Part 4 of 5 - Applicant Information and Signature

Applicant Information									
APPLICANT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.					
Fewel Farms	LLC		509-973-2379	509-868-7258					
ADDRESS	,	1.		FAX NO.					
64302 U. Co	its 1	(1)		509-973-0061					
CITY STATE ZIP E-MAIL									
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 JOSH FEWE	1		PHONE NO. 609-868-7258	ADDITIONAL CONTACT NO.					
ADDRESS 124302 I.S. Couts RD. FAXNO. 501-973-0061									
CITY Do 335er	STATE	ZIP99350	E-MAIL, Josh ef	evelfarms.com					
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.									
Explain in your own words Remove 7 acres for									
of K-2. 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 Reinvestment Act. (Federal stimulus dollars)									
I (we) affirm that the information contained in this application is true and accurate. Applicant signature Print Name (and Title if applicable) Date									

2-27-14

If NO, include signatures of all landowners (and mailing and/or e-mail addresses if different than the applicant's) or attach affidavits of consent (and mailing and/or e-mail addresses) from all landowners or individuals/entities to which the water right(s) has been conveyed.

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SALEM, OF

DISTRICT NAME	ADDRESS						
CITY	STATE	ZIP					
Check here if water for any of the for stored water with a federal ag	~ 11	service agreement or other cont					
ENTITY NAME	ADDRESS						
CITY	STATE	ZIP					
To meet State Land Use Consistency city, municipal corporation, or tribal conveyed or used.	•	•					
entity NAME Uny tilla County	ADDRESS Feedville	RD.					
	STATEA	ZIPQ 1.2.7.6					
Herniskon	OR	17075					
ENTITY NAME	ADDRESS	1 (1013					

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SALEM, OR

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. **Description of Water Delivery System** System capacity: ____ cubic feet per second (cfs) OR 613 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. ____. 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.) Is this If POA. Tax POD/POA OWRD Well Lot. Measured Distances Authorized on Log ID# (or DLC or (from a recognized Twp 1/4 1/4 Rng Sec Well ID the Certificate or Gov't survey corner) Tag # L-___) is it Proposed? Lot Authorized 260' South 30 NONE 40 29E 2100' West of NE Winer See Proposed ☐ Authorized Proposed Authorized Proposed ☐ Authorized Proposed Check all type(s) of temporary change(s) proposed below (change "CODES" are provided in parentheses): Place of Use (POU) Appropriation/Well (POA) Point of Diversion (POD) Additional Point of Appropriation (APOA) Additional Point of Diversion (APOD) Check all type(s) of temporary change(s) due to drought proposed below (change "CODES" are provided in parentheses): Place of Use (POU) Point of Appropriation/Well (POA) Character of Use (USE) Additional Point of Appropriation (APOA) Point of Diversion (POD) Additional Point of Diversion (APOD) Will all of the proposed changes affect the entire water right? Complete only the Proposed ("to" lands) section of Table 2 on the next Yes page. Use the "CODES" listed above to describe the proposed changes.

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Complete all of Table 2 to describe the portion of the water right to be

changed.

POD/POA

Name or

Number

K-2

pump

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 Temporary Changes to Water Right Certificate # 627 44

List only the part of the right that will be changed. For the acreage in each 1/4, 1/4, list the change proposed. If more than one change, specify the acreage associated with each change. If more than one POD/POA, specify the acreage associated with each POD/POA.

	ES	Priority Date		1901	1961	1983								A CONTRACTOR OF THE CONTRACTOR
	CHANG)	POD(s)/ POA(s) to be used (from Table 1)		SHOW	93300	K-2mp	•							Š
	n" lands) OPOSED	New Type of USE				pad	:		į			:		AECEVED SY GYYD
	" or "o ER PR le.	res		701	3	4			***********				4	y C. Mar
	(the "to" c ear AFTE! are made.	Gvt ot or DLC		-									ES	
	SED (the appear	Tax Lot	7	₹	8	Eah1							TOTAL ACRES	
	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.	74 74		N N		NW NE 1403				,			TOTA	
	ting 8	Sec		1	•	30								
	The lis	Rng		3 6	3 6	29 E								
		Тмр		S 2	() ()	4 N 29 E								
,	Proposed Changes (see	"CODES" from previous page)	STATE OF	DOUGOD	•	pou								
	IANGES			1881		1983		a colo						
	s) OSED CHAN oe changed.	POD(s) or POA(s) (name or number from Table 1)			•	K-2 pung 1983								
	AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CH. List only that part or portion of the water right that will be changed	Type of USE listed on Certificate		in Aug	THURSD.	Irrigation)							
	from" (te BEF) water r	Acres		181	•	7							4	
	(the " rtifica of the	Gvt Lot or DLC			•								ŒS	
,	(ZED) the ce	Tax Lot		8		1403							L ACF	KS:
	AUTHOR Spears on 1 at part or p	7, 7,		NE NE		30 SO NE 1403							TOTAL ACRES	Additional remarks:
	/ that ap	Sec		91	٠	8								ditior
	isting t List o	Rng		•	•	N 29 E								Adı
	The 1	Twp		<i>i</i> :		7 7								

Revised 7/1/2013

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For Place of Use Changes

there other water right certificates, water use permits or ground water registrations associated the "from" or the "to" lands? Yes No
ES, list the certificate, water use permit, or ground water registration numbers:
suant to ORS 540.525, any "layered" water use such as an irrigation right that is supplemental primary right proposed for temporary transfer can be included in the transfer or remain sed on the authorized place of use. If the primary water right does not revert soon enough to w use of the supplemental right within five years, the supplemental right shall become subject ancellation for nonuse under ORS 540-610.
change in point(s) of appropriation (well(s)) or additional point(s) of appropriation if sary to convey the water to the new temporary place of use:
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)
D/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 <i>proposed wells not yet constructed or built</i> , 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). If less than full rate of water right

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