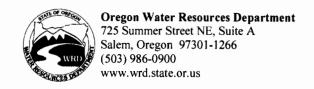
Application for Water Right

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

Che	ck all ite	ems included with this application. $(N/A = Not Applicable)$	
\boxtimes		Part 1 – Completed Minimum Requirements Checklist.	
\boxtimes		Part 2 – Completed Transfer Application Map Checklist.	
\boxtimes		Part 3 - Completed Transfer Application - Applicant Information and Signatur	e.
\boxtimes		Part 4 – Completed Transfer Application – Water Right Information. Please in separate Part 4 for each water right. List all water right certificates to be transfer Certificates 79993 & 76263.	
		Attachments:	RECEIVED
\boxtimes		Completed Transfer Application Map.	APR 0 2
\boxtimes			ER RESOURGED DEPT
\boxtimes		Fees – Amount enclosed: \$ 1283.20. See the Department's Fee Schedule at www.wrd.state.or.us or call (503) 986-08	SALEM, OREGON 383.
\boxtimes	N/A	Affidavit(s) of Consent.	
	N/A	Supplemental Form D – For water rights served by or issued in the name of an district. Complete when the transfer applicant is not the irrigation district.	irrigation
	N/A	Land Use Information Form with approval and signature (or signed land use for stub). Not required if water is to be diverted, conveyed, and/or used only on fee if all of the following apply: a) a change in place of use only, b) no structural cluse of water is for irrigation only, and d) the use is located within an irrigation exclusive farm use zone.	deral lands or hanges, c) the
\boxtimes	□ N/A	For changes in point(s) of appropriation (well(s)) or additional point(s) of approwater Well Report/Well Log.	opriation,
\boxtimes	N/A	For Temporary Transfer (one to five years) Begin Year 2011 End Year 201	<u>1</u> .
\boxtimes	□ N/A	For Temporary Transfer only – Current recorded deed for the land from which authorized place of use is being moved.	the
	N/A	Temporary Drought Transfer (For use in counties where the Governor has declar	ared drought)
	Uther	(For Staff Use Only) 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 r/Explanation 503-986-0 Date://	

Part 2 of 4 - Transfer Application Map Checklist

Yo	our trans	fer 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 and 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.
\boxtimes		Permanent quality printed with dark ink on white or clear paper or film.
\boxtimes		The size of the map can be 8½ x 11 inches, 8½ x 14 inches por 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. APR 0.7 2011
\boxtimes		A north arrow, a legend, and scale. WATER RESOURCES DEPT
		The scale of the map must be: 1 inch = 400 feet, SALEM OFF,320 feet, the scale of the Final 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, 1/4 1/4, DLC, Government Lot, and other recognized public land survey lines.
\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.
		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.
\boxtimes	□ 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.
\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 or permit.
\boxtimes	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 hearing or coordinates. If GPS coordinates are used
11	225	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

Aı	nnl	licai	nt	Info	rm	ati	Δn
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APPLICANT/BUSINESS NAM			PHONE NO.	ADDITIONAL CONTACT NO.
L & L Rarms c/o Rober	t Levy		(541)449-8627	
ADDRESS				FAX NO.
822 S. Hiwy 395, #423				(541)449-8784
CITY	STATE	ZIP	E-MAIL	
Hermiston	OR	97838	Dyan Rea <dyanro< td=""><td>ea a oregontrail.net></td></dyanro<>	ea a oregontrail.net>

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

AGENT/BUSINESS NAME William Porfily	_		PHONE NO. (541)449-1327	ADDITIONAL CONTACT NO. (541)561-7259
ADDRESS P.O. Box 643			_	FAX NO. (541)449-1327
CITY Stanfield	STATE OR	ZIP 97875	E-MAIL bporfily@my180.n	et

CITY	STATE	ZIP	E-MAIL
Stanfield	OR	97875	bporfily@my180.net
Please send all corresp Check this box if this pre Reinvestment Act. (Fede	oondence oondence oject is fu eral stimu	to Agent. Send of to Applicant. Se lly or partially fu lus dollars)	copies of correspondence to Applicant; OR and copies of correspondence to Agent. Indeed 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 applicant's) or from all landowners or individuals/entities to
	Perma	nent Transfers Only	(check one box)
	ransfer, I w	ill be required to pro	the draft preliminary determination and prior to vide landownership information and evidence that I am (0-4010(5); OR
☐ I affirm the applicant is a munname of the municipality or a			0.510(3)(b) and that the right is in the
			ndemn property and is acquiring by for transfer is appurtenant and have
I (we) afterm that the information of the Applicant signature Applicant signature	ation cont	Robert Levy-La Name (and title if ap	nd Owner 3-30-2011 Date

