

Application for Water Right Transfer



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

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

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:

Attachments:

- Completed Transfer Application Map.
- Completed Evidence of Use Affidavit and supporting documentation.
- Fees – Amount enclosed: \$ 1150.-
 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	___ Part _____ is incomplete
___ Additional signature(s) required	

Other/Explanation _____

Staff: _____ 503-986-0_____ Date: ____/____/____

Part 3 of 4 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Duane Neiffer			PHONE NO. 541-422-7325	ADDITIONAL CONTACT NO. 541-377-1851
ADDRESS 67795 McNab Lane				FAX NO. 541-422-7325
CITY IONE	STATE OR	ZIP 97843	E-MAIL NNEIFFER333@MSN.COM	

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

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


Duane Neiffer
Duane Neiffer
10/26/11
 Applicant signature Name (and title if applicable) (print) Date
 _____ _____ _____
 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 change(s): _____

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Check the following boxes that apply:

- The applicant is responsible for completion of change(s). Notices and correspondence should continue to be sent to the applicant.
- The receiving landowner will be responsible for completing the proposed change(s) after the final order is issued. Copies of notices and correspondence should be sent to this landowner.
- The receiving landowner and applicant will be responsible for completion of change(s). Copies of notices and correspondence should be sent to this landowner and the applicant.

At this time, are the lands in this transfer application in the process of being sold? Yes No

If YES, and you know who the new landowner will be, please complete the receiving landowner information table below. If you do not know who the new landowner will be, then a request for assignment will have to be filed for at a later date.

If a property sells, the certificated water right(s) located on the land belong to the new owner, unless a sale agreement or other document states otherwise. (To learn about sale agreements please visit our web site at: <http://www1.wrd.state.or.us/pdfs/Transfer-PropertyTransactions.pdf>)

RECEIVING LANDOWNER NAME			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	

Describe any special ownership circumstances here: _____

- Check here if any of the water rights proposed for transfer are or will be located within or served by an irrigation or other water district. (Tip: Complete and attach Supplemental Form D.)

IRRIGATION DISTRICT NAME WILLOW CREEK DISTRICT IMPROVEMENT CO	ADDRESS 530 CENTER ST NE		
CITY SALEM	STATE OR	ZIP 97301	

- Check here if water for any of the rights supplied under a water service agreement or other contract for stored water with a federal agency or other entity.

ENTITY NAME	ADDRESS		
CITY	STATE	ZIP	



To meet State Land Use Consistency Requirements, you must list all local governments (each county, city, municipal corporation, or tribal government) within whose jurisdiction water will be diverted, conveyed or used.

ENTITY NAME MORROW COUNTY	ADDRESS P.O. BOX 40		
CITY IRRIGON	STATE OR	ZIP 97844	

ENTITY NAME	ADDRESS		
CITY	STATE	ZIP	

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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 # 64437

Description of Water Delivery System

System capacity: 1.39 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, Mainlines, Hand Lines, Wheel Lines & Pivots

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 3	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		1 S	23 E	12	NE NW	0202	360' S, 2580' E OF NW CORNER SECTION 12
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed							
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed							
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed							

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

- | | |
|--|---|
| <input checked="" 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 type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Additional Point of Diversion (APOD) | <input type="checkbox"/> Substitution (SUB) |
| <input type="checkbox"/> Surface Water POD to Ground Water POA (SW/GW) | <input type="checkbox"/> Government Action POD (GOV) |

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 # 64437

List only the part of the right 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.

Authorized ("from" lands) as they appear BEFORE THE CHANGES											Proposed Changes (see "CODES" from previous page)	Proposed ("to" lands) AFTER THE CHANGES									
Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date	Twp		Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date	
2	S	9	E 15 NE NW	100		15.0	Irrigation	POD #1 POD #2	1901	POU/POD	2	S	9	E 1 NW NW	500	1	10.0		POD #5	1901	
"	"	"	" " "	"	"	"	EXAMPLE	"	"	"	2	S	9	E 2 SW NW	500		5.0		POD #6	1901	
1	S	23	E 1 NW SW	202		4.0	Irrigation	Well 3	09-21 1981	POU	1	S	23	E 1 NW SW	202		2.0	Irrigation	Well 3	09-21 1981	
1	S	23	E 1 SW SW	202		6.2	Irrigation	Well 3	09-21 1981	POU	1	S	23	E 1 SW SW	202		0.2	Irrigation	Well 3	09-21 1981	
1	S	23	E 1 SE SW	202		1.0	Irrigation	Well 3	09-21 1981	POU	1	S	23	E 1 SE SW	202		3.5	Irrigation	Well 3	09-21 1981	
1	S	23	E 2 NE SE	202		2.6	Irrigation	Well 3	09-21 1981	POU	1	S	23	E 1 NW NE	202		8.2	Irrigation	Well 3	09-21 1981	
1	S	23	E 2 SE SE	202		0.1	Irrigation	Well 3	09-21 1981	POU											
TOTAL ACRES						13.9						TOTAL ACRES						13.9			

