

Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Wade Avery			PHONE NO. 805-459-0647	ADDITIONAL CONTACT NO.
ADDRESS 3353 Ransey Road				FAX NO.
CITY Cambria	STATE Ca	ZIP 93428	E-MAIL swade.avery@gmail.com	
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 Herbert A Farber			PHONE NO. 541-664-5599	ADDITIONAL CONTACT NO. 541-941-2547
ADDRESS PO Box 5286				FAX NO.
CITY Central Point	STATE Or	ZIP 97502	E-MAIL herb@farbersurveying.com	
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.				

Explain in your own words what you propose to accomplish with this transfer application, and why:
The purpose is to provide a point of diversion for each property of the resulting land partition.

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)

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 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.

I understand that prior to Department approval of the transfer application, 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 newspaper: _____.

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

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Applicant signature _____ Print Name (and Title if applicable) _____ Date _____

Applicant signature _____ Print Name (and Title if applicable) _____ 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 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.*

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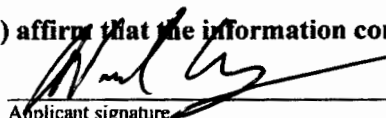
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I (we) affirm that the information contained in this application is true and accurate.


 Applicant signature

Wade Avery
 Print Name (and Title if applicable)

1/20/2014
 Date

 Applicant signature

 Print Name (and Title if applicable)

 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~~ **OWNERS** 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.*

RECEIVED BY OWNER
JAN 24 2014

Part 4 of 5 – Applicant Information and Signature

Applicant Information

Form with fields for Applicant/Business Name (Ralph Staver), Phone No. (503-866-3357), Address (32 NW Vaughn Street), City (Portland), State (Or), ZIP (97210), E-MAIL (staver13@comcast.net), and a consent statement regarding electronic correspondence.

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

Form with fields for Agent/Business Name (Herbert A Farber), Phone No. (541-664-5599), Address (PO Box 5286), City (Central Point), State (Or), ZIP (97502), E-MAIL (herb@farbersurveying.com), and a consent statement regarding electronic correspondence.

Explain in your own words what you propose to accomplish with this transfer application, and why: The purpose is to provide a point of diversion for each property of the resulting land partition. If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1".

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

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Applicant signature, Print Name (and Title if applicable), Date (two rows)

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 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.

Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Ralph Staver		PHONE NO. 503-866-3357	ADDITIONAL CONTACT NO.
ADDRESS 32 NW Vaughn Street		FAX NO.	
CITY Portland	STATE Or	ZIP 97210	E-MAIL staver13@comcast.net
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 Herbert A Farber		PHONE NO. 541-664-5599	ADDITIONAL CONTACT NO. 541-941-2547
ADDRESS PO Box 5286		FAX NO.	
CITY Central Point	STATE Or	ZIP 97502	E-MAIL herb@farbersurveying.com
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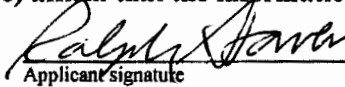
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JAN 24 2014

SALEM, OR

I understand that prior to Department approval of the transfer application, 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 newspaper: _____.

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


Applicant signature

RALPH STAVER
Print Name (and Title if applicable)

1/23/14
Date

Applicant signature

Print Name (and Title if applicable)

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 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.*



• 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 303 W08-1900-1904-1905.

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,

Herbert A Farber

1/23/14

RECEIVED BY OWRD

JAN 24 2014

SALEM, OR

Hello:

I am the Ralph Staver on the Part 4 of 5
Applicant Information & signature

THANK YOU

Ralph Staver 503 966-3357

• HERBERT A. FARBER PRESIDENT / SURVEYOR • SUSAN M. FARBER BUSINESS MANAGER •
PHONE: 541-664-5599 • FAX: 541-664-5603

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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.
- Both 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. For more information see:

<http://www.oregon.gov/owrd/docs/transfer-propertytransactions.pdf>

RECEIVING LANDOWNER NAME Wade Avery			PHONE NO. 805-459-0647	ADDITIONAL CONTACT NO.
ADDRESS 3353 Ramsey Road			FAX NO.	
CITY Cambria	STATE Ca	ZIP 93428	E-MAIL swade.avery@gmail.com	
RECEIVING LANDOWNER NAME Ralph Staver			PHONE NO. 503-866-3357	ADDITIONAL CONTACT NO.
ADDRESS 32 NW Vaughn Street			FAX NO.	
CITY Portland	OR	ZIP 97210	E-MAIL staver13@comcast.net	

Describe any special ownership circumstances here: **Avery owns Parcel 1 and 2 Staver owns Parcel 3**

- 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.)

IRRIGATION 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 Bureau of Reclamation	ADDRESS 1150 North Curtis Road, Suite 100	
CITY Boise	STATE Id	ZIP 83706

To meet State Land Use Consistency Requirements, you must list all county, city, municipal corporation, or tribal governments within whose jurisdiction water will be diverted, conveyed or used.

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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Part 5 of 5 – Water Right Information

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 # 19687,43759,57584

Description of Water Delivery System

System capacity: **0.17** 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. **The water was pumped to hand lines**

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)
POD ORIGINAL	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		40 S	3 W	8	SW NW	1904	2810 N AND 1270 E OF SW COR SEC 8
POD 1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		40 S	3 W	8	SW NW	1900	42°06'20.1"N 123°05'18.0"W
POD 2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		40 S	3 W	8	SW NW	1905	42°06'25.6"N 123°05'15.8"W
	<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 type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input checked="" 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” or “on” 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 Changes to Water Right Certificate # 19687,43759,57584

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 "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				
40	S	3	W	8	SW	NW	1904		3.58	IRRIGATION	POD	1947		40	S	3	W	8	SW	NW	1900		7.59	IRRIGATION	POD 1	1957
														40	S	3	W	8	SW	NW	1905		2.83	IRRIGATION	POD2	1957
TOTAL ACRES:							3.58						TOTAL ACRES:							10.42						

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Revised 7/1/2013
JAN 17 2014

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Additional remarks: TOTAL OF 14 ACRES OF IRRIGATION DIVIDED BY PARTITION TO RESULTING PARCEL AS SHOWN ABOVE SEE APPLICATION MAP FOR DETAILS.

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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: n/a.



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 # N/A;
Surface water primary Certificate # N/A.

For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # N/A

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

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

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