APPLICANT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.
Wade Avery			805-459-0647	
ADDRESS				FAX NO.
3353 Ransey Road	STATE	ZIP	E-MAIL	
CITY Cambria	Ca	93428	swade.avery@gm	ail.com
				CORRESPONDENCE FROM THE
				ENTS WILL ALSO BE MAILED.
				Il matters relating to this applica
AGENT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.
Herbert A Farber			541-664-5599	541-941-2547
ADDRESS				FAX NO.
PO Box 5286				
CITY	STATE	ZIP	E-MAIL	
Central Point	Or	97502	herb@farbersurv	
				CORRESPONDENCE FROM THE ENTS WILL ALSO BE MAILED.
fucus need additional space	continue on a	sanarata niaca o	f naner and attach to the a	nulication as "Attachment 1"
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☐ Check this box if the Reinvestment Act. (☐ ☐ By signing this applicated Department approval of authorized to pursue the ☐ I affirm the applicant is name of the municipalit ☐ I affirm the applicant is	is project is for a municipality a municipality a municipality a ty or a predecess an entity with the try to which the	Checd that, upon receivill be required in OAR 6 as defined in OR 6 for; OR the authority to c	lly funded by the Ame k One Box eipt of the draft preliminar to provide landownership	erican Recovery and ry determination and prior to information and evidence that I am the right is in the cquiring by
☐ Check this box if the Reinvestment Act. (☐ By signing this applicated Department approval of authorized to pursue the ☐ I affirm the applicant is name of the municipalit ☐ I affirm the applicant is condemnation the propes supporting documentate ☐ I understand that prior to the Department for public right is located, once per suggest publishing the notice.	is project is for a understand of the transfer, I was to a municipality at yor a predecess an entity with the erty to which the on. Department appearation of a notice week for two of tice in the follows.	Check that, upon received in OAR 6 as defined in OR 6 as defined in this defined in this or on the original of the first of the original of the ori	k One Box eipt of the draft preliminar to provide landownership 690-380-4010(5); OR 8S 540.510(3)(b) and that condemn property and is a posed for transfer is appurent transfer application, I make the providence of the providence	ry determination and prior to information and evidence that I am the right is in the cquiring by artenant and have ation in the area where the water qualifying newspaper is available daccurate. JAN 17 201
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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 e-mail addresses) from all landowners or individuals/entities to which the water right(s) were conveyed.

An	plica	nt I	nfor	ma	tion
	P	_			

APPLICANT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.				
Wade Avery			805-459-0647					
ADDRESS				FAX NO.				
3353 Ransey Road								
CITY	STATE	ZIP	E-MAIL					
Cambria	Ca	93428	swade.avery@gmail.c	com				
By PROVIDING AN E-MAIL A	DDRESS, (CONSENT IS GIVE	N TO RECEIVE ALL CO	RESPONDENCE FROM THE				
DEPARTMENT ELECTRONIC	ALLY. CO	PIES OF THE FIN	AL ORDER DOCUMENTS	S WILL ALSO BE MAILED.				

AGENT/BUSINESS NAME			PHONE NO. 541-664-5599	ADDITIONAL CONTACT NO. 541-941-2547
Herbert A Farber ADDRESS			341-004-3399	FAX NO.
PO Box 5286				17341101
СПҮ	STATE	ZIP	E-MAIL	
Central Point	Or	97502	herb@farbersurve	
				CORRESPONDENCE FROM THE NTS WILL ALSO BE MAILED.
Explain in your own words The purpose is to provide ε				ansfer application, and why: esulting land partition.
If you need additional space, con	ntinue on a se	eparate piece of	paper and attach to the ap	oplication as "Attachment 1".
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Applicant signature		Print Name (a	and Title if applicable)	Date
	ed? 🔲 Ye	s □ No <i>If N</i>		oortion thereof, proposed for all design the proposed for

Revised 7/1/2013

Permanent Transfer Application Form - Page 4 of 11

TACS

Applicant Information

APPLICANT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.							
Ralph Staver			503-866-3357								
ADDRESS				FAX NO.							
32 NW Vaughn Street											
CITY	STATE	ZIP	E-MAIL								
Portland	Or	97210	staver13@comcast.ne	t							
BY PROVIDING AN E-MAIL AI	BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE										
DEPARTMENT ELECTRONICA	ALLY. COI	PIES OF THE FINAL	CORDER DOCUMENTS	S WILL ALSO BE MAILED.							

