

## Part 4 of 5 – Applicant Information and Signature

### Applicant Information

APPLICANT/BUSINESS NAME <b>Laddi Singh</b>		PHONE NO. <b>(509)460-7050</b>	ADDITIONAL CONTACT NO. <b>(509)460-9119 Cell</b>
ADDRESS <b>P.O. Box 682</b>			FAX NO.
CITY <b>Hermiston,</b>	STATE <b>OR</b>	ZIP <b>97838</b>	E-MAIL <b>laddi@yahoo.com</b>
<b>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.</b>			

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

AGENT/BUSINESS NAME <b>William Porfily</b>		PHONE NO. <b>(541)449-1327</b>	ADDITIONAL CONTACT NO. <b>(541)561-7259</b>
ADDRESS <b>P.O. Box 643</b>			FAX NO. <b>(541)449-1327</b>
CITY <b>Stanfield</b>	STATE <b>OR</b>	ZIP <b>97875</b>	E-MAIL <b>wporfily@gmail.com</b>
<b>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.</b>			

Explain in your own words what you propose to accomplish with this transfer application, and why:  
**We propose to change the use of 4.3 acres of irrigation water rights associated with our property described in Certificate 85536 to commercial use associated with a truck stop and change the POAs to two wells located on the truck stop property.**

If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1".

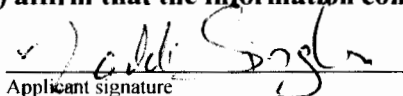
Check this box if this project is fully or partially funded by the American Recovery and Reinvestment Act. (Federal stimulus dollars)

### Check One Box

- By signing this application, I understand that, upon receipt of the draft preliminary determination and prior to Department approval of the transfer, I will be required to provide landownership information and evidence that I am authorized to pursue the transfer as identified in OAR 690-380-4010(5); **OR**
- I affirm the applicant is a municipality as defined in ORS 540.510(3)(b) and that the right is in the name of the municipality or a predecessor; **OR**

I understand that prior to Department approval of the transfer application, 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 newspaper: East Oregonian RECEIVED BY OWRD

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

  
Applicant signature

Laddi Singh  
Print Name (and Title if applicable)

4/7/14  
Date

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Applicant signature

Print Name (and Title if applicable)

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 e-mail addresses) from all landowners or individuals/entities to which the water right(s) were conveyed.*

Check the following boxes that apply:

- The applicant is responsible for completion of change(s). Notices and correspondence should continue to be sent to the applicant.
- The receiving landowner will be responsible for completing the proposed change(s) after the final order is issued. Copies of notices and correspondence should be sent to this landowner.
- Both the receiving landowner and applicant will be responsible for completion of change(s). Copies of notices and correspondence should be sent to this landowner and the applicant.

At this time, are the lands in this transfer application in the process of being sold?  Yes  No

If YES, and you know who the new landowner will be, please complete the receiving landowner information table below. If you do not know who the new landowner will be, then a request for assignment will have to be filed for at a later date.

If a property sells, the certificated water right(s) located on the land belong to the new owner, unless a sale agreement or other document states otherwise. For more information see: <http://www.oregon.gov/owrd/docs/transfer-propertytransactions.pdf>

RECEIVING LANDOWNER NAME N/A			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	

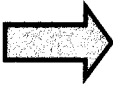
Describe any special ownership circumstances here: \_\_\_\_\_

- Check here if any of the water rights proposed for transfer are or will be located within or served by an irrigation or other water district. (**Tip:** Complete and attach Supplemental Form D.)

IRRIGATION DISTRICT NAME N/A	ADDRESS		
CITY	STATE	ZIP	

- Check here if water for any of the rights supplied under a water service agreement or other contract for stored water with a federal agency or other entity.

ENTITY NAME N/A	ADDRESS		
CITY	STATE	ZIP	

 To meet State Land Use Consistency Requirements, you must list all county, city, municipal corporation, or tribal governments within whose jurisdiction water will be diverted, conveyed or used.

