| A   | pplica | int] | Info | rma | tion |
|-----|--------|------|------|-----|------|
| 4 2 |        |      |      |     | *101 |

| APPLICANT/BUSINESS NAME   |           |                  | PHONE NO. ADDITIONAL CONTAC |                         |  |  |  |  |
|---|-----------|------------------|-----------------------------|-------------------------|--|--|--|--|
|   | A 44 TT   |                  |                             |                         |  |  |  |  |
| Howard and Judy Pope Trust,   | Attn: How | ard and Judy     | (503) 838-2605              |                         |  |  |  |  |
| Pope  |           |                  |                             |                         |  |  |  |  |
| ADDRESS   |           | FAX NO.          |                             |                         |  |  |  |  |
| 12680 S. Pacific Hwy W  |           |                  |                             |                         |  |  |  |  |
| CITY  | STATE     | ZIP              | E-MAIL                      |                         |  |  |  |  |
| Monmouth  | OR        | 97361            |                             |                         |  |  |  |  |
| BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE |           |                  |                             |                         |  |  |  |  |
| DEPARTMENT ELECTRONICA  | ALLY. CO  | PIES OF THE FINA | L ORDER DOCUMENT            | 'S WILL ALSO BE MAILED. |  |  |  |  |

| Agent inio                  | rmation - The ag                            | ent is autii | orized to represent                | the applicant in an in    | latters relating to this application.  |
|-----------------------------|---|--------------|------------------------------------|---------------------------|--|
| AGENT/BUSI                  | NESS NAME                                   |              |                                    | PHONE NO.                 | ADDITIONAL CONTACT NO.   |
| Kim Grigst                  | y, GSI Water Soluti                         | ons, Inc.    |                                    | 541-257-9004              |  |
| ADDRESS                     |   |              |                                    |                           | FAX NO.  |
| 1600 SW W                   | estern Blvd., Suite 2                       | 40           |                                    |                           | 541-754-4211   |
| CITY                        |   | STATE        | ZIP                                | E-MAIL                    |  |
| Corvallis                   |   | OR           | 97333                              | kgrigsby@gsiws.com        |  |
|                             |   |              |                                    |                           | RRESPONDENCE FROM THE  |
| DEPARTM                     | ENT ELECTRONICA                             | LLY. COL     | PIES OF THE FINAL                  | ORDER DOCUMENT            | IS WILL ALSO BE MAILED.  |
| This appli                  | cation seeks to add                         | d an addit   | ional point of div                 | rersion to Permit S-      |  |
| If you need                 | additional space, cont                      | inue on a se | eparate piece of pape              | r and attach to the appli | ication as "Attachment 1".   |
|                             | this box if this pro<br>ederal stimulus d   |              | lly or partially fu                | nded by the Americ        | can Recovery and Reinvestment  |
|                             |   |              |                                    |                           | RECEIVED BY OWRD   |
| Is the app                  | licant the permit                           | holder o     | f record? 🛚 Yo                     | es 🗌 No                   | MAR 17 2014  |
| If NO.                      | include either:                             |              |                                    |                           |  |
| ,                           |   |              |                                    |                           | SALEM, OF  |
|                             | A completed assi<br>portion of the per      | _            | ` -                                | • •                       | nent fee), assigning all or a  |
|                             | An affidavit of coapplicant to amer         |              | •                                  | der(s) of record that     | t gives permission for the   |
| the Departr<br>located, one | nent for publication<br>ce per week for two | of a notic   | e in a newspaper we weeks. If more | ith general circulatio    | be required to submit payment to on in the area where the permit is ewspaper is available, I suggest |

