



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 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.

FOR ALL TRANSFER APPLICATIONS

Check all items included with this application. (N/A = Not Applicable)

- ☒ Part 1 – Completed Minimum Requirements Checklist.
- ☒ Part 2 – Completed Transfer Application Map Checklist.
- ☒ Part 3 – Completed Transfer Application – Applicant Information and Signature.
- ☒ 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: **35699**.
- Attachments:**
 - ☒ Completed Transfer Application Map.
 - ☒ Completed Evidence of Use Affidavit and supporting documentation.
 - ☒ Fees – Amount enclosed: \$ **900.00**.
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 **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.
 - ☐ ☒ 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):

- | | |
|--|---|
| <input type="checkbox"/> Application fee not enclosed/insufficient | <input type="checkbox"/> Map not included or incomplete |
| <input type="checkbox"/> Land Use Form not enclosed or incomplete | <input type="checkbox"/> Part _____ is incomplete |
| <input type="checkbox"/> Additional signature(s) required | |

Other/Explanation _____

Staff: _____ 503-986-0_____

Date: ____/____/____

Part 2 of 4 – Transfer Application Map Checklist

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

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Please be sure that the transfer application map you submit includes all the required items and matches the existing water right map. Check all boxes that apply.

SALEM, OR

- ☒ ☐ N/A Certified Water Right Examiner (CWRE) Stamp and Original Signature. For a list of CWREs, see http://apps.wrd.state.or.us/apps/wr/cwre_license_view/. 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.
- ☒ The size of the map can be 8½ x 11 inches, 8½ x 14 inches, 11 x 17 inches, or up to 30 x 30 inches. For 30 x 30 inch maps, one extra copy is required.
- ☒ A north arrow, a legend, and scale.
- ☒ 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.
- ☒ Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines.
- ☒ Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
- ☒ Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.
- ☒ 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.
- ☒ ☐ 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 SALEM, OR (Preston Polasek, City Administrator)			PHONE NO. (503) 864-2451	ADDITIONAL CONTACT NO.
ADDRESS P.O. Box 55, 486 Third Street			FAX NO.	
CITY Lafayette	STATE OR	ZIP 97127	E-MAIL** prestonp@ci.lafayette.or.us	

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

AGENT/BUSINESS NAME Kim Grigsby, GSI Water Solutions, Inc.			PHONE NO. (541) 753-0745	ADDITIONAL CONTACT NO.
ADDRESS 1600 SW Western Blvd., Suite 240			FAX NO.	
CITY Corvallis	STATE OR	ZIP 97333	E-MAIL** kgrigsby@gsiws.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 sole owner of the land on which the water right, or portion thereof, proposed for transfer is located? ☐ Yes ☒ No N/A. This is a municipal use water right.

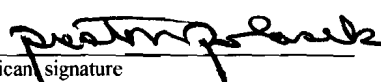
If NO, include signatures of all landowners (and mailing and/or e-mail addresses if different than the applicant's) or attach affidavits of consent (and mailing and/or e-mail addresses) from all landowners or individuals/entities to which the water right(s) has been conveyed.

Permanent Transfers Only (check one box)

- ☐ By signing this application, I understand that, upon receipt of the draft preliminary determination and prior to Department approval of the transfer, I will be required to provide landownership information and evidence that I am authorized to pursue the transfer as identified in OAR 690-380-4010(5); **OR**
- ☒ I affirm the applicant is a municipality as defined in ORS 540.510(3)(b) and that the right is in the name of the municipality or a predecessor; **OR**
- ☐ I affirm that the applicant is an entity with the authority to condemn property and is acquiring by condemnation the property to which the water right proposed for transfer is appurtenant and have supporting documentation.

I understand that prior to Department approval of the transfer, 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 water right 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: **PODs are less than ¼ mile apart with no intervening PODs or POAs between the two springs, therefore no newspaper publication is necessary.**

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


 Applicant signature
 Preston Polasek, City Administrator
 Print Name (and Title if applicable)
 6-19-13
 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): **The City of Lafayette proposes to change the POD at Doug Nelson Spring to the POD at Lafayette Spring, enabling the City to divert the maximum authorized rate (0.16 cfs) under this water right at one POD (Lafayette Spring).**

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Check the following boxes that apply:

JUL 10 2013 ☒ The applicant is responsible for completion of change(s). Notices and correspondence should continue to be sent to the applicant.

SALE ☒ The receiving landowner will be responsible for completing the proposed change(s) after the final order is issued. Copies of notices and correspondence should be sent to this landowner.

☐ The receiving landowner and applicant will be responsible for completion of change(s). Copies of notices and correspondence should be sent to this landowner and the applicant.

At this time, are the lands in this transfer application in the process of being sold? ☐ Yes ☒ No

If YES, and you know who the new landowner will be, please complete the receiving landowner information table below. If you do not know who the new landowner will be, then a request for assignment will have to be filed for at a later date.

