



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

# Application for Permanent Water Right Transfer

## Part 1 of 5 – Minimum Requirements Checklist

**This transfer 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.

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**Check all items included with this application. (N/A = Not Applicable)**

- ☒ Part 1 – Completed Minimum Requirements Checklist.
- ☒ Part 2 – Completed Transfer Application Map Checklist.
- ☒ Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the new online fee calculator at: [http://apps.wrd.state.or.us/apps/misc/wrd\\_fee\\_calculator](http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator). If you have questions, call Customer Service at (503) 986-0801.
- ☒ Part 4 – Completed Applicant Information and Signature.
- ☒ Part 5 – Information about Water Rights to be Transferred: **How many water rights are to be transferred? ONE List them here: Cert #41539**  
Please include a separate Part 5 for each water right. (See instructions on page 6)

### Attachments:

- ☒ Completed Transfer Application Map.
- ☒ Completed Evidence of Use Affidavit and supporting documentation.
- ☐ ☒ N/A Affidavit(s) of Consent from Landowner(s) (if the applicant does not own the land the water right is on.)
- ☐ ☒ 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 Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation.
- ☐ ☒ N/A Geologist Report for a change from a surface water point of diversion to a ground water point of appropriation (well), if the proposed well is more than 500' from the surface water source and more than 1000' upstream or downstream from the point of diversion. See OAR 690-380-2130 for requirements and applicability.

### (For Staff Use Only)

#### WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

\_\_\_ Application fee not enclosed/insufficient      \_\_\_ Map not included or incomplete

\_\_\_ Land Use Form not enclosed or incomplete

\_\_\_ Additional signature(s) required      \_\_\_ Part \_\_\_ is incomplete

Other/Explanation \_\_\_\_\_

Staff: \_\_\_\_\_ 503-986-0 \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Please be sure that the transfer application map you submit includes all the required items and matches the existing water right map. Check all boxes that apply.**

- ☒ ☐ N/A Certified Water Right Examiner (CWRE) Stamp and Original Signature. For a list of CWREs, see [http://apps.wrd.state.or.us/apps/wr/cwre\\_license\\_view/](http://apps.wrd.state.or.us/apps/wr/cwre_license_view/). CWRE stamp and signature are not required for substitutions.
- ☐ ☒ N/A If **more than three** water rights are involved, separate maps are needed for each water right.
- ☒ 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, 11 x 17 inches, or up to 30 x 30 inches. For 30 x 30 inch maps, one extra copy 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 Final Proof/Claim of Beneficial Use Map (the map used when the permit was certificated), 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.
- ☒ Existing place of use that includes separate hachuring for each water right, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions. If less than the entirety of the water right is being changed, a separate hachuring is needed for lands left unchanged.
- ☒ ☐ N/A Proposed place of use that includes separate hachuring for each water right, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions.
- ☒ Existing point(s) of diversion or well(s) with distance and bearing or coordinates from a recognized survey corner. This information can be found in your water right certificate or permit.
- ☐ ☒ N/A If you are proposing a change in point(s) of diversion or well(s), show the proposed location and label it clearly with distance and bearing or coordinates. If GPS coordinates are used, latitude-longitude coordinates may be expressed as either degrees-minutes-seconds with at least one digit after the decimal (example – 42°32'15.5") or degrees-decimal with five or more digits after the decimal (example – 42.53764°).

### Part 3 of 5 – Fee Worksheet

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1. For irrigation calculate cfs for each water right involved as follows:
  - a. Divide total authorized cfs by total acres in the water right (*for C12345, 1.25 cfs ÷ 100 ac*); then multiply by the number of acres to be transferred to get the transfer cfs (*x 45 ac = 0.56 cfs*).
  - b. If the water right certificate does not list total cfs, but identifies the allowable use as 1/40 or 1/80 of a cfs per acre; multiply number of acres proposed for change by either 0.025 (1/40) or 0.0125 (1/80). (*For C87654, 45.0 ac x 0.0125 cfs/ac = 0.56 cfs*)
2. Add cfs for the portions of water rights on all the land included in the transfer; however **do not count cfs for supplemental rights on acreage for which you have already calculated the cfs fee for the primary right on the same land**. The fee should be assessed only once for each “on the ground” acre included in the transfer. (*In this example, blank 5a would be only 0.56 cfs, since both rights serve the same 45.0 acres. Blank 5b would be 0 and Line 5 would then also become 0*).

