

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 APPLICATION	s RECEIVED
Che	ck all ite	ms included with this application. $(N/A = Not Applicable)$	
\boxtimes		Part 1 – Completed Minimum Requirements Checklist.	AUG 0 2 2013
\boxtimes		Part 2 – Completed Transfer Application Map Checklist.	WATER RESOURCES DEPT SALEM, OREGON
\boxtimes		Part 3 – Completed Transfer Application – Applicant Information	mation and Signature.
\boxtimes		Part 4 – Completed Transfer Application – Water Right Inf separate Part 4 for each water right. List all water right cer <u>54059</u> .	
		Attachments:	
\boxtimes		Completed Transfer Application Map.	
\boxtimes		Completed Evidence of Use Affidavit and supporting documents	mentation.
\boxtimes		Fees – Amount enclosed: \$ 1300.00. 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 issue district. Complete when the transfer applicant is not the irr	ļ O
\boxtimes	□ N/A	Land Use Information Form with approval and signature (o stub). Not required if water is to be diverted, conveyed, and if all of the following apply: a) a change in place of use only use of water is for irrigation only, and d) the use is located exclusive farm use zone.	d/or used only on federal lands or y, b) no structural changes, c) the
	⊠ N/A	For changes in point(s) of appropriation (well(s)) or additional Water Well Report/Well Log.	nal point(s) of appropriation,
		(For Staff Use Only)	
		WE ARE RETURNING YOUR APPLICATION FOR THE FO	
			t included or incomplete
		Land Use Form not enclosed or incomplete Additional signature(s) required Part	is incomplete
		Other/Explanation	
		Staff: 503-986-0 Date	: / /

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

,		map. Check all boxes that apply.
\boxtimes	□ 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.
\boxtimes		Permanent quality printed with dark ink on good quality paper.
\boxtimes		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.
\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, 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 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.
	⊠ 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 the decimal (example – 42.53764°).

AUG 0 2 2013

Part 3 of 4 - Applicant Information and Signature

pplicant Information				
PPLICANT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.
Havel Place	e LLC		503-508-4684	
DDRESS				FAX NO.
5715 Anderson Rd	STATE	ZIP	E-MAIL**	
TY Aumsville	OR	97325		ner@agricare.com
ent Information – The ag	gent is auth	orized to repres	ent the applicant in all	matters relating to this applicat
GENT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.
	1S Enginee	ring	503-559-1146	
DRESS				FAX NO.
3000 Market St NE, Ste		Carp	E-MAIL**	
[Y	STATE OR	ZIP 97301	(@qwestoffice.net
Salem By PROVIDING AN E-MAI				L CORRESPONDENCE FROM TH
ansfer is located? X Yes If NO, include signatures of	☐ No all landowr and mailing	ners (and mailing	and/or e-mail addresses i	ortion thereof, proposed for f different than the applicant's) or ners or individuals/entities to which
By signing this application, I Department approval of the authorized to pursue the tran	transfer, I w	vill be required to	provide landownership in	determination and prior to information and evidence that I am RECEIVE
I affirm the applicant is a mu name of the municipality or			540.510(3)(b) and that the	e right is in the AUG 0 2 2013
I affirm that the applicant is a condemnation the property t supporting documentation.	an entity wi o which the	th the authority to water right propo	o condemn property and is osed for transfer is appurt	
	a notice in consecut	i a newspaper wive weeks. If me per:tained in this a	vith general circulation ore than one qualifying	in the area where the water right, newspaper is available, I suggestance. 7/33/13 2013
Applicant signature		Print Name (an	d Title if applicable)	2013 Date

In your own words tell us what change(s) you want made and the reason for the change(s): This change will move existing water rights to areas that are currently being farmed and irrigated.

Check the following boxes	that app	oly:						İ					
The applicant is responsible for completion of change(s). Notices and correspondence sho continue to be sent to the applicant.													
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 tran	sfer appli	ication in	n the proce	ess of bein	g sold? 🔲 Y	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 counless a sale agreement please visit our web site	or other o	document	states o	therwise.	(To learn	about sale ag	greemei	nts					
RECEIVING LANDOWNER NAME		-		PHONE NO.		ADDITIONAL	CONTAC	NO.					
ADDRESS				<u></u>		FAX NO.							
CITY	STATE	ZIP		E-MAIL		RECE	VE	D					
Describe any special owners Check here if any of the an irrigation or other wa	water rig	hts propo	sed for				h OE810	⊊ ved by					
IRRIGATION DISTRICT NAME			ADDRES	ADDRESS									
CITY			STATE			ZIP							
Check here if water for a for stored water with a fe					ter service	agreement o	or other	contract					
ENTITY NAME			ADDRES	S									
CITY			STATE			ZIP							
To meet State Land Use Corcity, municipal corporation, conveyed or used.													
ENTITY NAME			ADDRES		4TH AVE								
Linn County Planning CITY		······································	STATE										
Albany				OR		97	128						
ENTITY NAME		<u> </u>	ADDRES	S		· · · · · · · · · · · · · · · · · · ·	tn.						
CITY			STATE			ZIP							

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 # 54059

RECEIVED

Description of Water Delivery System

System capacity: 0.32 cubic feet per second (cfs) OR

AUG 0 2 2013

144.0 gallons per minute (gpm)

WATER RESOURCES DEPT

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. **POD** is equipped with a 20HP centrifugal pump

that pumps into a 4" mainline. From there, into a drip Irrigation 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.)

