

## Part 4 of 5 – Applicant Information and Signature

### Applicant Information

APPLICANT/BUSINESS NAME <b>Olsen Agricultural Enterprises, Attn: Roger Olsen</b>			PHONE NO. <b>(503) 932-7307</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>8930 Suver Road</b>				FAX NO.
CITY <b>Monmouth</b>	STATE <b>OR</b>	ZIP <b>97361</b>	E-MAIL <b>roger.olsen@olsenage.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>Kim Grigsby - GSI Water Solution, Inc.</b>			PHONE NO. <b>(541) 753-0745</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>1600 SW Western Blvd., Suite 240</b>				FAX NO.
CITY <b>Corvallis</b>	STATE <b>OR</b>	ZIP <b>97333</b>	E-MAIL <b>kgrigsby@gsiws.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:  
**Olsen Agriculture is proposing to temporarily change the point of diversion and place of use for a 0.4 cfs portion of Certificate 43607. The proposed change will allow Olsen Agriculture to irrigate the "to lands." The requested time period for this temporary transfer is five years, terminating at the end of the 2018 irrigation season.**

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.**

*Roger Olsen*  
Applicant signature

*Roger Olsen  
Farm Director*  
Print Name (and Title if applicable)

*4/22/14*  
Date

\_\_\_\_\_  
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 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.

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.)

DISTRICT NAME <b>N/A</b>	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 <b>N/A</b>	ADDRESS	
CITY	STATE	ZIP



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

ENTITY NAME <b>Polk County Planning Dept.</b>	ADDRESS <b>850 Main Street</b>	
CITY <b>Dallas</b>	STATE <b>OR</b>	ZIP <b>97338</b>

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

## 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.

### Description of Water Delivery System

System capacity: **1.53** cubic feet per second (cfs) **OR**

\_\_\_\_\_ 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. **One 50 hp pump – pumped to 6 inch mainline to 3” handlines; one 75 hp pump – pumped to 6” mainline to 3” handlines and above ground aluminum 6” mainline – portable.**

**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)
	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		9 S	5 W	17	SE	SE	DLC 69	560 feet North and 1090 feet West from the SE Corner, Section 17
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed								
	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		9 S	5 W	16	SE	SE	DLC 59	600 feet North and 500 feet West from the SE Corner, Section 16
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed								

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Place of Use (POU)        | <input type="checkbox"/> Appropriation/Well (POA)                 |
| <input checked="" type="checkbox"/> Point of Diversion (POD)  | <input type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Additional Point of Diversion (APOD) |   |

**Check all type(s) of temporary change(s) due to drought proposed below (change “CODES” are provided in parentheses): N/A**

- |   |   |
|---|---|
| <input type="checkbox"/> Place of Use (POU)       | <input type="checkbox"/> Point of Appropriation/Well (POA)        |
| <input type="checkbox"/> Character of Use (USE)   | <input type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Point of Diversion (POD) | <input type="checkbox"/> Additional Point of Diversion (APOD)     |

**Will all of the proposed changes affect the entire water 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 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 Temporary Changes to Water Right Certificate # 43607**

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.

AUTHORIZED (the "from" or "off" lands)										PROPOSED (the "to" or "on" lands)																
The listing that appears on the certificate BEFORE PROPOSED CHANGES										The listing as it would appear AFTER PROPOSED CHANGES																
List only that part or portion of the water right that will be changed.										are made.																
Twp	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	Proposed Changes (see "CODES" from previous page)	Twp	Rng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s) to be used (from Table 1)	Priority Date				
<b>EXAMPLE</b>																										
9	S	5	W	17	SE	SE	400	DLC 69	0.2	Irrigation	POD A1	1970	POU/POD	9	S	5	W	16	SW	SE	300	DLC 59	0.2	Irrigation	POD A2	1970
9	S	5	W	20	NE	NE	100	DLC 69	9.6	Irrigation	POD A1	1970	POU/POD	9	S	5	W	21	NW	NE	300	DLC 59	17.7	Irrigation	POD A2	1970
9	S	5	W	21	NW	NW	100	DLC 69	21.4	Irrigation	POD A1	1970	POU/POD	9	S	5	W	21	NE	NW	300	DLC 59	13.4	Irrigation	POD A2	1970
9	S	5	W	21	SW	NW	100	DLC 69	0.8	Irrigation	POD A1	1970	POU/POD	9	S	5	W	21	NE	NW	100	DLC 69	0.7	Irrigation	POD A2	1970
TOTAL ACRES										TOTAL ACRES																
32.0										32.0																

Additional remarks: The Applicant is requesting to temporarily change the place of use and point of diversion for a 32 acre portion of Certificate 43607. The temporary transfer will terminate at the end of the 2018 irrigation season..

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**For Place 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: \_\_\_\_\_

Pursuant to ORS 540.525, any “layered” water use such as an irrigation right that is supplemental to a primary right proposed for temporary transfer can be included in the transfer or remain unused on the authorized place of use. If the primary water right does not revert soon enough to allow use of the supplemental right within five years, the supplemental right shall become subject to cancellation for nonuse under ORS 540-610.

**For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation if necessary to convey the water to the new temporary place of use: N/A**

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
N/A										