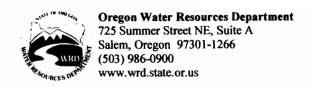
# Application for Water Right

## **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	ms 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 Signa	ature.							
$\boxtimes$		Part 4 – Completed Transfer Application – Water Right Information. Please separate Part 4 for each water right. List all water right certificates to be transfer.								
		A 44a ah mantar	RECEIVED							
$\boxtimes$		Attachments: Completed Transfer Application Map.	FEB 2 8 2012							
$\boxtimes$		Completed Evidence of Use Affidavit and supporting documentation.  WATER RESOURCES IN SALEM, OREGON								
X		Fees – Amount enclosed: \$ 1600.00 See the Department's Fee Schedule at www.wrd.state.or.us or call (503) 98								
	N/A	Affidavit(s) of Consent.								
$\boxtimes$	□ N/A	Supplemental Form D – For water rights served by or issued in the name of district. Complete when the transfer applicant is not the irrigation district.	an irrigation							
	□ N/A	Land Use Information Form with approval and signature (or signed land use stub). Not required if water is to be diverted, conveyed, and/or used only or if <b>all</b> of the following apply: a) a change in place of use only, b) no structure use of water is for irrigation only, and d) the use is located within an irrigation exclusive farm use zone.	n federal lands or al changes, c) the							
	N/A	For changes in point(s) of appropriation (well(s)) or additional point(s) of ap Water Well Report/Well Log.	opropriation,							
	N/A	For Temporary Transfer (one to five years) Begin Year End Ye	ear							
	⊠ N/A	For Temporary Transfer only – Current recorded deed for the land <b>from</b> wh authorized place of use is being moved.	ich the							
	N/A	Temporary Drought Transfer (For use in counties where the Governor has d	eclared drought)							
		(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  /Explanation 503-986-0 Date: / /								

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#### Your transfer application will be returned if any of the map requirements listed below the property. 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. XN/A Certified Water Right Examiner (CWRE) Stamp and Original Signature. For a list of CWREs, see http://www1.wrd.state.or.us/pdfs/cwre\_listing.pdf. CWRE stamp and signature are not required for temporary 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. M 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. For 30 x 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 inch = 400 feet, 1 inch = 1,320 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. M Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines. X Tax lot boundaries (property lines) are required. Tax lot numbers are recommended. X Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads. XMajor water delivery system features from the point(s) of diversion/appropriation such as main pipelines, canals, and ditches. X 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. 冈 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. $\boxtimes$ 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°).

