

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.

~1	11 °4	FOR ALL TRANSFER APPLICATIONS	
Che	kk all itei	ms included with this application. (N/A = Not Applicable) Part 1 – Completed Minimum Requirements Checklist.	
\boxtimes		Part 2 – Completed Transfer Application Map Checklist.	
\boxtimes		Part 3 – Completed Transfer Application – Applicant Information and Signature.	
		Part 4 – Completed Transfer Application – Water Right Information. Please incl separate Part 4 for each water right. List all water right certificates to be transfer Ground Water Cert. Nos. 28605 & 40813 .	rred here:
		Attachments:	ED BY OWRD
\boxtimes			1 5 2013
\boxtimes		Completed Evidence of Use Affidavit and supporting documentation.	EM, OR
\boxtimes		Fees – Amount enclosed: \$ 1600. See http://www.wrd.state.or.us/OWRD/PUBS/forms.shtml#fees or call (503) 986	
	N/A	Affidavit(s) of Consent.	
	⊠ N/A	Supplemental Form D – For water rights served by or issued in the name of an indistrict. Complete when the transfer applicant is not the irrigation district.	rigation
\boxtimes	∏ N/A	Land Use Information Form with approval and signature (or signed land use form stub). Not required if water is to be diverted, conveyed, and/or used only on federif all of the following apply: a) a change in place of use only, b) no structural change of water is for irrigation only, and d) the use is located within an irrigation directly exclusive farm use zone.	eral lands or anges, c) the
\boxtimes	□ N/A	For changes in point(s) of appropriation (well(s)) or additional point(s) of appropriate Well Report/Well Log.	priation,
		(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	s):

1011652

Date:

503-986-0

Other/Explanation _

Staff:

Part 3 of 4 - Applicant Information and Signature

APPLICANT/BUSINESS NAME James Vandersloot			T	
			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS			(509) 386-1955	EAVNO
84733 Telephone Pole Rd				FAX NO.
CITY	STATE	ZIP	E-MAIL**	
Milton-Freewater	OR	97204		
Agent Information – T	he agent is aut	horized to repre	esent the applicant in all	matters relating to this application
AGENT/BUSINESS NAME Water Right Solutions			PHONE NO. (509) 540-4474	ADDITIONAL CONTACT NO.
ADDRESS PO Box 511	-			FAX NO.
CITY	STATE	ZIP	E-MAIL**	
Walla Walla	WA	99362	billneve.wrs@gmai	
** By PROVIDING AN E-	MAIL ADDRES	S, CONSENT IS	GIVEN TO RECEIVE AL	L CORRESPONDENCE FROM THE
Reinvestment Act. (Federal stime owner of the	ulus dollars)	ly funded by the Amer	ortion thereof, proposed for
	ent (and mailing			different than the applicant's) or the different than the applicant's or individuals/entities to which the
	ion, I understand	d that, upon receit will be required to	provide landownership in	
aumorized to pursue the			90-360-4010(3), OR	normation and evidence that I am
•	a municipality a	s defined in ORS	* **	e right is in the RECEIVED
☐ I affirm the applicant is name of the municipalit☐ I affirm that the applicant	a municipality a y or a predecess at is an entity wi erty to which the	s defined in ORS for; OR th the authority t	* **	e right is in the RECEIVED s acquiring by AUG 1 9 2013

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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RECEIVED Part 3 of 4 - Applicant Information and Signature

