



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: **Ground Water Cert. Nos. 28605 & 40813.**

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**Attachments:**

- Completed Transfer Application Map. AUG 15 2013
- Completed Evidence of Use Affidavit and supporting documentation. SALEM, OR
- Fees – Amount enclosed: \$ **1600**.  
 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: \_\_\_/\_\_\_/\_\_\_

T011652

**Part 3 of 4 – Applicant Information and Signature**

**Applicant Information**

APPLICANT/BUSINESS NAME <b>James Vandersloot</b>		PHONE NO. <b>(509) 386-1955</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>84733 Telephone Pole Rd</b>		FAX NO.	
CITY <b>Milton-Freewater</b>	STATE <b>OR</b>	ZIP <b>97204</b>	E-MAIL**

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

AGENT/BUSINESS NAME <b>Water Right Solutions</b>		PHONE NO. <b>(509) 540-4474</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>PO Box 511</b>		FAX NO.	
CITY <b>Walla Walla</b>	STATE <b>WA</b>	ZIP <b>99362</b>	E-MAIL** <b>billneve.wrs@gmail.com</b>

**\*\* 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.

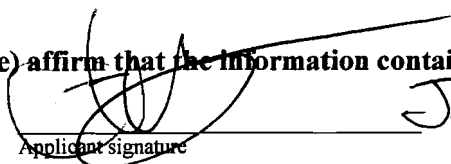
**Permanent Transfers Only (check one box)**

- 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.

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AUG 19 2013  
WATER RESOURCES DEPT  
SALF.M. OREGON

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: \_\_\_\_\_.

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

  
 Applicant signature  
**James Vandersloot**  
 Print Name (and Title if applicable)  
 owner  
 elis/13  
 Date  
 Applicant signature  
 Print Name (and Title if applicable)  
 Date

**SIGN & DATE**

In your own words tell us what change(s) you want made and the reason for the change(s): **Want to change the authorized well for my 19.2 acre portion of this primary water right.**

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Part 3 of 4 - Applicant Information and Signature

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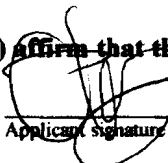
AUG 15 2013

SALEM, OR

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 Applicant signature

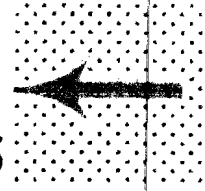
\_\_\_\_\_  
 Applicant signature

**James Vandersloot**  
 Print Name (and Title if applicable)  
*owner*

\_\_\_\_\_  
 Print Name (and Title if applicable)

**8/15/13**  
 Date

\_\_\_\_\_  
 Date



SIGN & DATE

In your own words tell us what change(s) you want made and the reason for the change(s): Want to change the authorized well for my 19.2 acre portion of this primary water right.

1011652

**Part 3 of 4 – Applicant Information and Signature**

**Applicant Information**

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**AUG 15 2013**

**SALEM, OR**

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



_____ Applicant signature	_____ Print Name (and Title if applicable)	_____ 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): **Want to change the authorized well for my 19.2 acre portion of this primary water right.**

1011652

**Check the following boxes that apply:**

- The applicant is responsible for completion of change(s). Notices and correspondence should 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 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: **The two ground water rights authorize the primary and supplemental irrigation of 39 acres, of which I own the 19.2 that are included in the proposed transfer.**

- 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.)

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IRRIGATION DISTRICT NAME	ADDRESS		
CITY	STATE	ZIP	AUG 15 2013

- 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.

SALEM, OR

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 <b>Umatilla County</b>	ADDRESS <b>216 SE Fourth St</b>		
CITY <b>Pendleton</b>	STATE <b>OR</b>	ZIP <b>97801</b>	

ENTITY NAME	ADDRESS		
CITY	STATE	ZIP	

**Part 4 of 4 – Water Right Information**

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](http://www.wrd.state.or.us/OWRD/PUBS/docs/Hints_Forms_MS_Word.doc)

**CERTIFICATE # 28605**

**Description of Water Delivery System**

System capacity: **0.32** 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. **10 HP electric centrifical pump, 4" - 3" mainline, handline w/impact sprinklers & dripline for vineyard.**

**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)
POA #1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	UMAT4585	6 N	35 E	25	SE NE	1201	985 feet S & 25 feet W from the NE corner of SE¼NE¼ of Sec. 25
POA #3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	N/A	6 N	36 E	30	SW NW	0300	650 feet S. & 610 feet E. from the NE corner of the SE¼NE¼ of Sec. 25
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed							<b>RECEIVED BY OWRD</b>
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed							AUG 15 2013