**FEE WORKSHEET for SUBSTITUTION**

## Part 4 of 5 – Applicant Information and Signature

### Applicant Information

|                                                                                                                                                                                    |                    |                                  |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------|------------------------|
| APPLICANT/BUSINESS NAME<br><b>Mark Campbell</b>                                                                                                                                    |                    | PHONE NO.<br><b>502-645-4580</b> | ADDITIONAL CONTACT NO. |
| ADDRESS<br><b>33462 McKenzie View Dr</b>                                                                                                                                           |                    | FAX NO.                          |                        |
| CITY<br><b>Eugene</b>                                                                                                                                                              | STATE<br><b>Or</b> | ZIP<br><b>97408</b>              | E-MAIL                 |
| <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                                                                                                                                                                |       | PHONE NO. | ADDITIONAL CONTACT NO. |
| ADDRESS                                                                                                                                                                            |       | FAX NO.   |                        |
| CITY                                                                                                                                                                               | STATE | ZIP       | E-MAIL                 |
| <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: Transfer 4.53 acres from existing area within certificate #41539 being a portion of tax lot 200 of tax map no. 16-04-07 to tax lot 202 within same tax map. Water to be used for irrigation.

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 affirm the applicant is an entity with the authority to condemn property and is acquiring by condemnation the property to which the water right proposed for transfer is appurtenant and have supporting documentation.

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: Registered Guard.

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

  
Applicant signature

Mark Campbell  
Print Name (and Title if applicable)

5/2/16  
Date

Applicant signature

Print Name (and Title if applicable)

Date

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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.*

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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<br><i>Mark Campbell</i> |                    | PHONE NO.<br><i>(502) 645-4588</i> | ADDITIONAL CONTACT NO.                  |
| ADDRESS<br><i>33462 McKenzie View Dr</i>         |                    | FAX NO.                            |                                         |
| CITY<br><i>Eugene</i>                            | STATE<br><i>OR</i> | ZIP<br><i>97408</i>                | E-MAIL<br><i>mark.jes.624@gmail.com</i> |

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 | 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 | 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<br><i>LANE COUNTY</i> | ADDRESS |     |
| CITY                              | STATE   | ZIP |

|             |         |     |
|-------------|---------|-----|
| ENTITY NAME | ADDRESS |     |
| CITY        | STATE   | ZIP |

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## INSTRUCTIONS for editing the Application Form

To add additional lines to tables within the forms or to copy and paste additional Part 5 pages, please **save the application form to your computer**. Unlock the document by using one of the following instructions for your Microsoft Word software version:

### Microsoft Word 2003

Unlock the document by one of the following:

- Using the **Tools** menu => click **Unprotect Document**;
- OR**
- Using the **Forms** toolbar => click on the **Protect/Unprotect** icon.

To relock the document to enable the checkboxes to work, you will need to:

- Using the **Tools** menu => click **Protect Document**;
- OR**
- Using the **Forms** toolbar => click on the **Protect/Unprotect** icon.

### Microsoft Word 2007

- Unlock the document by clicking the **Review** tab, then click **Protect Document**, then click **Stop Protect**
- To relock the document, click **Editing Restrictions**, then click **Allow Only This Type of Editing**, select **Filling In Forms** from the drop-down menu, then check **Yes, Start Enforcing Protection**.

### Microsoft Word 2010

- Unlock the document by clicking the **Review** tab, toggle the **Restrict Editing** icon at the upper right, then click **Stop Protect** at the bottom right. Then uncheck the “**Allow only this type of editing** in the document: **Filling in forms**” in the “Editing restrictions” section on the right-hand list of options.
- To relock the document, check the **Editing Restrictions/Allow Only This Type of Editing/Filling In Forms** box from the drop-down menu, then check **Yes, Start Enforcing Protection**. You do not need to assign a password for the editing restrictions.

### Other Alternatives:

- 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 6 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.

Once the application has been unlocked, you may:

- add additional rows to tables using the Table tools, and
- select and copy the pages of Part 5 and paste as many additional sets of Part 5 pages as needed at the end of the application.

