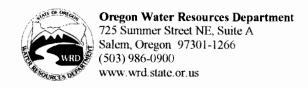
# **Application for**

# **Permit Amendment**



Part 1 of 4 - Minimum Requirements Checklist

				ents are not completed and included. 03) 986-0900, and ask for Transfer Section.	RECEIVED
Che ⊠	ck all i		ded with this application. ( Completed Minimum Requir	(N/A = Not Applicable) ements Checklist.	WATER RESOLUTION
$\boxtimes$		Part 2 – C	Completed Permit Amendme	ent Application Map Checklist.	SALEM, OREGON
$\boxtimes$		Part 3 – C	Completed Permit Amendme	ent Application - Applicant Information	
$\boxtimes$				ent Application – Water Use Permit Info ach permit. List all permit(s) to be ame	
$\boxtimes$		_		cation Map (Does not have to be prepare	red by a Certified
$\boxtimes$			nendment fees – Amount en epartment's Fee Schedule at	closed: \$ <u>900</u> . t <u>www.wrd.state.or.us</u> or call (503) 986	-0883.
	⊠ N/.	permit; or needs to b	d if the applicant is <b>not</b> the propose assigned to the permit (the	atutory fee. The request for assignment bermit holder of record and needs to be osed place of use is <b>not</b> the permit holder e Request for Assignment Form is avail <u>UBS/forms.shtml</u> ). Assignment is not red.	assigned to the er of record and able online at
$\boxtimes$	□ N/.	,	•	from all permit holder(s) of record if the rmit holders of record that are not listed	•
$\boxtimes$	□ N/.			roval and signature (or signed land use if any of the following apply:	form receipt
			Water is to be diverted, co	nveyed, and/or used only on federal lan	ds.
				a) a change in place of use only, b) no er is for irrigation only, and d) the use is exclusive farm use zone.	
				all located on the property reviewed in application Folder #	Land Use form
	⊠ N/.	_	ges in point(s) of appropriation ort(s)/Well Log(s)	on (well(s)) or additional point(s) of ap	propriation, Water
	***	E ADE DECE		r Staff Use Only)	
	W		i fee not enclosed/insufficient	ON FOR THE FOLLOWING REASON(S):  Map not included or incomplete	
		Land Use F Additional	form not enclosed or incomplete signature(s) required	Assignment Form and fee not enclosed Part is incomplete	ed/insufficient
		aff:	503-986-0	Date:/	

This permit amendment application will be returned if Parts 1 through 4

# Part 2 of 4 - Permit Amendment Map Checklist

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Your permit amendment application <u>will be returned</u> if any of the map requirements listed below are not met.

Please be sure that the map you submit includes all the items listed below and meets the requirements of OAR 690-380-3100, however, the map does <u>not</u> have to be prepared by a Certified Water Right Examiner. Check all boxes that apply.

	⊠ N/A	If more than three permits are involved, separate maps for each permit.
$\boxtimes$		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 $30 \times 30$ inches. For $30 \times 30$ inch maps, three (3) paper copies and an electronic copy in a .pdf, .tiff or .jpg format are required.
$\boxtimes$		A north arrow, a legend, and scale.
$\boxtimes$		The scale of the map must be: $1 \text{ inch} = 400 \text{ feet}$ , $1 \text{ inch} = 1,320 \text{ feet}$ , the scale of the county assessor map if the scale is not smaller than $1 \text{ inch} = 1,320 \text{ feet}$ , or a scale that has been preapproved by the Department.
$\boxtimes$		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.
$\boxtimes$		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 use permit, 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 permit is being changed, a separate hachuring is needed for the portion of the permit left unchanged.
$\boxtimes$	□ N/A	If you are proposing a change in place of use, show the proposed place of use with hachuring that includes separate hachuring for each permit, 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 use 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 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°).

### Part 3 of 4 - Applicant Information and Signature

#### **Applicant Information**

APPLICANT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.						
TURNER RANCH INC. C/O M	(541)989-8321	(541)245-0138 Cell								
ADDRESS				FAX NO.						
75655 Baseline Rd	75655 Baseline Rd									
CITY	STATE	ZIP	E-MAIL							
Heppner	OR	97836	Todd & Missy <tlin@< th=""><th>machmedia.net&gt;</th></tlin@<>	machmedia.net>						

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

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

n an	agent is fisted 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)

ls the app	licant the permit holder of record? 🗵 Yes 🗌 No
If NO,	include either:
	A completed assignment form (with required statutory assignment fee), assigning all or a portion of the permit to the applicant(s), <b>OR</b>
	An affidavit of consent from the permit holder(s) of record that gives permission for the applicant to amend the permit.