AGENT/BUSINESS NAME Herbert A Farber			PHONE NO. 541-664-5599	ADDITIO 541-94	ONAL CONTACT NO. 1-2547					
ADDRESS				FAX NO						
PO Box 5286 CITY Central Point	STATE Or	ZIP 97502	E-MAIL	E-MAIL herb@farbersurveying.com						
BY PROVIDING AN E-MAIL A DEPARTMENT ELECTRONIC	DDRESS, C	ONSENT IS GIV	EN TO RECEIVE ALL	CORRESPON						
Explain in your own words The purpose is to provide a	what you point of d	propose to acciversion for ea	complish with this tach property of the	ransfer app resulting lar	lication, and why: nd partition.					
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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.

APPLICANT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.
Ralph Staver			503-866-3357	
ADDRESS				FAX NO.
32 NW Vaughn Street				
CITY	STATE	ZIP	E-MAIL	
Portland	Or	97210	staver13@comcast.	net
By PROVIDING AN E-MAIL	ADDRESS,	CONSENT IS GI	VEN TO RECEIVE ALL C	ORRESPONDENCE FROM THE
DEPARTMENT ELECTRONI	CALLY. CO	PIES OF THE F	INAL ORDER DOCUMEN	ITS WILL ALSO BE MAILED.

GENT/BUSINESS NAME			PHONE NO.	ADDITIONAL C	ONTACTNO
lerbert A Farber			541-664-5599	541-941-2547	
DDRESS			, 012 001 00//	FAX NO.	
O Box 5286					
TTY	STATE	ZIP	E-MAIL		
entral Point	Or	97502	herb@farbersurve		
By providing an e-mail a					
DEPARTMENT ELECTRONIC	ALLY. CO	PIES OF THE FI	NAL ORDER DOCUME	NTS WILL ALSO E	BE MAILED.
Explain in your own words	what you	nronose to acc	omnlish with this tr	nsfer annlication	n and why
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you need additional space, con	tinue on a	separate piece of p	aper and attach to the ap	plication as "Attac	hment I".
Check this box if this pr	roject is f	ully or partially	funded by the Ame	rican Recovery	and
-	-		randed by the rante	itali itaaa ta	ui.u
Reinvestment Act. (Fed	ciai suini	urus doriais)			
		C1 '	One Box		
Department approval of the authorized to pursue the tran	sfer as ider	tified in OAR 690)-380-4010(5); OR	F	RECEIVED I
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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.



FARBER & SONS, INC. • POST OFFICE BOX 5286 • CENTRAL POINT, OR 97502 •
 OFFICE • 431 OAK STREET • CENTRAL POINT •

January 15, 2014

State of Oregon Water Resources Department 725 Summer Street NE. Suite A Salem, Oregon 97301-1266

Re: Transfer Application, Jackson County, Assessor's Map No 303W08-1900-1904-1905.

To whom it may concern:

I spoke with Sarah Henderson about the requirements for signature for this application. She indicated that I could send the application without the applicant signature. I have directed the applicants to each sign their respective sheet 4 of 5 and mail it directly to your department, which will complete the application. I believe all other elements are contained in this packet.