If a property sells, the certificated water right(s) located on the land belong to the new owner, unless a sale agreement or other document states otherwise. (To learn about sale agreements please visit our web site at: <http://www1.wrd.state.or.us/pdfs/Transfer-PropertyTransactions.pdf>)

RECEIVING LANDOWNER NAME			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	


Describe any special ownership circumstances here: N/A

☐ 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.) N/A

IRRIGATION DISTRICT NAME <u>N/A</u>	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. N/A

ENTITY NAME <u>N/A</u>	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 Yamhill County Planning Department	ADDRESS 414 E. 1st Street	
CITY Newberg	STATE Oregon	ZIP 97132

ENTITY NAME City of Lafayette Planning Department	ADDRESS 486 Third Street	
CITY Lafayette	STATE OR	ZIP 97127

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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

SALEM, OR

CERTIFICATE # **35699****Description of Water Delivery System**System capacity: **0.16** cubic feet per second (cfs) OR

_____ 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: Intakes exist at each spring and the water is gravity fed into buried pvc pipes to a single concrete overflow box and 6 inch supply line that delivers the water to a small storage reservoir. The water then flows into the City's municipal distribution system.

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	¼ ¼	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Lafayette Spring POD #1	<input checked="" type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		4 S	3 W	5	NW NE		125' S and 625' E from the N 1/4 Corner, Section 5
Doug Nelson Spring POD #2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		4 S	3 W	5	NW NE		800' S and 425' E from the N 1/4 Corner, Section 5

Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses):

- | | |
|--|---|
| <input type="checkbox"/> Place of Use (POU) | <input type="checkbox"/> Supplemental Use to Primary Use (S to P) |
| <input type="checkbox"/> Character of Use (USE) | <input type="checkbox"/> Point of Appropriation/Well (POA) |
| <input checked="" type="checkbox"/> Point of Diversion (POD) | <input type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Additional Point of Diversion (APOD) | <input type="checkbox"/> Substitution (SUB) |
| <input type="checkbox"/> Surface Water POD to Ground Water POA (SW/GW) | <input type="checkbox"/> Government Action POD (GOV) |

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. Use the "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.

Please use additional pages of Table 2 as needed

Table 2. Description of Changes to Water Right Certificate # 35699

List only the part of the right that will be changed. For the acreage in each ¼ ¼, 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 Changes (see "CODES" from previous page)	Proposed ("to" lands) AFTER THE CHANGES									
Twtp	Rng	Sec	¼ ¼	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		Twtp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/POA(s) to be used (from Table 1)	Priority Date
4 S	3 W	6	SW NE			N/A	Municipal	POD1/POD2	1958	POD	4 S	3 W	6				N/A	Municipal	POD 1	1958
4 S	3 W	6	SW NW			N/A	Municipal	POD1/POD2	1958	POD	4 S	3 W	6				N/A	Municipal	POD 1	1958
4 S	3 W	6	NW SW			N/A	Municipal	POD1/POD2	1958	POD	4 S	3 W	6				N/A	Municipal	POD 1	1958
4 S	3 W	6	S ½ SW			N/A	Municipal	POD1/POD2	1958	POD	4 S	3 W	6				N/A	Municipal	POD 1	1958
4 S	3 W	6	S ½ SE			N/A	Municipal	POD1/POD2	1958	POD	4 S	3 W	6				N/A	Municipal	POD 1	1958
4 S	3 W	7	W ½ NE			N/A	Municipal	POD1/POD2	1958	POD	4 S	3 W	7				N/A	Municipal	POD 1	1958
4 S	3 W	7	N ½ NW			N/A	Municipal	POD1/POD2	1958	POD	4 S	3 W	7				N/A	Municipal	POD 1	1958
4 S	4 W	1	SE NE			N/A	Municipal	POD1/POD2	1958	POD	4 S	4 W	1				N/A	Municipal	POD 1	1958
4 S	4 W	1	E ½ SE			N/A	Municipal	POD1/POD2	1958	POD	4 S	4 W	1				N/A	Municipal	POD 1	1958
4 S	4 W	12	NE NE			N/A	Municipal	POD1/POD2	1958	POD	4 S	4 W	12				N/A	Municipal	POD 1	1958
TOTAL ACRES						N/A					TOTAL ACRES						N/A			

Additional remarks: Applicant proposes to move the Doug Nelson Spring POD to the Lafayette Spring POD to allow the City to appropriate up to 0.16 cfs from Lafayette Spring.

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Certificate # **35699****For Place of Use or Character of Use Changes****SALEM, OR**

Are there other water right certificates, water use permits or ground water registrations associated with the "from" or the "to" lands? ☐ Yes ☒ No **N/A. This is a municipal use water right.**

If YES, list the certificate, water use permit, or ground water registration numbers: _____.

Pursuant to ORS 540.510, any "layered" water use such as an irrigation right that is supplemental to a primary right proposed for transfer must be included in the transfer or be cancelled. Any change to a ground water registration must be filed separately in a ground water registration modification application.

For Substitution (ground water supplemental irrigation will be substituted for surface water primary irrigation) **N/A**

Ground water supplemental Permit or Certificate # _____;

Surface water primary Certificate # _____.

For a change from Supplemental Irrigation Use to Primary Irrigation Use N/A

Identify the primary certificate to be cancelled. Certificate # _____

For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation: N/A

☐ 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
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

