Applicant Information

APPLICANT/BUSINESS	NAME	PHONE NO.	ADDITIONAL CONTACT NO.							
LAIDLAW WATEF	R DISTRICT	541-389-1255	541-408-7912							
ADDRESS			FAX NO.							
64711 WOOD AVE	NUE		NA							
CITY	STATE	ZIP	E-MAIL							
BEND	OR	97701	NA							
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.							
TYE ENGINEERING & SUR	VEYING, I	541-389-6959	NA							
ADDRESS				FAX NO.						
725 NW HILL STREET			541-385-1341							
CITY	STATE	ZIP	E-MAIL							
BEND	OR	97701	DDURYEE@B	DDURYEE@BENDCABLE.COM						
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE										
DEPARTMENT ELECTRONIC	CALLY, CO	PIES OF THE]	FINAL ORDER DOCUM	MENTS WILL ALSO BE MAILED.						

Explain in your own words what you propose to accomplish with this transfer application, and why: ADD 2 WELLS TO CERTIFICATE 80614. EXISTING RUESSE WELL AND PROPOSED RESERVOIR WELL, EXISTING SCHOOL WELL TO REMAIN ON CERTIFICATE 80614.

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 i 1 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
- \square 1 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 THE BEND BULLETIN suggest publishing the notice in the following newspaper:

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

DALE PEER - DIST. MGR Date: 1-22-14 applicant signature Print Name (and Title if applicable)

Applicant signature

Print Name (and Title if applicable)

Is the applicant the sole owner of the land on which the water right, or portion thereof, proposed the

Date

transfer is located? [] Yes [] No If NO, include signatures of all deeded landowners (and mailing

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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.

NA – QUASI-MUNICIPAL WATER RIGHT

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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? \Box Yes \boxtimes 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 NA – QUASI-MUNICIPAL W A	ATER RIC	PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS	TER RIO		FAX NO.
CITY	STATE	E-MAIL	

Describe any special ownership circumstances here:

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							
LAIDLAW WATER DISTRICT	STRICT 64711 WOOD AVENUE							
CITY	STATE	ZIP						
BEND	OREGON	OREGON 97701						

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	
NA		
CITY	STATE	ZIP

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						
DESCHUTES COUNTY, OREGON	117 NW LAFAYETTE AVE						
CITY	STATE	ZIP					
BEND	OR	97701					

ENTITY NAME	ADDRESS	
CITY	STATE	

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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 # 80614

Description of Water Delivery System

System capacity: _____ cubic feet per second (cfs) OR

55 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. Laidlaw water district provides water to the Tumalo area in Central Oregon. Water is pumped from the School Well and the Ruesse Well alternating seasonally. Water is distributed by 4", 6", 8" and 12" waterlines throughout the entire service area to all users for Quasi-Municipal water rights.

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	1/4 1/4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
SCHOOL WELL	Authorized	DESC 1692	16 S	12 E	31	NW NE	1200	664' SOUTH & 531 EAST OF N 1/4 CORNER SEC. 31
RUESSE WELL	Authorized	DESC 4491	16 S	12 E	29	NW SW	100	108' SOUTH & 365 FEET EAST OF W 1/4 CORNER SEC. 29
RESERVO IR WELL	Authorized NA Proposed		16 S	12 E	31	NE SE	4900	767' SOUTH & 1629' EAST OF NW CORNER SEC. 31
	Authorized							

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

- Place of Use (POU)
- Character of Use (USE)
- Point of Diversion (POD)

- Supplemental Use to Primary Use (S to P)
- Point of Appropriation/Well (POA)

Substitution (SUB)

- Additional Point of Appropriation (APOA)
- Additional Point of Diversion (APOD)
- Surface Water POD to Ground Water POA (SW/GW)
- Government Action PQP (GQN)D BY OWRD

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. Revised 7/1/2013 Permanent Transfer Application Form – Page 8 of 10

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Table 2. Description of Changes to Water Right Certificate # 80614

List the change proposed for the acreage in each $\frac{1}{4}$ $\frac{1}{4}$. 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 CHAN are made.								CHANG	GES								
Tw]	p	Rng	5	Sec	1/2	a 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	"CODES" from previous page)	Τv	vp	Rı	ng	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
2	s	9	E	15	NE	NW	100		15.0	Irrigation	POD #1 POD #2	1901	EXAMPLE POU/POD	2	s	9	E	1	NW	NW	500	1	10.0		POD #5	1901
														2	s	9	Е	2	sw	NW	500		5.0		POD #6	1901
6	S 1	12	E	31	NW	NE	1200		NA	Quasi- Municipal	SCHOOL WELL	1981	POA – TO REMAIN	16	s	12	E	29	NW	sw	100		NA	RUESSE WELL	APOA	
														16	s	12	E	31	NE	SE	4900		NA	RESERV OIR WELL	APOA	
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For Place of Use or Character of Use Changes NA

Are there other water right certificates, water use permits or ground water registrations associated with the "from" or the "to" lands? \Box Yes \Box No

If YES, list the certificate, water use permit, or ground water registration numbers: _____.

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) NA

Ground water supplemental Permit or Certificate # ____; Surface water primary Certificate # ____.

For a change from Supplemental Irrigation Use to Primary Irrigation Use NA

Identify the primary certificate to be cancelled. Certificate #_____

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). <u>If</u> less han full rate of water right
RESERVOIR WELL	NO	TBD	600'	10"	20'	TBD	1.0	500'+/-	Fractured Rock	150 gpm
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