

# 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.

RECEIVED BY OWRD

HEDEIVED DI OTTI
JAN <b>2 6</b> 2017
SALEM, OR
Resources Department, and tor at: ave questions, call
many water rights are to ions on page 6)
tion.
not own the land the water
e name of an irrigation a district.
ed land use form receipt sed only on federal lands or so structural changes, c) the an irrigation district or an
tion (well(s)) or additional
sion to a ground water point on the surface water source iversion. See OAR 690-
NG REASON(S): I or incomplete omplete
not de na distante de la sed o do stran in tron de la sed o de la sed

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.
$\boxtimes$		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, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines.
$\boxtimes$		Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
$\boxtimes$		Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.
$\boxtimes$		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.
JAN 2 6 201/	SALEM, OB	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 cts)	1 1	\$1,000
	Types of change proposed:  Place of Use Character of Use Point of Diversion/Appropriation		ED BY ON 2 6 2017
	Number of above boxes checked = $\frac{2(2a)}{2(2b)}$ Subtract 1 from the number in line $2a = \frac{1}{2(2b)}$ If only one change, this will be 0	S	LEM, OR
2	Multiply line 2b by \$800 and enter » » » » » » » » » » » » » » » » » »	2	800
3	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  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	0
5	Do you propose to change the place of use or character of use?  No: enter 0 on line 5 » » » » » » » » » » » » » » » » » »	5	0
6	Add entries on lines 1 through 5 above » » » » » » » » » Subtotal:	6	1,800
7	Is this transfer:  necessary to complete a project funded by the Oregon Watershed Enhancement Board (OWEB) under ORS 541.932? endorsed in writing by ODFW as a change that will result in a net benefit to fish and wildlife habitat?  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	0
8	Subtract line 7 from line 6 » » » » » » » » » » » » » » Transfer Fee:	8	1,800

\*Example for Line 5a calculation to transfer 45.0 acres of Primary Certificate 12345 (total 1.25 cfs for 100 acres) 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
	Number of wells included in substitution (2a) Subtract 1 from the number in 3a above: (2b) If only one well this will be 0		
2	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 NAM	Œ		PHONE NO.	ADDITIONAL CONTACT NO.
Jesse Strickler			541.613.7173	
ADDRESS				FAX NO.
2802 Oakridge Avenue				
CITY	STATE	ZIP	E-MAIL	
Central Point	OR	97502	ostrickler99@gma	ail.com
By PROVIDING AN E-N	MAIL ADDRESS,	CONSENT IS G	IVEN TO RECEIVE ALL	CORRESPONDENCE FROM THE
DEPARTMENT ELECT	RONICALLY, CO	PIES OF THE	FINAL ORDER DOCUME	NTS WILL ALSO BE MAILED.

Agent Information – T AGENT/BUSINESS NAME			PHONE NO.		IAL CONTACT NO.	
Jesse Strickler			541.613.7173	ADDITION	AL CONTACT NO.	
ADDRESS 2802 Oakridge Avenue				FAX NO.		
CITY Central Point	STATE OR	ZIP 97502	E-MAIL ostrickler99@g	nail.com		
By providing an e-ma Department electro						
Explain in your own w Character of use chang f you need additional space	e and place of	use change (to	ransfer domestic us	e to nursery u	se).	
Check this box if the Reinvestment Act.	4 0	ulus dollars)		nerican Recov	ery and	
Reinvestment Act.	tion, I understand the transfer, I we transfer as idea a municipality at ty or a predecess an entity with the erty to which the	Check d that, upon received to the control of the c	to One Box  pt of the draft prelimin  p provide landownershi  00-380-4010(5); OR  5 540.510(3)(b) and that  ndemn property and is	ary determination p information and t the right is in the	n and prior to d evidence that I am	
Reinvestment Act.  By signing this applicat Department approval of authorized to pursue the I affirm the applicant is name of the municipality I affirm the applicant is condemnation the prop	tion, I understand the transfer, I we transfer as idea to a municipality at yor a predecess an entity with the erty to which the ion.  Department approach of a notice week for two cotice in the follows:	Check d that, upon received to the required to the required to the required to the required in OAR 69 as defined in ORS for; OR the authority to contain a newspaper of the trace in a newspaper of the received to the received t	pt of the draft prelimin provide landownership 0-380-4010(5); OR 5 540.510(3)(b) and that indemn property and is posed for transfer is appropriate any ansfer application, I appropriate with general circulars. If more than one er: Mail Tribune	ary determination p information and the right is in the acquiring by urtenant and have may be required lation in the are qualifying new	and prior to d evidence that I am ne to to to submit payment to to a where the water	

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.