Respectfully submitted,

PRECEIVED BY OWRD

JAN 24 2014

Herbert A Farber

1/23/14

SALEM, OR

Hello:

I am the Ralph Staver on the Part 4 of 5

Applicant Information + Signstone

THANK 1/00

Rayn Ata

Ralph Staver 503 866-3357

• HERBERT A. FARBER PRESIDENT / SURVEYOR • SUSAN M. FARBER BUSINESS MANAGER •

Check the following boxes t	hat apply.	•			
The applicant is resp continue to be sent to		-	etion of o	change(s). Notice	s and correspondence should
					proposed change(s) after the ld be sent to this landowner.
				-	or completion of change(s). owner and the applicant.
At this time, are the lands in	this tran	sfer appli	cation in	n the process of be	ing sold? 🗌 Yes 🛚 No
	. If you d	lo not kno	w who		ete the receiving landowner r will be, then a request for
If a property sells, the counless a sale agreement http://www.oregon.gov/	or other d	locument	states o	therwise. For mor	belong to the new owner, re information see:
RECEIVING LANDOWNER NAME Wade Avery				PHONE NO. 805-459-0647	ADDITIONAL CONTACT NO.
ADDRESS 3353 Ramsey Road					FAX NO.
CITY	STATE	ZIP		E-MAIL	9
Cambria RECEIVING LANDOWNER NAME	Ca	93428		swade.avery@gma PHONE NO.	ADDITIONAL CONTACT NO.
Ralph Staver ADDRESS				503-866-3357	FAX NO.
ABBRESE					11.2.1.01
32 NW Vaughn Street					
32 NW Vaughn Street CITY Portland	OR	ZIP 97210		E-MAIL staver13@comcast	net
Portland Describe any special owner	ship circu	97210 mstances hts propo	sed for	staver13@comcast very owns Parce transfer are or will	11 and 2 Staver owns Parcel 3
Portland Describe any special owner Check here if any of the	ship circu	97210 mstances hts propo	sed for	staver13@comcast very owns Parce transfer are or will te and attach Supp	11 and 2 Staver owns Parcel 3
Describe any special owner Check here if any of the an irrigation or other wa	ship circu	97210 mstances hts propo	sed for Complet	staver13@comcast very owns Parce transfer are or will te and attach Supp	11 and 2 Staver owns Parcel 3
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CITY Portland Describe any special owner Check here if any of the an irrigation or other was serious control of the an irrigation of the an irrigation or other was serious control of the an irrigation or other was serious control of the an irrigation of the an	ship circular water righter districtions any of the federal age	mstances this propoet. (Tip: 0	STATE ADDRES ADDRES ADDRES ADDRES 1150 No. STATE Id ments, yese jurise	transfer are or will the and attach Supplements a water servicty. Sorth Curtis Road, Supplements a water will the service ou must list all condiction water will the service of the servi	be located within or served by lemental Form D.) ZIP ce agreement or other contract ite 100 ZIP 83706 anty, city, municipal

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.

		CF	ERT	IFI	CAT	E#1	19687	<u>,43759</u>	<u>,5758</u>	<u>4</u>	
Descri	ption of Water	Delivery Sy	sten	n							
System	capacity: 0.1	7 cubic feet p	er se	econ	d (c	fs) O	R				
		gallons pe	er m	inute	e (gp	m)					
five ye and ap	ars. Include inf ply the water at	formation on the authorize	the pl	pum ace	ps, c of us	anals se. <u>T</u>	, pipe he wa	lines a	nd spr as pun	inklers nped to	ome time within the last used to divert, convey hand lines Appropriation (POA)
	POD/POA nan		_			` '			•	,	• • • • • • • • • • • • • • • • • • • •
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)		wp		Rng	Sec		1/4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
POD ORIGINA L	□ Authorized □ Proposed		40	s	3	w	8	sw	NW	1904	2810 N AND 1270 E OF SW COR SEC 8
POD 1	☐ Authorized ☐ Proposed		40	s	3	w	8	sw	NW	1900	42°06'20.1"N 123°05'18.0"W
POD 2	☐ Authorized ☐ Proposed		40	S	3	W	8	sw	NW	1905	42°06'25.6"N 123°05'15.8"W
	☐ Authorized ☐ Proposed										
Check	Place of Use Character of Point of Dive Additional P Surface Wate POA (SW/G	(POU) Use (USE) ersion (POD) oint of Diver er POD to Gr	sion	(AP	POD)	\ { {		Supple Point c Additic Substit	ementa of Apponal Ponal Potention (I Use to ropriation of (SUB)	vided in parentheses): Description Primary Use (S to P) On/Well (POA) Appropriation (APOA) POD (GOV)
Will a	ll of the propos		affec	et th	e en	tire v	vater	right?	•		
	s Complete on	ly the Propos	sed ("to"	or "	on" l	ands)	section	n of Ta		on the next page. Use the
□No	Complete all	of Table 2 to	des	scrib	e the	port	ion of	the w	ater ri	ght to b	e changed

