



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

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

Part 1 of 5 – Minimum Requirements Checklist

This application will be returned if Parts 1 through 5 and all required attachments are not completed and included.
 For questions, please call (503) 986-0900, and ask for Transfer Section.

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Check all items included with this application.

- ✓ Part 1 – Completed Minimum Requirements Checklist. FEB 13 2017
- ✓ Part 2 – Completed Application Map Checklist. SALEM, OR
- ✓ Part 3 – Completed Application with non-refundable \$125.00 Application Fee, Applicant(s) Information and Signature(s).
- ✓ Part 4 – Other Landowner Information and proportionate rate(s).
- ✓ Part 5 – Water Right Permit Information. List the permit number to be assigned here: **G-17014.**

Attachments:

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

INSTRUCTIONS for editing the Application Form

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

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

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

Part 2 of 4 –Application Map Checklist

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

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

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

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

Please use additional pages as needed

Part 3 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME COMPANY FARM (TOM & FAWN KERNS)		MAP ID (LETTER OR NUMBER) TL 6900 - A	PHONE NO. 541-403-0824	ADDITIONAL CONTACT NO.
ADDRESS 13967 HUNT MOUNTAIN LANE				FAX NO.
CITY Baker City	STATE OR	ZIP 97814	E-MAIL	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.				

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

AGENT/BUSINESS NAME TOM KERNS		PHONE NO. 541-403-0824	ADDITIONAL CONTACT NO.	
ADDRESS 13974 LAUNCHPAD LN.				FAX NO.
CITY HAINES	STATE OR	ZIP 97833	E-MAIL FAWNKERNS@GMAIL.COM	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.				

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

I (we) understand the following:

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

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I (we) affirm that the most recent water use (if any) under my (our) portion of the permit has been exercised within the relevant terms and conditions of the permit. FEB 13 2017

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



Tom Kerns
Applicant signature

Tom Kerns
Name (and title if applicable) (print)

2-3-17
Date

Fawn Kerns
Applicant signature

Fawn KERNS
Name (and title if applicable) (print)

Date

Applicant Information

APPLICANT/BUSINESS NAME COMPANY FARM (K-DIAMOND RANCH LLC)			MAP ID (LETTER OR NUMBER) A	PHONE NO. 541-403-1212	ADDITIONAL CONTACT NO.
ADDRESS 45298 POCAHONTAS RD.					FAX NO.
CITY Haines	STATE OR	ZIP 97833	E-MAIL		
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.					

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ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	
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I (we) affirm that the information contained in this application is true and accurate.



<u>L. Paul Kue</u> Applicant signature	<u>Pres</u> Name (and title if applicable) (print)	<u>2/6/17</u> Date
<u>Max Johnson</u> Applicant signature	<u>Sec.</u> Name (and title if applicable) (print)	<u>2/06/2017</u> Date

Applicant Information

APPLICANT/BUSINESS NAME COMPANY FARM (ELDON & HOPE BUCKNER)			MAP ID (LETTER OR NUMBER) A	PHONE NO. 541-523-6109	ADDITIONAL CONTACT NO.
ADDRESS 13967 HUNT MOUNTAIN LN.					FAX NO.
CITY BAKER CITY	STATE OR	ZIP 97814	E-MAIL		
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.					

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<u>Eldon L. Buckner</u> Applicant signature	<u>Eldon L. Buckner - Owner</u> Name (and title if applicable) (print)	<u>2/6/17</u> Date
<u>Hope T. Buckner</u> Applicant signature	<u>Hope T. Buckner - Co-owner</u> Name (and title if applicable) (print)	<u>2/6/17</u> Date

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SALEM, OR

12650

ACCEPTED
4-3-17

Applicant Information

APPLICANT/BUSINESS NAME COMPANY FARM (GREG & JOYCE ROBERTS)			MAP ID (LETTER OR NUMBER) A	PHONE NO. 360-253-5783	ADDITIONAL CONTACT NO.
ADDRESS 8906 NE 202 AVE.					FAX NO.
CITY Vancouver	STATE WA	ZIP 98682	E-MAIL GREGROBERTS@GMAIL.COM		
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.					

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<u><i>Gregory N. Roberts</i></u> Applicant signature	GREGORY N. ROBERTS Name (and title if applicable) (print)	2/2/17 Date
<u><i>Joyce Roberts</i></u> Applicant signature	Joyce Roberts Name (and title if applicable) (print)	2/2/2017 Date

Applicant Information

APPLICANT/BUSINESS NAME COMPANY FARM (AVERETT RANCH, LLC)			MAP ID (LETTER OR NUMBER) A	PHONE NO. 541-403-1815	ADDITIONAL CONTACT NO.
ADDRESS 13619 HUNT MOUNTAIN LN.					FAX NO.
CITY BAKER CITY	STATE OR	ZIP 97814	E-MAIL		
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.					

