

Part 3 of 4 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME SSI Land & Cattle		PHONE NO. 541-523-8178	ADDITIONAL CONTACT NO.
ADDRESS 42874 Old Wingville Road			FAX NO. 541-523-9816
CITY Baker City	STATE OR	ZIP 97814	E-MAIL** karen@sis3.net

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.
ADDRESS			FAX NO.
CITY	STATE	ZIP	E-MAIL**

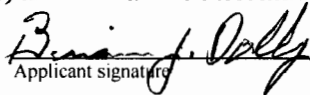
**** BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.**

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 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 and/or e-mail addresses if different than the applicant's) or attach affidavits of consent (and mailing and/or e-mail addresses) from all landowners or individuals/entities to which the water right(s) has been conveyed.

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


Applicant signature

Brian Dolby, Ranch Mgr.
Print Name (and Title if applicable)

2-19-13
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): _____
Flipping 2 water rights to put better water right on better land.

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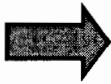
WATER RESOURCES DEPT
SALEM, OREGON

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.)

DISTRICT NAME	ADDRESS	
CITY	STATE	ZIP

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 Baker Count	ADDRESS 1995 Third Street	
CITY Baker City	STATE OR	ZIP 97814

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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Please use additional pages of Table 2 as needed

Table 2. Description of Temporary Changes to Water Right Certificate # 83236

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.

Authorized ("from" lands) as they appear BEFORE THE CHANGES										Proposed ("to" lands) AFTER THE CHANGES											
Twp	Rng	Sec	1/4 1/4	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	Proposed Changes (see "CODES" from previous page)	Twp	Rng	Sec	1/4 1/4	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	100	1901	POU/POD	2	S	9	E	1	NW	NW	500	1	10.0	1901
"	"	"	"	"	"	"	"	"	"	"	2	S	9	E	2	SW	NW	500	"	5.0	1901
9	S	39	E	3	NE	SE	700	40	1906		9	S	39	E	2	NW	SW	800/1000	40	1906	
9	S	39	E	3	NW	SE	700	39.09	1906		9	S	39	E	2	SW	SW	800/900	39.09	1906	
TOTAL ACRES						79.09	TOTAL ACRES						79.09	TOTAL ACRES							

Additional remarks:

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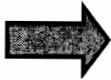
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SALEM, OREGON

For Place 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: _____
 s - 50217 Supplemental



Pursuant to ORS 540.525, any “layered” water use such as an irrigation right that is supplemental to a primary right proposed for temporary transfer can be included in the transfer or remain unused on the authorized place of use. If the primary water right does not revert soon enough to allow use of the supplemental right within five years, the supplemental right shall become subject to cancellation for nonuse under ORS 540-610.

For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation if necessary to convey the water to the new temporary place of use:

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://apps.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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Please use additional pages of Table 2 as needed

Table 2. Description of Temporary Changes to Water Right Certificate # 18434

List only the part of the right that will be changed. For the acreage in each 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.

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Twp	Rng	Sec	1/4	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	Proposed Changes (see "CODES" from previous page)	Twp	Rng	Sec	1/4	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s) to be used (from Table 1)	Priority Date	
2	S	9	NE	NW	100	15.0	Irrigation	POD #1	1901	POU/POD	2	S	9	E	1	NW	NW	500	1	10.0	1901
"	"	"	"	"	"	"	EXAMPLE	"	"	"	2	S	9	E	2	SW	NW	500	"	5.0	1901
9	S	39	E	2	NW	5N	1000	1000	1880		9	S	39	E	3	NE	SE	700		40.0	1880
9	S	39	E	2	SW	5W	1000	1000	1880		9	S	39	E	3	NW	SE	700		39.09	1880
TOTAL ACRES											TOTAL ACRES										
											79.09										

Additional remarks:

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Revised 2/1/2012

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For Place of Use Changes

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