## Part 3 of 4 - Applicant Information and Signature

**Applicant Information** 

Applicant information								
APPLICANT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.				
Mark & Miriah Golter			(541) 969-1058					
ADDRESS				FAX NO.				
605 SW 37th Streeet								
CITY	STATE	ZIP	E-MAIL**					
Pendleton	OR	97801	mgolter@wtechlink.us					

**Agent Information** – The agent is authorized to represent the applicant in all matters relating to this application.

8		•						
AGENT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.				
Paul Wattenburger, IRZ Con-	ulting		(541) 567-0252	(541) 571-1112				
ADDRESS	FAX NO.							
500 North 1st Street	(541) 567-4239							
CITY	STATE	ZIP	E-MAIL**					
Hermiston	OR	97838	paul@irz.com					
** BY PROVIDING AN E-MA	IL ADDRES	S, CONSENT IS GIV	EN TO RECEIVE ALL	CORRESPONDENCE FROM THE				
		•		IENTS WILL ALSO BE MAILED.				
Check this box if this p Reinvestment Act. (Fee	leral stimu	lus dollars)						
Is the applicant the sole ow transfer is located?   Yes		land on which th	e water right, or po	rtion thereof, proposed for				
,	and mailing	•		different than the applicant's) or ers or individuals/entities to which the				
	Perma	nent Transfers Only	(check one box)					
By signing this application, Department approval of the authorized to pursue the train	transfer, I w	ill be required to pro	vide landownership in	determination and prior to formation and evidence that I am				
				RECEIVED BY OWN				
I affirm the applicant is a miname of the municipality or			0.510(3)(b) and that the	right is in the				
I affirm that the applicant is condemnation the property								
supporting documentation.								

I understand that prior to Department approval of the transfer, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the water right is located, once per week for two consecutive weeks. If more than one qualifying newspaper is available, I suggest publishing the notice in the following paper: <u>East Oregonian.</u>

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



Applicant signature

Mark Golter
Print Name (and Title if applicable)

Miriah Golter
Applicant signature

Miriah Golter
Print Name (and Title if applicable)

Date

In your own words tell us what change(s) you want made and the reason for the change(s): Changing the Point of Diversion for the tax lot we own so as to have our own pump.

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Check the following boxes	mai app	лу.								
The applicant is resp continue to be sent to		_	letion of	change(s). Notice	ces and corres	pondence shou	ıld			
The receiving landor final order is issued.		•			• •	•				
The receiving landor of notices and corres				•	•	<b>—</b> · ·	pies			
At this time, are the lands in	this tran	sfer appl	lication i	n the process of	being sold?	] Yes 🛭 No				
If YES, and you know vinformation table below assignment will have to	. If you o	lo not kn	ow who	the new landow	-	•				
If a property sells, the counless a sale agreement please visit our web site	or other o	documen	t states o	therwise. (To le	arn about sale	agreements	<u>f</u> )			
RECEIVING LANDOWNER NAME				PHONE NO.	ADDITION	AL 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	osed for Comple	transfer are or wite and attach Sup			d by			
IRRIGATION DISTRICT NAME			ADDRESS							
CITY			STATE		ZIP	ZIP				
Check here if water for a for stored water with a for	•	_	• •		vice agreemen	t or other contr	ract			
ENTITY NAME			ADDRES	ADDRESS						
CITY			STATE		ZIP					
To meet State Land Use Corcity, municipal corporation, conveyed or used.	•	-			ction water wi	Il be diverted,	•			
ENTITY NAME			ADDRES	S 4 <sup>th</sup> Street		ECEIVED BY	-OW			
CITY Pendleton				4 Street	ZIP 97801	MAR 26 21	014			
			OR		1 - 7 - 7 - 7	CALCUL				
ENTITY NAME City of Pondleton			ADDRES			SALEM, C	711			
City of Pendleton CITY			STATE	Dorion Ave.	ZIP					
Pendleton	OR		97801							

# Part 4 of 4 - Water Right Information

Please use a separate Part 4 for each water right being changed. See instructions at <a href="http://www.wrd.state.or.us/OWRD/PUBS/docs/Hints\_Forms\_MS\_Word.doc">http://www.wrd.state.or.us/OWRD/PUBS/docs/Hints\_Forms\_MS\_Word.doc</a>

#### **CERTIFICATE # 84250**

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### **Description of Water Delivery System**

System capacity: 0.05 cubic feet per second (cfs) OR

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22.4 gallons per minute (gpm)

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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. At the authorized POD there is a 25 hp pump that pushes water north then west through a buried 4 inch pipeline on our property. The pipeline also runs south, across McKay Creek, to serve TL 902. Portable lines have been used connected to risers along the buried pipeline to irrigate the property.

