

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

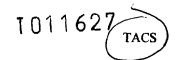
# **Application for Water Right** Transfer

Part 1 of 4 - Minimum Requirements Checklist

JUN 26 20 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

SAULEM, OH	Tot questions, preuse cuit (505) 700-0700, and ask for Transfer Section.
	FOR ALL TRANSFER APPLICATIONS
Check 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 Signature.
$\boxtimes$	Part 4 – Completed Transfer Application – Water Right Information. Please include a separate Part 4 for each water right. List all water right certificates to be transferred here: <u>58504</u> .
	Attachments:
$\boxtimes$	Completed Transfer Application Map.
$\boxtimes$	Completed Evidence of Use Affidavit and supporting documentation.
$\boxtimes$	Fees – Amount enclosed: \$ 900. 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 of an irrigation district. Complete when the transfer applicant is not the irrigation district.
∑ ∏ N/A	Land Use Information Form with approval and signature (or signed land use form receipt stub). Not required if water is to be diverted, conveyed, and/or used only on federal lands or if <b>all</b> 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.
□ N/A	For changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation, Water Well Report/Well Log.
	(For Staff Use Only)
	WE 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
	Other/Explanation
	Biaii.   DD-700-0   Paic. / /



### **RECEIVED BY OWRD**

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

]	Please be matches t	sure that the transfer application map you submit includes all the required items and he existing water right map. Check all boxes that apply.
$\boxtimes$	□ 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.
$\boxtimes$		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, $11 \times 17$ inches, or up to $30 \times 30$ inches. For $30 \times 30$ inch maps, one extra copy is required.
$\boxtimes$		A north arrow, a legend, and scale.
$\boxtimes$		The scale of the map must be: 1 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.
$\boxtimes$		Township, Range, Section, ¼ ¼, 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 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.
$\boxtimes$	□ 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.
$\boxtimes$		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.
$\boxtimes$	□ 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 $-42.53764^{\circ}$ ).

	051/5	-n by ow <b>Ba</b>	rt 3 of 4 – Appl	icant Information and Signature
TAPPITOTION TOTAL	RECEIVE			
APPLICANT/BUSINESS NAME		0.4.0040	PHONE NO.	ADDITIONAL CONTACT NO.
CHESTER A. SMITH	JUN_	<b>26</b> 2013	541-832-2365	N/A
ADDRESS 1137 AUTUMN LANE, GLENI	DALE ORI	FCON		FAX NO. N/A
CITY		EM, OR	E-MAIL**	IN/A
GLENDALE	OR	97442	N/A	
	ent is author	orized to represe	· · · · · · · · · · · · · · · · · · ·	I matters relating to this application.
AGENT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.
N/A			N/A	N/A
ADDRESS				FAX NO.
N/A	STATE	ZìP	E-MAIL**	N/A
CITY N/A	N/A	N/A	N/A	
				LL CORRESPONDENCE FROM THE
DEPARTMENT ELECTRON  Check this box if this pr	vically. (	Copies of the lly or partially	FINAL ORDER DOC	UMENTS WILL ALSO BE MAILED.
Reinvestment Act. (Fed	eral stimul	lus dollars)		
Is the applicant the sole own transfer is located?  Yes		land on which	the water right, or j	portion thereof, proposed for
	and mailing			if different than the applicant's) or wners or individuals/entities to which the
	Permar	nent Transfers On	ly (check one box)	
By signing this application, I Department approval of the t authorized to pursue the trans	ransfer, I wi	Il be required to p	rovide landownership	y determination and prior to information and evidence that I am
I affirm the applicant is a mu name of the municipality or a			540.510(3)(b) and that	the right is in the
I affirm that the applicant is a condemnation the property to supporting documentation.				
	a notice in consecutive llowing par	a newspaper wive weeks. If mo ber: News Revie	th general circulation re than one qualifying.  plication is true and	in the area where the water right is ng newspaper is available, I suggest d accurate.
Applicant signature	<del>zh.</del>	CHESTER A Print Name (and	Title if applicable)	6-24-2013 Date

1011627<sub>TACS</sub>

Applicant signature

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

Print Name (and Title if applicable)

