# Part 4 of 5 - Applicant Information and Signature

### **Applicant Information**

	PHONE NO. ADDITIONAL CONTACT NO.					
	(541) 592-3752					
			FAX NO.			
TATE	ZIP	E-MAIL				
)R	97523-9721	foris@foriswine.com				
RESS, C	ONSENT IS GIVEN	TO RECEIVE ALL COR	RESPONDENCE FROM THE			
)	RESS, CO	R 97523-9721 RESS, CONSENT IS GIVEN	(541) 592-3752  TATE ZIP E-MAIL			

				L CORRESPONDENCE FROM THE MENTS WILL ALSO BE MAILED.
<b>Agent Information</b> – The ag	ent is auth	orized to represen	nt the applicant in	all matters relating to this application.
AGENT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	
				L CORRESPONDENCE FROM THE MENTS WILL ALSO BE MAILED.
We propose to transfer the p	place use of e also proper that has bee inue on a so	of irrigation to a pose to change in available for neparate piece of parally or partially f	new location for the use from sup- nany years.	application as "Attachment 1".
anthonimad to mineria the tuess	ransfer, I was fer as ident nicipality as predecessor tity with the	ill be required to pr iffied in OAR 690-3 defined in ORS 54 or; <b>OR</b> e authority to conde	of the draft prelimin ovide landownershi 180-4010(5); <b>OR</b> 10.510(3)(b) and tha mn property and is	ip information and evidence that I am  at the right is in THECEIVED BY OWRE  acquiring by IAN 0 9 2014
the Department for publication right is located, once per week suggest publishing the notice in	of a notice for two conthe the follow	e in a newspaper onsecutive weeks. wing newspaper:	with general circu If more than one	may be required to submit payment to lation in the area where the water qualifying newspaper is available, I
I (we) affirm that the information of the second of the se				and accurate. $R = \frac{12 - 16 - 13}{Date}$ $\frac{12 - 16 - 13}{Date}$
Applicant signature	rles	Teresa N. Print Name (and T	Gekker itle if applicable)	12-16-13 Date
				portion thereof, proposed for

transfer is located? 

Yes 

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

Check the jollowing boxes t	паі арріу	<b>;</b>		
The applicant is resp continue to be sent to		•	change(s). Noti	ces and correspondence should
		-		e proposed change(s) after the ould be sent to this landowner.
		• •	•	e for completion of change(s). ndowner and the applicant.
At this time, are the lands in	n this tran	sfer application i	n the process of	being sold? ☐ Yes ☒ No
•	. If you o	lo not know who	• •	nplete the receiving landowner mer will be, then a request for
If a property sells, the counless a sale agreement <a href="http://www.oregon.gov/">http://www.oregon.gov/</a>	or other o	document states of	therwise. For m	
RECEIVING LANDOWNER NAME			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	
Check here if any of the an irrigation or other wa	_		te and attach Su	vill be located within or served pplemental Form D.)
CITY		STATE		ZIP
Check here if water for a for stored water with a f	-		ty.	vice agreement or other contra
CITY		STATE		ZIP
To meet State Land Use Corcorporation, or tribal govern				county, city, municipal I be diverted, conveyed or used
ENTITY NAME		ADDRES	S Dimmick Street,	Sto C
CITY		STATE	Dimmick Street,	ZIP
Grants Pass		OR		97526
ENTITY NAME		ADDRES	S	
CITY	-	STATE		BECEIVED DV ON D

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Please use a separate Part 5 for each water right being changed. See instructions on page 6, to copy and paste additional Part 5s, or to add additional rows to tables within the form.

### **CERTIFICATE # 60710**

Description of	Water	<b>Delivery</b>	<b>System</b>
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System capacity: <u>0.45</u> 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. A tractor mounted PTO pump is used to pump into aluminum hand line with impact sprinklers. Pump and pipe are portable and location changes so they are not shown on the transfer application map.

