

State of Oregon

Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900

Application for Water Right Transfer

Part 1 of 4 - Minimum Requirements Checklist

This transfer application will be returned if Parts 1 through 4 and all required attachments are not completed and included.

For questions, please call (503) 986-0900, and ask for Transfer Section.

RECEIVED BY OWRD FOR ALL TRANSFER APPLICATIONS Check all items included with this application. (N/A = Not Applicable)JUN 18 2014 X Part 1 – Completed Minimum Requirements Checklist. SALEM, OR M Part 2 – Completed Transfer Application Map Checklist. \boxtimes Part 3 – Completed Transfer Application – Applicant Information and Signature. X Part 4 – Completed Transfer Application – Water Right Information. Please include a separate Part 4 for each water right. List all water right certificates to be transferred here: 64015, 80436. Attachments: \boxtimes Completed Transfer Application Map. X Completed Evidence of Use Affidavit and supporting documentation. X Fees – Amount enclosed: \$ **2,600.00**. See http://www.wrd.state.or.us/OWRD/PUBS/forms.shtml#fees or call (503) 986-0883. N/A Affidavit(s) of Consent. N/A Supplemental Form D – For water rights served by or issued in the name of an irrigation district. Complete when the transfer applicant is not the irrigation district. N/A Land Use Information Form with approval and signature (or signed land use form receipt stub). Not required if water is to be diverted, conveyed, and/or used only on federal lands or if all of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone. N/A For changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation, Water Well Report/Well Log. (For Staff Use Only) WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S): Map not included or incomplete Application fee not enclosed/insufficient Land Use Form not enclosed or incomplete Additional signature(s) required Part is incomplete Other/Explanation 503-986-0 Date: Staff:

Part 2 of 4 - Transfer Application Map Checklist

		sure that the transfer application map yo the existing water right map. Check all bo		ll the required items and
\boxtimes	□ N/A	Certified Water Right Examiner (CWRE) S CWREs, see http://apps.wrd.state.or.us/apps signature are not required for substitutions.	os/wr/cwre_license_v	
	N/A	If more than three water rights are involved	ed, separate maps are	e needed for each water right.
\boxtimes		Permanent quality printed with dark ink on		
\boxtimes		The size of the map can be $8\frac{1}{2} \times 11$ inches, inches. For 30 x 30 inch maps, one extra c	8½ x 14 inches, 11 opy is required.	x 17 inche RECEIVED BY OWRD
\boxtimes		A north arrow, a legend, and scale.		JUN 18 2014
		The scale of the map must be: 1 inch = 400 Proof/Claim of Beneficial Use Map (the mascale of the county assessor map if the scale scale that has been pre-approved by the De	ap used when the per e is not smaller than	rmit was certificated F.Mh.OR
		Township, Range, Section, 1/4 1/4, DLC, Gov survey lines.	vernment Lot, and ot	her recognized public land
\boxtimes		Tax lot boundaries (property lines) are requ	ired. Tax lot numbe	ers are recommended.
\boxtimes		Major physical features including rivers and reservoirs, roads, and railroads.	d creeks showing dir	rection of flow, lakes and
\boxtimes		Major water delivery system features from main pipelines, canals, and ditches.	the point(s) of diver	sion/appropriation such as
		Existing place of use that includes separate use including number of acres in each quart quarter-quarter section as projected within recognized public land survey subdivisions being changed, a separate hachuring is need	ter-quarter section, g government lots, dor . If less than the ent	overnment lot, or in each nation land claims, or other irety of the water right is
\boxtimes	□ N/A	Proposed place of use that includes separate use including number of acres in each quart quarter-quarter section as projected within recognized public land survey subdivisions	ter-quarter section, g government lots, dor	overnment lot, or in each
\boxtimes		Existing point(s) of diversion or well(s) wit recognized survey corner. This information permit.		•
\boxtimes	□ N/A	If you are proposing a change in point(s) of and label it clearly with distance and bearin latitude-longitude coordinates may be expressed one digit after the decimal (example – more digits after the decimal (example –	ng or coordinates. If essed as either degree 42°32'15 5") or dea	GPS coordinates are used, es-minutes-seconds with at
		Information	DUOVE VO	
		BUSINESS NAME & TINA GRASSMAN	PHONE NO. 541-771-6230	ADDITIONAL CONTACT NO.