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

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Check the following boxes	s that ap	ply:			
The applicant is responded to be sent to			letion of	change(s). Noti	ces and correspondence should
					e proposed change(s) after the ould be sent to this landowner.
The receiving lando of notices and corre				•	completion of change(s). Copies and the applicant.
At this time, are the lands in	n this trai	nsfer app	lication i	n the process of	being sold? ☐ Yes ⊠ No
If YES, and you know information table below assignment will have to	. If you	do not kr	now who	II be, please com the new landow	aplete the receiving landowner ner will be, then a request for
unless a sale agreement	or other	documen	nt states o	otherwise. (To le	d belong to the new owner, earn about sale agreements sfer-PropertyTransactions.pdf)
RECEIVING LANDOWNER NAME Applicant				PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS		_			FAX NO.
CITY	STATE	ZIP		E-MAIL	
Describe any special owner Check here if any of the					ill be located within or served by
an irrigation or other wa					
IRRIGATION DISTRICT NAME Westland Irrigation Distr	ict		ADDRES P.O. F	s Box 944	
CITY Hermiston		_	STATE OR		ZIP 97838
Check here if water for for stored water with a f					vice agreement or other contract
ENTITY NAME			ADDRES	S	
CITY			STATE		ZIP
					ocal governments (each county, iction water will be diverted,
ENTITY NAME Umatilla County			ADDRES 216 SI		
CITY Pendelton			STATE OR		2IP 97801
ENTITY NAME			ADDRES	S	
CITY			STATE		RECÉÍVED

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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 # 76263

Description of Water Delivery System

System capacity: 3.50 cubic feet per second (cfs) OR

1570.8 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. Please Refer to Delivery System Map

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)	Т	wp	R	ng	Sec	1/4	V4 V4		Measured Distances (from a recognized survey corner)
SPARKS WELL	✓ Authorized✓ Proposed	UMAT 1224	3	N	28	E	34	NW	SE	9200	1300 ft N & 60 ft W from the SE Corner, NW 1/4 SE 1/4 Sec. 34
L&L Well #1	☐ Authorized ☐ Proposed	UMAT 1215	3	N	28	E	23	sw	SE	7100	960 ft N and 30 ft E from the S 1/4 Cor. Section 23
L&L Well #2	☐ Authorized ☐ Proposed	UMAT 1216	3	N	28	E	26	NW	NE	7300	930 ft S from the N 1/4 Cor. Section 26
L&L Well #3	☐ Authorized ☐ Proposed	UMAT 1214	3	N	28	E	23	NW	NW	7100	60 ft S and 820 ft E from the NW Cor. Section 23

Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses): \boxtimes Place of Use (POU) Supplemental Use to Primary Use (S to P) Point of Appropriation/Well (POA) Character of Use (USE) \boxtimes Additional Point of Appropriation (APOA) Point of Diversion (POD) Additional Point of Diversion (APOD) Substitution (SUB) Government Action POD (GOV) Historic POD (HPOD) Surface Water POD to Ground Water POA (SW/GW) 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. Complete all of Table 2 to describe the portion of the water right to be the med. | No APR 07 2011

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Additional remarks:

٠.,

Transfer Application – Page 6 of 10

Please use additional pages of Table 2 as needed

Table 2. Description of Changes to Water Right Certificate # 76263

associated with each change. If more than one POD/POA, specify the acreage associated with each POD/POA. 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

