## Part 4 of 5 - Applicant Information and Signature

Applicant Information Applicant/Business name			PHONE NO.	ADDITIONA	L CONTACT NO.
Thomas P. Campbell			PHONE NO.	ADDITIONA	L CONTACT NO.
ADDRESS				FAX NO.	
52123 Buttermilk Road	600.000	T			<del></del>
CITY <b>Condon</b>	STATE OR	97823	E-MAIL		
By providing an e-mail a		<u> </u>	EN TO RECEIVE ALI	_ CORRESPONDE	NCE FROM THE
DEPARTMENT ELECTRONICA					
<b>gent Information</b> – The ag	ent is auth	orized to repres	ent the applicant in	all matters relatir	g to this applica
AGENT/BUSINESS NAME			PHONE NO.	ADDITIONA	L CONTACT NO.
Tenneson Engineering Corp A	ttn: Larry	Toll	541-296-9177		
ADDRESS				FAX NO.	. E 7
3775 Crates Way	STATE	ZIP	E-MAIL	541-296-66	157
The Dalles	OR	97058			
BY PROVIDING AN E-MAIL A	DDRESS, C	ONSENT IS GIV	EN TO RECEIVE ALI	CORRESPONDE	NCE FROM THE
DEPARTMENT ELECTRONICA	ALLY, COI	PIES OF THE FI	NAL ORDER DOCUM	IENTS WILL ALS	O BE MAILED.
Check this box if this pr Reinvestment Act. (Fede	-		funded by the An	nerican Recover	y and
<ul> <li>☑ By signing this application, I Department approval of the t authorized to pursue the trans</li> <li>☑ I affirm the applicant is a muname of the municipality or a</li> <li>☑ I affirm the applicant is an encondemnation the property to supporting documentation.</li> </ul>	ransfer, I wasfer as identificipality as predecessority with the	that, upon receiptill be required to tified in OAR 690 s defined in ORS or; OR e authority to control or the total	provide landownership 0-380-4010(5); <b>OR</b> 540.510(3)(b) and than demn property and is	p information and t the right is in the acquiring by	evidence that I an
I understand that prior to Depa the Department for publication right is located, once per week suggest publishing the notice i I (we) affirm that the inform Applicant signature	of a notice for two control	te in a newspape onsecutive week wing newspape tained in this a Thomas P C	er with general circu ks. If more than one r:The Times Ja pplication is true a	lation in the area qualifying news	where the water
					90/701\ &# & (;
Applicant signature		Print Name (an	d Title if applicable)	Date	CARISON

Is the applicant the sole owner of the land on which the water right, or portion thereof, proposed for 

SALEM, OR

Check the following boxes to	hat apply	:				
The applicant is resp continue to be sent to		•	etion of o	change(s). Not	ces and correspondence should	l
_		-			e proposed change(s) after the ould be sent to this landowner.	
_		* *		•	e for completion of change(s). ndowner and the applicant.	
At this time, are the lands in	this tran	sfer appli	cation ir	the process of	being sold? ☐ Yes ☐ No	
•	. If you d	lo not kno	w who		riplete the receiving landowner rier will be, then a request for	
If a property sells, the ce unless a sale agreement http://www.oregon.gov/	or other d	locument	states of	therwise. For n		
RECEIVING LANDOWNER NAME				PHONE NO.	ADDITIONAL CONTACT NO.	
ADDRESS					FAX NO.	
CITY	STATE	ZIP		E-MAIL		
Describe any special owners  Check here if any of the an irrigation or other wa	water rig	hts propo	sed for t	ransfer are or v e and attach Su	vill be located within or served pplemental Form D.)	by ]
CITY			STATE		ZIP	-
Check here if water for a for stored water with a for ENTITY NAME	•	-		ty.	rvice agreement or other contra	ct
				3		
CITY			STATE		ZIP	
To meet State Land Use Co	nsistency	Requiren	nents, yo	ou must list all	• • • • • • • • • • • • • • • • • • • •	
corporation, or thou govern	ıments wi	thin who	se jurisd	iction water wi	ll be diverted, conveyed or used	1.
ENTITY NAME		thin who	ADDRES	S	ll be diverted, conveyed or used	<b>1.</b>
ENTITY NAME  Gilliam County Planning Depart		thin who	ADDRES PO Box STATE	S	ZIP	<b>1</b> .
ENTITY NAME  Gilliam County Planning Depar		thin who	ADDRES	S 427		<b>d.</b>
ENTITY NAME Gilliam County Planning Depar CITY Condon		thin who	ADDRES PO Box STATE OR	S 427	ZIP	i. ]      RD