**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 checked="" type="checkbox"/> Point of Appropriation/Well (POA) |
| <input 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 # 28605**

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 Changes (see "CODES" from previous page)	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		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		15.0	Irrigation	POD #1 POD #2	1901	POU/POD	2 S	9 E	15	NW NW	500	1	10.0		POD #5	1901	
							EXAMPLE				2 S	9 E	2	SW NW	500		5.0		POD #6	1901	
6 N	36 E	30	SW NW	0300		19.2	Irrigation	POA #1	8/25/58	POA	6 N	36 E	30	SW NW	300		19.2	N/A	POA #3	8/25/58	
TOTAL ACRES						19.2											TOTAL ACRES	19.2			

Additional remarks: **This right represents the primary right for my 19.2 acres within Cert. No. 28605. While the maximum limit for these lands is not to exceed 1/80<sup>th</sup> of a cfs per acre, the allocation under this right is 3.69 gpm per acre. There is a supplemental right for the same lands that allocates 5.19 gpm per acre from the same alluvial aquifer. It is my desire to transfer the POA of these 19.2 acres to a new POA for the primary right.**

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1011652

SALEM, OR

**For Place of Use or Character 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: **40813.**



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)

Ground water supplemental Permit or Certificate # \_\_\_\_\_;  
Surface water primary Certificate # \_\_\_\_\_.

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**For a change from Supplemental Irrigation Use to Primary Irrigation Use**

AUG 15 2013

Identify the primary certificate to be cancelled. Certificate # \_\_\_\_\_

SALEM, OR

**For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation:**

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](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
POA #1	Yes	UMAT 4585	68	8"	0 -39'		N/A		Gravel	
POA #3	No	N/A	200 (est)	8"	0 -200'	45'	50 - 100' (est)		Gravel	



**Part 4 of 4 – Water Right Information**

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](http://www.wrd.state.or.us/OWRD/PUBS/docs/Hints_Forms_MS_Word.doc)

**CERTIFICATE # 40813**

RECEIVED BY OWRD

**Description of Water Delivery System**

AUG 15 2013

System capacity: 0.45 cubic feet per second (cfs) OR  
 \_\_\_\_\_ gallons per minute (gpm)

SALEM, OR

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. **15 HP electric centrifical pump, 4" - 3" mainline, handline w/impact sprinklers & dripline for vineyard.**

**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)
POA #2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	UMAT5209	6 N	36 E	30	SW NW	0300	310 feet N & 380 feet E from the W¼ corner of Sec. 30
POA #3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	N/A	6 N	36 E	30	SW NW	0300	650 feet S & 610 feet E from the NE corner of the SE¼NE¼ of Sec. 25
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed							
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed							

**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 type="checkbox"/> Point of Diversion (POD)                      | <input checked="" 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 # 40813**

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 Changes (see "CODES" from previous page)	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	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	NW	100	15.0	Irrigation	POD #1 POD #2	1901	POU/POD	2	S	9	E 1	NW	500	1	10.0	POD #5	1901	
"	"	"	"	"	"	"	EXAMPLE	"	"	"	2	S	9	E 2	SW	500		5.0	POD #6	1901	
6	N	36	E 30	SW	0300	19.2	Supp. Irrigation	POA #2	4/10/68	POA	6	N	36	E 30	SW	300		19.2	N/A	POA #3	4/10/68
						TOTAL ACRES	19.2							TOTAL ACRES	19.2						

**Additional remarks: This right represents the supplemental right for my 19.2 acres within Cert. No. 40813. While the maximum limit for these lands is not to exceed 1/80<sup>th</sup> of a cfs per acre, the allocation under this right is 5.9 gpm per acre. There is a primary right (Cert. No. 28065) for the same lands that allocates 3.69 gpm per acre from the same alluvial aquifer. It is my desire to add an additional POA for these 19.2 acres for the supplemental water right.**

RECEIVED BY OWRD

**For Place of Use or Character 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: **28605.**



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

Ground water supplemental Permit or Certificate # \_\_\_\_\_;  
Surface water primary Certificate # \_\_\_\_\_.

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AUG 15 2013

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Identify the primary certificate to be cancelled. Certificate # \_\_\_\_\_

SALEM, OR

**For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation:**

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](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
POA #2	Yes	UMAT 5209	195'	8"	0 -110'	0-42'	50-110'	40'	Gravel	
POA #3	No	N/A	200 (est)	8"	0 -200'	45'	50-100' (est)		Gravel	