(Note: If the	POD/POA nan	ne is not spec	ifie	d on	the o	ertif	icate,	assign	it a na	me or	number here.)		
POD/POA Name or Number	Is this POD/POA Authorized on the Certificate or is it Proposed?	or Well ID Twp		Гwр	Rng		Sec	1/4 1/4		Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)		
POD	✓ Authorized✓ Proposed		9	s	2	E	27	SE SW		Lot 2	120' N & 610' E from NW corner of DLC 37.		
	Authorized Proposed												
	Authorized Proposed				-								
	☐ Authorized ☐ Proposed												
Check	all type(s) of o	change(s) pro	po	sed b	elov	v (ch	ange '	"COD	ES" a	re pro	vided in parentheses):		
\boxtimes	Place of Use	(POU)						Supple	menta	l Use to	Primary Use (S to P)		
	Character of	Use (USE)					I	Point o	of App	ropriati	on/Well (POA)		
	Point of Dive	ersion (POD)				İ		Additio	onal P	oint of	Appropriation (APOA)		
	Additional P	oint of Diver	sior) !		Substitution (SUB)							
	Surface Wate POA (SW/G	er POD to Gr W)	our	id Wa			Govern	nment	Action	POD (GOV)			
Will al	ll of the propos	sed changes	a ffe	ect th	e en	tire v	water	right?	?				

Yes Complete only the Proposed ("to" lands) section of Table 2 on the next page. Use the

Complete all of Table 2 to describe the portion of the water right to be changed.

"CODES" listed above to describe the proposed changes.

Please use additional pages of Table 2 as needed

Table 2. Description of Changes to Water Right Certificate # 54059

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 POD/POA.

	Authorized ("from" lands) as they appear BEFORE THE CHANGES										Proposed	Proposed ("to" lands) AFTER THE CHANGES														
Tw		Rn		Sec		1/4	Tax Lot	Gvt Lot of DLC	Acres	Type of HEE	POD(s) or POA(s) (name or number from Table 1)		Proposed Changes (see "CODES" from previous page)	Tv	vp	Rn	g	Sec		1/4	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priorit Date
-	ъ.	i			* 1	550	* ; . * *) ** 3	14.5 · 15. 11.6 · 16.	14 (1) 15 (1)	\$ stren			٠,	. ;		Ÿ.	1.45	2.47	t.,		\$ 15. B		大 性质量量 为	. 401
						-				. No solida A	,		٠.	-	٠.	1)	ŧ	- 61	1. 1. 1.	176	€ (14.		* ,) ;		; 13E: 15	\$1,74
9	S	2	E	27	NE	NW	100	37	6.7	Irrigation	POD	1975	POU	9	S	2	E	22	sw	SE	100	37	6.2	same	POD	1975
																		27	NE	NW	100	37	0.5	same	POD	1975
9	s	2	E	27	NW	NE	100	37	6.0	Irrigation	POD	1975	POU	9	s	2	E	22	sw	SE	100	37	2.4	same	POD	1975
	- -						 	-										27	NW	NE	100	37	3.6	same	POD	1975
																				· 						
								-							_											
	1				' 	TOTA	AL AC	RES	12.7			<u>. </u>			1				·	TOTA	L AC	RES	12.7]		

Additional remarks:

RECEIVED

AUG 0 2 2013

Havel Place LLC WR Transfer Form Revised 2/1/2012 Page 6 of 7

F	or Place	of Use or Cl	naracter	of Use Cl	hanges					: :				
		e other water "from" or the	_	•		•	ground wa	iter registra	ations assoc	iated				
	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.													
F	or Subst	itution (grou irriga	nd water ation)	suppleme	ental irrig	ation will b	e substitut	ed for surf	ECE Water P	ED				
		water suppler water primar				#;			AUG 0 2 20	13				
F	or a chai	nge from Su	pplemen	tal Irriga	tion Use	to Primar	y Irrigatio	n UseWATE	R RESOURCE	S DEPT				
		the primary c												
F	or a chai	nge in point(s) of ann	ropristio	n (well(s)) or addit	ional poin	t(s) of anr	ropristion	•				
	ass app	ell log(s) are a ociated with olication map p://apps.wrd.	the corres	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 we		of the au	thorized	and propos	sed well(s)	in Table 3	for any wel	lls that				
Any well(s accompany transfer ap	s) in this l ying 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 consu	n is likely alt a license	to delay th	e processin	g of your				
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)	Scal 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				
<u> </u>	-								;]				