

State of Oregon **Water Resources Department** 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900

Application for **Permit Amendment**

Part 1 of 4 - Minimum Requirements Checklist

This permit amendment application will be returned if Parts 1 through 4 RECEIVED BY OWRD and all required attachments are not completed and included. For questions, please call (503) 986-0900, and ask for Transfer Section. OCT 25 2012 Check all items included with this application. (N/A = Not Applicable) \boxtimes Part 1 – Completed Minimum Requirements Checklist. SALEM, OR \boxtimes Part 2 – Completed Permit Amendment Application Map Checklist. \boxtimes Part 3 – Completed Permit Amendment Application – Applicant Information and Signature. \boxtimes Part 4 – Completed Permit Amendment Application – Water Use Permit Information. Please include a separate Part 4 for each permit. List all permit(s) to be amended here: G-16585. Attachments: \boxtimes Completed Permit Amendment Application Map (Does not have to be prepared by a Certified Water Right Examiner). \boxtimes Permit amendment fees – Amount enclosed: \$ 1200.00. See http://www.wrd.state.or.us/OWRD/PUBS/forms.shtml#fees or call (503) 986-0883. N/A Request for Assignment Form and statutory fee. The request for assignment form has to be completed if the applicant is **not** the permit holder of record and needs to be assigned to the permit; or the landowner of the proposed place of use is not the permit holder of record and needs to be assigned to the permit (the Request for Assignment Form is available online at http://www.wrd.state.or.us/OWRD/PUBS/forms.shtml). Assignment is not needed if applicant is the permit holder of record. N/A Affidavit(s) of Consent are required from all permit holder(s) of record if the permit is not assigned to the applicant, or other permit holders of record that are not listed as applicants. N/A Land Use Information Form with approval and signature (or signed land use form receipt \boxtimes stub). Land use form is not required if any of the following apply: Water is to be diverted, conveyed, and/or used only on federal lands. 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. The proposed changes are all located on the property reviewed in Land Use form enclosed in Water Right Application Folder # ____. N/A For changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation, Water \boxtimes Well Report(s)/Well Log(s) (For Staff Use Only) WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S): Application fee not enclosed/insufficient ___ Map not included or incomplete Assignment Form and fee not enclosed/insufficient ___ Land Use Form not enclosed or incomplete Additional signature(s) required Part is incomplete Other/Explanation Date:

Your permit amendment application will be returned 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.

Ш	ĭ N/A	If more than three permits are involved, separate maps for each permit.
\boxtimes		Permanent quality printed with dark ink on good quality paper.
\boxtimes		The size of the map can be $8\frac{1}{2} \times 11$ inches, $8\frac{1}{2} \times 14$ inches, 11×17 inches, or up to 30×30 inches. For 30×30 inch maps, one extra copy is 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.
\boxtimes		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.
	⊠ 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°).
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Part 3 of 4 - Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME		PHONE NO.	ADDITIONAL CONTACT NO.					
GOLDEN RULE FARMS, I	NC	541-576-2273	541-480-9752					
ADDRESS			FAX NO.					
PO Box 255								
CITY	STATE	ZIP	E-MAIL					
Christmas Valley	OR	97641		_				

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

AGENT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.				
Dennis R. Glender dba Glende	r's Hydro	541-219-0806	none					
ADDRESS				FAX NO.				
8664 SW Sand Ridge Rd		none						
CITY	STATE	ZIP	E-MAIL					
Crooked River Ranch	OR	97760	djglender@msn.com					
** BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE								

**	DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.
	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 permit holder of record? 🛛 Yes 🔲 No
	If NO include either:

,	
	A completed assignment form (with required statutory assignment fee), assigning all or portion of the permit to the applicant(s), $\bf OR$
	An affidavit of consent from the permit holder(s) of record that gives permission for the applicant to amend the permit.

I understand that prior to Department approval of the permit amendment, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the permit is located, once per week for two consecutive weeks. If more than one qualifying newspaper is available, I suggest publishing the notice in the following paper: Burns Times Hearld.



ation contained in this application is true and accurate.

Timonthy Puckett, President Print Name (and Title if applicable) 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 amendment(s): Add a POA

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to existing Permit G-16585.

Check one of the following:									
☐ The applicant is responsible for completion of change(s). Notices and correspondence should continue to be sent to the applicant.									
☐ The permit holder(s) of record will final order is issued. Copies of no of record.									
Check the appropriate box, if applicable	le:								
Check here if any of the permits proby an irrigation or other water district		re or will be located within or se	erved						
IRRIGATION DISTRICT NAME	ADDRESS								
СПУ	STATE	STATE ZIP							
Check here if water for any of the per- contract for stored water with a federa	l agency or other entity.								
ENTITY NAME	ADDRESS								
CITY	STATE	ZIP							
To meet State Land Use Consistency Requity, municipal corporation, or tribal gove conveyed or used.	- •	· ·	• •						
ENTITY NAME Harney County Government	ADDRESS 450 N. Buena Vista								
CITY	STATE	ZIP							
Burns	OR	97720							
ENTITY NAME	ADDRESS								
CITY	STATE	ZIP	ZIP						

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

Instructions: http://www.wrd.state.or.us/OWRD/PUBS/docs/Hints-Forms-MS_Word.doc

PERMIT # G-16585

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.)