ADDRESS				FAX NO.	
PO BOX 393				N/A	
CITY	STATE	ZIP	E-MAIL**	1	
CHRISTMAS VALLEY	OR	97641	grassmanfarm@i	nernetextension.co	m
Agent Information – The ag	ent is auth	orized to represent	t the applicant in al	l matters relating	to this application.
AGENT/BUSINESS NAME			PHONE NO.	ADDITIONAL (CONTACT NO.
Dennis R. Glender dba GLEND	ER'S HY	DRO TECH SVC	541-219-0806	n/a	
ADDRESS 9664 SW Sand Bidge Dd				FAX NO.	
8664 SW Sand Ridge Rd	STATE	ZIP	E-MAIL**	II/a	
Crooked River Ranch	OR	97760	djglender@msn.c	om	
** BY PROVIDING AN E-MAIN DEPARTMENT ELECTRON Check this box if this property Reinvestment Act. (Federal Control of the Contr	IICALLY. oject is fi	COPIES OF THE F	INAL ORDER DOC	JMENTS WILL AL	SO BE MAILED.
Is the applicant the sole owr transfer is located? Xes	er of the	ŕ	e water right, or p	portion thereof, j	proposed for
If NO, include signatures of a attach affidavits of consent (a water right(s) has been conve	ınd mailing				
	Perma	nent Transfers Only	(check one box)		
By signing this application, I Department approval of the transauthorized to pursue the trans	ransfer, I w	ill be required to pro	vide landownership		
I affirm the applicant is a mun name of the municipality or a			0.510(3)(b) and that	the right is in the	JUN 1 8 2014
I affirm that the applicant is a condemnation the property to					
supporting documentation.					SALEM, OR
I understand that prior to Depa Department for publication of located, once per week for two publishing the notice in the fol	a notice in consecut lowing pa	n a newspaper with ive weeks. If more per: <u>Lake County</u>	general circulation than one qualifyin Examiner, Lakevie	n in the area where ag newspaper is av w, Oregon.	e the water right is
Applicant signature	u_	Keneth Grassi Print Name (and Ti	nan tle if applicable)	6-16 -14 Date	

•

In your own words tell us what change(s) you want made and the reason for the change(s): <u>This irrigated area is irrigating in a windshield pattern.</u> This transfer fills in the remaining portion of the pivot so the pivot can operate more efficiently.

<u>Tina Grassman</u> Print Name (and Title if applicable)

The applicant is resp continue to be sent t		-	etion of	change(s). No	tices and correspondence	ce should
<u> </u>		-			ne proposed change(s) a nould be sent to this lan	
The receiving lando of notices and corres				•	completion of change er and the applicant.	(s). Copies
At this time, are the lands in	n this tran	sfer appli	ication i	n the process of	f being sold? 🗌 Yes 🏾	⊠ No
If YES, and you know vinformation table below assignment will have to	. If you d	lo not kno	ow who	, T	•	
If a property sells, the counless a sale agreement please visit our web site	or other o	locument	states o	therwise. (To	learn about sale agreem	nents
RECEIVING LANDOWNER NAME				PHONE NO.	ADDITIONAL CONTA	ACT NO.
ADDRESS					FAX NO.	
CITY	STATE	ZIP		E-MAIL	HECEIV	ED BY OWRD
Describe any special owner	ship circu	mstances	s here: _		JUN	1 8 2014
Charle here if any of the	water ria	hte prope	seed for	transfer are or i	SA!	LEM, OR
Check here if any of the an irrigation or other wa					will be located within o	LEM, OR or served by
				te and attach Su	will be located within o	LEM, OR or served by
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Check the following boxes that apply:

Please use a separate Part 4 for each water right being changed. See instructions at http://www.wrd.state.or.us/OWRD/PUBS/docs/Hints_Forms_MS_Word.doc

CERTIFICATE # 60415

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Description of Water Delivery System

System capacity: 0.22 cubic feet per second (cfs) OR

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____ gallons per minute (gpm)

SALEM, OR

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. Wheel line high pressure sprinkle irrigation with a turbine pump.

