

# Part 4 of 5 – Applicant Information and Signature

JAN 21 2014

## Applicant Information

|                                                                                                                                                                             |                    |                                     |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------|-----------------------------------|
| APPLICANT/BUSINESS NAME <u>John Atkinson</u>                                                                                                                                |                    | PHONE NO. <u>BLM BURNS DISTRICT</u> | ADDITIONAL CONTACT NO.            |
| U.S. BUREAU OF LAND MANAGEMENT                                                                                                                                              |                    | 541-573-4438                        |                                   |
| ADDRESS<br><u>28910 HWY 20 W</u>                                                                                                                                            |                    | FAX NO.<br><u>541-573-4411</u>      |                                   |
| CITY<br><u>HINES</u>                                                                                                                                                        | STATE<br><u>OR</u> | ZIP<br><u>97738</u>                 | E-MAIL<br><u>jawilcox@blm.gov</u> |
| 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                                                                                                                                                         |       | PHONE NO. | ADDITIONAL CONTACT NO. |
| ADDRESS                                                                                                                                                                     |       | FAX NO.   |                        |
| CITY                                                                                                                                                                        | STATE | ZIP       | 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. |       |           |                        |

Explain in your own words what you propose to accomplish with this permit amendment; and why:  
Changing the P.O.D. will eliminate the installation of 2000 feet of pipeline. 1000 feet in private and 1000 feet on BLM public land located in the Steakehouse Wilderness Study Area.  
 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)  
 N/A RECEIVED BY OWRD

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Is the applicant the permit holder of record? ☒ Yes ☐ No

If NO, include either:

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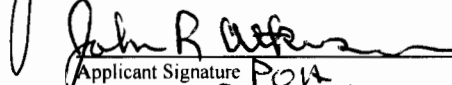
N/A ☐ A completed assignment form (with required statutory assignment fee), assigning all or a portion of the permit to the applicant(s), OR

N/A ☐ An affidavit of consent from the permit holder(s) of record that gives permission for the applicant to amend the permit.

I understand that prior to Department approval of the permit amendment, 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 permit 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: JEU

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

  
 Applicant Signature  
 District Water Rights Specialist  
 BLM Burns Oregon  
 Print Name (and Title if applicable)  
 1/6/14  
 Date

  
 Applicant Signature  
 John R. Atkinson  
 Print Name (and Title if applicable)  
 1/14/14  
 Date

Check one of the following:

☒ The applicant is responsible for completion of change(s). Notices and correspondence should continue to be sent to the applicant.

N/A ☐ The permit holder(s) of record will be responsible for completing the proposed change(s) after the final order is issued. Copies of notices and correspondence should be sent to the permit holder(s) of record.

Check the appropriate box, if applicable:

N/A ☐ Check here if any of the permits proposed for amendment are or will be located within or served by an irrigation or other water district.

|                          |         |     |
|--------------------------|---------|-----|
| IRRIGATION DISTRICT NAME | ADDRESS |     |
| CITY                     | STATE   | ZIP |

N/A ☐ Check here if water for any of the permits 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 <i>BRANDON McMILLIAN<br/>HARNEY COUNTY PLANNING DEPT.</i> | ADDRESS <i>450 N. COURT ST.</i> |                  |
| CITY <i>BURNS</i>                                                     | STATE <i>OREGON</i>             | ZIP <i>97720</i> |

|             |         |     |
|-------------|---------|-----|
| ENTITY NAME | ADDRESS |     |
| CITY        | STATE   | ZIP |

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# Part 5 of 5 – Water Use Permit Information

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

PERMIT # S 54739

**Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)**

(Note: If the POD/POA name is not specified in the permit, assign it a name or number here.)

| POD/POA Name or Number | Is this POD/POA Authorized by the permit 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)            |
|------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------|------|------|-----|-------|---------------------------|-----------------------------------------------------------------|
| Summit Creek #2        | <input checked="" type="checkbox"/> Authorized<br><input type="checkbox"/> Proposed | N/A                                                | 31 S | 35 E | 30  | NW NE | 700                       | 545 Feet South and 2303 feet West from NE corner of Section 30  |
| Summit Creek #2        | <input type="checkbox"/> Authorized<br><input checked="" type="checkbox"/> Proposed | N/A                                                | 31 S | 35 E | 30  | SE SE | 700                       | 567 feet North and 673 feet West of the SE corner of Section 30 |
|                        | <input type="checkbox"/> Authorized<br><input type="checkbox"/> Proposed            |                                                    |      |      |     |       |                           | RECEIVED BY OWRD                                                |
|                        | <input type="checkbox"/> Authorized<br><input type="checkbox"/> Proposed            |                                                    |      |      |     |       |                           | JAN 24 2014                                                     |

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

- ☐ Place of Use (POU)
 ☐ Point of Appropriation/Well (POA)
 ☒ Point of Diversion (POD)
 ☐ Additional Point of Appropriation (APOA)
 ☐ Additional Point of Diversion (APOD)
 ☐ Surface water POD to Ground Water POA (SW/GW)

Will all of the proposed changes affect the entire water use permit?

