Part 4 of 5 - Applicant Information and Signature

APPLICANT/BUSINESS NAME HEATU + MAI	ietta	PHONE NO.	1746	ADDITIONAL CONTACT NO.
BOOK Road SS				FAX NO.
Subletto	STATE ZIP	877 E-MAIL		
BY PROVIDING AN E-MAIL				RRESPONDENCE FROM THE
DEPARTMENT ELECTRON	ICALLY. COPIES OF	THE FINAL ORDER D	OCUMENT	S WILL ALSO BE MAILED.
gent Information – The	agent is authorized t	o represent the applica	nt in all m	atters relating to this applica
COENT/BUSINESS NAME PO	raster	PHONE NO. 54/-)/6	0094	ADDITIONAL CONTACT NO.
ADDRESS 4787 PIONES	er RO.			FAX NO.
ontario	STATE ZIP 97	GIY E-MAIL		Anne Carlotte de Carlotte d
BY PROVIDING AN E-MAII	ADDRESS, CONSEN	T IS GIVEN TO RECEIV		RRESPONDENCE FROM THE
DEPARTMENT ELECTRON	ICALLY. COPIES OF	THE FINAL ORDER D	DCUMENT	S WILL ALSO BE MAILED.
			this trans	fer application, and why:
improve water quality an				
To water crops using drip	system			
f you need additional space, o	ontinue on a separate p	piece of paper and attach	to the appli	cation as "Attachment 1".
[] Charleshie haw if this		antially funded by th		
Check this box if this	project is fully or p			
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The applicant is rescontinue to be sent			etion of	change(s). No	tices and corresponde	ence should
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At this time, are the lands	in this trar	sfer appli	ication in	n the process o	f being sold? Yes	☐ No
If YES, and you know information table below assignment will have to	w. If you	do not kno	ow who			
If a property sells, the cunless a sale agreementhttp://www.oregon.gov	t or other	document	states o	therwise. For	more information see	,
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CITY	STATE	ZIP		E-MAIL		
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Please us	e a separate Pa	art 5 for each	water right b	eing changed.	See instruction	ons on page 6, to
copy and	paste addition	nal Part 5s, or	to add additi	onal rows to ta	bles within th	e form.

				CE	KII	FIC	AIL	‡ <u>2334</u>			
Descri	ption of Water	Delivery Sy	sten	n							
System	System capacity: 0.94 cubic feet per second (cfs) OR										
		gallons pe	er mi	inute	e (gp	m)					
five ye and app <u>River.</u> Table 1. Lo	ars. Include intended in the play the water at water is pume the control of Authors.	formation on the authorized ped into dir norized and I	the ped plet dit	pum ace ch a	ps, control of use of use of use of use of use of the u	anal: e. <u>F</u> sed int(s	s, pipe Pump to irri of D	lines a placed igate c	and spr l in dr crops. on (PC	inklers ain dite DD) or	ome time within the last used to divert, convey ch that flows into Snake Appropriation (POA)
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)		l on		ertif ng	Sec		it a na	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
#1	✓ Authorized☐ Proposed		16	S	47	E	36	sw	NW		S20 57'E2063'
#2	☐ Authorized		16	S	47	E	36	SE	NW		N44 55'W3701'
	☐ Authorized ☐ Proposed										
	☐ Authorized ☐ Proposed										
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	Place of Use	` '									Primary Use (S to P)
	Character of	` ′					_			•	on/Well (POA)
\boxtimes	Point of Dive	ersion (POD)						Additi	onal P	oint of	Appropriation (APOA)
	Additional P	oint of Diver	sion	(AP	OD)			Substi	tution	(SUB)	
	☐ Surface Water POD to Ground Water ☐ Government Action POD (GOV) POA (SW/GW)										
Will a	ll of the propos	sed changes	affec	et th	e ent	tire '	water	right'	?		
⊠ Yes	•	ly the Propos sted above to	,				-			able 2 c	on the next page. Use the
□No	Complete all	of Table 2 to	des	scrib	e the	por	tion of	f the w	ater ri	ght to b	e changed.
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SALEM, OR

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Please use and attach additional pages of Table 2 as needed. See page 6 for instructions.

Contact the Department at 503-986-0900 and ask for Transfer Staff. Do you have questions about how to fill-out the tables?

Table 2. Description of Changes to Water Right Certificate # 2334

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.

The listing at appears on the certificate BFFORE PROPOSED CHANGES Proposed List only that graphers on the certificate BFFORE PROPOSED CHANGES Changes (see 1.5 km 100 km 1.5 km 1.	SS	μ. Έ.			2	9161	981	9/6	9/61]				
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Additional remarks: 6.09 acres of water rights to be vacated: see attached letter. Permanent Transfer Application Form – Page of of 8

Revised 7/1/2013

TACS

MAR 17 2014

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SALEM, OR

		Certificate #
	For Place of Use or Character of Use Changes	
	Are there other water right certificates, water use permits or ground water registre with the "from" or the "to" lands? Yes No	rations associated
	If YES, list the certificate, water use permit, or ground water registration number	ers:
- ^	Pursuant to ORS 540.510, any "layered" water use such as an irrigation right that a primary right proposed for transfer must be included in the transfer or be cancer to a ground water registration must be filed separately in a ground water registration application.	elled. Any change
	For Substitution (ground water supplemental irrigation will be substituted for sur irrigation)	face water primary
	Ground water supplemental Permit or Certificate # N/A;	RECEIVED BY OWRD
	Surface water primary Certificate # N/A.	MAR 17 2014
	For a change from Supplemental Irrigation Use to Primary Irrigation Use	
	Identify the primary certificate to be cancelled. Certificate # N/A	SALEM, OR
	For a change in point(s) of appropriation (well(s)) or additional point(s) of ap	propriation:
	Well log(s) are attached for each authorized and proposed well(s) that are of with the corresponding well(s) in Table 1 above and on the accompanying a 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 have a well log. For proposed wells not yet constructed or built, provide "a requested information element in the table. The Department recommends y driller, geologist, or certified water right examiner to assist with assembling to complete Table 3.	a best estimate" for each ou consult a licensed well
A ac ap w	Any well(s) in this listing must be clearly tied to corresponding well(s) described in accompanying application map. Failure to provide the information will delay the proportion until it is received. The information is necessary for the department to as well(s) will access the same source aquifer as the authorized point(s) of appropriation prohibited by law from approving POA changes that do not access the same source as	ocessing of your transfer ssess whether the proposed in (POA). The Department is

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