# Part 4 of 5 - Applicant Information and Signature

# **Applicant Information**

APPLICANT/BUSINESS NAME		PHONE NO.	ADDITIONAL CONTACT NO.	
Perry D. & Sara E. Bur	roughs	1 541 571 1308		
ADDRESS				FAX NO.
31473 BENSEL ROAD				
CITY	STATE	ZIP	E-MAIL	
HERMISTON	OR	97838		
BY PROVIDING AN E-MAIL	ADDRESS,	CONSENT IS GI	VEN TO RECEIVE ALL CO	RRESPONDENCE FROM THE
DEPARTMENT ELECTRON	ICALLY. CO	PIES OF THE I	FINAL ORDER DOCUMEN	TS WILL ALSO BE MAILED.

AGENT/BUSINESS NAME		orizon to repres	one the applicant in a	all matters relating	to this a	ррпса		
			PHONE NO.	ADDITIONAL	ADDITIONAL CONTACT NO.			
ADDRESS				FAX NO.				
CITY	STATE ZIP E-MAIL							
Explain in your own wor. The well (authorized PC replace it. A home site at transfer is being submit place of use of the land at the land	DA) used fo and farmste ted to chan	r Cert 89053 fead is being do ge the POA fo	failed and a new weveloped on part of or Cert 89053 to the	vell (POA) was do of the property. he new well and	lrilled t This	to		
f you need additional space, co	ontinue on a se	parate piece of pa	aper and attach to the a	pplication as "Attacl	hment 1"			
Check this box if this Reinvestment Act. (F			funded by the Am	erican Recovery	and			
<ul> <li>☑ By signing this application         Department approval of the authorized to pursue the treatment of the applicant is a mame of the municipality     </li> <li>☑ I affirm the applicant is an</li> </ul>	ne transfer, I w ransfer as iden municipality as or a predecess	that, upon receip ill be required to tified in OAR 690 s defined in ORS or; OR e authority to con	provide landownership 0-380-4010(5); <b>OR</b> 540.510(3)(b) and that demn property and is a	information and ev	d prior to idence th ALEIM, OH	APR 16 2014		

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

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



Sara E. Burroughs
Print Name (and Title if applicable)

Is the applicant the sole owner of the land on which the water right, or portion thereof, proposed for transfer is located? X 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 be	oxes the	at apply	:				
The applicant i continue to be	-		_	etion of	change(s). No	tices and correspo	ndence should
			_			he proposed chang hould be sent to th	- ' '
						le for completion andowner and the	
At this time, are the la	nds in	this trans	sfer appl	ication i	n the process o	f being sold?	Yes 🛭 No
If YES, and you kn information table be assignment will ha	elow.	If you d	lo not kn	ow who			
If a property sells, unless a sale agree <a href="http://www.oregon">http://www.oregon</a>	ment o	r other d	locument	t states o	therwise. For	more information	-
RECEIVING LANDOWNER NA NOT APPLICABLE	AME				PHONE NO.	ADDITIONAL	CONTACT NO.
ADDRESS						FAX NO.	
СІТУ		STATE	ZIP		E-MAIL		
Describe any special o	wnersn	nip circu	mstances	s here: N	one		
Check here if any can irrigation or oth	of the water	vater rigi	hts propo	osed for	transfer are or te and attach S	will be located wit	16 2014 thin or served by
Check here if any of an irrigation or oth	of the water	vater rigi	hts propo	osed for Comple	transfer are or te and attach S	will be located wit	thin or served by
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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.

