



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

Application to Split A Permit and Request for Issuance of Replacement Permits (ORS 537.225)

Part 1 of 5 – Minimum Requirements Checklist

This application will be returned if Parts 1 through 5 and all required attachments are not completed and included.

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

Check all items included with this application.

- ☒ Part 1 – Completed Minimum Requirements Checklist.
- ☒ Part 2 – Completed Application Map Checklist.
- ☒ Part 3 – Completed Application with non-refundable \$125.00 Application Fee, Applicant(s) Information and Signature(s).
- ☒ Part 4 – Other Landowner Information and proportionate rate(s).
- ☒ Part 5 – Water Right Permit Information. List the permit number to be assigned here: **G-15695**.

Attachments:

- ☒ Completed application map prepared by Certified Water Right Examiner (CWRE).
- ☒ Completed Affidavit(s) from the applicant(s):
 - ☒ Certifying the permit has not been conveyed or withheld, and remains appurtenant to the applicant's land.
 - ☒ Certifying the applicant has read the permit.
- ☒ Copy(s) of current recorded deed(s) showing that the applicant(s) is/are an owner of the land(s) to which the permit is appurtenant.

INSTRUCTIONS for editing the Application Form

Photocopy pages or tables in Part 5, ~~mark through~~ any non-applicable information, insert/attach photocopied pages to document in the appropriate location, and manually amend page numbers as necessary (e.g., Page 5 of 9 10).

You may refer to additional attachments that you may include, such as separately produced tables or spreadsheets to convey large numbers of rows of place of use listings, owner/property parcels, etc. You may contact the Department at 503-986-0900 and ask for Transfer Staff if you have questions.

RECEIVED BY OWRD

For Staff Accounting Purposes Only – PCA #46110 Object # _____

APR 18 2016

SALEM, OR
TACS

Part 2 of 4 –Application Map Checklist

This application will be returned if any of the map requirements listed below are not met.

Please be sure that the map you submit is based upon the original water right application map or permit amendment map and includes all the items listed below and meets the requirements of OAR 690-325-0050. Check all boxes that apply.

The map shall not include any unauthorized change to the authorized place of use outside of its original perimeters as exhibited on the original water right application map or approved permit amendment map nor any unauthorized change to the location of the point(s) of diversion or appropriation as exhibited on the original water right application map or approved permit amendment map.

- ☒ Certified Water Right Examiner (CWRE) Stamp and Signature. For a list of CWRE's, see http://apps.wrd.state.or.us/apps/wr/cwre_license_view/.
- ☒ Permanent quality printed with dark ink on good quality paper.
- ☒ The size of the map can be 8½ x 11 inches, 8½ x 14 inches, or up to 30 x 30 inches. For 30 x 30 inch maps, one additional paper copy and an electronic copy in a .pdf, .tiff or .jpg format is required.
- ☒ A north arrow, a legend, and scale. The scale of the map must be: 1 inch = 400 feet, 1 inch = 1,320 feet, the scale of the county assessor map if the scale is not smaller than 1 inch = 1,320 feet, or a scale that has been pre-approved by the Department.
- ☒ Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines.
- ☒ Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
- ☒ Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.
- ☒ Major water delivery system features from the point(s) of diversion/appropriation such as main pipelines, canals, and ditches.
- ☒ The place of use of each applicant's portion of the water right permit shall be clearly defined by outline and shaded or hachured and shall show the number of acres for each portion in each quarter-quarter section, government lot, or quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions. If the permit has multiple priority dates or uses, the lands to be served by each priority date and on which use is authorized, must be separately identified.
- ☒ The place of use of any part of the permit **not** being assigned shall be clearly defined by outline and shaded or hachured and shall show the number of acres for each portion in each quarter-quarter section, government lot, or quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions. If the permit has multiple priority dates or uses, the lands to be served by each priority date and on which use is authorized, must be separately identified.
- ☒ Each applicant's portion of the permit shall be referenced, by either alphabet letter or number, to each applicant(s) listed in the application form.
- ☒ The rate and any applicable acre-feet allowance of water use under the permit for each applicant's portion of the permit shall be clearly labeled on the map.
- ☒ The location of each authorized point of diversion or appropriation.

RECEIVED BY JWRW

APR 18 2016

SALEM, OR

Please use additional pages as needed

Part 3 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME MICHAEL & MARY WALKER			MAP ID (LETTER OR NUMBER) "A" & "B"	PHONE NO. 541-923-6513	ADDITIONAL CONTACT NO.
ADDRESS 3711 NW POVEY AVE					FAX NO.
CITY TERREBONNE	STATE OR	ZIP 97760	E-MAIL MJWALKER@YAHOO.COM		
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.					

Agent Information – This agent is authorized to represent the above applicant in all matters relating to this application

AGENT/BUSINESS NAME SCOTT D. MONTGOMERY			PHONE NO. 541-548-5833	ADDITIONAL CONTACT NO. 541-420-0401
ADDRESS PO BOX 767				FAX NO.
CITY TERREBONNE	STATE OR	ZIP 97760	E-MAIL SCOTT@APEANDS.COM	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.				

ORS 536.050(1)(aa) authorizes the Oregon Water Resources Department (OWRD) to collect fees based upon the actual cost of work to process an application under ORS 537.225.