Additional remarks: _____

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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: P# S-54649



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

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For Local Government Use Only

The following section must be completed by a planning official from each county and city listed unless the project will be located entirely within the city limits. In that case, only the city planning agency must complete this form. This deals only with the local land-use plan. Do not include approval for activities such as building or grading permits.

Please check the appropriate box below and provide the requested information

- Land uses to be served by the proposed water uses (including proposed construction) are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): MCZO Article 3 Section 3.010
- Land uses to be served by the proposed water uses (including proposed construction) involve discretionary land-use approvals as listed in the table below. (Please attach documentation of applicable land-use approvals which have already been obtained. Record of Action/land-use decision and accompanying findings are sufficient.) **If approvals have been obtained but all appeal periods have not ended, check "Being pursued."**

Type of Land-Use Approval Needed (e.g., plan amendments, rezones, conditional-use permits, etc.)	Cite Most Significant, Applicable Plan Policies & Ordinance Section References	Land-Use Approval:	
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued

Local governments are invited to express special land-use concerns or make recommendations to the Water Resources Department regarding this proposed use of water below, or on a separate sheet.

Name: Carla McLane Title: Planning Director
 Signature: Carla McLane Phone: 541 922 4624 Date: 11/2/2011
 Government Entity: Morrow County

Note to local government representative: Please complete this form or sign the receipt below and return it to the applicant. If you sign the receipt, you will have 30 days from the Water Resources Department's notice date to return the completed Land Use Information Form or WRD may presume the land use associated with the proposed use of water is compatible with local comprehensive plans.



Receipt for Request for Land Use Information

Applicant name: _____
 City or County: _____ Staff contact: _____
 Signature: _____ Phone: _____ Date: _____

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Land Use Information Form

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

Applicant(s): DUANE NEIFFER

Mailing Address: 67795 McNAB LANE

City: IONE

State: OR

Zip Code: 97843

Daytime Phone: 541-377-1851

A. Land and Location

Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), and/or used or developed. Applicants for municipal use, or irrigation uses within irrigation districts may substitute existing and proposed service-area boundaries for the tax-lot information requested below.

Township	Range	Section	¼ ¼	Tax Lot #	Plan Designation (e.g., Rural Residential/RR-5)	Water to be:			Proposed Land Use:
<u>1 S</u>	<u>25 E</u>	<u>28</u>	<u>SW NE</u>	<u>4900</u>	<u>EFU</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>EFU</u>
<u>1 S</u>	<u>25 E</u>	<u>27</u>	<u>NW SW</u>	<u>4900</u>	<u>EFU</u>	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>EFU</u>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	_____

List all counties and cities where water is proposed to be diverted, conveyed, and/or used or developed:

MORROW COUNTY

B. Description of Proposed Use

Type of application to be filed with the Water Resources Department:

- Permit to Use or Store Water
 Water Right Transfer
 Permit Amendment or Ground Water Registration Modification
 Limited Water Use License
 Allocation of Conserved Water
 Exchange of Water

Source of water: Reservoir/Pond Ground Water Surface Water (name) WILLOW CREEK

Estimated quantity of water needed: 0.55 cubic feet per second gallons per minute acre-feet

Intended use of water: Irrigation Commercial Industrial Domestic for _____ household(s)
 Municipal Quasi-Municipal Instream Other _____

Briefly describe:

TRANSFER PLACE OF USE

Note to applicant: If the Land Use Information Form cannot be completed while you wait, please have a local government representative sign the receipt at the bottom of the next page and include it with the application filed with the Water Resources Department.

See bottom of Page 3. →

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Application for Water Right Transfer

Evidence of Use Affidavit



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

Please print legibly or type. Be as specific as possible. Attach additional pages if you need more spacing. Supporting documentation must be attached.