After editing, re-lock the document to enable checkboxes to work.

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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 # 41539

#### Description of Water Delivery System

System capacity: 0.08 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. 1.25 submersible pump in well pumping to above ground mainline and handline sprinklers

**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) |
|------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------|------|-----|-----|-------|---------------------------|------------------------------------------------------|
| POD 1                  | <input checked="" type="checkbox"/> Authorized<br><input type="checkbox"/> Proposed |                                                    | 16 S | 4 W | 7   | SE NE | 200                       | 770' N & 2530' E from center section 7               |
|                        | <input type="checkbox"/> Authorized<br><input type="checkbox"/> Proposed            |                                                    |      |     |     |       |                           |                                                      |
|                        | <input type="checkbox"/> Authorized<br><input type="checkbox"/> Proposed            |                                                    |      |     |     |       |                           |                                                      |
|                        | <input type="checkbox"/> Authorized<br><input type="checkbox"/> Proposed            |                                                    |      |     |     |       |                           |                                                      |

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

- |                                                                        |                                                                   |
|------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Place of Use (POU)                 | <input type="checkbox"/> Supplemental Use to Primary Use (S to P) |
| <input type="checkbox"/> Character of Use (USE)                        | <input 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.

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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 # 41539**

List the change proposed for the acreage in each ¼ ¼. 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)<br>The listing that appears on the certificate BEFORE PROPOSED CHANGES<br>List only that part or portion of the water right that will be changed. |     |     |   |    |            |                      |       |                                         |                                                         |                  |                  | Proposed<br>Changes (see<br>"CODES"<br>from previous<br>page) | PROPOSED (the "to" or "on" lands)<br>The listing as it would appear AFTER PROPOSED CHANGES<br>are made. |              |   |   |            |                      |       |                    |                                                      |                  |      |        |        |      |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|---|----|------------|----------------------|-------|-----------------------------------------|---------------------------------------------------------|------------------|------------------|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------|---|---|------------|----------------------|-------|--------------------|------------------------------------------------------|------------------|------|--------|--------|------|--|--|--|--|
| Twp                                                                                                                                                                                      | Rng | Sec | ¼ | ¼  | Tax<br>Lot | Gvt<br>Lot or<br>DLC | Acres | Type of USE<br>listed on<br>Certificate | POD(s) or<br>POA(s) (name<br>or number<br>from Table 1) | Priority<br>Date | Twp              |                                                               | Rng                                                                                                     | Sec          | ¼ | ¼ | Tax<br>Lot | Gvt<br>Lot or<br>DLC | Acres | New Type<br>of USE | POD(s)/<br>POA(s) to<br>be used<br>(from<br>Table 1) | Priority<br>Date |      |        |        |      |  |  |  |  |
| <b>EXAMPLE</b>                                                                                                                                                                           |     |     |   |    |            |                      |       |                                         |                                                         |                  |                  |                                                               |                                                                                                         |              |   |   |            |                      |       |                    |                                                      |                  |      |        |        |      |  |  |  |  |
| 2                                                                                                                                                                                        | S   | 9   | E | 15 | NE         | NW                   | 100   |                                         | 15.0                                                    | Irrigation       | POD #1<br>POD #2 | 1901                                                          | POE/POD                                                                                                 | 2            | S | 9 | E          | 1                    | NW    | NW                 | 500                                                  | 1                | 10.0 |        | POD #5 | 1901 |  |  |  |  |
|                                                                                                                                                                                          |     |     |   |    |            |                      |       |                                         |                                                         |                  |                  |                                                               |                                                                                                         | 2            | S | 9 | E          | 2                    | SW    | NW                 | 500                                                  |                  | 5.0  |        | POD #6 | 1901 |  |  |  |  |
| 16                                                                                                                                                                                       | s   | 4   | w | 7  | SE         | NE                   | 200   |                                         | 8.6                                                     | Irrigation       | POD 1            |                                                               | POU                                                                                                     | 16           | s | 4 | w          | 7                    | SE    | NE                 | 202                                                  |                  | 0.7  | NURSEY | POD 1  | 1970 |  |  |  |  |
|                                                                                                                                                                                          |     |     |   |    |            |                      |       |                                         |                                                         |                  |                  |                                                               |                                                                                                         | 16           | s | 4 | w          | 7                    | SW    | NE                 | 202                                                  |                  | 1.3  | NURSEY | POD 1  | 1970 |  |  |  |  |
|                                                                                                                                                                                          |     |     |   |    |            |                      |       |                                         |                                                         |                  |                  |                                                               |                                                                                                         | 16           | S | 4 | W          | 7                    | SW    | NE                 | 200                                                  |                  | 1.5  | NURSEY | POD 1  | 1970 |  |  |  |  |
|                                                                                                                                                                                          |     |     |   |    |            |                      |       |                                         |                                                         |                  |                  |                                                               |                                                                                                         | 16           | s | 4 | w          | 7                    | SE    | NE                 | 200                                                  |                  | 0.5  | NURSEY | POD 1  | 1970 |  |  |  |  |
|                                                                                                                                                                                          |     |     |   |    |            |                      |       |                                         |                                                         |                  |                  |                                                               |                                                                                                         |              |   |   |            |                      |       |                    |                                                      |                  |      |        |        |      |  |  |  |  |
|                                                                                                                                                                                          |     |     |   |    |            |                      |       |                                         |                                                         |                  |                  |                                                               |                                                                                                         |              |   |   |            |                      |       |                    |                                                      |                  |      |        |        |      |  |  |  |  |
|                                                                                                                                                                                          |     |     |   |    |            |                      |       |                                         |                                                         |                  |                  |                                                               |                                                                                                         |              |   |   |            |                      |       |                    |                                                      |                  |      |        |        |      |  |  |  |  |
|                                                                                                                                                                                          |     |     |   |    |            |                      |       |                                         |                                                         |                  |                  |                                                               |                                                                                                         |              |   |   |            |                      |       |                    |                                                      |                  |      |        |        |      |  |  |  |  |
|                                                                                                                                                                                          |     |     |   |    |            |                      |       |                                         |                                                         |                  |                  |                                                               |                                                                                                         |              |   |   |            |                      |       |                    |                                                      |                  |      |        |        |      |  |  |  |  |
|                                                                                                                                                                                          |     |     |   |    |            |                      |       |                                         |                                                         |                  |                  |                                                               |                                                                                                         |              |   |   |            |                      |       |                    |                                                      |                  |      |        |        |      |  |  |  |  |
|                                                                                                                                                                                          |     |     |   |    |            |                      |       |                                         |                                                         |                  |                  |                                                               |                                                                                                         |              |   |   |            |                      |       |                    |                                                      |                  |      |        |        |      |  |  |  |  |
| TOTAL ACRES:                                                                                                                                                                             |     |     |   |    |            |                      |       | 8.6                                     |                                                         |                  |                  |                                                               |                                                                                                         | TOTAL ACRES: |   |   |            |                      |       |                    |                                                      |                  |      |        | 4.00   |      |  |  |  |  |