I (we) understand the following:

- Upon receipt of my complete application and the non-refundable application fee in the amount of \$125.00, OWRD will, within fifteen (15) days, notify me in writing of the estimate of the cost of work.
- The non-refundable \$125.00 fee covers the cost of OWRD's staff to evaluate and provide the cost of work estimate for processing the application.
- Upon receiving the estimate I may agree or decline to enter into a formal contract to pay the estimated cost of work in advance to initiate the processing of the application.
- If I decline to enter into a formal contract, OWRD will close my application.
- An incomplete or inaccurate application may delay the process and increase the cost to process my request.
- OWRD does not guarantee a favorable review of the application.

RECEIVED BY OWRD

APR 18 2016

I (we) affirm that the most recent water use (if any) under my (our) portion of the permit has been exercised within the relevant terms and conditions of the permit.

SALEM, OR

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

Applicant signature

Michael Walker
Name (and title if applicable) (print)

Date

Applicant signature

Mary Walker
Name (and title if applicable) (print)

Date

Applicant Information

APPLICANT/BUSINESS NAME			MAP ID (LETTER OR NUMBER)	PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS					FAX NO.
CITY	STATE	ZIP	E-MAIL		
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.					

Agent Information – This agent is authorized to represent the above applicant in all matters relating to this application

AGENT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.				

I (we) affirm that the most recent water use (if any) under my (our) portion of the permit has been exercised within the relevant terms and conditions of the permit.

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



Applicant signature_____
Name (and title if applicable) (print)_____
Date_____
Applicant signature_____
Name (and title if applicable) (print)_____
Date

RECEIVED BY OWNER

APR 18 2016

SALEM, OR

Applicant Information

APPLICANT/BUSINESS NAME			MAP ID (LETTER OR NUMBER)	PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS					FAX NO.
CITY	STATE	ZIP	E-MAIL		
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.					

Agent Information – This agent is authorized to represent the above applicant in all matters relating to this application

AGENT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.				

I (we) affirm that the most recent water use (if any) under my (our) portion of the permit has been exercised within the relevant terms and conditions of the permit.

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



Applicant signature_____
Name (and title if applicable) (print)_____
Date_____
Applicant signature_____
Name (and title if applicable) (print)_____
Date

Please use additional pages as needed

Part 4 of 5 – Other Landowner Information

Please list the owner(s) of land under the permit who are not submitting the assignment and request for issuance of replacement water right permit.

Landowner Information

LANDOWNER/BUSINESS NAME		MAP ID (LETTER OR NUMBER)	
MAILING ADDRESS		STATE	ZIP
TOTAL NUMBER OF A PERMIT (AS DEPICTED)			

Landowner Informa

LANDOWNER/BUSINESS N		MAP ID (LETTER OR NUMBER)	
MAILING ADDRESS		STATE	ZIP
TOTAL NUMBER OF ACRES U PERMIT (AS DEPICTED ON MA			

Per APES (agmt)
they can both
sides but may
be selling the
other
w/ other land owners

Landowner Information

LANDOWNER/BUSINESS NAME			MAP ID (LETTER OR NUMBER)	
MAILING ADDRESS		CITY	STATE	ZIP
TOTAL NUMBER OF ACRES UNDER THE PERMIT (AS DEPICTED ON MAP)	PROPORTIONATE RATE			

Landowner Information

LANDOWNER/BUSINESS NAME			MAP ID (LETTER OR NUMBER)	
MAILING ADDRESS		CITY	STATE	ZIP
TOTAL NUMBER OF ACRES UNDER THE PERMIT (AS DEPICTED ON MAP)	PROPORTIONATE RATE			

RECEIVED BY OWRD

APR 18 2016

SALEM, OR

Part 5 of 5 – Permit Information

PERMIT # G-15695

Completion date of the permit: OCT 1, 2020

Name(s) currently appearing on permit: MICHAEL & MARY WALKER

Type(s) of use as listed on permit: IRRIGATION

Note: Type of use must be one or more of the following uses approved for assignment under ORS 537.225(1) and OAR 690-325-0010: irrigation, nursery, temperature control, stock watering, or agricultural water use.

Table 1. Location of Authorized Point(s) of Diversion (POD) or Appropriation (POA)

POD/POA Name or Number	If POA, OWRD Well Log ID# (or Well ID Tag # L-___)	Tw	Rng	Sec	¼ ¼	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
#1	L02772	14 S	13 E	6	NE NE	300	440' South & 1108' West from the NE cor, Section 6
#2	Not built yet	14 S	13 E	6	NE NE	400	400' South & 740' West from the NE cor, Section 6

RECEIVED BY OWRD

APR 18 2016

SALF.M. OR

Please use additional pages of Table 2 as needed

Table 2. Description of Permit #G-15695.

List all parts of the permit (both assigned and unassigned). For the acreage or place(s) of use in each $\frac{1}{4}$ $\frac{1}{4}$, list the Map ID (letter or number from map and Parts 3 and 4) for each parcel. The acreage listed must equal the total acreage on the permit.

Description of Permitted Lands											
Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	Type of Use	POD(s) or POA(s) (name or number from Table 1)	Map ID (letter or number from map and Parts 3 and 4)		
↑EXAMPLE↑											
14 S	13 E	6	NE NE	300	1	2.37	IR	#1	“A”		
14 S	13 E	6	NE NE	400	1	3.95	IR	#2	“B”		
TOTAL ACRES						6.32					

REGISTERED COPY

APR 18 2015

SALEM, OR

Check the appropriate box, if applicable:

☐ Check here if any portion of the permit is located within an irrigation or other water district.

IRRIGATION DISTRICT NAME NA	ADDRESS	
City	State	ZIP

☐ Check here if water for any portion of the permit is supplied under a water service agreement or other contract for stored water with a federal agency or other entity.

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

Additional Remarks:

RECEIVED BY 100770

APR 18 2016

SALEM, OR