

# 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.

Che	ck all ite	ms included with this application. $(N/A = Not Applicable)$	
$\boxtimes$		Part 1 – Completed Minimum Requirements Checklist.	
$\boxtimes$		Part 2 – Completed Transfer Application Map Checklist.	
		Part 3 – Application Fee, payable by check to the Oregon Water Resourcompleted Fee Worksheet, page 3. Try the new online fee calculator at: <a href="http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator">http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator</a> . If you have questioner Service at (503) 986-0801.	
$\boxtimes$		Part 4 – Completed Applicant Information and Signature.	
		Part 5 – Information about Water Rights to be Transferred: <b>How many be transferred? 1 List them here:</b> 89674  Please include a separate Part 5 for each water right. (See instructions of	EIVED BY OWRD
		Attachments:	OCT 1 7 2016
$\boxtimes$		Completed Transfer Application Map.	
		Completed Evidence of Use Affidavit and supporting documentation.	SALEM, OF
	N/A	Affidavit(s) of Consent from Landowner(s) (if the applicant does not ovright is on.)	wn the land the water
	N/A	Supplemental Form D – For water rights served by or issued in the name district. Complete when the transfer applicant is not the irrigation district.	•
	N/A	Land Use Information Form with approval and signature (or signed land stub). Not required if water is to be diverted, conveyed, and/or used on if <b>all</b> of the following apply: a) a change in place of use only, b) no struuse of water is for irrigation only, and d) the use is located within an irrexclusive farm use zone.	ly on federal lands or ctural changes, c) the
$\boxtimes$	N/A	Water Well Report/Well Log for changes in point(s) of appropriation (v point(s) of appropriation.	vell(s)) or additional
	⊠ N/A	Geologist Report for a change from a surface water point of diversion to of appropriation (well), if the proposed well is more than 500' from the and more than 1000' upstream or downstream from the point of diversion 380-2130 for requirements and applicability.	surface water source
		(For Staff Use Only)  WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING RE  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:/ /_	omplete

Y	our trans	fer application will be returned if any of the map requirements listed below are not met.
		sure that the transfer application map you submit includes all the required items and 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 <a href="http://apps.wrd.state.or.us/apps/wr/cwre_license_view/">http://apps.wrd.state.or.us/apps/wr/cwre_license_view/</a> . 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.
$\boxtimes$		Permanent quality printed with dark ink on good quality paper.
		The size of the map can be $8\frac{1}{2} \times 11$ inches, $8\frac{1}{2} \times 14$ inches, $11 \times 17$ inches, or up to $30 \times 30$ inches. For $30 \times 30$ inch maps, one extra copy is required.
$\boxtimes$		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.
$\boxtimes$		Township, Range, Section, 1/4 1/4, DLC, Government Lot, and other recognized public land survey lines.
$\boxtimes$		Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
		Major physical features including rivers and creeks showing direction of Flow, Takes 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°).

	FEE WORKSHEET for PERMANENT TRANSFER   Part 3 of 5	- Fee	Worksheet
1	Base Fee (includes one type of change to one water right for up to 1 cfs)	1	\$1,000
	Types of change proposed:  Place of Use Character of Use Point of Diversion/Appropriation		
2	Number of above boxes checked = $\frac{1}{2a}$ (2a) Subtract 1 from the number in line 2a = $\frac{0}{2b}$ If only one change, this will be 0 Multiply line 2b by \$800 and enter $ > > > > > > > > > > > > > > > > > > $	2	0
	Number of water rights included in transfer 1 (3a) Subtract 1 from the number in 3a above: 0 (3b) If only one water right this will be 0	2	0
3	Multiply line 3b by \$450 and enter » » » » » » » » » » » » » » » » » » »	3	0
4	Do you propose to add or change a well, or change from a surface water POD to a well?    No: enter 0 » » » » » » » » » » » » » » » » » »	4	350
	Do you propose to change the place of use or character of use?  No: enter 0 on line 5 » » » » » » » » » » » » » » » » » »		
5	and multiply 5c by \$300, then enter on line 5 » » » » » » » »	5	0
6	Add entries on lines 1 through 5 above » » » » » » » » » Subtotal:	6	1350
	Enhancement Board (OWEB) under ORS 541.932?	IVED I	2016
	benefit to fish and wildlife habitat?	SALEM	
7	If one or more boxes is checked, multiply line 6 by 0.5 and enter on line 7 »  If no box is applicable, enter 0 on line 7 » » » » » » » » » » » » » » » » »	7	
8	Subtract line 7 from line 6 » » » » » » » » » » » » » Transfer Fee:	8	1350
Exampl	le for Line 5a calculation to transfer 45.0 acres of Primary Certificate 12345 (total 1.25 cfs for 10	0 acres) a	and 45.0 acres

of Supplemental Certificate 87654 (1/80 cfs per acre) on the same land:

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  $\div$ 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		
1	Base Fee (includes change to one well)	1	\$725.00
2	Number of wells included in substitution (2a) Subtract 1 from the number in 3a above: (2b) If only one well this will be 0 Multiply line 2b by \$350 and enter » » » » » » » » » » » » » »	2	
3	Add entries on lines 1 through 2 above » » » » » Fee for Substitution:	3	

## Part 4 of 5 - Applicant Information and Signature

### **Applicant Information**

APPLICANT/BUSINESS NA	AME		PHONE NO.	ADDITIONAL CONTACT NO.										
Roger and Susan John	ison	541-430-7395												
ADDRESS			FAX NO.											
POB 1293														
CITY	STATE	ZIP	E-MAIL											
Sisters	OR	97759	rjohnson@sistersf	rjohnson@sistersfire.com										
By PROVIDING AN E	-MAIL ADDRESS,	CONSENT IS G	IVEN TO RECEIVE ALL	CORRESPONDENCE FROM THE										
1		BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THI DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.												

DEPARTMENT ELECTRONICA	ALLY. CO	PIES OF THE FINA	L ORDER DOCUMEN	NTS WILL ALSO	BE MAILED.
<b>Agent Information</b> – The ag	ent is auth	orized to represent	the applicant in all	matters relating	to this application
AGENT/BUSINESS NAME Michele Sims			PHONE NO. <b>541-408-477</b> 7	ADDITIONAL	CONTACT NO.
ADDRESS 14865 Checkrein				FAX NO.	
CITY Sisters	STATE OR	ZIP 97759	E-MAIL sims.mw@gmail.co	***************************************	
By providing an e-mail al Department electronic					
Explain in your own words transfer 1.9 acres of irrigation water behind in T-11754					
If you need additional space, cont	inue on a se	eparate piece of pape	er and attach to the app	olication as "Attac	chment 1".
Check this box if this pr Reinvestment Act. (Fede			inded by the Amer	ican Recovery	and
<ul> <li>☑ By signing this application, I Department approval of the transulation authorized to pursue the transulation I affirm the applicant is a munname of the municipality or a I affirm the applicant is an encondemnation the property to supporting documentation.</li> </ul>	ransfer, I wasfer as identificipality as predecessed ity with the	ill be required to pro tified in OAR 690-33 s defined in ORS 540 or; <b>OR</b> e authority to conder	f the draft preliminary wide landownership in 80-4010(5); <b>OR</b> 0.510(3)(b) and that the nn property and is acq	re right is in the uiring by	d prior to  VERS BY LAWRE  CT 1.7 2016  SALEM, OR
I understand that prior to Depa the Department for publication right is located, once per week suggest publishing the notice is	of a notic	e in a newspaper vonsecutive weeks.	vith general circulat If more than one qu	ion in the area w	here the water
Applicant signature	ation cont	~ · · ·	Johnson tle if applicable)	10.12-16 Date	

Print Name (and Title if applicable) Date Applicant signature

Is the applicant the sole owner of the land on which the water right, or portion thereof, proposed for transfer is located? \( \subseteq \text{ Yes} \) \( \subseteq \text{ NO, include signatures of all deeded landowners (and mailing)} \) and/or e-mail addresses if different than the applicant's) or attach affidavits of consent (and mailing and/or email addresses) from all landowners or individuals/entities to which the water right(s) were conveyed.

Check the following boxes to	hat apply	:											
The applicant is resp continue to be sent to		•	etion of	change(s). Notice	es and corre	spondence should							
The receiving landor final order is issued.													
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 counless a sale agreement http://www.oregon.gov/	or other d	locument	states o	therwise. For mo	re informati								
RECEIVING LANDOWNER NAME same				PHONE NO.	ADDITION	NAL CONTACT NO.							
ADDRESS					FAX NO.								
CITY	STATE	Z1P		E-MAIL									
Check here if any of the an irrigation or other wa				e and attach Supp									
NA CITY			STATE		ZIP								
Check here if water for a for stored water with a f					ice agreenie								
ENTITY NAME NA			ADDRES	S		OCT 1 7 2016							
CITY			STATE		ZIP	SALEM, OR							
To meet State Land Use Cocorporation, or tribal govern	nsistency iments wi	Requirer	nents, yo	ou must list all co iction water will	ounty, city, n be diverted,	nunicipal conveyed or used.							
ENTITY NAME	A-76-1		ADDRES	S Lafayette									
Deschutes County CITY Bend			STATE OR	Latayette	ZIP 97701								
ENTITY NAME			ADDRES	S									
			STATE		ZIP								

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.