Additional remarks: \_\_\_\_\_.

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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: \_\_\_\_\_.

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)

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**

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

**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 |
|-------------------------------------------|------------------------------------|----------------------------------------------|------------------|-----------------|-------------------------|---------------------------|--------------------------------------------|------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------|
| POD 1                                     | Yes                                | 7813                                         | 37'              | 5"              |                         |                           | 4"                                         | 4.5'                                           | sand                                        | 50gpm                                                                   |
|                                           |                                    |                                              |                  |                 |                         |                           |                                            |                                                |                                             |                                                                         |
|                                           |                                    |                                              |                  |                 |                         |                           |                                            |                                                |                                             |                                                                         |
|                                           |                                    |                                              |                  |                 |                         |                           |                                            |                                                |                                             |                                                                         |

T 12372

Water Resources Department  
725 Summer St. NE, Suite A  
Salem, Or. 97301

Arla Heard  
Transfer Specialist  
Transfer and Conservation Section

RE: T-12372

Arla,

I have reviewed the letter you sent to Mr. Mark Campbell and will address the changes you indicated in said letter.

Item 1:

We are applying to transfer 4.00 acres that is within Certificate 41539 as shown on the application map. I made an error on Page 9, Table 2 with the acreage. I listed 8.6 acres in the table when the acreage amount should have been 4.00 acres. The transfer is changing the character of use to "irrigation of nursery stock". I have made the necessary changes within the form to correct that confusion.