APPLICANT/BUSINESS NAME State of Oregon, Oregon D	epartment of	Transportation	PHONE NO. <b>541-957-6313</b>	ADDITIONA	L CONTACT NO.
ADDRESS				FAX NO.	***
3500 Stewart Parkway CITY	STATE	ZIP	E-MAIL**	541-957-35	563
Roseburg	OR	97470-1600	gary.taylor@odot.	state.or.us	
<b>gent Information</b> – Th	e agent is aut	horized to represe			ng to this application
AGENT/BUSINESS NAME			PHONE NO.		L CONTACT NO.
Roxanne M. Hanneman			541-957-3556	1.237113711	
ADDRESS				FAX NO.	
3500 Stewart Parkway				541-957-35	563
CITY	STATE	ZIP 97470-1600	E-MAIL**		
Roseburg ** BY PROVIDING AN E-1	OR		roxanne.m.hanner		
Check this box if thi Reinvestment Act. (s  s the applicant the sole	Federal stim	ulus dollars)	•		•
Reinvestment Act. (Its the applicant the sole transfer is located? X If NO, include signatures attach affidavits of consequater right(s) has been consequently.	Federal stime owner of the Yes No sof all landow ent (and mailing onveyed.	ulus dollars) e land on which the land and mailing and g and/or e-mail add	the water right, or p nd/or e-mail addresses i resses) from all landow	ortion thereof f different than t	the applicant's) or als/entities to which the
Reinvestment Act. (In the applicant the sole stransfer is located? X If NO, include signatures attach affidavits of conse	Federal stime owner of the Yes No Sof all landow ent (and mailing onveyed.  Permon, I understand the transfer, I was not the stransfer, I was not the transfer, I was not the	ulus dollars) e land on which the land on which the land on which the land of	the water right, or p nd/or e-mail addresses i resses) from all landow ly (check one box) of the draft preliminary	ortion thereof	the applicant's) or als/entities to which the
Reinvestment Act. (Its the applicant the sole transfer is located? Solution If NO, include signatures attach affidavits of consequence water right(s) has been compared by signing this application Department approval of	Federal stime owner of the Yes No s of all landow ent (and mailing onveyed.  Permanent, I understand the transfer, I vertransfer as ident municipality a	e land on which the land on which the land on which the land on which the land of the land	the water right, or p nd/or e-mail addresses i resses) from all landow by (check one box) of the draft preliminary provide landownership in 380-4010(5); OR	ortion thereof  f different than t  ners or individua  determination a  nformation and e	the applicant's) or als/entities to which the
Reinvestment Act. (Its the applicant the sole transfer is located? \( \subseteq \) If NO, include signatures attach affidavits of conse water right(s) has been compared to pursue the \( \subseteq \) I affirm the applicant is a	owner of the Yes No s of all landowent (and mailing onveyed.  Permon, I understand the transfer as idea municipality a or a predecess t is an entity writy to which the	e land on which the land of land of land on the land of land o	the water right, or p nd/or e-mail addresses i resses) from all landow ly (check one box) of the draft preliminary provide landownership in 380-4010(5); <b>OR</b> 440.510(3)(b) and that the	ortion thereof  f different than the ners or individual  determination and enformation and eneright is in the sacquiring by	the applicant's) or als/entities to which the and prior to evidence that I am  RECEIVEL  FER 2 8 2012  WATER RESOURCES
Reinvestment Act. (Its the applicant the sole transfer is located? Its If NO, include signature attach affidavits of consequence water right(s) has been compartment approval of authorized to pursue the Itaffirm the applicant is a name of the municipality Itaffirm that the applicant condemnation the proper	owner of the Yes No s of all landowent (and mailing onveyed.  Permon, I understand the transfer as idea municipality a or a predecess t is an entity writy to which the	e land on which the land of land of land on the land of land o	the water right, or p nd/or e-mail addresses i resses) from all landow ly (check one box) of the draft preliminary provide landownership in 380-4010(5); <b>OR</b> 440.510(3)(b) and that the	ortion thereof  f different than the ners or individual  determination and enformation and eneright is in the sacquiring by	the applicant's) or als/entities to which the and prior to evidence that I am

I (we) affirm that the information contained in this

Say lay by

Applicant signature

Region 3

Print Name

Region 3 RIW & Utilities Mar. 2/27/12
Print Name (and Title if applicable)

Date

Applicant signature Print Name (and Title if applicable)

Date

In your own words tell us what change(s) you want made and the reason for the change(s): <u>Transfer of 16.45 acres of irrigation, domestic, stock water right (Certificate 82967) from property acquired by the State of Oregon, Department of Transportation for construction of the Siskiyou Safety Rest Area (Mile 12 +/- Interstate Highway No. 5 to the NENE Sec. 24. Move POD for 19.75 acres to NENE Sec. 24. Transfer is part of property acquisition agreement between ODOT and owner of the 16.45 acres.</u>