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

| Check one of the following:   |                                |                             |
|---|--------------------------------|-----------------------------|
| The applicant is responsible for comple continue to be sent to the applicant.                                   | etion of change(s). Notices ar | nd correspondence should    |
| The permit holder(s) of record will be a final order is issued. Copies of notices of record.                    |                                |                             |
| Check the appropriate box, if applicable:   |                                |                             |
| Check here if any of the permits propose by an irrigation or other water district. N                            |                                | be located within or served |
| IRRIGATION DISTRICT NAME  | ADDRESS                        |                             |
| CITY  | STATE                          | ZIP                         |
| Check here if water for any of the permits contract for stored water with a federal age                         |                                | e agreement or other        |
| ENTITY NAME   | ADDRESS                        |                             |
| CITY  | STATE                          | ZIP                         |
| To meet State Land Use Consistency Requirements, municipal corporation, or tribal governments conveyed or used. | ent) within whose jurisdiction | •                           |
| ENTITY NAME   | ADDRESS                        |                             |

850 Main Street

STATE

OR

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ZIP

97338

MAR 17 2014

SALEM, OR

**Polk County** 

CITY

**Dallas** 

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 # <u>S-54129</u>

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<br>Name or<br>Number | Is this POD/POA Authorized by the permit or is it Proposed?                         | If POA, OWRD Well Log ID# (or Well ID Tag # L) |         | Is this POD/POA uthorized by the permit or is it Proposed?  OWRD Well Log ID# (or Well ID Twp Rng Sec 1/4 1/4 |        |       | Tax Lot, DLC or Gov't Lot | Measured Distances<br>(from a recognized<br>survey corner) |         |           |   |
|------------------------------|---|--|---------|---|--------|-------|---------------------------|--|---------|-----------|---|
| POD 1                        | ☑ Authorized ☐ Proposed   |  | 9       | S   | 4      | w     | 29                        | NE   | sw      | 300       | 1000 feet North and<br>100 feet West from<br>Northerly SE Corner,<br>DLC 46, Sec 29 T 9<br>South R 4 West |
| POD 2                        | ☐ Authorized ☐ Proposed   |  | 9       | s   | 4      | W     | 30                        | NE   | SE      | 600       | 1,640 feet North and<br>125 feet West from SE<br>Corner of Section 30<br>T 9 South R 4 West               |
| Chec                         | k all type(s) of change   | (s) proposed                                   | belo    | w (e  | chan   | ıge " | COD                       | ES" a  | re pro  | vided i   | n parentheses):   |
|                              | Place of Use (POU)  | )  |         |   |        | P     | oint o                    | f App  | ropriat | ion/We    | ll (POA)  |
|                              | Point of Diversion  | (POD)  |         |   |        | A     | Additio                   | onal Po  | oint of | Approp    | oriation (APOA)   |
| $\boxtimes$                  | Additional Point of   | Diversion (A                                   | APOD    | ))  |        |       | urface<br>SW/G            |  | r POD   | to Gro    | und Water POA   |
| Will:                        | all of the proposed cha   | inges affect                                   | the en  | ntir  | e wa   | ter ı | use pe                    | rmit?  | •       |           |   |
| ×                            | Yes Complete onl: "CODES" list  |  |         |   |        |       |                           |  |         | the nex   | t page. Use the<br>RECEIVED BY OWRD   |
|                              | No Complete all   | of Table 2 to                                  | descr   | ibe   | the j  | porti | on of                     | the pe   | rmit to | be cha    | nged. MAR 17 2014   |
| For a chan                   | ige in place of use: N/   | <u>A</u>                                       |         |   |        |       |                           |  |         |           | SALEM OF  |
| Does the p  ☐ Yes ☐          | ermit holder of record  | l own or con                                   | trol t  | he l  | land   | то    | whic                      | h the j  | place o | of use is | s being moved?  |
| as a pern                    | e landowner of the land<br><b>nit holder of record</b> by<br>fee for an assignment. |  | -       |   |        |       | _                         |  |         |           | •   |
| Is the prop                  | oosed place of use cont   | iguous to th                                   | e autl  | hori  | ized   | plac  | e of u                    | ıse? [   | ] Yes   | □ No      |   |
| The perm                     | nitted place of use can b   | e moved only                                   | y to la | ands  | s that | t are | contig                    | guous  | to the  | authori   | zed place of use  |

Revised 7/1/2013

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 # S-54129

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.