Check the following boxes	s that apply	<i>y</i> :			
The applicant is re continue to be sent			tion of change(s).	Notices and corr	respondence should
The receiving land final order is issue		-	_		
Both the receiving Copies of notices			_	-	
At this time, are the lands	in this trar	nsfer applic	ation in the proce	ess of being sold?	☐ Yes ⊠ No
If YES, and you know information table belo assignment will have	w. If you	do not kno	w who the new la		
If a property sells, the unless a sale agreement http://www.oregon.go	nt or other	document s	states otherwise.	For more informa	
RECEIVING LANDOWNER NAME			PHONE NO.	ADDITIO	ONAL CONTACT NO.
ADDRESS				FAX NO	RECEIVED BY
CITY	STATE	ZIP	E-MAIL		1001 0 0 00
Describe any special own				e or will be locate	SALEM, O
Describe any special own	he water rig	ghts propos	ed for transfer are		SALEM, O
Check here if any of the an irrigation or other w	he water rig	ghts propos ct. ( <b>Tip</b> : C	ed for transfer are		SALEM, O
Check here if any of the an irrigation or other was irrigation or other was irrigation district name.  CITY  Check here if water for for stored water with a	he water rig water district	ghts proposed. (Tip: Control of the	ed for transfer are complete and attack ADDRESS STATE oplied under a wather entity.	ch Supplemental I	SALEM, O d within or served b Form D.)
Check here if any of the an irrigation or other value of the an irrigation or other value of the an irrigation district name.  CITY  Check here if water for	he water rig water district	ghts proposed. (Tip: Control of the	ed for transfer are complete and attack ADDRESS STATE	ch Supplemental I	SALEM, O d within or served by Form D.)
Check here if any of the an irrigation or other was irrigation or other was irrigation district name.  CITY  Check here if water for for stored water with a	he water rig water district	ghts proposed to the control of the	ed for transfer are complete and attack ADDRESS STATE oplied under a wather entity.	ch Supplemental I	SALEM, O d within or served b Form D.)
Check here if any of the an irrigation or other value irrigation or other value irrigation district name  CITY  Check here if water for for stored water with a entity name	he water rig water distriction or any of the a federal ag	ghts proposed. (Tip: Control of the rights suppended or other responses of the response of the rights suppended or Requirem	ed for transfer are complete and attack address  STATE  oplied under a water entity.  ADDRESS  STATE  ents, you must lis	zip  zip  zip  zip  zip	SALEM, Od within or served by Form D.)  The sent or other contraction of the contraction
Check here if any of the an irrigation or other value of the serior of t	he water rig water distriction or any of the a federal ag	e rights surgency or other ithin whose	and for transfer are complete and attack and	zip  zip  zip  ter service agreem  zip  st all county, city, er will be diverted	SALEM, O d within or served by Form D.)  ment or other contract  municipal
Check here if any of the an irrigation or other was irrigation or other was irrigation district name.  CITY  Check here if water for for stored water with a ENTITY NAME.  CITY  To meet State Land Use Corporation, or tribal government.	he water rig water distriction or any of the a federal ag	ghts proposed to the control of the	ed for transfer are complete and attack address  STATE  oplied under a water entity.  ADDRESS  STATE  ents, you must list is jurisdiction water	zip  zip  zip  ter service agreem  zip  st all county, city, er will be diverted	SALEM, Od within or served by Form D.)  The sent or other contraction of the contraction
CITY  Check here if any of the an irrigation or other value of the service of the	he water rig water distriction or any of the a federal ag	e rights surgency or other ithin whose	ed for transfer are complete and attack address  STATE  oplied under a water entity.  ADDRESS  STATE  ents, you must list in jurisdiction water address  10 South Oakdale A STATE	zip  ter service agreem  zip  tall county, city, er will be diverted	ent or other contract

## **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.

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.

