Applicant Information

APPLICANT/BUSINESS NAME ROBERT FORTH			PHONE NO. 541-276-4751	ADDITIONAL CONTACTION.
ADDRESS				FAX NO
40151 REITH ROAD				
CITY	STATE	ZIP	E-MAIL	
PENDLETON	OR	97801-9382	robertnnancy@hot	mail.com
BY PROVIDING AN E-MA	IL ADDRESS,	CONSENT IS GIVE	EN TO RECEIVE ALL C	ORRESPONDENCE FROM THE
DEPARTMENT ELECTRO	NICALLY. CO	PIES OF THE FIN	NAL ORDER DOCUMEN	NTS WILL ALSO BE MAILED.

Agent Information – The ag	ent is auth	orized to represen	t the applicant in all PHONE NO.	Il matters relating to this application
RONALD V. MCKINNIS			541-481-7678	541-567-2017
ADDRESS 79980 PRINDLE LOOP ROAL)			FAX NO. 541-481-2679
CITY	STATE	ZIP	E-MAIL	
HERMISTON By PROVIDING AN E-MAIL A	OR DDRESS, C	79838 ONSENT IS GIVEN	ronm@portofmo	CORRESPONDENCE FROM THE
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Explain in your own words Add a New Point of Devers Necessay to convert all wat	ion for all	of the Water Ri	ghts for the FOR	
If you need additional space, con				
Check this box if this pre Reinvestment Act. (Fed	-		inded by the Ame	erican Recovery and
 By signing this application, I Department approval of the tauthorized to pursue the translation. I affirm the applicant is a muname of the municipality or a supporting the property to supporting documentation. 	ransfer, I wasfer as identification as identification as predecessed in the contraction of the contraction o	ill be required to pro iffied in OAR 690-3 s defined in ORS 54 or; OR e authority to conde	ovide landownership 80-4010(5); OR 0.510(3)(b) and that mn property and is ac	information and evidence that I am the right is in the equiring by
the Department for publication	of a notice for two co	e in a newspaper vonsecutive weeks.	with general circular If more than one of	ay be required to submit payment ation in the area where the water qualifying newspaper is available,
I (we) affirm that the inform	ation con			d accurate.
Applicant signature	てら_	Print Name (and Tr	tle if applicable)	2/2/14 Date
Applicant signature		Print Name (and Ti	tle if applicable)	Date
transfer is locate and/or e-mail addre	d? 🔲 Ye	s \square No If NO, if rent than the application	nclude signatures of ant's) or attach affid	portion thereof, proposed for fall deeded landowners (and mailing avits of consent (and mailing and/or example to the state of the stat

Permanent Transfer Application Form - Page 4 of 8

T-11738

Revised 7/1/2013

Check the following boxes to	nai appiy	•			gen, a will	and the second second
The applicant is resp continue to be sent to		-	etion of	change(s). Not	•	
The receiving landor final order is issued.	wner will	be respon			e proposed chang	
Both the receiving la Copies of notices an	ındowner	and appl	icant wi	ll be responsibl	e for completion	of change(s).
At this time, are the lands in						
If YES, and you know vinformation table below assignment will have to	. If you d	lo not kno	ow who			
If a property sells, the counless a sale agreement http://www.oregon.gov/	or other d	locument	states o	therwise. For r	nore information	
RECEIVING LANDOWNER NAME N/A				PHONE NO.	ADDITIONAL	CONTACT NO.
ADDRESS					FAX NO.	
CITY	STATE	ZIP		E-MAIL		
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Describe any special owners Check here if any of the an irrigation or other was IRRIGATION DISTRICT NAME BUREAU OF RECLAMATION	water rig	hts propo et. (Tip :	osed for the Complete ADDRES 1500 N.	transfer are or vee and attach Su	pplemental Form	
Check here if any of the an irrigation or other wa	water rig	hts propo et. (Tip :	osed for to Complet	transfer are or verant and attach Su	pplemental Form	
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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.