Item 2:

I have made the change to the application map to reflect the GR – 1388 mapping area.

I hope changes made reflect those you need to see to allow the application to proceed.

Respectfully,



H. Timothy Fassbender, PLS, CWRE  
2896 Sarah Lane  
Eugene, Or. 97408

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

# Application for Permanent Water Right Transfer

## Part 1 of 5 – Minimum Requirements Checklist

**This transfer 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. (N/A = Not Applicable)**

- ☒ Part 1 – Completed Minimum Requirements Checklist.
- ☒ Part 2 – Completed Transfer Application Map Checklist.
- ☒ Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the new online fee calculator at: [http://apps.wrd.state.or.us/apps/misc/wrd\\_fee\\_calculator](http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator). If you have questions, call Customer Service at (503) 986-0801.

☒ Part 4 – Completed Applicant Information and Signature.

☒ Part 5 – Information about Water Rights to be Transferred: **How many water rights are to be transferred? ONE List them here: Cert #41539**

Please include a separate Part 5 for each water right. (See instructions on page 6)

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### Attachments:

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- ☒ Completed Transfer Application Map.
- ☒ Completed Evidence of Use Affidavit and supporting documentation. **SALEM, OR**
- ☐ ☒ N/A Affidavit(s) of Consent from Landowner(s) (if the applicant does not own the land the water right is on.)
- ☐ ☒ 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 Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation.
- ☐ ☒ N/A Geologist Report for a change from a surface water point of diversion to a ground water point of appropriation (well), if the proposed well is more than 500' from the surface water source and more than 1000' upstream or downstream from the point of diversion. See OAR 690-380-2130 for requirements and applicability.

(For Staff Use Only)

### WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- |                                                                    |                                                         |
|--------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Application fee not enclosed/insufficient | <input type="checkbox"/> Map not included or incomplete |
| <input type="checkbox"/> Land Use Form not enclosed or incomplete  |                                                         |
| <input type="checkbox"/> Additional signature(s) required          | <input type="checkbox"/> Part _____ is incomplete       |

Other/Explanation \_\_\_\_\_

Staff: \_\_\_\_\_ 503-986-0 \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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## Part 2 of 5 – Transfer Application Map Checklist

**SALEM, OR** Your application will be returned if any of the map requirements listed below are not met.

Please be sure that the transfer application map you submit includes all the required items and matches the existing water right map. Check all boxes that apply.

- ☒ ☐ N/A Certified Water Right Examiner (CWRE) Stamp and Original Signature. For a list of CWREs, see [http://apps.wrd.state.or.us/apps/wr/cwre\\_license\\_view/](http://apps.wrd.state.or.us/apps/wr/cwre_license_view/). CWRE stamp and signature are not required for substitutions.
- ☐ ☒ N/A If **more than three** water rights are involved, separate maps are needed for each water right.
- ☒ 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, 11 x 17 inches, or up to 30 x 30 inches. For 30 x 30 inch maps, one extra copy 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 Final Proof/Claim of Beneficial Use Map (the map used when the permit was certificated), 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.
- ☒ Existing place of use that includes separate hachuring for each water right, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions. If less than the entirety of the water right is being changed, a separate hachuring is needed for lands left unchanged.
- ☒ ☐ N/A Proposed place of use that includes separate hachuring for each water right, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions.
- ☒ Existing point(s) of diversion or well(s) with distance and bearing or coordinates from a recognized survey corner. This information can be found in your water right certificate or permit.
- ☐ ☒ N/A If you are proposing a change in point(s) of diversion or well(s), show the proposed location and label it clearly with distance and bearing or coordinates. If GPS coordinates are used, latitude-longitude coordinates may be expressed as either degrees-minutes-seconds with at least one digit after the decimal (example – 42°32'15.5") or degrees-decimal with five or more digits after the decimal (example – 42.53764°).