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APPLICANT/BUSINESS NAME	AUG 19 2	2013	PHONE NO.	ADDITIONAL CONTAC	TNO.
James Vandersloot ADDRESS MAAT	ED DECOUDO	EQ DEDT	(509) 386-1955	FAX NO.	
ADDRESS WAT 84733 Telephone Pole Rd	CALEM ORF	CON			
2H 1	SIMIL	{ Z.17	E-MAIL**		
Milton-Freewater	OR	97204			
gent Information – The	e agent is aut	horized to repre	sent the applicant in	all matters relating to this	application.
GENT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTAC	TNO.
Vater Right Solutions DDRESS			(509) 540-4474	FAX NO.	
O Box 511				TAX NO.	
пү	STATE	ZIP	E-MAIL**		
Valla Walla ** Ry providing an F-1	WA	99362	billneve.wrs@g	mail.com ALL CORRESPONDENCE F	DOM THE
DEPARTMENT ELECT Check this box if this	RONICALLY. s project is f	COPIES OF TH	IE FINAL ORDER DO	CUMENTS WILL ALSO BE I	
Reinvestment Act. (I	Federal stime	ulus dollars)			
		land on whic	h the water right, o	r portion thereof, propos	ed for
_	of all landow	ners (and mailing	and/or e-mail addrace	es if different than the annlice	int's) or
If NO, include signatures	nt (and mailing			es if different than the application owners or individuals/entities	
If NO, include signatures attach affidavits of conse	ent (and mailing onveyed.	g and/or e-mail a			
If NO, include signatures attach affidavits of conse water right(s) has been co	ent (and mailing onveyed. Perma on, I understand the transfer, I v	g and/or e-mail a anent Transfers C d that, upon receivill be required to	ddresses) from all land Only (check one box) opt of the draft preliming provide landownership		to which the
If NO, include signatures attach affidavits of conse water right(s) has been consequently. By signing this application Department approval of the authorized to pursue the signatures.	ent (and mailing onveyed. Perma on, I understand the transfer, I we transfer as iden municipality a	and/or e-mail a anent Transfers C d that, upon receivill be required to ntified in OAR 69 as defined in ORS	only (check one box) ipt of the draft preliming provide landownershipo-380-4010(5); OR	owners or individuals/entities	to which the
If NO, include signatures attach affidavits of conse water right(s) has been conservation. By signing this application Department approval of authorized to pursue the significant is a	Perma on, I understand the transfer, I v transfer as ider municipality a or a predecess is an entity wi ty to which the	and/or e-mail a anent Transfers C d that, upon receivill be required to ntified in OAR 69 as defined in ORS sor; OR	Only (check one box) ipt of the draft prelimino provide landownershipto-380-4010(5); OR S 540.510(3)(b) and the	nary determination and prior to ip information and evidence that the right is in the RECEIV and is acquiring by	to which the
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If NO, include signatures attach affidavits of conse water right(s) has been conservation. By signing this application Department approval of the authorized to pursue the substantial laffirm the applicant is a name of the municipality. I affirm that the applicant condemnation the proper supporting documentation understand that prior to Department for publication ocated, once per week for sublishing the notice in the	Perma on, I understand the transfer, I value of a notice in two consecutes of following pa	anent Transfers Cod that, upon receivill be required to attified in OAR 69 as defined in ORS for; OR fith the authority to water right properties weeks. If no a newspaper wive weeks. If no a newspaper wive weeks. If no a newspaper wive weeks.	only (check one box) ipt of the draft prelimin provide landownershi 90-380-4010(5); OR 5 540.510(3)(b) and the to condemn property ar posed for transfer is approved to general circulati	ary determination and prior to information and evidence that the right is in the RECEIV and is acquiring by purtenant and have SA tired to submit payment to on in the area where the waying newspaper is available	to which the hat I am ED BY OV 15 2013 LEM_OR the the gright is

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Part 3 of 4 - Applicant Information and Signature

APPLICANT/BUSINESS NAME					
			PHONE NO.	ADDITIONAL CONTACT NO.	
James Vandersloot			(509) 386-1955		
ADDRESS				FAX NO.	
84733 Telephone Pole Rd	OT A TEL	710	E-MAIL**		
CITY Milton-Freewater	STATE OR	ZIP 97204	E-MAIL**		
			esent the applicant in	all matters relating to this applic	ation.
AGENT/BUSINESS NAME		<u>_</u> '-	PHONE NO.	ADDITIONAL CONTACT NO.	
Water Right Solutions			(509) 540-4474	ADDITIONAL CONTACT NO.	
ADDRESS			(00) 0 1111	FAX NO.	_
PO Box 511					
CITY	STATE	ZIP	E-MAIL**		
Walla	WA	99362	billneve.wrs@g	mail.com	
Reinvestment Act. (Federal stim	ulus dollars)		nerican Recovery and	-
ransfer is located?		tanu on Will	n uic water fight, 0	portion increor, proposed for	ı
water right(s) has been c	conveyed.			owners or individuals/entities to wh	-
	on, I understand	d that, upon rece		ary determination and prior to	
Department approval of authorized to pursue the	on, I understand the transfer, I v transfer as iden	d that, upon rece will be required t ntified in OAR 6	ipt of the draft preliming provide landownership 90-380-4010(5); OR	p information and evidence that I ar	
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57	s that apply:				
The applicant is respond to be sent to	•	•	f change(s). Noti	ices and corre	spondence should
The receiving lando final order is issued					
☐ The receiving lando of notices and corre	* *	•	-	•	O 1 1
At this time, are the lands i	n this transfe	r application	in the process of	being sold? [☐ Yes ⊠No
If YES, and you know information table below assignment will have to	. If you do n	not know who	the new landow	•	· ,
If a property sells, the c unless a sale agreement please visit our web site	or other doc	ument states	otherwise. (To le	earn about sale	e agreements
RECEIVING LANDOWNER NAME			PHONE NO.	ADDITION	NAL CONTACT NO.
ADDRESS				FAX NO.	
CITY	STATE ZI	P	E-MAIL		
proposed transfer.					re included in the
Check here if any of the an irrigation or other wa			ete and attach Sup	pplemental Fo	within or served by
Check here if any of the		(Tip: Comple	ete and attach Sup	pplemental Fo	within or served by
Check here if any of the an irrigation or other wa	ater district.	ADDRE STATE	ete and attach Supss ss under a water ser	pplemental Fo	within or served by orm D.) ECEIVED BY OWR AUG 15 2013
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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_M	IS Word.doc