ENTITY NAME Umatilla County	ADDRESS 216 SE 4 <sup>th</sup>		
CITY Pendleton	STATE OR	ZIP 97801	

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## Part 5 of 5 – Water Right Information

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.

### CERTIFICATE # 85536

**Description of Water Delivery System**

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System capacity: 0.22 cubic feet per second (cfs) from Well #5

APP 1 3 2011

**OR**

98.7 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. Well #5 is equipped with a 15 hp Grundfos Submersible Pump that delivered water into a drip irrigation system that irrigated watermelons

**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	¼ ¼	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Well #2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	UMAT 56176	4 N	27 E	36	NW NE	800	2400 ft N & 330 ft E from the Center ¼ Cor. Section 36
Well #4	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	UMAT 1581	4 N	27 E	36	SW NE	1400	70 ft N & 1310 ft E from the Center ¼ Cor. Section 36
Well #5	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	UMAT 1579	4 N	27 E	36	NE NE	700	270 ft S & 990 ft W from NE Cor. Section 36
TS1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	UMAT 53899 & 53916	4 N	27 E	36	NE NE	200	1875 ft N & 300 ft W from E ¼ Cor. Section 36
TS2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	UMAT 50179	4 N	27 E	36	NE NE	1600	1460ft N & 380ft W from E ¼ Cor. Section 36

**Check all type(s) of change(s) proposed below (change “CODES” are provided in parentheses):**

- |  |   |
|--|---|
| <input type="checkbox"/> Place of Use (POU)                            | <input type="checkbox"/> Supplemental Use to Primary Use (S to P)     |
| <input checked="" type="checkbox"/> Character of Use (USE)             | <input checked="" type="checkbox"/> Point of Appropriation/Well (POA) |
| <input type="checkbox"/> Point of Diversion (POD)                      | <input type="checkbox"/> Additional Point of Appropriation (APOA)     |
| <input type="checkbox"/> Additional Point of Diversion (APOD)          | <input type="checkbox"/> Substitution (SUB)                           |
| <input type="checkbox"/> Surface Water POD to Ground Water POA (SW/GW) | <input type="checkbox"/> Government Action POD (GOV)                  |

**Will all of the proposed changes affect the entire water right?**

- Yes Complete only the Proposed (“to” or “on” 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 portion 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 # 85536**

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.

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.											Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.												
Twsp	Rng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twsp	Rng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date		
4	N	27	E	36	NE	NE	1600	2.8	Irr	Wells #2, #4, & #5	10-4- 1967	USE & POA	4	N	27	E	36	NE	NE	100, 200, 400, & 1600		Commercial	Wells TS 1 & 2	10-4-1967
4	N	27	E	36	SE	NE	1600	1.5	Irr	Wells #2, #4, & #5	10-4- 1967	USE & POA	4	N	27	E	36	SE	NE	1600		Commercial	Wells TS 1 & 2	10-4-1967
TOTAL ACRES:							4.3					TOTAL ACRES:												

Additional remarks: We propose the Commercial Use will be used 365 days a year.

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**For Place of Use or Character of Use Changes**

Are there other water right certificates, water use permits or ground water registrations associated with the “from” or the “to” lands?  Yes  No

If YES, list the certificate, water use permit, or ground water registration numbers: N/A.



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.

**For Substitution** (ground water supplemental irrigation will be substituted for surface water primary irrigation) N/A

Ground water supplemental Permit or Certificate # \_\_\_\_\_;  
Surface water primary Certificate # \_\_\_\_\_.

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**For a change from Supplemental Irrigation Use to Primary Irrigation Use** N/A

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Identify the primary certificate to be cancelled. Certificate # \_\_\_\_\_

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**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:

[http://apps.wrd.state.or.us/apps/gw/well\\_log/Default.aspx](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 for any wells that do not have a well log. For *proposed wells not yet constructed or built*, 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
		Please Refer to Attached Well Logs								
		UMAT 56176, UMAT 1581,								
		UMAT 1579, UMAT 53899,								
		UMAT 53916 & UMAT 50179								