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	V4 V4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Sump	☐ Authorized☐ Proposed		40 S	7 W	5	NW NE	DLC <sup>41</sup> Ri	100 feet south & 2000 feet west from the NE
	☐ Authorized ☐ Proposed	_		:				JAN <b>0 9</b> 2014
	☐ Authorized ☐ Proposed							SALEM, OR
	☐ Authorized ☐ Proposed							OALLIVI, OH

Check a	all type(s) of change(s) proposed below (	chang	e "CODES" are provided in parentheses):
$\boxtimes$	Place of Use (POU)	$\boxtimes$	Supplemental Use to Primary Use (S to P)
	Character of Use (USE)		Point of Appropriation/Well (POA)
	Point of Diversion (POD)		Additional Point of Appropriation (APOA)
	Additional Point of Diversion (APOD)		Substitution (SUB)
	Surface Water POD to Ground Water POA (SW/GW)		Government Action POD (GOV)

## Will all of the proposed changes affect the entire water right?

Yes	Complete only the Proposed ("to" or "on" lands) section of Table 2 on the next page. U	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 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 Changes to Water Right Certificate # 60710

List the change proposed for the acreage in each 1/4 1/4. If more than one change is proposed, specify the acreage associated with each change. If there is more than one POD/POA involved in the proposed changes, 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	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.																		
Tw	р	Rnį	g	Sec	1/4	<b>'Z</b>	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	"CODES" from previous page)	Tv	φ	Rr	g	Sec	1/4	<b>1/4</b>	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date
										1.73.000																
39	s	7	w	32	sw	SE	901	39	8.5	IR (S)	SUMP	1979		39	S	7	w	32	sw	SE	901	39	4.2	IR	SUMP	1979
39	s	7	w	32	sw	SE	901	38	7.5	IR (S)	SUMP	1979		40	s	7	w	5	NW	NE	100	41	4.9	IR	SUMP	1979
39	s	7	w	32	SE	sw	901	38	4.0	IR	SUMP	1979		40	s	7	w	5	NW	NE	100	40	9.3	IR	SUMP	1979
40	s	7	w	5	NW	NE	100	41	1.6	IR	SUMP	1979		40	s	7	w	5	sw	NE	100	40	4.4	IR	SUMP	1979
40	s	7	w	5	NW	NE	100	40	1.6	IR	SUMP	1979		40	s	7	w	5	NE	NW	100	40	1.6	IR	SUMP	1979
40	s	7	w	5	NE	NW	100	40	1.3	IR	SUMP	1979		40	s	7	w	5	NE	NW	100	LOT 1	0.6	IR	SUMP	1979
40	s	7	w	5	NE	NW	100	LOT	7.5	IR	SUMP	1979		40	s	7	w	5	SE	NW	100	40	3.6	IR	SUMP	1979
40	s	7	w	5	NE	NW	100	LOT 1	0.8	IR (S)	SUMP	1979		40	s	7	w	5	SE	NW	100	LOT 2	4.2	IR	SUMP	1979
																									-	
						ГОТА	L ACF	RES:	32.8	[16.8(S) 1	6.0(P)]									ГОТА	L ACI	RES:	32.8	(P)		

Additional remarks: Supplemental to Primary – 16.8 ac. - Change in place of use 28.6 ac. - No change – 1.8 (P) FO BY OWRD

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**TACS** 

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### For Place of Use or Character of Use Changes

ror Pi	ace of Use of Character of Use Changes
	here other water right certificates, water use permits or ground water registrations associated the "from" or the "to" lands? 🛛 Yes 🔲 No
If Y	ES, list the certificate, water use permit, or ground water registration numbers: 7127.
a pri to a g	uant to ORS 540.510, any "layered" water use such as an irrigation right that is supplemental to mary right proposed for transfer must be included in the transfer or be cancelled. Any change ground water registration must be filed separately in a ground water registration modification cation.
For Su	<b>Ibstitution</b> (ground water supplemental irrigation will be substituted for surface water primary irrigation)
	nd water supplemental Permit or Certificate #; ce water primary Certificate #
For a c	change from Supplemental Irrigation Use to Primary Irrigation Use
Ident	ify the primary certificate to be cancelled. Certificate # 7127 (16.0 ACRES)
For a c	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: <a href="http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx">http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx</a>
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 <i>proposed wells not yet constructed or built</i> , 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.
ny well ccompai	Construction of Point(s) of Appropriation  (s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the nying application map. Failure to provide the information will delay the processing of your transfer

#### Tab

An acc 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	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 han full rate of water right
							REC	EIVED BY	OWRD	
								JAN <b>09</b> 2	014	

SALEM, OF