			CE	RTIFI	CATE #	# <u>28605</u>			
Descri	iption of Wate	r Delivery Sy	stem						
Systen	n capacity: 0.3	2 cubic feet p	er seco	nd (cfs)	OR				
-		gallons p	er minut	e (gpm)				
five ye and ap	ears. Include in	formation on the the authorized	the puned place	nps, can of use.	als, pipo 10 HP	elines and	d sprinkle	some time withing used to divert, al pump, 4" - 3"	convey
			-		` '		` '	r Appropriation r number here.)	(POA)
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)	Тwp	Rng	Sec	y ₄ y ₄	Tax Lot, DLC or Gov' Lot	Measured Di (from a reco	nized
POA #1	□ Authorized □ Proposed	UMAT4585	6 N	35 1	E 25	SE	NE 1201	985 feet S & 25 from the NE co SE'4NE'4 of Se	rner of
POA #3	☐ Authorized ☐ Proposed	N/A	6 N	36 1	E 30	sw i	NW 0300	650 feet S. & 61 from the NE co the SE'4NE'4 o	rner of
	☐ Authorized ☐ Proposed							RECEIVED	BY OWRE
	Authorized Proposed							AUG 1	5 2013
Check	all type(s) of o	(POU)	posed l	pelow (Supplem	ental Use	ovided in paren to Primary Use (tion/Well (POA	(S to P)
	Point of Div	ersion (POD)				Addition	al Point o	f Appropriation	(APOA)
	Additional P	oint of Diver	sion (Al	POD)		Substitut	ion (SUB))	
	Surface Wat POA (SW/G	er POD to Gr W)	ound W	ater		Governm	ent Actio	n POD (GOV)	
Will al	ll of the propos	sed changes	affect th	e entir	e water	right?			
Yes		nly the Propos sted above to		,			2 on the r	next page. Use the	ne
⊠ No	Complete all	of Table 2 to	describ	e the p	ortion o	f the wate	er right to	be changed.	
Revised 2	2/1/2012	Regular Pe	rmanent [Transfer A	Application	on - Page 5	5 of 7 1 ()	11652	ACS

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.

	Αı	ıtho	riz	ed ("fror	n" lar	nds) as	they	appear	BEFORE T	HE CHANG	ES	Proposed]	Pro	posed	l ("to'	' land	s) AF 7	TER T	HE CHAN	GES	
Twp		Rng		Sec		1/4	Tax Lot	Gvt Lot or DLC			POD(s) or POA(s) (name or number from Table 1)	Priority Date	Ch (Twp	Rng	g S	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
		9	ì	15	SE	11:	\$ () \$)		15.0	lerigation	P(M) 51 P(M) 52	\$ * P() ()	POU/POD	2 8	*)	!	ģ	$H\mathbb{Z}$	112	Sul-		1(),()		POD #5	[t] (t]
4. 4.			••		٧.	- × s	**			EXAMPLE	**		.,	2 5	Q .	£	2	110	111	500		5.0		POD *5	19(+)
6 N	1 3	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
						TOTA	AL AC	RES	19.2				_						TOTA	L AC	RES	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 1/80th 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 FORESTED BY TOA for the primary right.

AUG 15 2013

Revised 2/1/2012

Regular Permanent Transfer Application – Page 6 of 7

TACS

SALEM, OR

T011652

For Place of Use or Character of Use Changes	
Are there other water right certificates, water use permits or ground water regis with the "from" or the "to" lands? ☐ Yes ☐ No	strations associated
If YES, list the certificate, water use permit, or ground water registration number	pers: 40813.
Pursuant to ORS 540.510, any "layered" water use such as an irrigation right to a primary right proposed for transfer must be included in the transfer or be can to a ground water registration must be filed separately in a ground water registration.	celled. Any change
For Substitution (ground water supplemental irrigation will be substituted for suirrigation)	urface water primary
Ground water supplemental Permit or Certificate #; Surface water primary Certificate #	RECEIVED BY OWR
For a change from Supplemental Irrigation Use to Primary Irrigation Use	AUG 1 5 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 a	ppropriation:
Well log(s) are attached for each authorized and proposed well(s) that are associated with the corresponding well(s) in Table 1 above and on the accapplication map. (Tip : You may search for well logs on the Department' http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx	companying
UB	

Describe the construction of the authorized and proposed well(s) in Table 3 for any wells that

Table 3. Construction of Point(s) of Appropriation

do not have a well log.

