAME Dennis R. Glender dba Glender's Hydro Tech Services		PHONE NO. 541-219-0806	ADDITIONAL CONTACT NO. no
ADDRESS 8664 Sw Sand Ridge Rd		FAX NO. no	
CITY Crooked River Ranch	STATE OR	ZIP 97760	E-MAIL djglender@msn.com

If an agent is listed above, please check **one** 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? Yes No

If NO, include signatures of all landowners (and mailing address if different than the applicant's) or 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 am 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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Applicant signature

Raymond Colahan - President
Name (and title if applicable) (print)

Date

Applicant signature

Name (and title if applicable) (print)

Date

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In your own words tell us what change(s) you want made and the reason for the change(s): **Applicant is applying for 3 additional wells to service the supplemental irrigation as described in Water Right Certificates 64775 & 82230 for a total of 3.91 cfs.**

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least one digit after the decimal (example – 42°32'15.5") or degrees-decimal with five or
Part 3 of 4 – Applicant Information and Signature 42.53764°).

Applicant Information

APPLICANT/BUSINESS NAME COLAHAN ENTERPRISES			PHONE NO. 541-943-3341	ADDITIONAL CONTACT NO.
ADDRESS PO BOX 300				FAX NO.
CITY PAISLEY	STATE OR	ZIP 97636	E-MAIL lizzymongo@yahoo.com	

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ADDRESS 8664 Sw Sand Ridge Rd				FAX NO. no
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- 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)

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If NO, include signatures of all landowners (and mailing address if different than the applicant's) or attach affidavits of consent (and mailing addresses) from all landowners or individuals/entities to which the water right(s) has been conveyed.

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- 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.


 Applicant signature

Raymond Colahan - President
 Name (and title if applicable) (print)

3-18-11
 Date

Applicant signature

Name (and title if applicable) (print)

Date

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In your own words tell us what change(s) you want made and the reason for the change(s): **Applicant is applying for 3 additional wells to service the supplemental irrigation as described in Water Right Certificates 64775 & 82230 for a total of 3.91 cfs.**

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 # 64775

Description of Water Delivery System

System capacity: 2.90 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. **100 HP Turbine Well Pump, 2 40 HP Turbine Pond Pumps to 2 Center Pivot, various wheel lines and flood irrigation sites.**

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	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	¼ ¼	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Well #1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	LAKE 1627, 4448	33 S	18 E	23	NW SW	1300	1680' N & 1240' E from the SW Corner, Sec 23.
Well # 2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	NOT DRILLED	33 S	18 E	23	NW SW	1300	1853' N & 112' W from the W 1/16 Corner Sections 23 & 26.
Well #3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	LAKE 1628, 1626	33 S	18 E	23	SW NE	1300	2987' N & 2574' E from the W 1/16 Corner Sections 23 & 26.
Well #4	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	LAKE 1625	33 S	18 E	14	SE SE	801	3682' N & 6426' E from the W 1/16 Corner Sections 23 & 26.

Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses):

- | | |
|--|--|
| <input type="checkbox"/> Place of Use (POU) | <input type="checkbox"/> Supplemental Use to Primary Use (S to P) |
| <input type="checkbox"/> Character of Use (USE) | <input type="checkbox"/> Point of Appropriation/Well (POA) |
| <input type="checkbox"/> Point of Diversion (POD) | <input checked="" type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Additional Point of Diversion (APOD) | <input type="checkbox"/> Substitution (SUB) |
| <input type="checkbox"/> Historic POD (HPOD) | <input type="checkbox"/> Government Action POD (GOV) |
| <input type="checkbox"/> Surface Water POD to Ground Water POA (SW/GW) | |

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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 # 64775

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.

Authorized ("from" lands) as they appear BEFORE THE CHANGES										Proposed ("to" lands) AFTER THE CHANGES										
Twp	Rng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acre (if applicable)	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Proposed Changes (see "CODES" from previous page)	Twp	Rng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acre (if applicable)	New Type of USE	POD(s) to be used (from Table 1)
2 S	9 E	15	NE	NW	100		15.0	Irrigation	POD #1	POU/POD	2 S	9 E	1	NW	NW	500	1	10.0		POD #5
											2 S	9 E	2	SW	NW	500		5.0		POD #6
33 S	18 E	23	NE	NE	1300		41.6	Irrigation	POA #1	APOA	33 S	18 E	23	NE	NE	1300		41.6		POA #1, #2, #3, #4
			NW	NE	"		41.1	"	"	"				NW	NE	"		41.1	"	"
			SW	NE	"		38.8	"	"	"				SW	NE	"		38.8		"
			SE	NE	"		41.1	"	"	"				SE	NE	"		41.1		"
			SE	NW	"		39.6	"	"	"				SE	NW	"		39.6		"
			NE	SW	"		19.9	"	"	"				NE	SW	"		19.9		"
			NW	SW	"		6.3	"	"	"				NW	SW	"		6.3		"
			NE	SE	"		8.7	"	"	"				NE	SE	"		8.7		"
33 S	18 E	24	NE	SW	1300		1.2	Irrigation	POA #1	APOA	33 S	18 E	24	NE	NW	1300		1.2		POA #1, #2, #3, #4
			NW	NW	"		40.6	"	"	"				NW	NW	"		40.6		"
TOTAL ACRES										TOTAL ACRES										