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## **INSTRUCTIONS** for editing the Application Form

To add additional lines to tables within the forms or to copy and paste additional Part 5 pages, please save the application form to your computer. Unlock the document by using one of the following

instructions for your Microsoft Word software version:

## Microsoft Word 2003

Unlock the document by one of the following:

- Using the Tools menu => click Unprotect Document; OR
- Using the Forms toolbar => click on the Protect/Unprotect icon.

To relock the document to enable the checkboxes to work, you will need to:

• Using the **Tools** menu => click **Protect Document**; **OR** 

• Using the Forms toolbar => click on the Protect/Unprotect icon.

Once the application has been unlocked, you may:

- add additional rows to tables using the Table tools, and
- select and copy the pages of Part 5 and paste as many additional sets of Part 5 pages as needed at the end of the application.

After editing, re-lock the document to enable checkboxes to work.

## Microsoft Word 2007

- Unlock the document by clicking the Review tab, then click Protect Document, then click Stop Protect
- To relock the document, click Editing Restrictions, then click Allow Only This Type of Editing, select Filling In Forms from the drop-down menu, then check Yes, Start Enforcing Protection.

## Microsoft Word 2010

- Unlock the document by clicking the **Review** tab, toggle the **Restrict Editing icon** at the upper right, then click **Stop Protect** at the bottom right. Then uncheck the "**Allow only this type of editing** in the document: **Filling in forms**" in the "Editing restrictions" section on the right-hand list of options.
- To relock the document, check the Editing Restrictions/Allow Only This Type of Editing/Filling In Forms box from the drop-down menu, then check Yes, Start Enforcing Protection. You do not need to assign a password for the editing restrictions.

## Other Alternatives:

- Photocopy pages or tables in Part 5, mark-through any non-applicable information, insert/attach photocopied pages to document in the appropriate location, and manually amend page numbers as necessary (e.g. Page 5 6 of 9 10).
- You may refer to additional attachments that you may include, such as separately produced tables or spreadsheets to convey large numbers of rows of place of use listings, owner/property parcels, etc. You may contact the Department at 503-986-0900 and ask for Transfer Staff if you have questions.

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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.

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at some time within the last ers used to divert, convey p station. The southern has whell lines. The 10 hp pump hp pump used to run hand out about 0.5 cfs.

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)	1	wp	Rng	Sec	1/4 1/4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
South	□ Authorized     □ Proposed		5	s	23 E	36	SW NE	3800	1860' S & 140' W from NE Cor NW 1/4 of NE 1/4, Sec 36
North Authorized Proposed			5	s	23 E	36	NE NW	305	780' S & 1440' W from NE Cor NW 1/4 of NE 1/4, Sec 36
Additional	☐ Authorized ☐ Proposed		5	S	23 E	25	NW SW	3000	1530' N & 1160' E from SW Cor, Sec 25
	Authorized Proposed								

	☐ Proposed											
Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses):												
$\boxtimes$	Place of Use	(POU)		[		Supplementa	l Use to	Primary Use (S	to P)			
	Character of	Use (USE)		{	F	Point of Appr	ropriati	on/Well (POA)				
	Point of Div	ersion (POD)		[		Additional Po	oint of A	Appropriation (A	APOA)			
$\boxtimes$	Additional P	oint of Divers	sion (AP	OD) [		Substitution (	(SUB)					
	Surface Wate POA (SW/G	er POD to Gr W)	ound Wa	ter		Government	Action	POD (GOV)				
Will al	l of the propos	sed changes a	affect the	e entire v	vater	right?						
Yes	-	lly the Propos sted above to	•		-		able 2 o	on the next page.	Use the			
⊠ No	Complete all	of Table 2 to	describe	the port	ion of	the water rig	ght to b	e changed.				
Revised 7	7/1/2013	Permanent	Transfer	Application	n Form	– Page 7 of 12			TAC			