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

Applicant signature	Melissa Turner Name (and title if applicable) (print)	$\hat{\chi} - \frac{19}{\text{Date}} - 1$
Applicant signature	Name (and title if applicable) (print)	Date

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

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Check one of the following:			
☐ The applicant is responsible for continue to be sent to the applic		Notices and correspondence s	should
The permit holder(s) of record we the final order is issued. Copies holder(s) of record.			
Check the appropriate box, if applica	ıble:		
Check here if any of the permits p by an irrigation or other water dis	-	re or will be located within or	serve
IRRIGATION DISTRICT NAME N/A	ADDRESS		
CITY	STATE	ZIP	
Check here if water for any of the p	- ·	_	er
ENTITY NAME N/A	ADDRESS		
CITY	STATE	ZIP	
To meet State Land Use Consistency R city, municipal corporation, or tribal go conveyed or used.	•	` `	-
ENTITY NAME Morrow County	ADDRESS Court House		
CITY	STATE	ZIP	_
Heppner	OR	97836	
ENTITY NAME	ADDRESS		

STATE

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ZIP

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CITY

☐ Proposed

Please use a separate Part 4 for each permit being amended.

#### **PERMIT # 15464**

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

Tax If POA, Is this POD/POA Lot, OWRD Well POD/POA Measured Distances Authorized by DLC Name or Log ID# (or (from a recognized the permit or is it Rng Twp 1/4 1/4 Sec or Well ID Number survey corner) Proposed? Gov't Tag # L-\_\_\_) Lot **Authorized** MORR 250' S & 210' W from Well #1 1 S 26  $\mathbf{E}$ 24 NE NE the NE Corner Sec 24 Proposed 51207 MORR 1070' S & 20' W from S Well # 2 1 27  $\mathbf{E}$ 19 NE NE the NE Corner Sec 19 ☐ Proposed 1736 Authorized ☐ Proposed Authorized

Check a	all typ	e(s) of change(s) proposed below (c	hange	e "CODES" are provided in parentheses):			
$\boxtimes$	Place	e of Use (POU)		Point of Appropriation/Well (POA)			
	Point	t of Diversion (POD)		Additional Point of Appropriation (APOA			
	Addi	tional Point of Diversion (APOD)		Surface water POD to Ground Water POA (SW/GW)			
Will all	of the	proposed changes affect the entire	wate	r use permit?			
	Yes	Complete only the proposed ("to" la "CODES" listed above to describe t		ection of Table 2 on the next page. Use the posed changes.			
	No	Complete all of Table 2 to describe	the po	rtion of the permit to be changed.			

#### Table 2. Description of Changes to Water Use Permit # 15464

List only the part of the permit that will be changed. For the acreage in each ¼ ¼, 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