#### 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.

RECEIVED BY OWRD

TACS

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 # 12020	RECEIVED BY OWRD
Description of V	JAN <b>2 6</b> 2017	
System capacity:	0.01 cubic feet per second (cfs) OR	
	gallons per minute (gpm)	SALEM, OR

Describe the current water delivery system or the system that was in place at some time within the last five years. Include information on the pumps, canals, pipelines and sprinklers used to divert, convey and apply the water at the authorized place of use. The spring water is captured in a small dug out spring box at the point of exit of the spring water from the hillside. A small earthen containment approximately 18" tall contains the approximately 3 foot wide, by 5 feet long and 1 foot deep spring box. Water from the containment area is conveyed via 1" poly tube to the primary holding tank (Approximately 1,000 gallons). Water from the primary holding tank is then conveyed via 2" steel pipe to the domestic place of use in the NW/NW as shown on attached map. Overflow from the primary holding tank is directed to a second holding tank (Approximately 1,000 gallons) located immediately below the primary holding tank. Water from the secondary holding tank is conveyed via 1" poly pipe to the domestic place of use in the NE/NW as shown on the attached map.

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)	T	wp	R	ing	Sec	1/4	1/4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
POD#1			33	S	1	w	19	NE	NW	2100	1096' S. & 1844' E. from the NW Corner of Sec. 19, T. 33S., R. 1W.
	☐ Authorized ☐ Proposed										
	☐ Authorized ☐ Proposed										
	☐ Authorized ☐ Proposed										

	Proposed		
Check	all type(s) of change(s) proposed below (	change	"CODES" are provided in parentheses):
$\boxtimes$	Place of Use (POU)		Supplemental Use to Primary Use (S to P)
$\boxtimes$	Character of Use (USE)		Point of Appropriation/Well (POA)
	Point of Diversion (POD)		Additional Point of Appropriation (APOA)
	Additional Point of Diversion (APOD)		Substitution (SUB)
	Surface Water POD to Ground Water POA (SW/GW)		Government Action POD (GOV)

Will all	of the proposed changes affect the entire water right?	
⊠ Yes	Complete only the Proposed ("to" or "on" lands) section of Table 2 on the next page. "CODES" listed above to describe the proposed changes.	Use the
☐ No	Complete all of Table 2 to describe the portion of the water right to be changed.	

RECEIVED BY OWRD

JAN 2 6 2017

SALEM, OR

T 12579

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 # 12020

List the change proposed for the acreage in each 1/4 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.

T	he		_		appe	ears o	n the	certific	cate BE		ids) POSED CHA Il be changed.	NGES	Proposed Changes (see			The	e lis	ting			appea		TER P	on" lands) ROPOSED	CHANG	ES
Γw	p	Rng		Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date	"CODES" from previous page)	Tv	wp	Rı	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
						and the sales of the			mica in the contract				EXAMPLE													
2	s	9	E	15	NE	NW	100		15.0	Irrigation	POD #1 POD #2	1901	POU/POD	2	S	9	3	1	NW	NW	500	1	10.0		POD #5	1901
														2	S	9	E	2	sw	NW	500		5.0		POD #6	1901
													POU/USE	33	S	1	w	19	NE	NW	2100		5.2	Nursery	POD#1	1935
													POU/USE	33	S	1	w	19	NW	NW	2100		0.18	Nursery	POD#1	1935
		-																								
-	1																									
1																										
						FOTA	LACT	DEC.												TOTA	L ACF	PEC.	5.38			
	_	1 11:		1	emar		L ACE	Œ5:		1										IOIA	LACI	ES.	REC	EIVED	Y OWR	D

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

JAN 2 6 2017

57

## For Place of Use or Character of Use Changes

LOLLI	acc of Osc	or Characte	i di ese	Changes						
		water right cor the "to" la			_	s or ground	l water regi	strations as	ssociated	
If Y	ES, list the	certificate, v	vater use	permit, o	r ground	water regis	tration num	bers: 2081	& 19710.	
a pri to a	imary right	S 540.510, a proposed for registration	transfer	must be i	ncluded i	n the transi	fer or be car	ncelled. A	ny change	
For Su	bstitution	(ground wat	er supple	emental in	rigation w	vill be subs	tituted for s	urface wat	er primary	
		irrigation)						REC	CEIVED BY	OWRD
		upplemental irimary Certif			ite #				JAN 2 6 2	017
		m Suppleme							SALEM, (	OR
For a	change in	point(s) of a	ppropris	ation (wel	l(s)) or a	dditional p	ooint(s) of a	ppropria	tion:	
AND	with the co	are attached orresponding may search for s.wrd.state.or	well(s) i	in Table 1 ogs on the	above an	d on the ac ent's web p	companyin			ssociated
	Describe thave a well requested	he constructi Il log. For prinformation e blogist, or cente Table 3.	oposed i	wells not y in the tabl	e. The De	ucted or bu partment re	ilt, provide ecommends	"a best est you consu	timate" for a	each d well
Any well accompa applicati well(s) v	l(s) in this lanying appl on until it i vill access t	on of Point(s listing must be ication map. s received. The the same sour om approvin	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 fappropriat	processing assess who ion (POA)	of your tran	nsfer oposed
roposed 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 han full rate of water right