A 11										Twp	Aut
:										Rng	horized
-	ı									Sec	g.,) p
	TOTA									% ¼ %	rom" lands
	TOTAL ACRES									Tax Lot) as th
	ES									Gvt Lot or DLC	ey ap
										Gvt Acres Lot or (if DLC applicable)	pear BEF
										Type of USE listed on Certificate	Authorized ("from" lands) as they appear BEFORE THE CHANGES
										POD(s) or POA(s) (name or number from Table 1)	HANGES
		POU	POU	POU	POU	POU	POU	POU	POU	Changes (see "CODES" from previous page)	Proposed
		23 23	Z Si	Ω Z	3 Z	33 Z	2. Z	2. در	3 Z	Twp	
		28 E	28 E	28 E	28 E	28 E	28 E	28 E	28 E	Rng	
		32	32	32	32	23	23	23	23	Sec	ropo
		SE	SW	N N	ZE	SE	SW	N N	ZE	7.	sed (
	TOT/	WN	N N	WN WN	W W	SE	SE	SE	SE	1/4 1/4	to" la
	TOTAL ACRES	8105	8105	8105	8105	7100	7100	7100	7100	Tax Lot	nds) /
	RES	_					_			Gvt Lot or DLC	FTE
	226.1	31.5	31.9	31.7	31.0	14.7	23.7	31.3	30.3	Acres (if applicable)	Proposed ("to" lands) AFTER THE CHANGES
100	D	lrr	Irr	Ĭπ	Irr	lп	lrr	lrr	Îm	New Type of POA(s) to USE (from Table 1)	IANGES
20 :E:	11 3 DE	Wells- Sparks & 1.&L #1, 2, 1 & 3 D	Wells- Sparks & 1.&1, #1, 2, & 3	Wells- Sparks & L&L #1, 2, & 3	Wells- Sparks & 1.&l. #1, 2, & 3	Wells-Sparks & L&L #1, 2.	Wells- Sparks & L&L #1. 2. & 3	Wells- Sparks & 1.&1, #1. 2, & 3	Wells- Sparks & L&L #1. 2.	POD(s) POA(s) to be used (from Table 1)	

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For Place of Use or Character of Use Changes

			other water 'from" or the					ground wa	iter registra	ations assoc	iated
	lf YI	ES, li	ist the certifi	cate, wat	er use per	mit, or g	round wate	r registratio	on number	s:	
	a pri	mary grou	to ORS 540, right propond water regon.	sed for tr	ansfer mu	ist be incl	uded in the	e transfer o	r be cance	lled. Any c	hange
]	For Si	ıbsti	tution (grou irriga	nd water ation)	suppleme	ental irrig	ation will b	e substitut	ed for surf	ace water p	rimary
			vater suppler vater primary				# <u>N/A</u> ;				
]	For a	chan	ge from Su	pplemen	tal Irriga	tion Use	to Primar	y Irrigatio	n Use		
	Ident	tify t	he primary c	ertificate	to be can	celled. (Certificate #	# <u>N/A</u>			
]	For a	chan	ge in point(s) of app	ropriatio	n (well(s)) or addit	tional poin	t(s) of app	propriation	:
	\boxtimes	asso app	Il log(s) are a pointed with lication map	the corre	sponding of source of the sour	well(s) ir earch for	Table 1 al well logs o	oove and or on the Depa	n the accor	mpanying	
	OR										
			cribe the con		of the au	thorized	and propos	sed well(s)	in Table 3	for any wel	ls that
Any well(accompan transfer ap	s) in tl ying a plicat	his li pplic ion.	on of Point(sting must b cation map. For propose examiner for	e clearly Failure to d wells,	tied to con o provide we recom	rrespondi adequate mend tha	information t you const	n is likely ult a licenso	to delay th ed well dri	e processin	g of your ist, or
Proposed or Authorized POA Name or	Is w alrea buil (Yes	idy t? s or	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	Static water level of completed well	Source aquifer (sand, gravel, basalt, etc.)	Well - specific ra (cfs or gpm). <u>If</u> less than full rate o

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). <u>If</u> less than full rate of water right
Please See Attached Well Logs										
		_				RECEI	/ED			
						APR 07				
	1 1	1225			-WA	TER RESOUF SALEM, OR	 CES DEPT 			

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 # 79993

System capacity: 3.50 cubic feet per second (cfs) OR

1570.8 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. <u>Please Refer to Delivery System Map</u>

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 POID/POA Authorized on the Certificate or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L)	Tv	wp	R	ng	Sec	1/4	1/4 1/4		Tax Lot, DLC or Gov't Lot		Measured Distances (from a recognized survey corner)
SPARKS WELL	✓ Authorized✓ Proposed	UMAT 1224	3	N	28	E	34	NW	SE	9200	1300 ft N & 60 ft W from the SE Corner, NW 1/4 SE 1/4 Sec. 34		
L&L Well #1	☐ Authorized ☐ Proposed	UMAT 1215	3	N	28	E	23	sw	SE	7100	960 ft N and 30 ft E from the S ½ Cor. Section 23		
L&L Well #2	☐ Authorized ☐ Proposed	UMAT 1216	3	N	28	E	26	NW	N E	7300	930 ft S from the N ½ Cor. Section 26		
L&L Well #3	☐ Authorized ☐ Proposed	UMAT 1214	3	N	28	E	23	SW	SE	7100	60 ft S and 820 ft E from the NW Cor. Section 23		