State of Oregon)
) ss
 County of MORROW)

I, DUANE NEIFFER, in my capacity as OWNER,
 mailing address 67795 MCNAB LANE, IONE OR 97843
 telephone number (541)422-7325, being first duly sworn depose and say:

1. My knowledge of the exercise or status of the water right is based on (check one):

- Personal observation Professional expertise

2. I attest that:

- Water was used during the previous five years on the **entire** place of use for Certificate # 64437; **OR**
- My knowledge is specific to the use of water at the following locations within the last five years:

Certificate #	Township		Range		Mer	Sec	¼ ¼		Gov't Lot or DLC	Acres (if applicable)
64437	3	S	23	E	WM	1	NW	SW		4.0
64437	3	S	23	E	WM	1	SW	SW		6.2
64437	3	S	23	E	WM	1	SE	SW		1.0
64437	3	S	23	E	WM	2	NE	SE		2.6
64437	3	S	23	E	WM	2	SE	SE		.01

OR

- Confirming Certificate # ____ has been issued within the past five years; **OR**
- Part or all of the water right was leased instream at some time within the last five years. The instream lease number is: ____ (Note: If the entire right proposed for transfer was not leased, additional evidence of use is needed for the portion not leased instream.); **OR**
- The water right is not subject to forfeiture and documentation that a presumption of forfeiture for non-use would be rebutted under ORS 540.610(2) is attached.
- Water has been used at the actual current point of diversion or appropriation for more than 10 years for Certificate # ____ (For Historic POD/POA Transfers)

(continues on reverse side)

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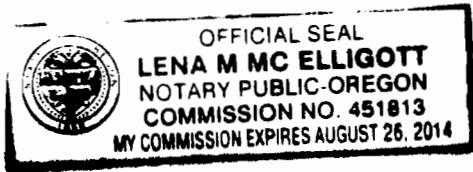
3. The water right was used for: (e.g., crops, pasture, etc.): CROPS/PASTURE

4. I understand that if I do not attach one or more of the documents shown in the table below to support the above statements, my application will be considered incomplete.

Duane Neiffer
Signature of Affiant

10/26/11
Date

Signed and sworn to (or affirmed) before me this 26th day of October, 20 11.



Lena M. Mc Elligott
Notary Public for Oregon

My Commission Expires: August 26 2014

Supporting Documents	Examples
<input type="checkbox"/> Copy of a water right certificate that has been issued within the last five years. (not a remaining right certificate)	Copy of confirming water right certificate that shows issue date
<input checked="" type="checkbox"/> Copies of receipts from sales of irrigated crops or for expenditures related to use of water	<ul style="list-style-type: none"> ● <input checked="" type="checkbox"/> Power usage records for pumps associated with irrigation use ● Fertilizer or seed bills related to irrigated crops ● Farmers Co-op sales receipt
<input type="checkbox"/> Records such as FSA crop reports, irrigation district records, NRCS farm management plan, or records of other water suppliers	<ul style="list-style-type: none"> ● District assessment records for water delivered ● Crop reports submitted under a federal loan agreement ● Beneficial use reports from district ● IRS Farm Usage Deduction Report ● Agricultural Stabilization Plan ● CREP Report
<input type="checkbox"/> Aerial photos containing sufficient detail to establish location and date of photograph	<p>Multiple photos can be submitted to resolve different areas of a water right. If the photograph does not print with a "date stamp" or without the source being identified, the date of the photograph and source should be added.</p> <p>Sources for aerial photos: OSU – www.oregonexplorer.info/imagery OWRD – www.wrd.state.or.us Google Earth – earth.google.com TerraServer – www.terra-server.com</p>
<input type="checkbox"/> Approved Lease establishing beneficial use within the last 5 years	Copy of instream lease or lease number

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CUSTOMER:000002730

NAME DUANE A NEIFFER
ADDL NAME LINDA NEIFFER
ADDRESS: 67795 MC NAB LANE
IONE OR 97843-4350

PHONE EXT ADDLPHONE EXT
HOME 541 422-7325 HOME -
MOBL - MOBL -
BUSN - BUSN -
FAX - FAX -

ACCOUNT: 0000071239 CYCLE#:01 INVOICE GRP:00000

PROVIDER:ELEC -Electric Service

SERVICE:CBEC -C.B.E.C. ELECTRIC SERVICE

AR INFORMATION:

TOTAL: .00 BUDGET DUE: .00 ANNUAL DUE: .00
CURRENT: .00 CURR BUDGET: .00 CURR ANNUAL: .00
30 DAYS: .00 PAST BUDGET: .00 PAST ANNUAL: .00
60 DAYS: .00
90 DAYS: .00