# Part 4 of 5 - Applicant Information and Signature

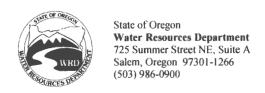
### **Applicant Information**

APPLICANT/BUSINESS NA	ME		PHONE NO.	ADDITIONAL CONTACT NO.
Jesse Strickler			541.613.7173	
ADDRESS				FAX NO.
2802 Oakridge Avenue				
CITY	STATE	ZIP	E-MAIL	
Central Point	OR	97502	ostrickler99@gma	ail.com
By PROVIDING AN E-	MAIL ADDRESS.	CONSENT IS G	IVEN TO RECEIVE ALL	CORRESPONDENCE FROM THE
	,			ENTS WILL ALSO BE MAILED.

By PROVIDING AN E-MAIL A DEPARTMENT ELECTRONIC					
Agent Information - The ag	ent is autho	orized to repres	ent the applicant i	in all ma	atters relating to this application
AGENT/BUSINESS NAME Jesse Strickler			PHONE NO. 541.613.7173		ADDITIONAL CONTACT NO.
ADDRESS					FAX NO.
2802 Oakridge Avenue CITY Central Point	STATE OR	ZIP 97502	E-MAIL ostrickler99@	gmail.co	om .
By providing an e-mail a Department electronic					
Explain in your own words Character of use change and If you need additional space, cont	place of	use change (tr	ansfer domestic	use to n	nursery use).
Check this box if this pre Reinvestment Act. (Fede	•		funded by the A	America	n Recovery and
<ul> <li>By signing this application, I Department approval of the transauthorized to pursue the transauthorized to pursue the transauthorized to pursue the transauthorized to pursue the transauthorized is a murname of the municipality or a I affirm the applicant is an encondemnation the property to supporting documentation.</li> </ul>	ansfer, I will fer as identinicipality as predecessority with the	that, upon receip Il be required to ffied in OAR 690 defined in ORS r; OR authority to con	provide landowners 0-380-4010(5); OR 540.510(3)(b) and t demn property and	ship infor that the ri is acquiri	mation and evidence that I am  ight is in the  ing by
I understand that prior to Depa the Department for publication right is located, once per week suggest publishing the notice in	of a notice for two con	e in a newspape nsecutive week	er with general circles. If more than or	culation	in the area where the water
I (we) affirm that the information	ation conta	ained in this a	oplication is true	and acc	curate.
Applicant signature	ckles	Jesse Strick Print Name (and	ler Title if applicable)	01/ Date	/ <u>18/17</u>
Applicant signature	ucto.	Jesse Strick Print Name (and	ler Title if applicable)	01/ Date	<u>/18/17</u>
Is the applicant the sole own transfer is located					on thereof, proposed for eeded landowners (and mailing

Applicant signature	Jesse Strickler Print Name (and Title if applicable)	01/18/17 Date
Is the applicant the sole owner of the last	nd on which the water right	t, or portion thereof, proposed for
transfer is located? X Yes	No If NO, include signature	res of all deeded landowners (and mai

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.



# 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.	
$\boxtimes$	V	Part 2 – Completed Transfer Application Map Checklist.	
$\boxtimes$		Part 3 – Application Fee, payable by check to the Oregon Water Resources Department of the Worksheet, page 3. Try the new online fee calculator at:  http://dxpps.wid.state.or.us/apps/mise/wid_fee/calculator. If you have questions, Customer Service at (503) 986-0801.	
$\boxtimes ($	100	Part 4 - Completed Applicant Information and Signature.	
$\boxtimes$		Part 5 – Information about Water Rights to be Transferred: <b>How many water ribe transferred?</b> 1 List them here: 12020  Please include a separate Part 5 for each water right. (See instructions on page 6	
			AN 2 0 2017
<u>ا</u> د	/ /	Completed Transfer Application Map.	
$\boxtimes$		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 laright is on.)	nd the water
	⊠ N/A	Supplemental Form $D$ – For water rights served by or issued in the name of an indistrict. Complete when the transfer applicant is not the irrigation district.	rigation
$\boxtimes$	□ N/A	Land Use Information Form with approval and signature (or signed land use for stub). Not required if water is to be diverted, conveyed, and/or used only on fed if <b>all</b> of the following apply: a) a change in place of use only, b) no structural ch use of water is for irrigation only, and d) the use is located within an irrigation d exclusive farm use zone.	eral lands or anges, c) the
	N/A	Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) o point(s) of appropriation.	r additional
	N/A N/A	Geologist Report for a change from a surface water point of diversion to a groun of appropriation (well), if the proposed well is more than 500' from the surface and more than 1000' upstream or downstream from the point of diversion. See 380-2130 for requirements and applicability.	water source
		(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: 3 503-986-0 Date: 01/13/17	

