Part 4 of 5 - Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.		
Ivan and Martin Meads			(541) 561-5976 Cell	1		
ADDRESS				FAX NO.		
32855 W. Walls Road						
CITY	STATE	ZIP	E-MAIL			
Hermiston	OR	97838	ivanmeads@gmail.com			
BY PROVIDING AN E-MAIL	ADDRESS,	CONSENT IS G	IVEN TO RECEIVE ALL COI	RRESPONDENCE FROM THE		
DEPARTMENT ELECTRONIC	CALLY. CO	PIES OF THE I	FINAL ORDER DOCUMENT	S WILL ALSO BE MAILED.		

DEPARTMENT ELECTRONICA	•			IS WILL ALSO BE MAILED.			
Agent Information – The age	ent is auth	orized to represent	the applicant in all m	natters relating to this application.			
AGENT/BUSINESS NAME	_	Mariana mariana da mar	PHONE NO.	ADDITIONAL CONTACT NO.			
Molly Reid, GSI Water Solution ADDRESS	s, Inc.		(509) 735-7135 (509) 378-3284 Direct Lin				
8019 W. Quinault Avenue, Suite	201			TAX NO.			
CITY	STATE	ZIP	E-MAIL				
Kennewick	WA	99336	mreid@gsiws.com				
By PROVIDING AN E-MAIL AD DEPARTMENT ELECTRONICA	-			i i			
Explain in your own words we propose to construct a nechange in point of appropria	ew well t	o replace the exis	sting irrigation well.				
If you need additional space, conti	inue on a s	eparate piece of pape	er and attach to the appl	ication as "Attachment 1".			
Check this box if this pro Reinvestment Act. (Fede	•	• •	anded by the Americ	can Recovery and			
By signing this application, I to Department approval of the trans authorized to pursue the trans I affirm the applicant is a murname of the municipality or a I affirm the applicant is an enterondemnation the property to supporting documentation.	ansfer, I w fer as iden licipality a predecess ity with th	rill be required to pro tified in OAR 690-3 s defined in ORS 54 or; OR e authority to conder	f the draft preliminary dovide landownership inf 80-4010(5); OR 0.510(3)(b) and that the mn property and is acqu	right is in the MAR 1 9 2014 mant and have WATER RESOURCES DEPT			
the Department for publication right is located, once per week	of a notice for two controlled	te in a newspaper vonsecutive weeks. wing newspaper: I from the existing P	with general circulation If more than one qua Non-applicable, as ne	lifying newspaper is available, I w POA will be located less than			

we) affirm that the information contain	ined in this application is true a	and accurate.
Applicant signature	Ivan Meads	3-12-14
Applicant signature	Print Name (and Title if applicable)	Date
Applicant signature	Martin Meads Print Name (and Title if applicable)	<u>5-17-14</u> Date

Is the applicant the sole owner of the land on which the water right, or portion thereof, proposed for transfer is located? Yes No If NO, include signatures of all deeded landowners (and mailing 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.

Check the following boxes to	hat apply	:			
The applicant is resp continue to be sent to		•	f change(s). Not	ices and correspondence sho	uld
				ne proposed change(s) after the could be sent to this landowned	
_		• •	•	e for completion of change(s ndowner and the applicant.).
At this time, are the lands in	this tran	sfer application	in the process of	being sold? Yes No	
	. If you o	lo not know wh	o the new landov	nplete the receiving landown vner will be, then a request for	
If a property sells, the counless a sale agreement http://www.oregon.gov/	or other o	locument states	otherwise. For 1		
RECEIVING LANDOWNER NAME N/A			PHONE NO.	ADDITIONAL CONTACT NO.	
ADDRESS				FAX NO.	
CITY	STATE	ZIP	E-MAIL		D
Check here if any of the an irrigation or other wa	_			WATER RESOURCES I will be located AVIEM IN UTILISED W upplemental Form D.)	
IRRIGATION DISTRICT NAME Hermiston Irrigation District		ADDR 366 F	ESS Hurlburt Avenue		
CITY Hermiston		STATE OR		ZIP 97838	
Check here if water for a for stored water with a f				ervice agreement or other con	tract
ENTITY NAME N/A		ADDR	ESS		
CITY		STATE	3	ZIP	
To meet State Land Use Co corporation, or tribal govern	•	•	•	county, city, municipal ill be diverted, conveyed or u	sed.
ENTITY NAME Umatilla County Planning Dep	artment	ADDR	ESS		
CITY Pendleton		STATE OR	3	ZIP 97801	
ENTITY NAME		ADDR	FSS		
			1.55		

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	IFICA'	TE#	53250



Description of Water Delivery Syste	tem
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System capacity: <u>0.42</u> cubic feet per second (cfs) **OR**

MAR 1 9 2014

____ gallons per minute (gpm)

WATER RESOURCES DEPT

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. Water is currently pumped with a 15 HP centrifugal pump into 640' of 4-inch pvc buried line, to a center pivot with low pressure sprinklers.