		CERTI	FIC	ATI	E# <u>F</u>)ecr	ee Vol	lume 1	5, Pa	ge 378	
Descri	ption of Water	· Delivery Sy	stem	l							
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Note: If the	POD/POA nan	ne is not spec	Tinea	on	the c	erui	icate,	assign	n a na		lumber nere.)
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)	Tw	vp	R	ng	Sec	1/4	1/4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
POD-1	X Authorized Proposed		2	N	31	E	14	NW	NE	2200	S 53° 30' E, 1235' of N 1/4 Corner of Section 14
POD-4	Authorized X Proposed		2	N	31	E	15	NW	sw	2900	1815' N &665' E of SW Corner of Section 15.
	Authorized										
	☐ Proposed ☐ Authorized										
	Proposed										
Check	all type(s) of o	change(s) pro	opose	ed b	elow	(ch	ange '	"COD	ES" a	re pro	vided in parentheses):
	Place of Use	(POU)						Supple	menta	l Use to	Primary Use (S to P)
	Character of	Use (USE)						Point o	of App	ropriati	on/Well (POA)
	Point of Div	ersion (POD))					Additio	onal P	oint of	Appropriation (APOA)
\boxtimes	Additional P	oint of Diver	rsion	(AP	OD)			Substit	ution	(SUB)	
	Surface Wat POA (SW/G	er POD to Gr W)	round	l Wa	ater			Govern	nment	Action	POD (GOV)
Will a	ll of the propos	sed changes	affec	t th	e ent	tire	water	right?			
	s Complete or	_	sed ('	'to"	or "	on"	lands)	section	n of T	able 2 c	on the next page. Use the

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 # Decree Volume 15, Page 378

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.

	Γhe	e lis	•	_		appe	ars o	n the o	certific	cate BE		ids) POSED CHA	ANGES	Proposed Changes (see			The	e lis	ting			l appe		TER PI	on" lands) ROPOSED	CHANG	ES
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2	N	31	E	1	5	sw	NE	2900		2.2	Irrigation	POD 1	1902	APOD	2	N	31	E	15	sw	NE	2900		2.2		POD 1 POD 4	1902
2	N	31	E	1	5	SE	NW	2900		0.3	Irrigation	POD 1	1902	APOD	2	N	31	E	15	SE	NW	2900		0.3		POD 1 POD 4	1902
2	N	31	E	1	5	NE	sw	2900		1.45	Irrigation	POD 1	1902	APOD	2	N	31	E	15	NE	sw	2900		1.45		POD 1 POD 4	1902
2	N	31	E	1	5	NW	sw	2900		2.25	Irrigation	POD 1	1902	APOD	2	N	31	E	15	NW	sw	2900		2.25		POD 1 POD 4	1902
2	N	31	E	1	5	NE	SE	2900		0.3	Irrigation	POD 1	1902	APOD	2	N	31	E	15	NE	SE	2900		0.3		POD 1 POD 4	1902
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Remarks:

Revised 7/1/2013

Permanent Transfer Application Form - Page 2 of 3

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Certificate # Decree Volume 15, Page 378

For Place of Use or Character of Use Changes

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a prir	nary right round wate	S 540.510, ar proposed for er registration	transfer i	must be in	cluded in	the transfe	er or be can	celled. A	ny change	
For Sul	bstitution	(ground wate irrigation)	r suppler	nental irri	gation wi	ll be substi	tuted for su	ırface wate	er primary	
		ipplemental F imary Certifi			e #	i		\$** \$**;	n medicine salah s	
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Identi	fy the prin	nary certificat	te to be ca	ancelled.	Certifica	te #				•
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oposed or uthorized 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

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 han full rate of water right
	i									

Point of Appropriation/Well (POA)

Government Action POD (GOV)

Substitution (SUB)

Additional Point of Appropriation (APOA)

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.

		CERT	IFI	CAT	E #]	Deci	ree Vo	lume	3, Pag	<u>e 127</u>	Mariana Training Table
Descri	ption of Water	· Delivery Sy	sten	n							
System	capacity: 2.1	1 cubic feet p	er s	econ	d (cf	s) O	R				FEB 06 2014
	· 	gallons pe	er m	inute	e (gp	m)					
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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)	Т	wp	R	ng	Sec	1/4	1/4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
POD-1	X Authorized Proposed		2	N	31	E	14	NW	NE	2200	S 53° 30' E, 1235' of N 1/4 Corner of Section 14
POD-4	Authorized X Proposed		2	N	31	E	15	NW	sw	2900	1815' N &665' E of SW Corner of Section 15.
	☐ Authorized ☐ Proposed										
	Authorized Proposed										
Check	all type(s) of c		pos	ed b	elow	(ch				-	vided in parentheses): o Primary Use (S to P)

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

Additional Point of Diversion (APOD)

Surface Water POD to Ground Water

Character of Use (USE)

Point of Diversion (POD)

POA (SW/GW)

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.

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 # Decree Volume 3, Page 127

List the change proposed for the acreage in each ½½. 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.

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2	N	31	E	15	NE	SE	2900		2.5	Irrigation	POD 1	1902	APOD	2	N	31	E	15	NE	SE	2900		2.5		POD 1 POD 4	1902
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Remarks:

Revised 7/1/2013

Permanent Transfer Application Form – Page 7 of 8

TACS

Certificate # Decree Volume 3, Page 127

For Place of Use or Character of Use Changes

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		vater right ce or the "to" la			-	or ground	water regis	trations as	sociated	1 2014
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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 han full rate of water right

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