### Part 3 of 5 – Fee Worksheet

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1. For irrigation calculate cfs for each water right involved as follows:
  - a. Divide total authorized cfs by total acres in the water right (*for C12345, 1.25 cfs ÷ 100 ac*); then multiply by the number of acres to be transferred to get the transfer cfs (*x 45 ac = 0.56 cfs*).
  - b. If the water right certificate does not list total cfs, but identifies the allowable use as 1/40 or 1/80 of a cfs per acre; multiply number of acres proposed for change by either 0.025 (1/40) or 0.0125 (1/80). (*For C87654, 45.0 ac x 0.0125 cfs/ac = 0.56 cfs*)
2. Add cfs for the portions of water rights on all the land included in the transfer; however **do not count cfs for supplemental rights on acreage for which you have already calculated the cfs fee for the primary right on the same land**. The fee should be assessed only once for each “on the ground” acre included in the transfer. (*In this example, blank 5a would be only 0.56 cfs, since both rights serve the same 45.0 acres. Blank 5b would be 0 and Line 5 would then also become 0*).

TACS

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## Applicant Information

|                                                                                                                                                                             |                    |                                  |                                         |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------|-----------------------------------------|------------------------|
| APPLICANT/BUSINESS NAME<br><b>Mark Campbell</b>                                                                                                                             |                    | PHONE NO.<br><b>502-645-4588</b> |                                         | ADDITIONAL CONTACT NO. |
| ADDRESS<br><b>33462 McKenzie View Dr</b>                                                                                                                                    |                    |                                  |                                         | FAX NO.                |
| CITY<br><b>Eugene</b>                                                                                                                                                       | STATE<br><b>Or</b> | ZIP<br><b>97408</b>              | E-MAIL<br><b>mark.desil24@gmail.com</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. |                    |                                  |                                         |                        |

**Agent Information** – The agent is authorized to represent the 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 DOCUMENTS WILL ALSO BE MAILED. |       |           |        |                        |

Explain in your own words what you propose to accomplish with this transfer application, and why: Transfer 4.53 acres from existing area within permit CERTIFICATE #41539 being a portion of tax lot 200 of tax map no. 16-04-07 to tax lot 202 within same tax map. Water to be used for irrigation of a proposed Nursery operation.

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 affirm the applicant is an entity with the authority to condemn property and is acquiring by condemnation the property to which the water right proposed for transfer is appurtenant and have supporting documentation.

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: Registered Guard.

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

  
 Applicant signature

Mark Campbell  
 Print Name (and Title if applicable)

1-31-2017  
 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 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.*

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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<br><b>Mark Campbell</b> |                    |                     | PHONE NO.<br><b>502-645-4588</b>        | ADDITIONAL CONTACT NO. |
| ADDRESS<br><b>33462 McKenzie View Drive</b>      |                    |                     | FAX NO.                                 |                        |
| CITY<br><b>Eugene</b>                            | STATE<br><b>Or</b> | ZIP<br><b>97408</b> | E-MAIL<br><b>mark.desil24@gmail.com</b> |                        |

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 | 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 | 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<br><b>Lane County</b> | ADDRESS<br><b>125 E. 8<sup>th</sup> Ave</b> |                     |
| CITY<br><b>Eugene</b>             | STATE<br><b>Or</b>                          | ZIP<br><b>97401</b> |

|             |         |     |
|-------------|---------|-----|
| ENTITY NAME | ADDRESS |     |
| CITY        | STATE   | ZIP |

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## INSTRUCTIONS for editing the Application Form

To add additional lines to tables within the forms or to copy and paste additional Part 5 pages, please **save the application form to your computer**. Unlock the document by using one of the following instructions for your Microsoft Word software version:

### Microsoft Word 2003

Unlock the document by one of the following:

- Using the **Tools** menu => click **Unprotect Document**;
- OR
- Using the **Forms** toolbar => click on the **Protect/Unprotect** icon.

To relock the document to enable the checkboxes to work, you will need to:

- Using the **Tools** menu => click **Protect Document**;
- OR
- Using the **Forms** toolbar => click on the **Protect/Unprotect** icon.

### Microsoft Word 2007

- Unlock the document by clicking the **Review** tab, then click **Protect Document**, then click **Stop Protect**
- To relock the document, click **Editing Restrictions**, then click **Allow Only This Type of Editing**, select **Filling In Forms** from the drop-down menu, then check **Yes, Start Enforcing Protection**.

