

Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME James & Sue Gilmour		PHONE NO. 541-979-4124	ADDITIONAL CONTACT NO. 541-928-5556
ADDRESS 30427 SW Stellmacher Dr			FAX NO.
CITY Albany	STATE OR	ZIP 97321	E-MAIL
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.			

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


AGENT/BUSINESS NAME Scott D. Montgomery/All Points Engr & Surveying, Inc		PHONE NO. 541-548-5833	ADDITIONAL CONTACT NO. 541-420-0401
ADDRESS PO Box 767			FAX NO.
CITY Terrebonne	STATE OR	ZIP 97760	E-MAIL scott@apeands.com
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Explain in your own words what you propose to accomplish with this transfer application; and why:
 Add 2 wells to allow more flexibility delivering water to sprinklers & temporarily replace the load of a failed well.

If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1".

Check this box if this project is fully or partially funded by the American Recovery and Reinvestment Act. (Federal stimulus dollars)

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


 Applicant signature


 Applicant signature

James Gilmour
 Print Name (and Title if applicable)

Sue Gilmour
 Print Name (and Title if applicable)

12-4-13
 Date

12-4-13
 Date

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.

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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.)

DISTRICT NAME	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.

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 Harney County	ADDRESS 450 N. Buena Vista	
CITY Burns	STATE OR	ZIP 97720

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Description of Water Delivery System

System capacity: 0.85 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. _____.

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)
Well 2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 51070	27 S	33 E	1	N N W W	200	70 feet South & 285 feet East from NW corner, Section 1
Well 3	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 51069	27 S	33 E	1	N N W W	200	1195 feet South & 1291 feet east from NW corner, Section 1
Well 1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 51764	27 S	33 E	1	N N W W	200	90 feet South & 1575 feet East from NW corner, Section 1
Well 4	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 51541	27 S	33 E	1	N N E W	200	1230 feet South & 1575 feet East from NW corner, Section 1

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

- Place of Use (POU)
- Point of Diversion (POD)
- Additional Point of Diversion (APOD)
- Appropriation/Well (POA)
- Additional Point of Appropriation (APOA)

Check all type(s) of temporary change(s) due to drought proposed below (change “CODES” are provided in parentheses):

- Place of Use (POU)
- Character of Use (USE)
- Point of Diversion (POD)
- Point of Appropriation/Well (POA)
- Additional Point of Appropriation (APOA)
- Additional Point of Diversion (APOD)

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.

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Please use and attach additional pages of Table 2 as needed.
See page 6 for instructions.

Do you have questions about how to fill-out the tables?
Contact the Department at 503-986-0900 and ask for Transfer Staff.

Table 2. Description of Temporary Changes to Water Right Certificate # 88919

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 (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.											Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.														
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				
EXAMPLE																										
2	S	9		15	NE	NW	100		15.0	Irrigation	POD #1 POD #2	1901	POA/POD	2	S	9	E	1	NW	NW	500	1	10.0		POD #5	1901
"	"	"	"	"	"	"	"	"	"	EXAMPLE	"	"	"	2	S	9	E	2	SW	NW	500		5.0		POD #6	1901
													APOA	27	S	33	E	1	NE	NW	200		29.2	IRR	1,2,3,4	1979
													APOA	27	S	33	E	1	NW	NW	200		37.6	IRR	1,2,3,4	1979
													APOA	27	S	33	E	1	SE	NW	200		32.1	IRR	1,2,3,4	1979
													APOA	27	S	33	E	2	NE	NE	200	1	27.8	IRR	1,2,3,4	1979
TOTAL ACRES												TOTAL ACRES											126.7			

Additional remarks: _____.

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For Place 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: _____

Pursuant to ORS 540.525, any “layered” water use such as an irrigation right that is supplemental to a primary right proposed for temporary transfer can be included in the transfer or remain unused on the authorized place of use. If the primary water right does not revert soon enough to allow use of the supplemental right within five years, the supplemental right shall become subject to cancellation for nonuse under ORS 540-610.

For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation if necessary to convey the water to the new temporary place of use:

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)

AND/OR

Describe the construction of the authorized and proposed well(s) in Table 3 for any wells that do not have a well log. For *proposed wells not yet constructed or built*, provide “a best estimate” for each requested information element in the table. The Department recommends you consult a licensed well driller, geologist, or certified water right examiner to assist with assembling the information necessary to complete Table 3.

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 the information will delay the processing of your transfer application until it is received. The information is necessary for the department to assess whether the proposed well(s) will access the same source aquifer as the authorized point(s) of appropriation (POA). The Department is prohibited by law from approving POA changes that do not access the same source aquifer.

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
Well 1	Yes	88119	140'	12"	+1-59	0-20	-39-139	17'	Clay,Sand	
Well 2	Yes	51610	145'	12"	+2-78	0-20		22'	Clay,Sand	
Well 3	Yes	26620	130'	12"	+2-78	0-31		9'	Clay,Sand	
Well 4	Yes	96564	120'	12"	+2-120	0-18	--60-120	12'	Clay,Sand	

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