PAYMENT INFORMATION:

PMT DT : 10/13/2011 PMT AMT : \$ 275.23-

LOCATION:0000004850 SRV MAP LOC:23-06195.000

SRV DESC: 30 HP PUMP

SRV ADDRESS:CLARKS CYN RD ←

EMER ADDR:

DIST OFC: HE -CBEC - Heppner

BOARD DST:4 -Ione

SRV AREA: -Not Assigned

BILLING HISTORY SUMMARY

YR/MO	KWH USAGE	DMD USAGE	BILLED DEMAND	KVAR USAGE
201105	67	10.540	30.000	.000
201106	851	17.802	30.000	.000
201107	6241	19.976	30.000	.000
201108	1454	17.341	30.000	.000
201109	2755	19.731	30.000	.000
TOTALS	11368	85.390	150.000	.000

YR/MO	BILLED DT	REV	DMD	DVC	PCA	OTH	TAX	ADJ	TOTAL
201105	05/20/2011	1.65	184.50			1.00			187.15
201106	06/24/2011	20.91	184.50	.00	.00	1.00	.00	.00	206.41
201107	07/25/2011	153.34	184.50	.00	.00	1.00	.00	.00	338.84
201108	08/26/2011	35.72	184.50	.00	.00	1.00	.00	.00	221.22
201109	09/27/2011	89.73	184.50	.00	.00	1.00	.00	.00	275.23
TOTALS		\$ 301.35	\$ 922.50	\$ 0.00	\$ 0.00	\$ 5.00	\$ 0.00	\$ 0.00	1,228.85

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This form is available electronically.

CRP-1 (03-26-04) CONSERVATION RESERVE PROGRAM CONTRACT <small>NOTE: The authority for collecting the following information is Pub. L. 107-171. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.</small>	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation		1. ST. & CO. CODE & ADMIN. LOCATION 41-049-9	2. SIGN-UP NUMBER 30
	7. COUNTY OFFICE ADDRESS (Include Zip Code): Morrow County FSA PO Box 786 Heppner, OR 97836 TELEPHONE NUMBER (Include Area Code): (541) 676-9011		3. CONTRACT NUMBER 1020	4. ACRES FOR ENROLLMENT 43.8
		5. FARM NUMBER 948	6. TRACT NUMBER(S) 1086	
		8. OFFER (Select one) GENERAL <input type="checkbox"/> ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/>	9. CONTRACT PERIOD FROM: (MM-DD-YYYY) TO: (MM-DD-YYYY) 10-01-2005 09-30-2020	

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (who may be referred to as "the Participant"). The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; CRP-2 or CRP-2C, if applicable; and, if applicable, CRP-15.

10A. Rental Rate Per Acre	\$	70.90	11. Identification of CRP Land (See Page 2 for additional space)				
B. Annual Contract Payment	\$	3,105.42	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
C. First Year Payment	\$		1086	1	CP-22	25.8	37,790.00
(Item 10C applicable only to continuous signup when the first year payment is prorated.)			1086	10	CP-22	1.0	1,120.00
			1086	8	CP-22	17.0	19,480.00

12. PARTICIPANTS

A(1). PARTICIPANT'S NAME AND ADDRESS (Zip Code): Duane Neiffer 67795 McNab Lane Ione, OR 97843	(2) SHARE 100%	(3) SOCIAL SECURITY NUMBER: 516-66-1924	(4) SIGNATURE <i>Duane Neiffer</i>	DATE (MM-DD-YYYY) 8/29/05
B(1). PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE %	(3) SOCIAL SECURITY NUMBER:	(4) SIGNATURE	DATE (MM-DD-YYYY)
C(1). PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE %	(3) SOCIAL SECURITY NUMBER:	(4) SIGNATURE	DATE (MM-DD-YYYY)

13. CCC USE ONLY - Payments according to the shares are approved.

A. SIGNATURE OF CCC REPRESENTATIVE <i>RH Met</i>	B. DATE (MM-DD-YYYY) 8/29/05
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NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the Food Security Act of 1985, (Pub. L. 99-198), as amended and the Farm Security and Rural Investment Act of 2002 (Pub. L. 107-171) and regulations promulgated at 7 CFR Part 1410 and the Internal Revenue Code (26 USC 6109). The information requested is necessary for CCC to consider and process the offer to enter into a Conservation Reserve Program Contract, to assist in determining eligibility, and to determine the correct parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determination of ineligibility for certain program benefits and other financial assistance administered by USDA agency. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