### Microsoft Word 2010

- Unlock the document by clicking the **Review** tab, toggle the **Restrict Editing** icon at the upper right, then click **Stop Protect** at the bottom right. Then uncheck the "Allow only this type of editing in the document: **Filling in forms**" in the "Editing restrictions" section on the right-hand list of options.
- To relock the document, check the **Editing Restrictions/Allow Only This Type of Editing/Filling In Forms** box from the drop-down menu, then check **Yes, Start Enforcing Protection**. You do not need to assign a password for the editing restrictions.

### Other Alternatives:

- 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 6 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.

Once the application has been unlocked, you may:

- add additional rows to tables using the Table tools, and
- select and copy the pages of Part 5 and paste as many additional sets of Part 5 pages as needed at the end of the application.

After editing, re-lock the document to enable checkboxes to work.

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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 # 41539**

### Description of Water Delivery System

System capacity: 0.08 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. **1.25hp submersible pump in well pumping to above ground mainline and handline sprinklers.**

**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 | 1/4 | 1/4 | Tax Lot, DLC or Gov't Lot | Measured Distances (from a recognized survey corner) |
|------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------|------|-----|-----|-----|-----|---------------------------|------------------------------------------------------|
| POD 1                  | <input checked="" type="checkbox"/> Authorized<br><input type="checkbox"/> Proposed |                                                  | 16 S | 4 W | 7   | SE  | NE  | 200                       | 770' N & 2530' E from center section 7               |
|                        | <input type="checkbox"/> Authorized<br><input type="checkbox"/> Proposed            |                                                  |      |     |     |     |     |                           |                                                      |
|                        | <input type="checkbox"/> Authorized<br><input type="checkbox"/> Proposed            |                                                  |      |     |     |     |     |                           |                                                      |
|                        | <input type="checkbox"/> Authorized<br><input type="checkbox"/> Proposed            |                                                  |      |     |     |     |     |                           |                                                      |

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

- |                                                                        |                                                                   |
|------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input checked="" 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 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.

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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 # 41539**