Check the following boxes	mat appi	<b>y</b> •						
The applicant is res			etion of	change(s). Notice	ces and corresponden	ce should		
			nsible for completing the proposed change(s) after the and correspondence should be sent to this landowner.					
The receiving lando of notices and corre						(s). Copies		
At this time, are the lands i	n this trar	nsfer appli	ication is	n the process of	oeing sold? 🗌 Yes [	<b>⊠</b> No		
If YES, and you know information table below assignment will have to	v. If you	do not kn	ow who					
If a property sells, the cunless a sale agreement please visit our web site	or other	document	t states o	therwise. (To le	arn about sale agreen	nents		
RECEIVING LANDOWNER NAME DOUGLAS K. AND NINA M. HEAD	LY			PHONE NO. 949-429-3889	ADDITIONAL CONTA *AGENT FOR:	ACT NO.		
ADDRESS 322 AVENIDA GAVIOTA					FAX NO. 949-429-3890			
CITY SAN CLEMENTE	STATE CA	ZIP 92672	E-MAIL DOUGKHEALY@G					
Check here if any of the an irrigation or other w	-			e and attach Sup		or served by		
TALENT IRRIGATION DISTRICT CITY			P.O. BOX	(467 - 104 WEST VA	LLEY VIEW ZIP			
TALENT			OR		97540			
Check here if water for for stored water with a	_ ·	_			vice agreement or oth	er contract		
ENTITY NAME			ADDRES	s				
CITY			STATE		ZIP			
To meet State Land Use Cocity, municipal corporation conveyed or used.								
ENTITY NAME			ADDRES		IOT 10.0 OAKDALE			
JACKSON COUNTY CITY			STATE	A COUNTY COUTHOU	ZIP			
MEDFORD			OR		97501			
ENTITY NAME	******		ADDRES	S				
CITY			STATE		ZIP RE	CEIVED		
					Err	3 2 8 2012		

## Part 4 of 4 - Water Right Information

⊠ No

Please use a separate Part 4 for each water right being changed. See instructions at <a href="http://www.wrd.state.or.us/OWRD/PUBS/forms.shtml">http://www.wrd.state.or.us/OWRD/PUBS/forms.shtml</a>.

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			CEI	RTII	FICA	ATE#	<u>82967</u>	<u>'</u>		MEGEIVE	IJ	
Descri	ption of Water	r Delivery Sy	stem							FER 2 8 201	12	
Systen	capacity: 2.0	cubic feet pe	er second	(cfs	OF	ł				WATER RESOURCES	DED	
		gallons p	er minute	e (gp	m)					SALEM, OREGO	SALEM, OREGON	
five ye and ap	ars. Include in ply the water at	formation on the authorize	the pumed place	ps, c of us	anal se. <u>F</u>	s, pipe <u>Iouck</u> -	lines a Dunn-	nd spi Holm	rinklers es <u>Ditcl</u>	ome time within the last used to divert, convey System, Flood Irrigation.  O) or Appropriation		
(POA)				-		, ,			•	, <b>.</b> .		
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	R	lng	Sec	1/4	1/4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)		
DUNN DITCH	NN $\times$ Authorized N/A 39 2 E 31 SW NW 1400 V							N42°08'16.8" W122°38'08.0" WGS-84				
POD 1	☐ Authorized ☐ Proposed	N/A	39	1	E	24	NE	NE	101	NORTH 1784 FT AND WEST 15 FT FROM S.E. COR. DLC 56		
	Authorized Proposed Authorized											
	Proposed											
			posed b	elow	v (ch	ange ' —	'COD	ES" a	re prov	vided in parentheses):		
<ul> <li>✓ Place of Use (POU)</li> <li>✓ Supplemental Use to Primary Use (S to P)</li> <li>✓ Point of Appropriation/Well (POA)</li> </ul>												
	on/Well (POA)											
$\boxtimes$	Appropriation (APOA)											
	Additional P	oint of Diver	sion (AP	OD)			Substiti	ution (	(SUB)			
	Surface Water POA (SW/G		ound Wa	ıter			Govern	ment	Action	POD (GOV)		
Will al	l of the propos	sed changes a	affect the	e ent	tire v	vater	right?					
☐ Yes		ly the Propos sted above to							the ne	xt page. Use the		

Complete all of Table 2 to describe the portion of the water right to be changed.

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.