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		Rng		Sec	1/4 1/4		Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Existing	Authorized Proposed		2	N	32	E	16	NW	NW	900	585' South & 840' East from the NW Corner of Section 16, T4N R25E
Proposed	☐ Authorized ☐ Proposed		2	N	32	E	16	NW	NW	901	295' South & 490' East from the NW Corner of Section 16, T4N R25E
	☐ Authorized ☐ Proposed										
	Authorized Proposed										

	☐ Proposed									
Check	all type(s) of c	change(s) pro	posed b	elow (ch	ange '	'CODES" a	re prov	vided in parentheses):		
	Place of Use	(POU)		[		Supplemental	Use to	Primary Use (S to P)		
	Character of	Use (USE)		[	F	Point of Appı	opriati	on/Well (POA)		
	Point of Dive	ersion (POD)		[		Additional Po	oint of A	Appropriation (APOA)		
$\boxtimes$	Additional P	oint of Divers	sion (AP	OD) [		Substitution (	SUB)			
	Surface Water POA (SW/G	er POD to Gro W)	ound Wa	ter [	] (	Government .	Action	POD (GOV)		
Will al	l of the propos	ed changes a	iffect the	e entire v	vater	right?				
⊠ Yes	Complete only the Proposed ("to" lands) section of Table 2 on the next page. Use the "CODES" listed above to describe the proposed changes.									
☐ No	Complete all	of Table 2 to	describe	the port	ion of	the water rig	ght to b	e changed.		

Please use additional pages of Table 2 as needed

Table 2. Description of Changes to Water Right Certificate # 84250

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.

	•				 	T	 	1	I	·	ı.	1
	Priority Date	:		May 3, 1911								
ES	POD(s)/ POA(s) to be used (from Table 1)			Proposed								
Proposed ("to" lands) AFTER THE CHANGES	New Type POA(s) to of USE (from Table 1)			Irrigation Proposed								
ER TH	Gvt Lot or Acres DLC	*		4.0								4.0
AFT	Gvt Lot or DLC											ES
lands	Tax Lot			901								TOTAL ACRES
ed ("to"	7, 7,		1	NW WW								TOTA
ropos	Sec		y-*	16 N								
	Rng S			됴								
	Twp	-		N 32								
_				2		!					ļ	
Proposed	D &	20 K. K. A		POD								
ES	niority Date			May 3, 1911								
Authorized ("from" lands) as they appear BEFORE THE CHANGES	Type of USE POD(s) or listed on or number Date Certificate from Table 1)	A L		Existing								
BEFORE TH	Type of USE listed on Certificate			Irrigation								
appear I	Acres			4.0								4.0
they	Gvt Lot or DLC											RES
ıds) as	Tax Lot	v		901								TOTAL ACRES
from" lar	7, 7,			16 NW NW								TOTA
ged ("	Sec	1-		16								
uthoriz	Rng			32 E								
Ā	Twp	."		2 N 32								
					 		 L	L		L	L	L

Additional remarks: \* Lands covered by Permit 7400 McKay Reservoir Supplemental. No Change needed as water redirected at point of diversion.

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### For Place of Use or Character of Use Changes

					-					
		water suppler water primar				#;				
H		nge from Su		Ü				on Use		
	Identify	the primary of	certificate	to be can	celled. (	Certificate #	#			
-			(a) C		4 . 114	<b></b>		.(A) <b>C</b>	•	
ı	or a cha	nge in point	s) of app	propriatio	on (well(s	s)) or addi	tional poin	it(s) of app	propriation	:
	ass	ell log(s) are cociated with blication map p://apps.wrd.	the corre . (Tip: \	sponding You may s	well(s) ir search for	Table 1 al	bove and or on the Dep	n the accor	mpanying	
	OR									
		scribe the connot have a w		n of the au	thorized	and propos	sed well(s)	in Table 3	for any wel	lls that
Any well(s accompany transfer ap	s) in this l ying appli plication.	ion of Point( isting must b cation map. For propose examiner for	e clearly Failure to d wells,	tied to con o provide we recom	rrespondi adequate mend tha	information in the second in t	on is likely ult a license	to delay the	ne processin	g of your
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
							RECEIV	ED BY O	WRD	

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