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		Au	thor	ized	("fron	ı" land	ds) as 1	hey ar	pear before	the change	s	Proposed					F	ropos	ed ("to	o" land	ls) afte	r the chang	ges	
Tw	р	R	ng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) (name or number from Table 1)	Priority Date	Changes (see "CODES" from previous page)	Tv	хр	Rn	ıg	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date
1	s	26	E	22	sw	SE	2601		10.8	Well #1 Well #2	1-09- 2003		1	s	26	E	27	NE	NW	2202		32.5	Well #1 Well #2	1-09- 2003
1	S	26	E	22	SE	SE	2601		10.3	Well #1 Well #2	1-09- 2003		1	s	26	E	27	NW	NW	2202		32.5	Well #1 Well #2	1-09- 2003
1	s	26	E	26	sw	NW	4200		7.9	Well #1 Well #2	1-09- 2003		1	s	26	E	27	sw	NW	2202		32.5	Well #1 Well #2	1-09- 2003
1	s	26	E	26	sw	sw	4200		6.0	Well #1 Well #2	1-09- 2003		1	S	26	E	27	SE	NW	2202		32.5	Well #1 Well #2	1-09- 2003
1	s	26	E	26	SE	sw	4200		2.5	Well #1 Well #2	1-09- 2003											130		
1	s	26	E	27	NE	NE	2601		9.4	Well #1 Well #2	1-09- 2003													۵
1	s	26	E	27	NW	NE	2204		7.5	Well #1 Well #2	1-09- 2003											_		RECEIVED
1	s	26	E	27	sw	NE	2204		8.9	Well #1 Well #2	1-09- 2003													2
1	s	26	E	27	SE	NE	2601		10.5	Well #1 Well #2	1-09- 2003													2
1	s	26	E	27	NE	SE	2201		7.5	Well #1 Well #2	1-09- 2003													
1	S	26	E	27	SE	SE	4200		7.5	Well #1 Well #2	1-09- 2003													
1	S	26	E	34	NE	NE	4200		7.5	Well #1 Well #2	1-09- 2003				<u>.</u>									
1	s	26	E	34	sw	NE	4200		7.5	Well #1 Well #2	1-09- 2003			,					,					
1	s	26	E	34	SE	NE	4200		7.5	Well #1 Well #2	1-09- 2003				Ĺ.,									
1	s	26	E	35	NE	NW	4200		7.2	Well #1 Well #2	1-09- 2003			,										
1	s	26	E	35	NW	NW	4200		4.0	Well #1 Well #2	1-09- 2003													_
1	s	26	E	35	sw	NW	4200		7.5	Well #1 Well #2	1-09- 2003													
						TOTA	L ACF	RES	130										TOTA	L ACF	RES	130		

Additional remarks:	Additiona	l remarks:	
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_								rern	III <u># 15404</u>	
For a	change i	n place of use	e:							
	-	it holder of r See attached					•	ce of use is	being move	ed?
peri	nit as a p	downer of the ermit holder tory fee for a	r of recor	<b>d</b> by subm	•	•			_	
Is the Map	proposed	l place of use	e contigue	ous to the	authoriz	ed place of	use? 🛚 Y	'es □ No:	See Applica	ation
unle for t 496. listin	ess the char he purpos 192 or the ng agency	l place of use ange to non-c ses of benefiti e federal End Contiguous orized by roa	ontiguous ing a spec angered S s land beir	lands is in its lands is its listed a pecies Ac ag either a	n furthera as sensitiv t of 1973 djacent la	nce of mitig e, threatene (16 U.S.C. and or land s	gation or co ed, or endan 1531 to 154 separated fr	onservation agered under 44), as deter om the land	efforts under ORS 496. ermined by the document of the document	ertaken 171 to he
		r water right				mits or gro	ound water	r registrati	ons associa	ted
		" or "to" lar								
If Y	ES, list th	e other certif	icate, perr	mit, or gro	und water	r registratio	n numbers:			
land to a	for irriga water rigl	s) are for irrig tion that are s nt certificate of ground wate	subject to or ground	transfer m water reg	nust either istration n	change con nust be filed	ncurrently of separately	or be cance in a water	lled. Any ch	nange
For a	change i	n point(s) of	appropri	ation (we	ll(s)) or a	dditional p	ooint(s) of a	appropriat	ion:	
	associate map. (7	g(s) are attached with the confip: You may	orrespond search fo	ing well(s	) in Table s on the D	l above an Department'	d on the ac	companyin		n
OR										
	Describe have a v	e the construction to the the construction to the construction of	ction of th	e authoriz	ed and pro	oposed wel	l(s) in Table	e 3 for any	wells that de	o not
Any well( accompan your trans	s) in this ying appl fer applic	tion of Point listing must b ication map. ation. For pr	be clearly Failure to coposed w	tied to cor o provide a ells, we re	respondir adequate i ecommend	information I that you c	is likely to onsult a lice	delay the pensed well	processing o	$\mathbf{f}$
or certifie	d water ri	ght examiner	for the pr	roper infor	rmation ne	eeded to co	mplete the t			XX 11
Proposed or Authorized POA Name or	Is well already built? (Yes 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 (in feet)	Static water level of completed well	Source aquifer (sand, gravel, basalt, etc.)	Well - specific rate (cfs or gpm). If less than full rate of

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(in feet)

water right

No)

Number

N/A