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Plan Map 1086

Customer(s): DUANE NEIFFER

Field Office: Heppner

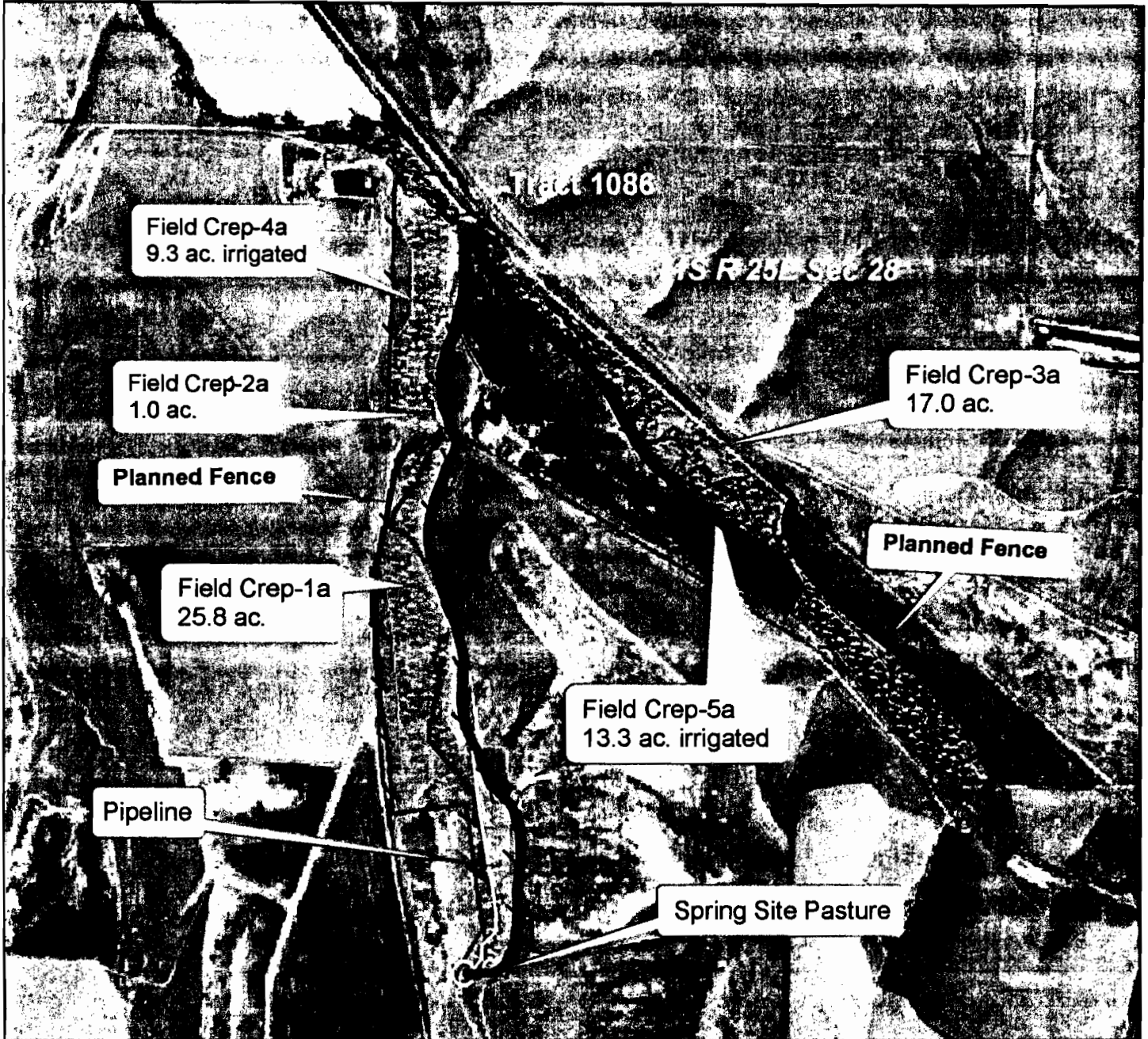
District: Morrow County

CN 1020 / 1021

Assisted By: Cory Cooley

Approximate Acres: 66.4

Legal Description: T1S R25E Sec 28



Legend

pipeline1086

Spring1086

trough1086

fence1086

stream1086

Pasture.shp

RECEIVED

NOV 07 2011

Image: ortho_E1-1_OR049_1994.SID

WATER RESOURCES DEPT
SALEM, OREGON

11313