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	vp Rng		1/4 1/4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
1	□ Authorized □ Proposed	UMAT 54370	5 N	29 E	29	NW NW	2700	1270'S and 670'E from the NW Corner of Section 29
2	☐ Authorized	N/A	5 N	29 E	29	NW NW	2700	1220'S and 750'E from the NW corner of Section 29

Check a	all tyne(s) of change(s) proposed below (c	hange	"CODES" are provided in parentheses):
	Place of Use (POU)		Supplemental Use to Primary Use (S to P)
	Character of Use (USE)	\boxtimes	Point of Appropriation/Well (POA)
	Point of Diversion (POD)		Additional Point of Appropriation (APOA)
	Additional Point of Diversion (APOD)		Substitution (SUB)
	Surface Water POD to Ground Water POA (SW/GW)		Government Action POD (GOV)
Will all	of the proposed changes affect the entire	wate	r right?
⊠ Yes	Complete only the Proposed ("to" or "on" "CODES" listed above to describe the pro) section of Table 2 on the next page. Use the changes.
No	Complete all of Table 2 to describe the po	rtion (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 # 53250

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.

ES	Priority Date	. 1001	1972				
CHANG	POD(s)/ POA(s) to be used (from Table 1)	POD#8	POA 2				
PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.	New Type of USE		IR				
or "o ER PF le.	Tax Gvt Lot or Acres DLC	Ē	33.6				33.6
(the "to" c ear AFTEI are made.	Gvt Lot or DLC						ES:
ED (tl	Tax	38	2700				ACR
OPOS	7, 7,	And:	NW NW				TOTAL ACRES:
PR as it v		, A					Г
sting	Sec		29				
he li	Rng	. (2)	9 E	 			
			N 29				
	Тwp		v				
Proposed Changes (see	7-1	Poured	POA				
NGES	Priority Date	J.					
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.	Type of USE POD(s) or listed on or number Date Certificate from Table 1)	POD#1					
AUTHORIZED (the "from" or "off" lands) ppears on the certificate BEFORE PROPOS hat part or portion of the water right that will be		Trigation				- 44.0	
"from" cate BE	Tax Gvt Lot or Acres	15.0					
(the ertifican of t	Gvt Lot or DLC						3S:
RIZED n the ca	Tax Lot	100					TOTAL ACRES:
AUTHO appears of	7, 7,	NE NW					TOTA
that	Sec	3					
listing	Rng	<u>2</u> 2					
The	Twp	8					

Additional remarks: Point of appropriation transfer only.

WATER RESOURCES DEPT SALEM, OREGON

F	For Place of Use or Character of Use Changes							
	Are there other water right certificates, water use permits or ground water regists with the "from" or the "to" lands? \square Yes \boxtimes No	rations associated						
	If YES, list the certificate, water use permit, or ground water registration number	ers: <u>n/a.</u>						
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.								
F	For Substitution (ground water supplemental irrigation will be substituted for sur irrigation)	face water primary						
	Ground water supplemental Permit or Certificate # <u>n/a;</u> Surface water primary Certificate # <u>N/A.</u>	MAR 1 9 2014						
F	For a change from Supplemental Irrigation Use to Primary Irrigation Use Identify the primary certificate to be cancelled. Certificate # N/A	WATER MESCURDES DEPT SALEM, OREGON						
F	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 with the corresponding well(s) in Table 1 above and on the accompanying 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 is have a well log. For <i>proposed wells not yet constructed or built</i> , provide "	-						

Table 3. Construction of Point(s) of Appropriation

to complete Table 3.

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.

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

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
Yes	UMAT 54370	32 feet bgs	48 inches	x	x	x	x	gravel	0.42 cfs
No	Not drilled yet	40-50 feet bgs approx.	10 inch proposed	18+ feet	18+ feet minimum	Not drilled	n/a	gravel	0.42 cfs
	already built? ((Yes or No)	Is well	Is well well: OWRD Well Total well	Is well already built? OWRD Well ID Tag No. ((Yes or No) L- Casing depth Diameter Yes UMAT 32 feet bgs inches No Vet drilled vet V	Is well already built? OWRD Well ID Tag No. L- Casing Intervals (feet) Yes UMAT 54370 32 feet bgs inches x No Not drilled vet 18+ feet	Is well already built? OWRD Well ID Tag No. L- Casing Lintervals (feet) Yes UMAT 54370 Not drilled vet No Seal depth Diameter (feet) No Seal depth(s) Casing Diameter (feet) Casing Lintervals (feet) Casing Lintervals (feet) Seal depth(s) (intervals) A x x	ls well already built? ((Yes or No) L- Total well depth Diameter (feet) Casing Intervals (intervals) (in feet) Yes UMAT 54370 Diameter Seal depth(s) (intervals) (in feet) No Not drilled vet Seal depth(s) (intervals) (in feet) No Rot drilled vet Seal depth(s) (intervals) (in feet) No Rot drilled vet Seal depth(s) (intervals) (in feet) No Rot drilled vet Seal depth(s) (intervals) (in feet) No Rot drilled vet Seal depth(s) (intervals) (in feet) No Rot drilled vet Seal depth(s) (intervals) (in feet)	Is well already built? ((Yes or No) L- Casing built? (Yes or No) L- Casing built? (Yes or No) L- Casing built? (Yes or No) L- Casing built built? (Seal depth built buil	Is well already built? (Yes or No) Ves No Not drilled No Not drilled No Well: OWRD Well JUT Total well casing built? (Yes or No) Not drilled No Not drilled Not drilled Not Not drilled Not