

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

# Application for Water Right Transfer

Part 1 of 4 - Minimum Requirements Checklist

This transfer application <u>will be returned</u> 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

		TOTALLE THE STEEL THE PROPERTY.	
Check	all iter	ms included with this application. $(N/A = Not Applicable)$	
7		Part 1 - Completed Minimum Requirements Checklist.	
$\triangleright$		Part 2 – Completed Transfer Application Map Checklist.	
7		Part 3 – Completed Transfer Application – Applicant Information and Si	gnature.
A		Part 4 – Completed Transfer Application – Water Right Information. Ple separate Part 4 for each water right. List all water right certificates to be <b>Vol. 16 Page 22179</b> .	
		Attachments:	1407 0 0 0010
<b>N</b>		Completed Transfer Application Map.	MAY <b>2 8</b> 2013
K		Completed Evidence of Use Affidavit and supporting documentation.	SALEM, OR
		Fees – Amount enclosed: \$ 960 See http://www.wrd.state.or.us/OWRD/PUBS/forms.shtml#fees 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 district. Complete when the transfer applicant is not the irrigation district.	<u> </u>
	À N/A	Land Use Information Form with approval and signature (or signed land stub). Not required if water is to be diverted, conveyed, and/or used only if <b>all</b> of the following apply: a) a change in place of use only, b) no struc use of water is for irrigation only, and d) the use is located within an irrigence farm use zone.	on federal lands or tural changes, c) the
	N/A	For changes in point(s) of appropriation (well(s)) or additional point(s) of Water Well Report/Well Log.	f appropriation,
		(For Staff Use Only)	
		WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING R	
		Application fee not enclosed/insufficient Map not included or includ	complete
		Additional signature(s) required Part is incomplete  Other/Explanation	te
		Staff: 503-986-0 Date: / /	

## Your transfer application will be returned if any of the map requirements listed below are not met.

		sure that the transfer application map you submit includes all the required items and he existing water right map. Check all boxes that apply.
×	□ N/A	Certified Water Right Examiner (CWRE) Stamp and Original Signature. For a list of CWREs, see <a href="http://apps.wrd.state.or.us/apps/wr/cwre_license_view/">http://apps.wrd.state.or.us/apps/wr/cwre_license_view/</a> . CWRE stamp and signature are not required for substitutions.
	N/A	If more than three water rights are involved, separate maps are needed for each water right.
×		Permanent quality printed with dark ink on good quality paper.  RECEIVED BY OWRD
Z		The size of the map can be $8\frac{1}{2} \times 11$ inches, $8\frac{1}{2} \times 14$ inches, $11 \times 17$ inches, on app to \$0 \text{ 30} inches. For 30 x 30 inch maps, one extra copy is required.
$\Box$		A north arrow, a legend, and scale. SALEM, OF
Ø		The scale of the map must be: $1 \text{ inch} = 400 \text{ feet}$ , $1 \text{ inch} = 1,320 \text{ feet}$ , 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 $1 \text{ inch} = 1,320 \text{ feet}$ , or a scale that has been pre-approved by the Department.
×		Township, Range, Section, 1/4 1/4, DLC, Government Lot, and other recognized public land survey lines.
X		Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
Ā		Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.
x		Major water delivery system features from the point(s) of diversion/appropriation such as main pipelines, canals, and ditches.
×		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.
×	□ N/A	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.
×		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.
	y 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 $-42^{\circ}32'15.5"$ ) or degrees-decimal with five or more digits after the decimal (example $-42.53764°$ ).

Applicant Informat APPLICANT/BUSINESS NA	ME		PHONE NO.	ADDITIONAL CONTACT NO.	
Rick Robison, Robinson ADDRESS	n Farms, LLC		503-835-4533	FAX NO.	
PO Box 100	T				
CITY <b>Amity</b>	STATE OR	ZIP <b>97101</b>	E-MAIL** Rick@robinsonnu	rsery.com	
gent Information -	- The agent is aut	horized to repre	esent the applicant in al	I matters relating to this application	n.
AGENT/BUSINESS NAME	<del>_</del>		PHONE NO.	ADDITIONAL CONTACT NO.	
ADDRESS				FAX NO.	
OITY	CT A TE	710	г ман жж		
CITY	STATE	ZIP	E-MAIL**		
				L CORRESPONDENCE FROM THE IMENTS WILL ALSO BE MAILED.	
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Check this box is Reinvestment Ac			y funded by the Amer	rican Recovery and	
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Applicant signature Print Name (and Title if applicable)

Applicant signature Print Name (and Title if applicable)

Date

Date

In your own words tell us what change(s) you want made and the reason for the change(s):

Check the following boxes	that app	oly:				
The applicant is resp continue to be sent to		_	ion of	change(s). Notices a	and correspondence	ce should
The receiving landov final order is issued.		-			• • • • • • • • • • • • • • • • • • • •	
The receiving landov of notices and corres				-	· _	(s). Copies
At this time, are the lands in	this tran	sfer applic	ation ii	n the process of bein	g sold? 🗌 Yes 🏾	⊠ No
If YES, and you know winformation table below assignment will have to	. If you d	o not knov	w who		_	
If a property sells, the ce unless a sale agreement please visit our web site	or other d	ocument s	tates o	therwise. (To learn	about sale agreem	ents
RECEIVING LANDOWNER NAME same as applicant				PHONE NO.	ADDITIONAL CONTA	CT NO.
ADDRESS		<del></del>			FAX NO. RECE	IVED BY OWRD
CITY	STATE	ZIP		E-MAIL	·	1AY 2 8 2013
Describe any special owners  Check here if any of the an irrigation or other wa	water rigl	nts propose	ed for t	ransfer are or will be	e located within o	SALEM, OR
IRRIGATION DISTRICT NAME			ADDRES			
CITY			STATE		ZIP	
Check here if water for a for stored water with a fe					agreement or othe	er contract
ENTITY NAME			ADDRES	S		
CITY		:	STATE		ZIP	
To meet State Land Use Cocity, municipal corporation, conveyed or used.						
ENTITY NAME Yamhill County			ADDRES	S 5 <sup>th</sup> Street		
CITY McMinnville		:	STATE OR		ZIP 97128	
ENTITY NAME			ADDRES	S		
CITY			STATE		ZIP	