| HANGES   | or<br>o be<br>om<br>1)                                  |               | <b>.</b>       | ×        | 42 2/5/2004               |      |  |  |             | diversion would serve the entire place of use for Permit S-54129 - CHILD BY CAMBD |
|--|---|---------------|----------------|----------|---------------------------|------|--|--|-------------|---|
| nds)<br>SED CI   | POD(s) or<br>POA(s) to be<br>used (from<br>Table 1)     |               | POD#           | P01/#6   | POD #2                    |      |  |  |             |   |
| PROPOSED (the "to" or "on" lands) it would appear AFTER PROPOSEI are made.   | Gvt Acres Lot or (if DLC applicable)                    |               | 10.0           | 5.0      |                           |      |  |  |             | S-54129   |
| (the "to" c<br>ear AFTEl<br>are made.  | Gvt<br>Lot or<br>DLC                                    |               | -              |          | nt.                       |      |  |  | ES          | rmit  |
| SED (the appear are  | Gvt<br>Tax Lot Lot or<br>DLC                            |               | 100            | 200      | comme '                   |      |  |  | TOTAL ACRES | e for Pe  |
| PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.  | 7.7   |               | 1S NW NW       | JS SW NW | Please see below comment. | <br> |  |  | TOT         | ace of us   |
| sting (  | Sec   |               |                | 15       | Pleas                     |      |  |  |             | ire pl  |
| The li   | Rng   |               | 9 E            | 9 E      |                           |      |  |  |             | e ent   |
|  | Тwp   | 37            | 8              | 2 S 9 E  |                           |      |  |  |             | rve th  |
| Proposed<br>Changes (see   | "CODES"<br>from previous<br>page)                       | EXAMPLE       | POUIPOD        |          | APOD                      |      |  |  |             | on would se   |
| SED ged.   | Priority<br>Date  |               |                |          |                           |      |  |  |             | diversi   |
| 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. | POD(s) or<br>POA(s)<br>(name or<br>number<br>from Table | in the second | POD#1<br>POD#2 | <b>.</b> |                           |      |  |  |             | Additional remarks: The proposed additional point of                              |
| or "off"<br>ate BEFO<br>right that   | Got Acres Lot or (if DLC applicable)                    |               | 15.0           | EXAMPLE  |                           |      |  |  |             | dditions  |
| (the "from" the certifical CHANGES   | Gvt<br>Lot or<br>DLC                                    |               |                | 1        |                           |      |  |  | ES          | sed a   |
| (the control CHA)  | Tax   |               | 8              | •        |                           |      |  |  | LACR        | prop  |
| AUTHORIZED (the "from" or "off" lands); that appears on the certificate BEFORE PFCHANGES  CHANGES hat part or portion of the water right that will be                                | . %   |               |                | 3        | -                         |      |  |  | TOTAL ACRES | ks: The   |
| AUTI<br>; that a   | Sec   |               | j.             | ø        |                           |      |  |  |             | emar  |
| listing<br>t only t  | Rng   |               | 5              | 3        |                           |      |  |  |             | onalı   |
| The  | Тмр   |               | 7,<br>1,51     |          |                           |      |  |  |             | Additi  |

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| do,<br>t a |
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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<br>Authorized<br>POA<br>Name or<br>Number | Is well<br>already<br>built?<br>(Yes or<br>No) | If an existing<br>well, OWRD<br>Well ID Tag<br>No. L | Total<br>well<br>depth | Casing<br>Diameter | Casing<br>Intervals<br>(feet) | Seal<br>depth(s)<br>(intervals) | Perforated<br>or screened<br>intervals (in<br>feet) | Static water level of completed well (in feet) | Source<br>aquifer<br>(sand,<br>gravel,<br>basalt, etc.) | Well - specific rate (cfs or gpm). If less than full rate of water right |
|---|--|--|------------------------|--------------------|-------------------------------|---------------------------------|---|--|---|--|
|   |  |  |                        |                    |                               |                                 |   |  |   |  |
|   |  |  |                        |                    |                               |                                 |   |  |   |  |

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