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	

	Please use a	separate Part	4 for	eac	h wa		rioht h	eing c	hange	d. See	instructions at	+
	,	wrd.state.or.u					_	_	_		<u>ord.doc</u>	
			(CEF	RTIF	FIC.	ATE#	4081	3		RECEIVED	BA OMBI
Descri	ption of Water	r Delivery Sy	stem								AUG 1	2013
Systen	n capacity: 0.4	5 cubic feet p	er se	con	d (cf	s) C	PR				1100 2	
		gallons p	er mir	nute	(gp	m)					SALE	M, OR
five ye and ap	be the current vars. Include in ply the water at ne w/impact s	formation on the the authorize	the pa	ump	ps, ca of us	anal e. <u>1</u>	s, pipe 5 HP	lines a	and spi	rinklers	used to divert	, convey
	ocation of Auth POD/POA nar		-			•	•		•	•		n (POA)
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)	Tw	p	R	ng	Sec	1/4	1/4	Tax Lot, DLC or Gov't Lot	Measured D (from a rec survey co	gnized
POA #2	✓ Authorized✓ Proposed	UMAT5209	6	N	36	E	30	sw	NW	0300	310 feet N & 3 from the W¼ o Sec. 30	1
POA #3	☐ Authorized ☐ Proposed	N/A	6	N	36	E	30	sw	NW	0300	650 feet S & 61 from the NE co the SE'4NE'4 of	orner of
	☐ Authorized ☐ Proposed											
	☐ Authorized ☐ Proposed											
Check	all type(s) of c	change(s) pro	pose	d bo	elow	(ch	ange '	'COD	ES" a	re prov	vided in pare	ntheses):
	Place of Use	(POU)						Supple	menta	1 Use to	Primary Use	(S to P)
	Character of	Use (USE)					□ I	Point o	f App	ropriati	on/Well (POA	.)
	Point of Dive	ersion (POD)					\boxtimes A	Additio	onal Po	oint of	Appropriation	(APOA)
	Additional P	oint of Diver	sion (AP(OD)			Substit	ution ((SUB)		
	Surface Water POA (SW/G	er POD to Gr W)	ound	Wa	ter			Govern	nment	Action	POD (GOV)	
Will al	l of the propos	ed changes a	affect	the	ent	ire v	water	right?	•			
Yes	Complete on "CODES" lis	ly the Propos sted above to	•			_				the ne	xt page. Use t	he
⊠ No	Complete all				-	•		_		ght to b	e 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 POD/POA.

	Αι	ıthor	ized	("fro	m" la	nds) as	they	appear	BEFORE T	HE CHANG	ES	Proposed	Proposed ("to" lands) AFTER THE CHANGES									· · · · ·		
Twp	,	Rng	Sec	;	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)	Date	Changes (see "CODES" from previous page)	Twp	R	ng	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
	× .	9 E	1.5	NE.	111	100			Irrigation	POD #1 POD #2	[90]	POU/POD	2 5	; . · ·)		1	7.11	117	500	. 1	10,0		POD 45	1961
ku ,			**	**		**		31	EXAMPLE	· · · · · · · · · · · · · · · · · · ·	٧.	3k	3 5	, . 6	<u>F.</u>		SW	NW	500		5.0	: 	POD 26	19(:1
6 1	N 3	6 E	36	sw	NW	0300		19.2	Supp. Irrigation	POA #2	4/10/68	POA	6 N	36	E	30	sw	NW	300		19.2	N/A	POA #3	4/10/68
					TOT	AL AC	RES	19.2										TOTA	AL AC	RES	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 eo exceed 1/80th 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.

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TACS

AUG 15 2013

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

If YES, list the certificate, water use permit, or ground water registration numbers: 28605.



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.

			1
For Subs	stitution (ground water supplemental irrigation will be substituted for irrigation)		
	water supplemental Permit or Certificate #;	RECEIVE	BY OWRD
	e water primary Certificate #		5 2013
For a cha	ange from Supplemental Irrigation Use to Primary Irrigation Use	•	
Identify	y the primary certificate to be cancelled. Certificate #	SALE	M, OR
For a ch	ange in point(s) of appropriation (well(s)) or additional point(s) of	f appropriatio	n:
as ar	Vell log(s) are attached for each authorized and proposed-well(s) that a sociated with the corresponding well(s) in Table 1 above and on the application map. (Tip : You may search for well logs on the Department ttp://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx	accompanying	

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). <u>If</u> less than full rate of water right
POA #2	Yes	UMAT 5209	195'	8"	0 -110'	0-42'	50-110'	40'	Grave	
POA #3	No	N/A	200 (est)	8"	0 -200'	45'	50-100' (est)		Gravel	
i					_			,		-