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/docs/Hints\_Forms\_MS\_Word.doc">http://www.wrd.state.or.us/OWRD/PUBS/docs/Hints\_Forms\_MS\_Word.doc</a>

## CERTIFICATE # Vol. 16 Pg. 22179

		gallons pe	er m	inut	e (gp	m)					
Descri	be the current v	vater delivery	SVS	tem (	or th	e svs	stem th	nat was	s in nla	ace at so	ome time within the last
five ve	ars Include in	formation on	the	nıım	ns c	anals	nine	lines a	and snr	inklers	used to divert, convey lers Sec Exhit
	ocation of Auth POD/POA nan		_			•	•		•	,	Appropriation (POA) 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)		`wp		ing	Sec		: 1/4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
#1	<ul><li>✓ Authorized</li><li>✓ Proposed</li></ul>		5	S	4	W	6	SE	SE	37	
	Authorized							-			
	☐ Proposed										
	Authorized				+						
	☐ Proposed										
	Authorized										
	Proposed			_							
Check	all type(s) of o	change(s) pro	pos	ed b	elow	(ch	ange '	"COD	ES" a	re prov	vided in parentheses):
$\boxtimes$	Place of Use	(POU)	-				_ ·	Supple	menta	l Use to	Primary Use (S to P)
	Character of	Use (USE)						Point o	of App	ropriati	on/Well (POA)
	Point of Dive	ersion (POD)						Additi	onal P	oint of A	Appropriation (APOA)
	Additional P	oint of Diver	sion	(AP	OD)			Substi	tution	(SUB)	
	Surface Water POA (SW/G	er POD to Gr W)	oun	d Wa	ater			Govern	nment	Action	POD (GOV)
Will al	l of the propos	sed changes :	affe	ct th	e en	tire v	water	right:	?		
☐ Yes		ly the Propos								n the ne	xt page. Use the

Please use additional pages of Table 2 as needed

#### Table 2. Description of Changes to Water Right Certificate # Vol. 16 Pg. 22179

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.

	A	uth	oriz	zed (	("fror	n" lar	ıds) as	they	appear	BEFORE T	HE CHANG	ES	Proposed				Prop	posed	("to	" lands	s) AF	TER T	HE CHAN	GES	
Twp		Rr		Sec		1/4	Tax Lot	Gvt Lot or DLC		Type of USE listed on Certificate	PODYs) as	Priority Date	Changes (see	Twp	Rn	8	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		9	E_	15	NE	NII	100		15.0	Irrigation	POD #1 	1901	POU/POD	2 5	<del>_9</del> _	E .	+	NW -		<del>-500-</del>	-+-	10.0		POD #5	1981
~		-42		**	- 44					EXAMPLE	<del></del>		4	2 S	<del>-9</del>	Ē	-2-	SW	NW	500		<del>-5.0</del>		POD #6	1901
5	s	4	w	6	NW	SE	300	37	0.3	IRRIGATI ON	#1	1949		5 S	4	s	7	SE	NE	100	43	4.0	IRRIGAT ION	#1	1949
5	s	4	W	6	sw	SE	300	37	1.9	"	#1	7.0													
5	S	4	W	6	SE	SE	300	37	1.8	"	#1	**													
													ļ.												
						TOTA	L AC	RES	4.0										TOT	AL AC	RES	4.0			

Additional remarks: \_\_\_\_\_.

RECEIVED BY OWRD

**TACS** 

MAY 2 8 2013

1011605

								Cei	rtificate#_	
F	or Place	of Use or Cl	haracter	of Use Cl	hanges					
		e other water "from" or the	_			-	ground wa	ter registra	ations associ	iated
I	f YES, lis	st the certific	ate, water	r use perm	nit, or gro	und water	registration	numbers:	•	
a	primary	o ORS 540.5 right proposed d water regis on.	ed for trai	nsfer must	t be inclu	ded in the t	transfer or l	be cancelle	ed. Any cha	inge
F	or Subst	<b>itution</b> (grou	nd water ation)	suppleme	ental irrig	ation will b	e substitut	ed for surf	face water pr	rimary
		water supplei water primary				#;				
F	or a cha	nge from Su	pplemen	tal Irriga	tion Use	to Primar	y Irrigatio	n Use		
	Identify 1	the primary c	ertificate	to be can	celled. C	Certificate #	<u></u>			
F	or a chai	nge in point(	s) of app	ropriatio	n (well(s	i)) or addit	tional poin	t(s) of ap	propriation	:
	ass app	ell log(s) are a cociated with olication map o://apps.wrd.	the corre . (Tip: \	sponding You may s	well(s) in earch for	Table 1 al well logs o	pove and or on the Depa	n the accor	mpanying	
	OR									
		scribe the connot have a w		of the au	thorized	and propos	sed well(s)	in Table 3	for any wel	ls that
Any well(s accompany transfer ap	) in this l ring appli plication.	ion of Point( isting must b cation map. For propose examiner for	e clearly Failure to d wells,	tied to con provide we recom	rrespondi adequate mend tha	information tyou const	n is likely t alt a license	to delay thed well dri	e processing	g of your st, or
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
									RECEIVED	RWC YE

SALEM. OR

MAY 5 8