JAN 17 2014

OWRD TACS

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 # 19687,43759,57584

List the change proposed for the acreage in each ½ ¼. 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.												ES						
Tv	/p	Rng	T	Sec		1/4		Tax Lot	Gvt Lot or DLC		Type of LISE	POD(s) or POA(s) (name or number from Table 1)	Date	"CODES" from previous page)	Tw	/p	Rn	ıg	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC		New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date
40	s	3	W	8	S	w	NW	1904		3.58	IRRIGATI ON	POD	1947		40	s	3	w	8	sw	NW	1900		7.59	IRRIGAT ION	POD 1	1957
															40	s	3	w	8	sw	NW	1905		2.83	IRRIGAT ION	POD2	1957
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Permanent Transfer Application Form - Page 9 of 11

TACS

OWRD

1011726

Additional remarks: <u>TOTAL OF 14 ACRES OF IRRIGATION DIVIDED BY PARTITION TO RESULTING PARCEL AS SHOWN ABOVE SEE APPLICTION MAP FOR DETAILS.</u>



Revised 7/1/2013

Permanent Transfer Application Form - Page 10 of 11

TACS

								Certi	ificate#	
For Pla	ce of Use	or Characte	r of Use	Changes						
		water right ce or the "to" la				or ground	water regis	strations as	sociated	
If YE	S, list the	certificate, w	ater use p	permit, or	ground w	ater registr	ration numl	bers: <u>n/a.</u>		
7 a prir	mary right round wate	S 540.510, ar proposed for er registration	transfer	must be in	icluded ir	the transfe	er or be can	celled. A	ny change	
For Sul	bstitution	(ground wate irrigation)	er suppler	mental irri	gation w	ill be substi	ituted for si	urface wate	er primary	
		ipplemental I imary Certif			e # <u>N/A;</u>					
For a c	hange fro	m Suppleme	ntal Irri	gation Us	e to Prin	nary Irriga	tion Use			
Identi	fy the prin	nary certifica	te to be c	ancelled.	Certifica	te # <u>N/A</u>				
For a c	hange in p	ooint(s) of ap	propria	tion (well	(s)) or ad	ditional po	oint(s) of a	ppropriat	ion:	
,	with the co Tip : You r) are attached orresponding may search fo .wrd.state.or.	well(s) in or well lo	n Table 1 ags on the 1	above and Departme	on the accent's web pa	companyin			ssociated
AND	OR									
-	have a wel requested i	ne construction log. For <i>pr</i> information en logist, or cer en Table 3.	oposed w lement in	<i>ells not ye</i> n the table	et constru . The Dej	octed or bui partment re	ilt, provide commends	"a best est you const	imate" for o	each d well
Any weller accompanies application well(s) we	(s) in this laying appli on until it is ill access the	on of Point(s) isting must be cation map. s received. The same sour om approving	e clearly Failure to the inform ce aquife	tied to con provide nation is n r as the au	rrespondi the inforn necessary nthorized	nation will for the dep point(s) of	delay the partment to appropriat	orocessing assess who ion (POA)	of your tranether the pro	nsfer oposed
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 han full rate o water right