				CE	RTII	FICA	ATE #	89674	4		
Descr	iption of Water	Delivery Sy	ster	n							
System	n capacity: 0.1	1 cubic feet p	oer s	econ	d (cf	s) O	R				
		gallons p	er m	inute	e (gp	m)					
five yeand ap	ears. Include in	vater delivery formation on the authorize	sys	tem pum	or the	e sy:	s, pipe	elines a	ınd spr	inklers	ome time within the last used to divert, convey the well into distribution
	ocation of Auth POD/POA nan										Appropriation (POA) 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)	Т	Twp		ng	Sec	1/4 1/4		Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
POA 1		DESC 1036	15	s	10	E	03	sw	NW	1500	238' E and 1425' S from NW Cor. Section 3
POA 2	☐ Authorized ☐ Proposed	DESC 59702	15	S	10	E	03	sw	NW	1501	371' E and 1701' S from
	Authorized Proposed Authorized										OCT 1 7 2016
	Proposed										SALEM, OR
Check	all type(s) of c	0 ( ) 1	opos	ed b	elow	(ch				-	vided in parentheses):  o Primary Use (S to P)
	Character of	Use (USE)						Point o	of App	ropriati	on/Well (POA)
	Point of Dive	ersion (POD)	)					Additio	onal Po	oint of	Appropriation (APOA)
	Additional P	oint of Diver	sion	(AP	OD)			Substit	ution (	(SUB)	
	Surface Water POA (SW/G	er POD to Gr		`	,					` '	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.

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.

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Table 2. Description of Changes to Water Right Certificate # 89674

List the change proposed for the acreage in each ½½. 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.

,	The	lis	,	~	at a	appe	ars of	n the	certific	ate BE		nds) POSED CHA	NGES	Proposed Changes (see			The	e lis	ting			appe		TER PI	on" lands) ROPOSED	CHANG	ES
Tv	vp	Rn		Sec		1/4		Tax Lot	Gvt Lot or DLC		Type of USE listed on Certificate	POD(a) or	Date	"CODES" from previous page)	Tv	vp	Rr	ng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date
i		П												EXAMPLE													
2	S	9	E	1	3	NE	NW	100		15.0	Irrigation	POD #1 POD #2	1901	POU/POD	2	S	9	E	1	NW	NW	500	1	10.0		POD #5	1901
			Ī	T	T										2	S	9	E	2	sw	NW	500		5.0		POD #6	1901
15	s	10	E	0.	3 5	SW	NW	1501		1.9	IR	POA 1	1990	POA	15	s	10	E	03	sw	NW	1501		1.9		POA 2	1990
					-																	R	ECE	VED	BA OMB	D	
																							(	CT 1	7 2016		
																								SALE	M, OR		
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			-	-	+																						
						7	ГОТА	L ACI	RES:	1.9					-						ГОТА	L ACI	RES:	1.9			

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

## For Place of Use or Character of Use Changes

	e there other th the "from"					s or ground	d water regi	strations a	ssociated	
If	YES, list the	certificate, v	vater use	permit, o	r ground	water regis	tration num	bers: NA.		
to a	ursuant to OR primary right a ground wat plication.	proposed for	r transfer	must be	included i	n the trans	fer or be car	ncelled. A	ny change	)
For	Substitution	(ground wat irrigation)	er supple	emental ir	rigation w	vill be subs	tituted for s	surface wat	er primary	
	ound water surface water p				ate # <u>NA;</u>					
For	a change fro	m Suppleme	ental Irr	igation U	se to Pri	nary Irrig	ation Use			
Ide	entify the prin	nary certifica	ate to be	cancelled	Certifica	ate # <u>NA</u>				
For	a change in ]	point(s) of a	ppropri	ation (we	ll(s)) or a	dditional p	point(s) of a	appropria	tion:	
	with the co	s) are attached orresponding may search for s.wrd.state.or	well(s) or well le	in Table 1 ogs on the	above and Departm	d on the acent's web j	companyin			ssociated
AN	D/OR									
	have a wel	the construction of the co	roposed element	wells not y in the tabl	vet construe. The De	ucted or bu	uilt, provide ecommends	HECE AS	inate? for	d well
Any wa accompapplica well(s)	c. Construction construction in this learning application until it is will access the desired by law from the construction in	listing must bication map. s received. The same sour	Failure The inforce aquif	tied to co to provide mation is er as the a	orrespond the infor necessary authorized	for the depoint(s) of	l delay the partment to f appropriat	n Table 1 processing assess wh ion (POA)	of your trai	nsfer oposed
Proposed of Authorize POA Name or Number	Is well already	If an existing well: OWRD Well ID Tag No.	Total well	Casing	Casing Intervals	Seal depth(s)	Perforated or screened intervals	Static water level of completed well	Source aquifer (sand, gravel,	Well -specific rate (cfs or gpm). If less han full rate or

Proposed or Authorized POA Name or Number	Is well already built? ((Yes or No)	If an existing well: OWRD Well ID Tag No.	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 han full rate of water right
POA 1	у	DESC 1036	see log							
POA 2	у	111074	see log							