OH		sure that the transfer application map you submit includes all the required items and he existing water right map. Check all boxes that apply.
SALEM,	□ N/A	Certified Water Right Examiner (CWRE) Stamp and Original Signature. For a list of CWREs, see <a href="https://apps.wrd.state.or.us/apps/wr/cwre_license_view/">https://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.
$\boxtimes$		Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.
$\boxtimes$		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.
MIN & U CUIT	SALEM, OF NA	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 $-42^{\circ}32^{\circ}15.5^{\circ}$ ) or degrees-decimal with five or more digits after the decimal (example $-42.53764^{\circ}$ ).

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

Revised 7/1/2013

	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
	Place of Use	EIVED	BY OWRD
	Character of Use Point of Diversion/Appropriation	JAN 2	2017
	Number of above boxes checked = $\frac{2(2a)}{1(2b)}$ If only one change, this will be 0	SALEN	OR
2	Multiply line 2b by \$800 and enter » » » » » » » » » » » » » » » »	2	800
	Number of water rights included in transfer 1 (3a)		000
	Subtract 1 from the number in 3a above: 0 (3b) If only one water right this will		
	be 0		1 44
3	Multiply line 3b by \$450 and enter » » » » » » » » » » » » » »	3	0
	Do you propose to add or change a well, or change from a surface water POD		
	to a well?		
	No: enter 0 »» » » » » » » » » » » » » » » » » »		
4	Yes: enter \$350 » » » » » » » » » » » » » » » » »	4	0
	Do you propose to change the place of use or character of use?		
	No: enter 0 on line 5 » » » » » » » » » » » » » » » » »		
	Yes: enter the cfs for the portions of the rights to be transferred (see		
	example below*):		
	Subtract 1.0 from the number in 5a above:99 (5b)		
	If 5b is 0 or less, enter 0 on line 5 » » » » » » » » » » » » » » » » » »		
-	If 5b is greater than 0, round up to the nearest whole number: 0 (5c) and	5	0
5	multiply 5c by \$300, then enter on line 5 » » » » » » » » »	5	1,800
0	Add entries on lines 1 through 5 above » » » » » » » » » Subtotal: Is this transfer:	0	1,000
	necessary to complete a project funded by the Oregon Watershed		
	Enhancement Board (OWEB) under ORS 541.932?		
	endorsed in writing by ODFW as a change that will result in a net		
	benefit to fish and wildlife habitat?		
	If one or more boxes is checked, multiply line 6 by 0.5 and enter on line 7 »		
7	If no box is applicable, enter 0 on line 7» » » » » » » » » » » » » » » » »	7	0
8	Subtract line 7 from line 6 » » » » » » » » » » » » » » Transfer Fee:	8	1,800
	le fan Line Se and substitute to transfer AS O corne of Drimany Contiferete 122/45 (total 1.25 of e for 1/		

\*Example for Line 5a calculation to transfer 45.0 acres of Primary Certificate 12345 (total 1.25 cfs for 100 acres) 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
	Number of wells included in substitution (2a) Subtract 1 from the number in 3a above: (2b) If only one well this will be 0		
2	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**

				N OWDD
	PHONE NO.	ADDITIONAL	CAMPACINON D	IT OWND
	541.613.7173			
		FAX NO.	1AN 9 0	2017
			JAN 20	2017
ZIP	E-MAIL			
97502	ostrickler99@gmail	.com	SALEM.	OR
CONSENT IS GI	IVEN TO RECEIVE ALL CO	ORRESPONDEN	CE FROM THE	
OPIES OF THE I	FINAL ORDER DOCUMEN	TS WILL ALSO	BE MAILED.	
	97502 CONSENT IS G	ZIP E-MAIL 97502 ostrickler99@gmail	ZIP E-MAIL ostrickler99@gmail.com  CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE	541.613.7173 FAX NO. JAN 2 0