Check a	ll type(s) of change(s) proposed below (c	hange	"CODES" are provided in parentheses):
\boxtimes	Place of Use (POU)		Supplemental Use to Primary Use (S to P)
	Character of Use (USE)		Point of Appropriation/Well (POA)
	Point of Diversion (POD)	\boxtimes	Additional Point of Appropriation (APOA)
	Additional Point of Diversion (APOD)		Substitution (SUB)
	Historic POD (HPOD)		Government Action POD (GOV)
	Surface Water POD to Ground Water POA (SW/GW)		
Will all	of the proposed changes affect the entire	wate	r right?
⊠ Yes	Complete only the Proposed ("to" lands) s "CODES" listed above to describe the pro-		, ,
☐ No	Complete all of Table 2 to describe the po	ortion (of the water right to be changed.

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Table 2. Description of Changes to Water Right Certificate # 79993

associated with each change. If more than one POD/POA, specify the acreage associated with each POD/POA. 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

Ado											Twp	Au
Additional remarks:										_	Rng	thorize
ป ren				-							Sec	y,,) p
narks:	TOTAL ACRES										14 1/4	rom" lands
l .	L AC										Tax Lot) as tl
	RES										Gvt Lot or DLC	ney ap
											Gvt Acres Lot or (if DLC applicable)	pear BEF
							:				Type of USE listed on Certificate	Authorized ("from" lands) as they appear BEFORE THE CHANGES
											POD(s) or POA(s) (name or number from from previous Table 1)	HANGES
									POU	POU	Changes (see "CODES" from previous page)	Proposed
								-	Z	ω Z	Twp	
									28 E	28 E	Rng	
									26	E 23	Sec	Propo
									NE NE	SE		sed (
	TOT								N E	SE	1/4 1/4	to" l:
	TOTAL ACRES								7,300	7100	Tax Lot	nds)
	RES						,				Gvt Lot or DLC	AFTE
	15.5								8.5	7.0	Acres (if applicable)	Proposed ("to" lands) AFTER THE CHANGES
			***	for V las	\$ / \$ mark	^			İn	lır	New Type of USE	ANGES
1122	5	I.V.	A	ECE APR O RESCU	201	1		•	Wells- Sparks & L&L #1, 2, & 3	Wells- Sparks & L&L #1, 2, & 3	POD(s) POA(s) to POA(s) to be used (from Table 1)	

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ı	or Pla	ice of Use or C	naracter	of Use Ci	nanges					
		nere other water he "from" or th	_			•	ground wa	ter registra	ations assoc	iated
	If YE	S, list the certif	icate, wat	er use per	mit, or gr	ound wate	r registratio	on number	s:	
	a prin to a g	ant to ORS 540 nary right proporound water reg cation.	sed for tr	ansfer mu	st be incl	uded in the	e transfer o	r be cancel	led. Any c	hange
F	or Su	bstitution (grou irrig	ind water ation)	suppleme	ental irrig	ation will b	e substitut	ed for surf	ace water p	rimary
		nd water supple ce water primar				# <u>N/A;</u>				
F	or a c	hange from Su	pplemen	tal Irriga	tion Use	to Primar	y Irrigatio	n Use		
	Identi	fy the primary o	certificate	to be can	celled. C	Certificate #	# <u>N/A</u>			
F	or a c	hange in point	(s) of app	ropriatio	n (well(s)) or addit	tional poin	t(s) of app	propriation	:
	;	Well log(s) are associated with application maphtp://apps2.wrd	the corre	sponding of	well(s) in earch for	Table 1 al	bove and or on the Depa	n the accor	mpanying	
	OR									
		Describe the co do not 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	s) in the ying ap plication	iction of Points is listing must be oplication map. on. For propose the examiner for	e clearly Failure to ed wells,	tied to con o provide we recom	rrespondi adequate mend tha	information information	on is likely ult a license	to delay th ed well dri	e processin	g of your ist, or
Proposed or	Is we	II all Carsuite	Total		Casing	Seal	Perforated or	Static water	Source aquifer	Well - specific ra (cfs 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 rate (cfs or gpm). If less than full rate of water right
Please Sec Attached Well Logs										
						R	ECEIVE	Ð		
	7	11225					APR 07 20	111		

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