				CEI	RTII	FICA	ATE#	<u>89053</u>	<u>3</u>	RECEIVED BY OWRE
Descri	iption of Water	r Delivery Sy	yster	n						100 40 444
Systen	n capacity: 0.4	69 cubic feet	per	seco	nd (	efs)	OR			APR <b>16 2014</b>
		gallons p	er m	inute	e (gp	m)				SALEM, OR
Descri	be the current v	water delivery	y sys	tem	or th	e sy	stem tl	hat wa	s in place	at some time within the las
five ye	ars. Include in	formation on	the	pum	ps, c	anal	s, pipe	elines a	and sprink	lers used to divert, convey
and ap	ply the water at	t the authoriz	ed p	lace	of us	e. <u>V</u>	<u>Vater</u>	is pur	nped from	n a well that is located nea
										ouried pipelines that exter
										on to the pivot point of a he southeast corner of the
										circle. The second pipelin
										es that connect to the
										nction with wheel line and
	n sprinkler sys									
										or Appropriation (POA)
te: If the	POD/POA nar	ne is not spec	cine	ı on	tne c	ertii	icate,	assign	it a name	or number here.)
d Well		UMAT	5	N	28	E	24	sw	sw	90' N & 45' E of the SW
а жен	☐ Proposed	53571	3	14	28	E	24	SW	SW	corner of Section 24
w Well	☐ Authorized	UMAT	5	N	28	E	24	sw	sw	70' N & 90' E of the SW
	⊠ Proposed	57221					ļ <u>.</u>	J		corner of Section 24
	Authorized		1							
	Proposed		<u> </u>	_					<u> </u>	
	Authorized									
	Proposed		<u> </u>	<u> </u>	1		L			
Chack	all type(s) of	change(s) nr	anas	ed h	alav	v (ch	ange '	"COD	FS" are	provided in parentheses):
_							ange	COD	LB are	provided in parentheses).
$\boxtimes$	Place of Use	(POU) for a	port	ion (	of the	2				
	Water Right	t						Supple	mental U	se to Primary Use (S to P)
	Character of	Use (USE)						Point o	of Approp	riation/Well (POA)
		ersion (POD)	)					Additio	onal Point	of Appropriation (APOA)
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	Auditional F	OHIL OF DIAC	PIOII	(111	$\cup \cup )$		•	o uosui	uuon (SC	, ,

Government Action POD (GOV)

Surface Water POD to Ground Water

POA (SW/GW)

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. U "CODES" listed above to describe the proposed changes.	Use the
⊠ No	Complete all of Table 2 to describe the portion of the water right to be 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 # 89053

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.

		4 <u>2</u> ° g	/94	/94	/94	/94	100				
ES		9 (a 111	2/22/94	2/22/94	2/22/94	2/22/94					
CHANG		P@P(y) P@/y(3) Ponted (mm Tabe	New Well	New Well	New Well	New Well					
PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES		New Type Grafse	Irr	Irr	Irr	Irr					
or "or TER PR	de.	į.	18.5	14.4	3.1	1.5					37.5
ne "to r AFT	are made.	6 6 6 6 6 6									ES:
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NGES		Princip	2/22/94	2/22/94							
AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES	be changed.	PONO composition of comme	Old Well	Old Well							
AUTHORIZED (the "from" or "off" lands) procars on the certificate BEFORE PROPO	List only that part or portion of the water right that will be changed	Pyrecof USE Tiercom Confinence	Irr	Irr							
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Additional remarks: None.

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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? \(\subseteq\) Yes \(\subseteq\) No

If YES, list the certificate, water use permit, or ground water registration numbers: Not Applicable.

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 a primary registration must be moderate application.

For Substitution (ground water supplemental irrigation will be substituted for surface water primary irrigation)

The substitution (ground water supplemental irrigation will be substituted for surface water primary irrigation)

Surface water primary Certificate #. Not Applicable

# For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # Not Applicable

## For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation:

$\boxtimes$	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

#### 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 aguifer 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 aguifer.

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Authorized POA Old Well (UMAT 53571) deepening	Yes	L27929	792'	8"	240'- 792'	Unknown Maybe Refer to UMAT 5864	120'	basalt	Unknown

									Secured Secure	Professional Security Security Security Security
Proposed POA New Well (UMAT 57221)	Yes	L100163	792'	10"	2'-792'	37.5'	612'-652' 712'-792'	174'	basalt	Unknown

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