DEPARTMENT ELECTRONICA	ALLY, COI	PIES OF THE FINAL	L ORDER DOCUMEN	IS WILL ALSO BE MAILED.
Agent Information – The ag	ent is auth	orized to represent	the applicant in all	matters relating to this application.
AGENT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.
Jesse Strickler			541.613.7173	
ADDRESS  2802 Oakridge Avenue				FAX NO.
CITY	STATE	ZIP	E-MAIL	
Central Point	OR	97502	ostrickler99@gmai	l.com
				ORRESPONDENCE FROM THE
DEPARTMENT ELECTRONICA	LLY. COI	PIES OF THE FINAL	L ORDER DOCUMEN	TS WILL ALSO BE MAILED.
Explain in your own words	what you	propose to accon	nplish with this tra	nsfer application, and why:
Character of use change and	place of	use change (trans	sfer domestic use to	o nursery use).
If you need additional space, cont	inue on a se	eparate piece of pape	er and attach to the app	olication as "Attachment 1".
Check this box if this pro	oject is fu	lly or partially fu	inded by the Amer	ican Recovery and
Reinvestment Act. (Fede	eral stimu	lus dollars)		
By signing this application, I Department approval of the transition authorized to pursue the transition I affirm the applicant is a municipality or a I affirm the applicant is an encondemnation the property to supporting documentation.	ransfer, I wasfer as idental i	ill be required to pro ified in OAR 690-38 defined in ORS 540 or; <b>OR</b> e authority to conder	f the draft preliminary vide landownership in 80-4010(5); <b>OR</b> 0.510(3)(b) and that then property and is acq	formation and evidence that I am e right is in the uiring by
the Department for publication	of a notice for two connumbers of the	e in a newspaper vonsecutive weeks. wing newspaper: N	vith general circulati If more than one quali Mail Tribune	alifying newspaper is available, I
Applicant signature		Jesse Strickler Print Name (and Tit	ele if applicable)	01/18/17 Date
Applicant signature		Jesse Strickler Print Name (and Tit		<u>01/18/17</u> Date



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.

