



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

Application for District Temporary Water Right Transfer

Please type or print legibly in dark ink. If your application is incomplete or inaccurate, we will return it to you. If any requested information does not apply to your application, insert "N/A" to indicate "Not Applicable." As you complete this form, please refer to notes and guidance included on the application. A summary of review criteria and procedures that are generally applicable to these applications is available at www.wrd.state.or.us/OWRD/PUBS/forms.shtml.

Application for the 2012 irrigation season
year

1. APPLICANT INFORMATION

District: Westland Irrigation District (Prior)

Address: PO Box 944

City: Hermiston State: OR Zip: 97838

Phone: (541) 667-2030 Fax: (541) 667-2031 E-Mail address: wid.stacey@machmedia.net

2. PROPOSED CHANGE(S) TO WATER RIGHT(S)

- List **all** water rights to be affected by this transfer. Indicate the certificate, permit, decree or other identifying number(s) in the table below: If a certificate has been issued and reflects the current status of the water right, you need only list the certificate number.
 (Attach additional pages as necessary.)

	Application / Decree	Permit / Previous Transfer	Certificate
1.	- / Umatilla River Decree	- / -	76715
2.	- /	7400 / -	79439
3.	- /	27583/ -	76799
4.	- /	- / -	
5.	- /	- / -	
6.	- /	- / -	
7.	- /	- / -	
8.	- /	- / -	
9.	- /	- / -	
10.	- /	- / -	
11.	- /	- / -	

- Check **all** proposed change(s) included in this transfer application:
 - Place of Use Point of Diversion or Point of Appropriation
 - Surface Water source to Ground Water source
 - Character or Type of Use

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SALEM, OR

T011446

5. ATTACHMENTS

Check each of the following attachments included with this application. The application will be returned if all required attachments are not included.

Supplemental Form A –

Description of Proposed Change(s) to a Water Right

A separate Supplemental Form A is enclosed for each water right to be affected by this transfer.

Map

Temporary Transfer
A map meeting the requirements of OAR 690-385-3300 must be included but need not be prepared by a Certified Water Right Examiner.

Consent to Transfer

A copy of the written consent, if applicable, for a change in type of use of a water right to store water.

Supplemental Water Right Statement

A written statement, if applicable, identifying supplemental water rights that will not be transferred, but remain unexercised at the authorized place of use during the irrigation season.

Water Well Reports/Well Logs:

The application is for a change from surface water to ground water and copies of all water well reports are attached.

Water well reports are not available and attached is a description of construction details including well depth, static water level, and information necessary to establish the ground water body developed or proposed to be developed.

The application is for a surface water transfer and water well reports are not required.

Fees:

Amount enclosed: \$1,049.90
See the Department's Fee Schedule at www.wrd.state.or.us or call (503) 986-0900.

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6. SIGNATURES

The district certifies the following:

- (1) The water right(s) proposed for transfer is a water right(s) subject to transfer and has not been forfeited for nonuse under ORS 540.610;
- (2) Each user affected by the proposed transfer has provided written authorization for the transfer and such authorization is on file with the district; and
- (3) The district has notified each affected user that the Department may condition or reject the transfer at any time to the extent necessary to avoid injury to an existing water right, and that the use of water on lands from which the water right is transferred (authorized place of use) and at the proposed place of use during the same irrigation season or calendar year may subject both the user and district to civil penalties.

On behalf of the district, I affirm that the information contained in this application is true and accurate.

District Manager signature

name (print)

date

OR

Stacey Wells
Authorized District Representative signature

Stacey Wells
name (print)

7/10/2012
date

Before submitting your application to the Department, be sure you have:

- Answered each question completely.
- Included all the required attachments.
- Included a check payable to the Oregon Water Resources Department for the appropriate amount.