POD/POA Name or Number	Is this POD/POA Authorized by the permit or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L)	Tv	vp	Rı	ıg	Sec	1/4	¼	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
POA 1	✓ Authorized✓ Proposed	SEE FILE	27	S	34	E	9	NE	NE	400	1302' South and 1302' West from the NE Corner, Sec 9.
POA 2	☐ Authorized ☐ Proposed	HARN 51851	27	s	34	E	9	SE	SE	400	300' North and 1200' West from the SE Corner, Sec 9.
	☐ Authorized☐ Proposed										
	☐ Authorized ☐ Proposed										

Check a	Theck all type(s) of change(s) proposed below (change "CODES" are provided in parentheses):										
	Place of Use (POU)		Point of Appropriation/Well (POA)								
	Point of Diversion (POD)	\boxtimes	Additional Point of Appropriation (APOA								
	Additional Point of Diversion	(APOD)	Surface water POD to Ground Water POA (SW/GW)								
Will all	Will all of the proposed changes affect the entire water use permit?										
	Yes Complete only the propo "CODES" listed above to	` '	section of Table 2 on the next page. Use the sposed changes.								
	☐ No Complete all of Table 2 to describe the portion of the permit to be changed.										

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Please use additional pages of Table 2 as needed

Table 2. Description of Changes to Water Use Permit # G-16585

List only the part of the permit that will be changed. For the acreage in each ½ ½, 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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	Priority Date		i	12-18-2008	=	=	=	=	=	=			
Proposed ("to" lands) after the changes	POD(s) or POA(s) to be used (from Table 1)	POD #\$	P(11) #6	POA 2	:	:	=	*	:	:			
	Gyt Acres Lot or (if DLC applicable)	0.01	5.0	23.5	40.0	40.0	40.0	40.0	7.5	39.0			230.0
1 (ab)	Gvt Lot or DLC	***											ES
("to" lar	Tax Lot Lot or DLC	100	200	400	:	=	:	:	:	=			TOTAL ACRES
posed	7.	17	17	Z	Z	Z	SE	SE	š	×			TOT
7		WW WW	311	Z	SW	SE	N E	N N	×	SW			
200	Sec	ur.	2	6	=	=	=	=	10	:			1
2 2 3	Rng			4 E	:	:	:	=	:	:			
2	Twp	. 2	S	S 34	:	:	:	:	:	:			
2		r.	7	27	:	:	:	=	:	:			
ry, specify	Proposed Changes (see "CODES" from previous page)	POU/POD	:	APOA	:		:		:				
													Ī
	Priority Date												
the changes	POD(s) or POA(s) (name or Priority number Date from Table	POD #1 POD #2											
near before the changes	Acres (name or priority applicable) from Table 1)	15.0 POD #1	LXWPLT										
lings: It illoly tilds one I of	Gvt Acres (name or Priority DLC applicable) from Table 1)												S
ds) as they annear before the changes	Tax Lot or (if number Date Date Date 1)	15.0	" LNWPLT										ACRES
m" lands) as they annear before the changes	Tax Lot or (if number Date Date Date I)	15.0	" EXMPLE										FOTAL ACRES
("from" lands) as they appear before the changes	Tax Lot or (if number Date Date Date 1)	15.0	LINVIPLE										TOTAL ACRES
rized ("from" lands) as they appear before the changes	Sec 1/2 1/4 Cot or (if number Date Date Date DLC applicable) From Table DLC applicable From Table Date Date	15 NE NW 100 15.0	LIAMPLE										TOTAL ACRES
Authorized ("from" lands) as they annear before the changes	Rng Sec 1/4 1/4 Lot or (if number Date Date DLC applicable) from Table 1)	15.0	FidWVI , , , , , , ,										TOTAL ACRES
Authorized ("from" lands) as they appear hefore the changes	Twp Rng Sec 1/4 1/4 Lot or (if number Date Date 1)	S 9 E 15 NE NW 100 15.0	LAWELL										TOTAL ACRES

Additional remarks: Assignment request from Gale Nelson and Stanley Kazebee (deceased) Nola Kazebee etal has been submitted to OWRD under separate cover.

SALEM, OR

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For a	change i	n place of use	e :							•
	the perm es □ No	it holder of r	ecord ow	n or cont	rol the la	nd TO wh	ich the plac	ce of use is	being move	ed?
per	mit as a p	downer of the permit holder tory fee for a	of recor	d by subm						
Is the	e propose	d place of use	contigu	ous to the	authoriz	ed place of	f use? 🔲 Y	es 🗌 No		
unl for 496 listi	ess the character the purpose in the character is the character of the character is the character of the cha	I place of use ange to non-coses of benefiti e federal Enda Contiguous acrized by roa	ontiguous ng a spec angered S s land beir	s lands is it ies listed a species Ac ng either a	n furthera as sensitiv t of 1973 adjacent la	nce of mitigore, threatened (16 U.S.C. and or land	gation or co ed, or endan 1531 to 154 separated fr	onservation ngered undo 44), as dete om the lan	efforts under ORS 496. ermined by to which a	ertaken 171 to he
		r water right				mits or gr	ound water	r registrati	ions associa	ted
		ı" or "to" lan					1			
lf Y	ES, list th	e other certifi	icate, pen	mit, or gro	und wate	r registratio	n numbers:			
to a app	water riginalication or change i Well logassociat map. (7	tion that are so the certificate of ground wate n point(s) of g(s) are attach ed with the co rip: You may	or ground r registrat appropri ed for eacorrespond search for	water regition modification (we ch authorishing well(sor well log	istration rication ap II(s)) or a zed and p) in Table s on the I	must be file oplication, redditional proposed we also are department?	d separately espectively. point(s) of a ll(s) that are and on the ac	in a water appropriate clearly la companyin	right transfition: beled and	er
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OR		e the construction well log.	tion of th	e authoriz	ed and pr	oposed wel	l(s) in Table	e 3 for any	wells that d	o not
Any well accompai your trans	(s) in this nying appl sfer applic	tion of Pointe listing must be lication map. cation. For pright examiner	e clearly Failure to oposed w	tied to con o provide a cells, we re	respondinadequate	information d that you c	is likely to onsult a lice	delay the pensed well	processing o	of
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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