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 # 37917

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	1968	1968				
	CHANG	POD(s)/ POA(s) to be used (from Table 1)	ADDL POD	ADDL POD				
	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.	New Type POA(s) to of USE (from Table 1)						
	o" or "o FER PF de.	Tax Gvt Lot DLC	10.9	7.3				18.2
	(the "to" c ear AFTE] are made.	Gvt Lot or DLC						ES:
	ED (t) appea ai	Tax Lot	3000	3000				TOTAL ACRES:
	SOAC	7,	000E MS MN	SW				OTAI
	PR( as it v	7, 7,	MN	МS				L
	sting	Sec	25					
	The li	Rng	23 E					
		Twp	5 S 23					
-			<u> </u>	DI	DT	DI	DE	
	Proposed Changes (se	"CODES" from previous page)	POU/ADDI POD	POU/ADDL POD	POU/ADDL POD	TOOA/NOA	POU/ADDL POD	
	ANGES	Priority Date	1968	1968	1968	1968	1968	
	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 Certificate from Table 1)	North & South					
	AUTHORIZED (the "from" or "off" lands) ppears on the certificate BEFORE PROPOS hat part or portion of the water right that will be	Type of USE listed on Certificate	Irrigation	Irrigation	Irrigation	Irrigation	Irrigation	
	"from" ate BEI he water	Tax Gvt Lot or Acres Lot DLC	0.7	4.5	6.7	2.1	4.2	18.2
	O (the ertifican on of th	Gvt Lot or DLC						ES:
	RIZEI n the c r portic	Tax	3800	303	3800	305	3800	TOTAL ACRES:
	THO)	7, 7,	NE	NE	NE	WN	SE	LOTA
	AU t appe y that	7.	NE	WN	SE	Z E	Z	
	ng tha ist onl	Sec	E 36					
	listin	Rng	23 E					
	The	Twp	5 S 23					
1		## ## ## ## ## ## ## ## ## ## ## ## ##		L.			<u> </u>	

different location but Certificate 37917 will still be the primary source. There are 2 maps. The first shows only the "from" and "to" land for Additional remarks: Moving Certificate 37917, which is the primary water right to a new field. Will move any supplemental water rights to a each water right. The second map is a composite (transferred land and land that did not move) that shows what each water right will look like when the transfer is complete.

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Revised 7/1/2013

Certificate # 37917

## For Place of Use or Character of Use Changes

		there other water right certificates, water use permits or ground water registrations associated the "from" or the "to" lands?   Yes  No
	If Y	ES, list the certificate, water use permit, or ground water registration numbers: <b>Certificate 46550.</b>
•	a pri to a	uant to ORS 540.510, any "layered" water use such as an irrigation right that is supplemental to mary right proposed for transfer must be included in the transfer or be cancelled. Any change ground water registration must be filed separately in a ground water registration modification ication.
	For S	<b>ubstitution</b> (ground water supplemental irrigation will be substituted for surface water primary irrigation)
		and water supplemental Permit or Certificate #; ace water primary Certificate #
	For a	change from Supplemental Irrigation Use to Primary Irrigation Use
	Iden	tify the primary certificate to be cancelled. Certificate #
	For a	change in point(s) of appropriation (well(s)) or additional point(s) of appropriation:
		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: <a href="http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx">http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx</a>
	ANI	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.
A the traction (F	ny wel te acco ansfer te prop POA).	Construction of Point(s) of Appropriation  (I(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on mpanying application map. Failure to provide the information will delay the processing of your application until it is received. The information is necessary for the department to assess whether osed well(s) will access the same source aquifer as the authorized point(s) of appropriation. The Department is prohibited by law from approving POA changes that do not access the same quifer.
	d or ized	If an existing   Static water   Well -spe   rate (cfs

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 -speci rate (cfs o gpm). If le han full rate water righ
				<u> </u>			 is	I have had been in the board	La Carrent.	