List the change proposed for the acreage in each  $\frac{1}{4}$   $\frac{1}{4}$ . 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)<br>The listing that appears on the certificate BEFORE PROPOSED CHANGES<br>List only that part or portion of the water right that will be changed. |     |     |                             |            |                      |       |                                         |                                                         |                  |            | Proposed<br>Changes (see<br>"CODES"<br>from previous<br>page) | PROPOSED (the "to" or "on" lands)<br>The listing as it would appear AFTER PROPOSED CHANGES<br>are made. |         |                             |            |                      |       |                    |                                                      |                  |     |   |      |        |        |      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----------------------------|------------|----------------------|-------|-----------------------------------------|---------------------------------------------------------|------------------|------------|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------|-----------------------------|------------|----------------------|-------|--------------------|------------------------------------------------------|------------------|-----|---|------|--------|--------|------|
| Twp                                                                                                                                                                                      | Rng | Sec | $\frac{1}{4}$ $\frac{1}{4}$ | Tax<br>Lot | Gvt<br>Lot or<br>DLC | Acres | Type of USE<br>listed on<br>Certificate | POD(s) or<br>POA(s) (name<br>or number<br>from Table 1) | Priority<br>Date | Twp        |                                                               | Rng                                                                                                     | Sec     | $\frac{1}{4}$ $\frac{1}{4}$ | Tax<br>Lot | Gvt<br>Lot or<br>DLC | Acres | New Type<br>of USE | POD(s)/<br>POA(s) to<br>be used<br>(from<br>Table 1) | Priority<br>Date |     |   |      |        |        |      |
| <b>EXAMPLE</b>                                                                                                                                                                           |     |     |                             |            |                      |       |                                         |                                                         |                  |            |                                                               |                                                                                                         |         |                             |            |                      |       |                    |                                                      |                  |     |   |      |        |        |      |
| 2                                                                                                                                                                                        | S   | 9   | E                           | 15         | NE                   | NW    | 100                                     |                                                         | 15.0             | Irrigation | POD #1<br>POD #2                                              | 1901                                                                                                    | POU/POD | 2                           | S          | 9                    | E     | 1                  | NW                                                   | NW               | 500 | 1 | 10.0 |        | POD #5 | 1901 |
|                                                                                                                                                                                          |     |     |                             |            |                      |       |                                         |                                                         |                  |            |                                                               |                                                                                                         |         | 2                           | S          | 9                    | E     | 2                  | SW                                                   | NW               | 500 |   | 5.0  |        | POD #6 | 1901 |
| 16                                                                                                                                                                                       | s   | 4   | w                           | 7          | SE                   | NE    | 200                                     |                                                         | 4.0              | Irrigation | POD 1                                                         |                                                                                                         | POU     | 16                          | s          | 4                    | w     | 7                  | SE                                                   | NE               | 202 |   | 0.7  | NURSEY | POD 1  | 1970 |
|                                                                                                                                                                                          |     |     |                             |            |                      |       |                                         |                                                         |                  |            |                                                               |                                                                                                         |         | 16                          | s          | 4                    | w     | 7                  | SW                                                   | NE               | 202 |   | 1.3  | NURSEY | POD 1  | 1970 |
|                                                                                                                                                                                          |     |     |                             |            |                      |       |                                         |                                                         |                  |            |                                                               |                                                                                                         |         | 16                          | S          | 4                    | W     | 7                  | SW                                                   | NE               | 200 |   | 1.5  | NURSEY | POD 1  | 1970 |
|                                                                                                                                                                                          |     |     |                             |            |                      |       |                                         |                                                         |                  |            |                                                               |                                                                                                         |         | 16                          | s          | 4                    | w     | 7                  | SE                                                   | NE               | 200 |   | 0.5  | NURSEY | POD 1  | 1970 |
|                                                                                                                                                                                          |     |     |                             |            |                      |       |                                         |                                                         |                  |            |                                                               |                                                                                                         |         |                             |            |                      |       |                    |                                                      |                  |     |   |      |        |        |      |
|                                                                                                                                                                                          |     |     |                             |            |                      |       |                                         |                                                         |                  |            |                                                               |                                                                                                         |         |                             |            |                      |       |                    |                                                      |                  |     |   |      |        |        |      |
|                                                                                                                                                                                          |     |     |                             |            |                      |       |                                         |                                                         |                  |            |                                                               |                                                                                                         |         |                             |            |                      |       |                    |                                                      |                  |     |   |      |        |        |      |
|                                                                                                                                                                                          |     |     |                             |            |                      |       |                                         |                                                         |                  |            |                                                               |                                                                                                         |         |                             |            |                      |       |                    |                                                      |                  |     |   |      |        |        |      |
|                                                                                                                                                                                          |     |     |                             |            |                      |       |                                         |                                                         |                  |            |                                                               |                                                                                                         |         |                             |            |                      |       |                    |                                                      |                  |     |   |      |        |        |      |
|                                                                                                                                                                                          |     |     |                             |            |                      |       |                                         |                                                         |                  |            |                                                               |                                                                                                         |         |                             |            |                      |       |                    |                                                      |                  |     |   |      |        |        |      |
|                                                                                                                                                                                          |     |     |                             |            |                      |       |                                         |                                                         |                  |            |                                                               |                                                                                                         |         |                             |            |                      |       |                    |                                                      |                  |     |   |      |        |        |      |
| TOTAL ACRES:                                                                                                                                                                             |     |     |                             |            |                      | 4.0   |                                         |                                                         |                  |            |                                                               |                                                                                                         |         | TOTAL ACRES:                |            |                      |       |                    |                                                      | 4.00             |     |   |      |        |        |      |

Additional remarks: \_\_\_\_\_.

**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: \_\_\_\_\_.



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)

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**

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

SALEM, OR

**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 |
|-------------------------------------------|------------------------------------|----------------------------------------------|------------------|-----------------|-------------------------|---------------------------|--------------------------------------------|------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------|
| POD 1                                     | Yes                                | 7813                                         | 37'              | 5"              |                         |                           | 4"                                         | 4.5'                                           | sand                                        | 50gpm                                                                   |
|                                           |                                    |                                              |                  |                 |                         |                           |                                            |                                                |                                             |                                                                         |
|                                           |                                    |                                              |                  |                 |                         |                           |                                            |                                                |                                             |                                                                         |
|                                           |                                    |                                              |                  |                 |                         |                           |                                            |                                                |                                             |                                                                         |