Additional remarks: Acreage in SENW is based on a proposed re-description of the water right by OWRD.

	Autho	rizec	J.,,) P	om" la	nds) 8	s the	у арреа	BEFORE TE	Authorized ("from" lands) as they appear BEFORE THE CHANGES		Proposed			Ł	pesodo	("to"	lands)	AFT	ER TH	Proposed ("to" lands) AFTER THE CHANGES	GES	
Twp	Rng	88	8	% %	Tax	Gvt Lot or DLC	or Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name Pri or number L from Table 1)	hority	Changes (see "CODES" from previous page)	Тwр	Rng	Sec	% %		E E	E S S S S S S S S S S S S S S S S S S S	Gvt Gvt Lot or Acres DLC	New Type of USE	New Type POA(s) to be Priority of USE used (from Date Table 1)	Priority Date
39 S	1	11	13 SW	W SW			0:30	IR,DO,STK	DUNN DITCH	1852	POD POU	39 S	1 E	24	NE	NE 1	101	26	0.30	IR.DO, STK	POD 1	1852
39 S	-	E 24	ME NE	E NW			1.60	IR,DO,STK		1852	POD POU	39 S	1 E	24	NE	NE	101	56 1	1.60	IR,DO STK	POD 1	1852
39 S	1	E 24	A NE	E NW			8.83	IR,DO,STK		1852	POD POU	39 S	1 E	24	NE	NE	101	8 99	8.83	IR,DO STK	POD 1	1852
39 S	1	E 24	A SE	E NW			5.72	IR,DO,STK	DUNN	1852	POD POU	39 S	1 E	24	NE	NE 1	101	56 5	5.72	IR,DO STK	POD 1	1852
39 S	1	E 24	A NE	E NE	101	26	3.30	IR,DO,STK	DUNN 1	1852	POD	39 S	1 E	24	NE 1	NE 1	101	56 3	3.30	IR,DO, STK	POD 1	1852
				TOT	TOTAL ACRES	RES	19.75								F	TAL	TOTAL ACRES		19.75			

Please refer to attached historical water right information provided by Harold L. Center, CWRE No. 152

Acreage in SENW is based on a proposed re-description of the water right by OWRD

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WATER RESOURCES DEPT SALEM, OREGON

EEU 38 5015

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### For Place of Use or Character of Use Changes

		re other water "from" or the	•	-		•	ground wa	ter registra	ations assoc	iated
	If YES,	list the certifi	cate, wate	r use per	rmit, or gi	ound wate	r registratio	on number	s:	
	a prima	t to ORS 540 ry right propo und water reg ion.	sed for tra	ınsfer mı	ust be incl	uded in the	e transfer o	r be cance	lled. Any c	hange
F	or Subs	titution (grou irriga	nd water ation)	supplem	ental irrig	ation will b	e substitut	ed for surf	ace water p	rimary
		water suppler water primar				#;				
F	or a cha	nge from Su	pplement	al Irriga	ation Use	to Primar	y Irrigatio	n Use		
	Identify	the primary o	ertificate	to be car	ncelled. (	Certificate #	#			
F	or a cha	nge in point(	(s) of app	ropriatio	on (well(s	)) or addit	ional poin	t(s) of app	ropriation	:
	as ap	ell log(s) are a sociated with plication map p://apps2.wrd	the corres . ( <b>Tip</b> : Y	ponding ou may s	well(s) in search for	Table 1 al well logs o	bove and or on the Depa	n the accor	npanying	
	OR									
		escribe the con not have a w		of the au	uthorized	and propos	sed well(s)	in Table 3	for any wel	ls that
Any well(s accompany transfer ap	) in this ving appl plication	tion of Point( listing must b ication map. . For propose t examiner for	e clearly t Failure to d wells, v	ied to co provide ve recom	orrespondi adequate amend tha	information t you const	n is likely alt a license	to delay thed well dri	e processing	g of your
Proposed	Is well	If an existing			a .		Perforated	Static	Source	Well - specific rate

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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