Check the following boxes to	hat apply	·:			
The applicant is resp continue to be sent to		-	etion of	change(s). Notices	s and correspondence should
_		-			roposed change(s) after the d be sent to this landowner.
					or completion of change(s).  where and the applicant.
At this time, are the lands in	this tran	sfer appl	ication in	n the process of bei	ing sold? ☐ Yes ☒ No
	. If you c	do not kn	ow who	_	ete the receiving landowner will be, then a request for
If a property sells, the counless a sale agreement	or other c	document	t states o	therwise. For more	elong to the new owner, e information see:
RECEIVING LANDOWNER NAME				PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS					FAX RECEIVED BY OWRD
CITY	STATE	ZIP		E-MAIL	JAN <b>2 0</b> 2017
Describe any special owners	hin oirou	ımetanese	horo:		SALEM OR
Describe any special owners  Check here if any of the an irrigation or other was IRRIGATION DISTRICT NAME	water rig	hts propo	osed for	transfer are or will te and attach Suppl	SALEM, OR be located within or served by emental Form D.)
Check here if any of the an irrigation or other wa	water rig	hts propo	osed for Complet	transfer are or will te and attach Suppl	be located within or served by
Check here if any of the an irrigation or other was IRRIGATION DISTRICT NAME  CITY  Check here if water for a for stored water with a feet	water rig ter distric	hts propo et. ( <b>Tip</b> :	ADDRES  STATE  upplied upther entite	transfer are or will te and attach Supples ander a water service ty.	be located within or served by emental Form D.)
Check here if any of the an irrigation or other was IRRIGATION DISTRICT NAME  CITY  Check here if water for a	water rig ter distric	hts propo et. ( <b>Tip</b> :	ADDRES STATE	transfer are or will te and attach Supples ander a water service ty.	be located within or served by emental Form D.)
Check here if any of the an irrigation or other was IRRIGATION DISTRICT NAME  CITY  Check here if water for a for stored water with a feet	water rig ter distric	hts propo et. ( <b>Tip</b> :	ADDRES  STATE  upplied upther entite	transfer are or will te and attach Supples ander a water service ty.	be located within or served by emental Form D.)
Check here if any of the an irrigation or other was IRRIGATION DISTRICT NAME  CITY  Check here if water for a for stored water with a feet stored water wa	water rig	hts proport. ( <b>Tip</b> : erights suency or o	ADDRES  STATE  ADDRES  STATE  ADDRES  STATE  ADDRES  STATE	transfer are or will te and attach Supples under a water servicity.	be located within or served by emental Form D.)  ZIP  ce agreement or other contract
Check here if any of the an irrigation or other was IRRIGATION DISTRICT NAME  CITY  Check here if water for a for stored water with a feet stored water wa	water rig	hts proport. ( <b>Tip</b> : erights suency or o	ADDRES  STATE  ADDRES  STATE  ADDRES  STATE  ADDRES  ADDRES  ADDRES  ADDRES  ADDRES  ADDRES  ADDRES  ADDRES	transfer are or will te and attach Supples ander a water service ty. S ou must list all couliction water will be	be located within or served by emental Form D.)  ZIP  ce agreement or other contract  ZIP  nty, city, municipal
Check here if any of the an irrigation or other was IRRIGATION DISTRICT NAME  CITY  Check here if water for a for stored water with a fer stored water	water rig	hts proport. ( <b>Tip</b> : erights suency or o	ADDRES  STATE  ADDRES  STATE  ADDRES  STATE  ADDRES  ADDRES  ADDRES  ADDRES  ADDRES  ADDRES  ADDRES  ADDRES	transfer are or will te and attach Supples ander a water service ty.  Sou must list all couliction water will be	be located within or served by emental Form D.)  ZIP  ce agreement or other contract  ZIP  nty, city, municipal
Check here if any of the an irrigation or other was irrigation or other was irrigation district name.  CITY  Check here if water for a for stored water with a few stored water with a few stored water with a few stored.  ENTITY NAME  CITY  To meet State Land Use Concorporation, or tribal governmental gov	water rig	hts proport. ( <b>Tip</b> : erights suency or o	ADDRES  STATE  ADDRES  STATE  ADDRES  STATE  ADDRES  Ments, ye se jurisd  ADDRES  10 Sout STATE	transfer are or will te and attach Supples ander a water service ty. s ou must list all couliction water will be s h Oakdale Ave	be located within or served by emental Form D.)    ZIP
Check here if any of the an irrigation or other was irrigation or other was irrigation district name.  CITY  Check here if water for a for stored water with a few stored water water stored water stored water stored water stored water stored water with a few stored water water stored water stored water water stored water stored water with a few stored water w	water rig	hts proport. ( <b>Tip</b> : erights suency or o	ADDRES  STATE  Ipplied upther enti  ADDRES  STATE  Ments, years jurisd  ADDRES  10 Sout  STATE  OR	transfer are or will te and attach Supples ander a water service ty. s ou must list all couliction water will be s h Oakdale Ave	be located within or served by emental Form D.)    ZIP

## **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.

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.

### **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.

RECEIVED BY OWRD

JAN 2 0 2017

Please use a separate Part 5 for each water right being changed. See instructions on page 6, to copy and paste additional Part 5s, or to add additional rows to tables within the form.

**Description of Water Delivery System** 

## **CERTIFICATE # 12020**

Systen	System capacity: <u>0.01</u> cubic feet per second (cfs) <b>OR</b>												
gallons per minute (gpm)													
five yeand ap spring appro spring tank (steel p the pr locate convermap.	ears. Include interply the water at the poil in the po	formation on the authorized nt of exit of exit of all contains to the contains to the contains to the contains is directly 1,000 gallouestic place of tank is directly the property to the contains the	the pumed place of the spring he approainment in s). Was fuse in the ted to a minary he domestic	ps, canals of use. T ng water oximately area is o ter from the NW/N second h olding ta place of	s, pipe he sp from y 3 fo conve the p NW a coldin ink.	the hill of wide yed via rimary s showing tank Water in the N	ater is lside. e, by 5 1" por holdin on a (App. from the NE/NV	A sma 6 feet loo bly tube ing tan attached roxima the second V as sh	ome time within the last used to divert, convey red in a small dug out all earthen containment ong and 1 foot deep to the primary holding k is then conveyed via and 1 map. Overflow from ately 1,000 gallons) ondary holding tank is own on the attached  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)	Тwp	Rng	Sec	<i>y</i> <sub>4</sub> <i>y</i> <sub>4</sub>		Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)				
POD#1	□ Authorized     □ Proposed		33 S	1 W	19	NE	NW	2100	1096' S. & 1844' E. from the NW Corner of Sec. 19, T. 33S., R. 1W.				
	☐ Authorized ☐ Proposed								RECEIVED BY OW				
	☐ Authorized ☐ Proposed								JAN <b>2 0</b> 2017				
	☐ Authorized ☐ Proposed								SALEM, OR				
Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses):  Place of Use (POU)  Supplemental Use to Primary Use (S to P)													
	Character of	Use (USE)				Point of Appropriation/Well (POA)							
	Point of Dive	ersion (POD)	ı	1		Additional Point of Appropriation (APOA)							
	Additional P	oint of Diver	sion (AP	OD)		Substitu	ution (	(SUB)					