Additional remarks: **SEE PAGE 2.**

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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? Yes No

If YES, list the certificate, water use permit, or ground water registration numbers: **Primary irrigation Certificates 64776, 64777 & 81169.**



Pursuant to ORS 540.510, any “layered” water use such as an irrigation right that is supplemental to 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 primary 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 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 rate (cfs or gpm). If less than full rate of water right
POA #2	NO	SEE	ATTACHED	WELL	DISIGN					

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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>.

CERTIFICATE # 82230

Description of Water Delivery System

System capacity: 1.01 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. **100 HP Turbine Well Pump, 2 40 HP Turbine Pond Pumps to 2 Center Pivot, various wheel lines and flood irrigation sites.**

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	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	¼ ¼	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Well #1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	LAKE 1627, 4448	33 S	18 E	23	NW SW	1300	1500' N & 1200' E from the SW Corner, Sec 23.
Well # 2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	NOT DRILLED	33 S	18 E	23	NW SW	1300	1853' N & 112' W from the W 1/16 Corner Sections 23 & 26.
Well #3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	LAKE 1628, 1626	33 S	18 E	23	SW NE	1300	2987' N & 2574' E from the W 1/16 Corner Sections 23 & 26.
Well #4	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	LAKE 1625	33 S	18 E	14	SE SE	801	3682' N & 6426' E from the W 1/16 Corner Sections 23 & 26.

Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses):

- | | |
|--|--|
| <input type="checkbox"/> Place of Use (POU) | <input type="checkbox"/> Supplemental Use to Primary Use (S to P) |
| <input type="checkbox"/> Character of Use (USE) | <input type="checkbox"/> Point of Appropriation/Well (POA) |
| <input type="checkbox"/> Point of Diversion (POD) | <input checked="" type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Additional Point of Diversion (APOD) | <input type="checkbox"/> Substitution (SUB) |
| <input type="checkbox"/> Historic POD (HPOD) | <input type="checkbox"/> Government Action POD (GOV) |
| <input type="checkbox"/> Surface Water POD to Ground Water POA (SW/GW) | |

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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 # 64775

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.

Authorized ("from" lands) as they appear BEFORE THE CHANGES										Proposed ("to" lands) AFTER THE CHANGES									
Twp	Rng	Sec	1/4	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	Type of USE listed on Certificate	POD(s) or POA(s) name or number from Table 1)	POD #1	POD #2	Twp	Rng	Sec	1/4	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	New Type of USE	POD(s) POA(s) to be used (from Table 1)
2 S	9 E	15	NE NW	100		15.0	Irrigation		POD #1	POD #2	2 S	9 E	1	NW NW	500	1	10.0		POD #5
						EXAMPLE					2 S	9 E	2	SW NW	500		5.0		POD #6
33 S	18 E	14	SE SE	801		36.4	Irrigation	POA #1			33 S	18 E	14	SE SE	801		36.4		POA #1, #2, #3, #4
33 S	18 E	23	NE NE	802		42.1	"	"			33 S	18 E	23	NE NW	802		42.1		"
			SE NW	1300		2.1	"	"						SE NW	1300		2.1		"
TOTAL ACRES										TOTAL ACRES									
80.6										80.6									

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Additional remarks: **Applicant proposes to use 4 wells in any combination not to exceed 1.01 cfs instantaneous rate and not to exceed 80.6 acres of supplemental irrigation.**

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? Yes No

If YES, list the certificate, water use permit, or ground water registration numbers: **Primary irrigation Certificate 82231.**



Pursuant to ORS 540.510, any “layered” water use such as an irrigation right that is supplemental to 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 primary 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 # _____

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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 rate (cfs or gpm). If less than full rate of water right
POA #2	NO		SEE	ATTAC HED	DRAW ING					

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