#### **REC**EIVED BY OWRD

		oly:				
continue to be sent to	o the app	licant.			ces and correspondence si	
					e proposed change(s) after ould be sent to this landov	
The receiving landor of notices and corres				•	completion of change(s). and the applicant.	Copies
At this time, are the lands in	this tran	sfer appl	ication in	n the process of	being sold? 🗌 Yes 🖾 N	lo
•	. If you o	lo not kn	ow who		nplete the receiving landorner will be, then a request	
unless a sale agreement	or other o	document	states o	therwise. (To le	d belong to the new owners arn about sale agreements of a property Transactions	s
RECEIVING LANDOWNER NAME		· · · · · · · · · · · · · · · · · · ·		PHONE NO.	ADDITIONAL CONTACT N	NO.
ADDRESS				<u></u>	FAX NO.	_
CITY	STATE	ZIP		E-MAIL		
Describe any special owners	ship circu	mstances	s here:			
Check here if any of the an irrigation or other wa	_				rill be located within or se	rved by
	_			te and attach Su		rved by
an irrigation or other wa	_		Comple	te and attach Su		rved by
an irrigation or other wa	ter distric	erights su	ADDRES STATE	te and attach Su s under a water se	oplemental Form D.)	
an irrigation or other wa	ter distric	erights su	ADDRES STATE	te and attach Su s under a water se ty.	pplemental Form D.)	
an irrigation or other was IRRIGATION DISTRICT NAME  CITY  Check here if water for a for stored water with a feet and the stored water wat	ter distric	erights su	ADDRES STATE  applied upther entite	te and attach Su s under a water se ty.	pplemental Form D.)	
an irrigation or other wa  IRRIGATION DISTRICT NAME  CITY  Check here if water for a for stored water with a f  ENTITY NAME	any of the	e rights su ency or o	ADDRES  STATE  upplied upther entity  ADDRES  STATE	and attach Sussemble and attach Sussemble a water setty.	zIP  zIP  zIP  zIP  zIP  cocal governments (each co	ontract
an irrigation or other was IRRIGATION DISTRICT NAME  CITY  Check here if water for a for stored water with a for stored water with a for stored water with a form of the stored water water water for a form of the stored water with a form of the stored water water for a form of the stored water with a form of the stored water	any of the	e rights su ency or o	ADDRES  STATE  upplied upther entity  ADDRES  STATE	and attach Sussemble and attach Suspender a water sety.	zIP  zIP  zIP  zIP  zIP  cocal governments (each co	ontract
an irrigation or other was IRRIGATION DISTRICT NAME  CITY  Check here if water for a for stored water with a for stored water with a for stored water with a form of stored water water for a form of stored water water for a form of stored water water for a form of stored water with a form of stored water wat	any of the	e rights su ency or o	ADDRES  STATE  applied unther entity  ADDRES  STATE  ments, yeent) with	and attach Sussemble and attach Suspender a water sety.	zIP  zIP  zIP  zIP  zIP  cocal governments (each co	ontract
an irrigation or other was IRRIGATION DISTRICT NAME  CITY  Check here if water for a for stored water with a for stored water with a for stored water with a formula to meet State Land Use Cocity, municipal corporation, conveyed or used.  ENTITY NAME	any of the	e rights su ency or o	ADDRES  STATE  upplied upther entity  ADDRES  STATE  ments, year  and with	and attach Sussemble and attach Suspender a water sety.  Sou must list all inin whose jurisons	zIP  zIP  zIP  zIP  ocal governments (each condiction water will be diverted)	ontract

Please use a separate Part 4 for each water right being changed. See instructions at http://www.wrd.state.or.us/OWRD/PUBS/docs/Hints Forms MS Word.doc

## **CERTIFICATE # 58504** RECEIVED BY OWRD **Description of Water Delivery System** System capacity: 0.43 cubic feet per second (cfs) OR JUN 26 2013 gallons per minute (gpm)

Describe the current water delivery system or the system that was in place at some time within the last five years. Include information on the pumps, canals, pipelines and sprinklers used to divert, convey and apply the water at the authorized place of use. Existing ditch known as Cow Creek Irrigation Company. Ditch comes from the dam located at the Authorized Point of Diversion in Section 19 and flows to a lateral (siphon) from the ditch to the Authorized Place of Use. Proposed system is two 50 Horsepower pumps, used one at a time, 10 inch intake each, which rise 12 feet from the waters edge to the pump. One pump has 8 inch diameter discharge and the second pump has a 10 inch diameter discharge, which are manifolded together to a 10 inch mainline sized down to a 8 inch mainline sized down to a 6 inch mainline to a 5 inch wheel line.

Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA) (Note: If the POD/POA name is not specified on the certificate, assign it a name or 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)	Twp	Rng	Sec	<sup>3</sup> /4 <sup>3</sup> /4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
POD #1			32 S	05 W	19		200	75 FEET NORTH & 630 FEET WEST OF THE SOUTHEAST CORNER OF SECTION 19
POD #2	☐ Authorized ☐ Proposed		32 S	06 W	25		500	370 FEET NORTH & 1965 FEET WEST OF THE EAST QUARTER CORNER OF SECTION 25
	☐ Authorized ☐ Proposed							
	Authorized Proposed							

eck a	all type(s) of change(s) proposed below (	change	e "CODES" are provided in parentheses):
	Place of Use (POU)		Supplemental Use to Primary Use (S to P)
	Character of Use (USE)		Point of Appropriation/Well (POA)
	Point of Diversion (POD)		Additional Point of Appropriation (APOA)
$\boxtimes$	Additional Point of Diversion (APOD)		Substitution (SUB)
	Surface Water POD to Ground Water POA (SW/GW)		Government Action POD (GOV)

Ch

Will all	of the proposed changes affect the entire water right?	
Yes	Complete only the Proposed ("to" lands) section of Table 2 on the next page. U"CODES" listed above to describe the proposed changes.	
⊠ No	Complete all of Table 2 to describe the portion of the water right to be changed	CEIVED BY OWRD
		JUN 26 2013
		SALEM, OR

Please use additional pages of Table 2 as needed

#### Table 2. Description of Changes to Water Right Certificate # 58504

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									Proposed ("to" lands) AFTER THE CHANGES																	
Twp		Rng			1/4		Tax Lot	Gvt Lot or DLC			POD(s) or POA(s) (name or number from Table 1)	Priority Date		Tw	р	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
	. ")	ì	į	< \	NF.	111	4 1 4 2		(5.0	hri <u>c</u> ation	P(H) #1 P(H) #2	1001	POL/POD	3	مه د	1)	į.	ì	111	111	500		11),(1		POD 25	1 va() [
							••			17474141				2	ς,	0	j		189	111	500	<b>.</b>	5.0		P()() =6	19(11
32 S	0	5 W	/ 3	os	W	NW	500		24.6	Irrigation	POD#1	1922	_	32	s	05	w	30	sw	NW	500		24.6	Irrigation	POD #2	1922
32 5	6 0	5 W	/ 3	0 N	W	sw	500		0.6	Irrigation	POD #1	1922		32	s	05	w	30	NW	SW	500		0.6	Irrigation	POD #2	1922
	L				7	ГОТА	L AC	RES	25.2		<b></b>	L							L	TOTA	L AC	RES	25.2			

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

**RECEIVED BY OWRD** 

JUN 26 2013

Revised 2/1/2012

Regular Permanent Transfer Application - Page 7 of 8

TACS 1011627

SALEM, OR

Certificate # 58504

F	or Place	of Use or Cl	ıaracter	of Use Cl	hanges					
		e other water "from" or the					ground wa	iter registra	ations assoc	iated
	If YES,	list the certifi	cate, wat	er use per	mit, or g	round wate	r registratio	on number	s:	
	a primar	to ORS 540. y right propo nd water reg on.	sed for tr	ansfer mu	st be incl	luded in the	e transfer o	r be cance	lled. Any c	hange
F	or Subst	<b>itution</b> (grou irriga	nd water ation)	suppleme	ental irrig	ation will l	be substitut	ed for surf	face water p	rimary
		water suppler water primar				#;			RECEIVE	D BY OWR
F	or a cha	nge from Su	pplemen	tal Irriga	tion Use	to Primar	y Irrigatio	n Use	JUN 2	<b>6</b> 2013
	Identify	the primary o	ertificate	to be can	celled. (	Certificate #	#		SALE	M, OR
F	or a chai	nge in point(	s) of app	propriatio	n (well(s	)) or addit	tional poin	t(s) of app	propriation	ı <b>:</b>
	app http	ociated with blication map o://apps.wrd.	. (Tip: Y	ou may s	earch for	well logs	on the Depa			:
		scribe the connot have a w		n of the au	nthorized	and propos	sed well(s)	in Table 3	for any we	lls that
Any well(s accompany transfer ap	s) in this l ving appli plication.	ion of Point( isting must b cation map.  For propose examiner for	e clearly Failure to d wells,	tied to co o provide we recom	rrespondi adequate mend tha	information t you consi	on is likely ult a license	to delay thed well dri	e processin	g of your
Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	already well, OWRD well, OWRD Well ID Tag (Yes or No. L- Casing No. L- Casing Diameter Casing (feet)							Source aquifer (sand, gravel, basalt, etc.)	Well - specific rate (cfs or gpm). If less than full rate of water right
		<del></del>		<del> </del>	<del> </del>	<del> </del>	<del> </del>			<del> </del>