Surface Water POD to Ground Water

POA (SW/GW)

Government Action POD (GOV)

X Yes	Complete only the Proposed ("to" or "on" lands) section of Table 2 on the next page. "CODES" listed above to describe the proposed changes.	Use the
☐ No	Complete all of Table 2 to describe the portion of the water right to be changed.	
		pu
	RECEIVED BY OWR	D

JAN 2 0 2017

SALEM, OR

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 # 12020

List the change proposed for the acreage in each ½ 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.

Th	ne l				appe	ears of	n the	certific	cate BE		nds) POSED CHA	NGES	Proposed Changes (see			The	e lis	ting			appea		TER P	on" lands) ROPOSED	CHANG	ES
Twp	F	Rng		ec		1/4	Tax Lot	Gvt Lot or DLC		Type of USE listed on Certificate	POD(a) as	Priority Date	"CODES" from previous page)	3		Twp Rng		Sec			Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date
													EXAMPLE											TO COLOR DE LA CONTROL DE LA C		
2 8	1	9 1	E	15	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
	T	T												2	S	9	E	2	sw	NW	500		5.0		POD #6	1901
													POU/USE	33	S	1	w	19	NE	NW	2100		5.2	Nursery	POD#1	1935
					·								POU/USE	33	S	1	w	19	NW	NW	2100		0.18	Nursery	POD#1	1935
		1																								
-	-	-	-																							
-	-	+	+																							
+	+	+	+													_										
	1	1			-																					
4			-																							
		1																								
<u>n</u>					,	ГОТА	L AC	RES:									-		,	ГОТА	L ACI	RES:	5.38			-

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

RECEIVED BY OWRD

Revised 7/1/2013

Permanent Transfer Application Form - Page 9 of 10

TACS

JAN 2 0 2817

## For Place of Use or Character of Use Changes

- 0		01 011111111	- 0- 0.00	8						
		water right ce or the "to" la		-	*	or ground	water regis	strations as	sociated	
If Y	ES, list the	certificate, w	ater use	permit, or	ground v	vater regist	ration num	pers: 2081	<u>&amp; 19710.</u>	
a pri to a g	mary right	S 540.510, ar proposed for er registration	transfer	must be in	ncluded in	the transf	er or be can	celled. Ar	ny change	
For Su	bstitution	(ground wate irrigation)	er supple	mental irr	igation w	ill be subst	ituted for si	urface wate	er primary	
		ipplemental I			te #	نـ		RECE	IVED BY (	OWRD
For a	change from	m Suppleme	ntal Irri	gation Us	e to Prin	nary Irriga	ation Use	J	AN 2 0 201	7
		nary certifica							SALEM, OF	}
For a	change in p	ooint(s) of ap	propria	tion (well	(s)) or ac	lditional p	oint(s) of a	ppropriat	ion:	
	with the co Tip: You i http://apps	are attached presponding may search fo wrd.state.or.	well(s) i	n Table 1 ogs on the	above an	d on the acent's web p	companying			
AND										
	have a well requested i	he construction log. For profession endogramation endogramation endogramation endogramation endogramation endogramatical endogramatica endogramatical endogramatical endogramatical endogramatical endogramatical endogramatical endogramatical endogramatical endogr	oposed velement i	vells not y n the table	et construe. The De	ucted or but partment re	ilt, provide ecommends	"a best est you consu	imate" for o	each d well
Any wel accompa applicati well(s) v	l(s) in this lanying appli on until it is vill access t	on of Point(s isting must b cation map. s received. T he same sour om approvin	e clearly Failure the informace aquife	tied to co to provide mation is a er as the a	rrespondi the informacessary uthorized	for the dep point(s) of	delay the partment to appropriat	assess who ion (POA)	of your tran	nsfer oposed
roposed 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 han full rate of water right

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 han full rate of water right