- ☐ 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 permit to be changed. (Source 1)

For a change in place of use: *located approx. 2 miles away from Summit Creek (Source 2)*

Does the permit holder of record own or control the land TO which the place of use is being moved?

- ☐ Yes ☐ No

If NO, the landowner of the land TO which the place of use is being moved must be assigned to the permit as a permit holder of record by submitting a completed Request for Assignment form and the required statutory fee for an assignment.

N/A

Is the proposed place of use contiguous to the authorized place of use? ☐ Yes ☐ No

The permitted place of use can be moved only to lands that are contiguous to the authorized place of use unless the change to non-contiguous lands is in furtherance of mitigation or conservation efforts undertaken for the purposes of benefiting a species listed as sensitive, threatened, or endangered under ORS 496.171 to 496.192 or the federal Endangered Species Act of 1973 (16 U.S.C. 1531 to 1544), as determined by the listing agency. Contiguous land being either adjacent land or land separated from the land to which a permit is authorized by roads, utility corridors, irrigation ditches or publicly owned rights of way.

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 Use Permit # 554739**

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)<br>The listing that appears on the certificate BEFORE PROPOSED CHANGES<br>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)<br>The listing as it would appear AFTER PROPOSED CHANGES are made. |      |     |         |         |                |                      |                                            |               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----|---------|---------|----------------|----------------------|------------------------------------------------|---------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------|------|-----|---------|---------|----------------|----------------------|--------------------------------------------|---------------|
| Twp                                                                                                                                                                                      | Rng  | Sec | 1/4 1/4 | Tax Lot | Gvt Lot or DLC | Acre (if applicable) | 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 | Acre (if applicable) | POD(s) or POA(s) to be used (from Table 1) | Priority Date |
| 31 S                                                                                                                                                                                     | 35 E | 30  | NW NE   | 700     | N/A            | N/A                  | Summit Creek #2                                | 7/7/11        | P.O.D.                                            | 31 S                                                                                                 | 35 E | 30  | SE SE   | 700     | N/A            | N/A                  | Summit Creek #2                            | 7/7/11        |
|                                                                                                                                                                                          |      |     |         |         |                |                      |                                                |               |                                                   |                                                                                                      |      |     |         |         |                |                      |                                            |               |
|                                                                                                                                                                                          |      |     |         |         |                |                      |                                                |               |                                                   |                                                                                                      |      |     |         |         |                |                      |                                            |               |
|                                                                                                                                                                                          |      |     |         |         |                |                      |                                                |               |                                                   |                                                                                                      |      |     |         |         |                |                      |                                            |               |
|                                                                                                                                                                                          |      |     |         |         |                |                      |                                                |               |                                                   |                                                                                                      |      |     |         |         |                |                      |                                            |               |
|                                                                                                                                                                                          |      |     |         |         |                |                      |                                                |               |                                                   |                                                                                                      |      |     |         |         |                |                      |                                            |               |
|                                                                                                                                                                                          |      |     |         |         |                |                      |                                                |               |                                                   |                                                                                                      |      |     |         |         |                |                      |                                            |               |
|                                                                                                                                                                                          |      |     |         |         |                |                      |                                                |               |                                                   |                                                                                                      |      |     |         |         |                |                      |                                            |               |
|                                                                                                                                                                                          |      |     |         |         |                |                      |                                                |               |                                                   |                                                                                                      |      |     |         |         |                |                      |                                            |               |
|                                                                                                                                                                                          |      |     |         |         |                |                      |                                                |               |                                                   |                                                                                                      |      |     |         |         |                |                      |                                            |               |
| TOTAL ACRES                                                                                                                                                                              |      |     |         |         |                | N/A                  |                                                |               |                                                   | TOTAL ACRES                                                                                          |      |     |         |         |                | N/A                  |                                            |               |

Additional remarks: \_\_\_\_\_

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Are there other water rights certificates, water use permits or ground water registrations associated with the "from" or "to" lands? ☐ Yes ☒ No

If YES, list the other certificate, permit, or ground water registration numbers: \_\_\_\_\_

➔ If the permit(s) are for irrigation or supplemental irrigation use, other water rights existing on the same land for irrigation that are subject to transfer must either change concurrently or be cancelled. Any change to a water right certificate or ground water registration must be filed separately in a water right transfer application or ground water registration modification application, respectively.

**For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation:**

- N/A ☐ 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://apps2.wrd.state.or.us/apps/gw/well\\_log/Default.aspx](http://apps2.wrd.state.or.us/apps/gw/well_log/Default.aspx))

**AND/OR**

- N/A ☐ 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**

N/A 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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