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)	Тwp	Rng	Sec	X X	Tax Let, DLC or Gov't Lot	Measured Distances (from a recognized survey corner);
POA #1	□ Authorized □ Proposed	LAKE 669	26 S	18 E	23	NW SW	7000	2600' North & 1160' East from the SW Corner, Sec 23.
POA #3	☐ Authorized ☐ Proposed	LAKE 52081	27 S	18 E	5	SE SW	600	1300' North & 1340' East from the SW Corner, Sec 5.
	☐ Authorized ☐ Proposed							
	☐ Authorized ☐ Proposed							

Check a	all type(s) of change(s) proposed below (change	e "CODES" are provided in parentheses)
\boxtimes	Place of Use (POU)		Supplemental Use to Primary Use (S to P)
	Character of Use (USE)	\boxtimes	Point of Appropriation/Well (POA)
	Point of Diversion (POD)		Additional Point of Appropriation (APOA)
	Additional Point of Diversion (APOD)		Substitution (SUB)
	Surface Water POD to Ground Water POA (SW/GW)		Government Action POD (GOV)
Will all	of the proposed changes affect the entir	e wate	r right?
☐ Yes	Complete only the Proposed ("to" lands) "CODES" listed above to describe the pro-		
No No	Complete all of Table 2 to describe the pe	ortion	of the water right to be changed.

TACS

Please use additional pages of Table 2 as needed

Table 2. Description of Changes to Water Right Certificate # 64015

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.

		uth	ori	zed (("froi	n" lai	nds) as	they	appear	BEFORE T	HE CHANG	ES	Proposed					Pro	posed	1 ("to'	' lands	s) AF	TER T	HE CHAN	GES	
Tw		Rı		Sec		1/4	Tax Lot	Gvt Lot or DLC			POD(s) or POA(s) (name or number from Table 1)	Priority Date	Change (Tw	p	Rnį	g	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
2	S	9	E	15	NE	NW	100		15.0	Irrigation	POD #1 POD #2	1901	POU/POD	2	s	9	E	1	NW	NW	500	ı	10.0		POD #5	1901
44	••	**	**	44		66	66	**	**	EXAMPLE	· .	66	"	2	S	9	E	2	SW	NW	500		5.0		POD #6	1901
26	s	18	E	23	NE	sw	7100		4.5	Irrigation	POA #1	12-17- 1980	POU/POA	27	s	18	E	5	sw	sw	400, 500		12.4		POA #3	12-17- 1980
26	s	18	E	23	NW	sw	7000		4.1	Irrigation	POA #1	12-17- 1980	POU/POA	27	s	18	w	5	SE	sw	600		4.9		POA #3	12-17- 1980
26	s	18	ļ EO	23	sw	SW	6800		4.1	Irrigation	POA #1	12-17- 1980	POU/POA													
26	s	18	E	23	SE	sw	6900		4.6	Irrigation	POA #1	12-17- 1980	POU/POA													
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Additional	remarks:	

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	aŗ	oplication map tp://apps.wrd.s	. (Tip : Yo	ou may s	search for	well logs	on the Dep		mpanying web page at	
	\boxtimes w	ange in point(Vell log(s) are a	attached for	r each a	uthorized	and propo	sed well(s)	that are c	learly label	
	Identify	the primary c	ertificate to	o be can	ncelled. (Certificate	#		•	
1	Surface	water suppler water primary	/ Certificat	te #	•		ry Irrigatio	n Use	JUN 18	
]		stitution (grou					be substitut	ted for sur	face water p	orimary BY OWRD
	a prima to a gro applica		sed for tran	nsfer mu lust be fi	ist be incliled separ	luded in the ately in a g	e transfer oground wate	r be cance er registrat	lled. Any c	hange ation
		, list the certifi					r registration	on number	rs:	
		e "from" or the					ground wa	ater registr	ations assoc	ciated