			CEI	RTIFIC	CATE #	465 <u>50</u>		
Descri	ption of Water	· Delivery Sy	stem					
System	n capacity: 0.3	3 cubic feet p	er secon	d (cfs)	OR			
		gallons p	er minute	e (gpm)	)			
five ye and app This is needs s	ars. Include inf ply the water at tied into the n smaller nozzles	formation on the authorizenainline used s so capacity	the pumed place of the work of	ps, cansof use.  creek j  vell is n  l Point	als, pipe There oump. I ot exce (s) of D	elines and spris a 12.5 hp f the well is eded. iversion (PC	rinklers subme used to	ome time within the last used to divert, convey rsible pump in the well. or run the pivot, the pivot  Appropriation (POA) 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	Rng	Sec	1/4 1/4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Well	<ul><li>✓ Authorized</li><li>✓ Proposed</li></ul>	GILL 50154	5 S	23 F	36	SW NE	3800	560' S & 1100' E from Center, Sec 36
	Authorized							
	☐ Proposed ☐ Authorized							
	Proposed							
	☐ Authorized ☐ Proposed			:				
Check	all type(s) of o	hange(s) nr	nnosed h	elow (	change	"CODES" s	re nro	vided in parentheses):
	Place of Use		орозса в	(1011)			_	o Primary Use (S to P)
	Character of	` ,			_			ion/Well (POA)
	Point of Dive	· · ·			_	• •	•	Appropriation (APOA)
		` ′		OD)	_			rtppropriation (rtf Ort)
	Additional P			•	_	Substitution		DOD (COV)
Ш	Surface Wate POA (SW/G		round Wa	ater	<u> </u>	Government	Action	POD (GOV)
Will a	ll of the propos	sed changes	affect th	e entir	e water	right?		
☐ Yes	s Complete on "CODES" lis	-					able 2 o	on the next page. Use the
⊠ No	Complete all	of Table 2 to	o describ	e the po	ortion o	f the water ri	ight to b	pe changed.

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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 # 46550

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	1974	1974					
CHANG	POD(s)/ POA(s) to be used (from Table 1)	Well	Well					
PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.	New Type of USE							
o" or "or FER PR de.	Gvt Lot or Acres DLC	14.9	3.3					18.2
(the "to" cear AFTEl are made.	Gvt Lot or DLC							ES:
ED (t)	Tax	3800	303		·			ACR
SOdC	7	NE	NE				 	TOTAL ACRES:
PR( as it v	7, 7,	NE	NW					
sting	Sec	25						
The li	Rng	23 E						
	Twp	S						
9		S						
Proposed Changes (see	"CODES" from previous page)	POU	поа	10d				
NGES	Priority Date	1974	1974	1974				
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 Certificate from Table 1)	Well	Well	Well		-		
AUTHORIZED (the "from" or "off" lands) ing 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	Irrigation	Irrigation	Irrigation				
"from" ate BE	Tax Got Acres Lot DLC	6.1	6.7	4.2				18.2
(the ertific	Gvt Lot or DLC							ES:
AIZEI	Tax	3800	3800	3800				ACR
THOI ars or	7, 7,	NE	NE	SE				TOTAL ACRES:
AU appe	7.7	SW	SE	NE				
g that	Sec	36						
  listin <sub>3</sub>	Rng	23 E						
The	Twp	S						
1	<u> </u>	2						

Additional remarks: Moving Certificate 46550, which is a supplemental to cover the north portion of the center pivot. This will make it so the entire center pivot has both primary and supplemental water rights. The primary is Certificate 37917 in both from and to locations. There are 2 maps. The first shows only the "from" and "to" land for each water right. The second map is a composite (transferred land and land that did not move) that shows what each water right will look like when the transfer is complete

Revised 7/1/2013

## For Place of Use or Character of Use Changes

1011	ace of ose of Character of ose Changes
	there other water right certificates, water use permits or ground water registrations associated the "from" or the "to" lands?   Yes  No
If Y	ES, list the certificate, water use permit, or ground water registration numbers: Certificate 37917.
a pr to a	suant to ORS 540.510, any "layered" water use such as an irrigation right that is supplemental to imary right proposed for transfer must be included in the transfer or be cancelled. Any change ground water registration must be filed separately in a ground water registration modification ication.
For S	ubstitution (ground water supplemental irrigation will be substituted for surface water primary irrigation)
	and water supplemental Permit or Certificate #; ace water primary Certificate #
For a	change from Supplemental Irrigation Use to Primary Irrigation Use
Iden	tify the primary certificate to be cancelled. Certificate #
For a	change in point(s) of appropriation (well(s)) or additional point(s) of appropriation:
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ANI	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.
ny wel	Construction of Point(s) of Appropriation  Il(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the appring application man. Failure to provide the information will delay the processing of your transfer.

## Ta

 $\mathbf{A}$ 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 han full rate of water right
								FECEIVI	ED BY 0%	<b>5</b> 0
								MAR	2 1 2014	

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