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

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_____ Applicant signature	_____ Name (and title if applicable) (print)	_____ Date	FEB 13 2017
_____ Applicant signature	_____ Name (and title if applicable) (print)	_____ Date	SALEM, OR

Applicant Information

APPLICANT/BUSINESS NAME COMPANY FARM (GREG & JOYCE ROBERTS)			MAP ID (LETTER OR NUMBER) A	PHONE NO. 360-253-5783	ADDITIONAL CONTACT NO.
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I (we) affirm that the most recent water use (if any) under my (our) portion of the permit has been exercised within the relevant terms and conditions of the permit.

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

SEE ATTACHED PAGE

Applicant signature _____ Name (and title if applicable) (print) _____ Date _____

Applicant signature _____ Name (and title if applicable) (print) _____ Date _____

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Applicant Information

APPLICANT/BUSINESS NAME COMPANY FARM (AVERETT RANCH, LLC)			MAP ID (LETTER OR NUMBER) A	PHONE NO. 541-403-1815	ADDITIONAL CONTACT NO.
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I (we) affirm that the most recent water use (if any) under my (our) portion of the permit has been exercised within the relevant terms and conditions of the permit.

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

Jodie M Averett
Applicant signature _____ Name (and title if applicable) (print) Jodie M Averett Date 02-07-17

Thomas H. Averett
Applicant signature _____ Name (and title if applicable) (print) Thomas H. Averett Date 02-07-17

ACCEPTED
4-3-17

Please use additional pages as needed

Part 4 of 5 – Other Landowner Information

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

Landowner Information

LANDOWNER/BUSINESS NAME KERNS RAINBOW RANCH C/O TIM & JAN KERNS		MAP ID (LETTER OR NUMBER) TL 100, 400, 500, 600, 700, 2201 - B	
MAILING ADDRESS 45917 QUAIL RD.	CITY HAINES	STATE OR	ZIP 97833
TOTAL NUMBER OF ACRES UNDER THE PERMIT (AS DEPICTED ON MAP) 383 AC	PROPORTIONATE RATE 2.5 CFS		

Landowner Information

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

Landowner Information

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

Landowner Information

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

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Part 5 of 5 – Permit Information

PERMIT # G-17014

Completion date of the permit: 10-1-2017

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Name(s) currently appearing on permit: KERNS RAINBOW RANCH, INC

FEB 13 2017

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

SALEM, OR

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

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

POD/POA Name or Number	If POA, OWRD Well Log ID# (or Well ID Tag # L-___)	Twp	Rng	Sec	¼ ¼	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Boys Place No. 1	BAKE 1897	8 S	39 E	7	NE NW		960' SOUTH & 2160' EAST FROM THE NW CORN. OF SECT. 7
Bank Place No. 2		8 S	39 E	18	SE NW		1400' SOUTH & 50' WEST FROM THE N1/4 CORN. OF SECT. 18
Well No. 1 (Home Place No.3)	BAKE 50701	8 S	38 E	12	NE NE		10' SOUTH & 450' WEST FROM THE NE CORN. OF SECT. 12
Well No. 2 (Company Farm No.4)	BAKE 50624	8 S	39 E	28	NW NW		660' SOUTH & 165' EAST FROM THE NW CORN. OF SECT. 28
Well No. 2 (Sackos Place No.5)		8 S	38 E	12	NW SE		10' SOUTH & 330' EAST FROM THE C1/4 CORN. OF SECT. 12
Well No. 3 (Boys Place No.2)	BAKE 50955	8 S	39 E	6	SW SW		1120' NORTH & 50' EAST FROM THE SW CORN. OF SECT. 6
Well No. 4 (Ward 40 No.7)		8 S	39 E	7	NE NE		1000' SOUTH & 1315' WEST FROM THE NE CORN. OF SECT. 7
Well No. 8 (Ward 40 No.2)		8 S	39 E	7	NE NE		1310' SOUTH & 1310' WEST FROM THE NE CORN. OF SECT. 7
Well No. 10		8 S	38 E	1	SE NW		1531' SOUTH & 2340' EAST FROM THE NW CORN. OF SECT. 1
Well No. 11		8 S	38 E	1	SE SE		1210' NORTH & 868' WEST FROM THE SE CORN. OF SECT. 1
Well No. 12		8 S	39 E	7	NE NE		265' SOUTH & 1158' WEST FROM THE NE CORN. OF SECT. 7
Well No. 13		8 S	39 E	18	SE NW		1709' SOUTH & 2037' WEST FROM THE NW CORN. OF SECT. 18

ACCEPTED

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Please use additional pages of Table 2 as needed

Table 2. Description of Permit # G-17014.

List all parts of the permit (both assigned and unassigned). For the acreage or place(s) of use in each ¼ ¼, list the Map ID (letter or number from map and Parts 3 and 4) for each parcel. The acreage listed must equal the total acreage on the permit.

Description of Permitted Lands												
Twp	Rng	Sec	¼ ¼		Tax Lot	Gvt Lot or DLC	Acre (if applicable)	Type of Use	POD(s) or POA(s) (name or number from Table 1)	Map ID (letter or number from map and Parts 3 and 4)		
2	S	9	E	15	NE	NW	100		15.0	IR	POD #1	"A"
2	S	9	E	15	NE	NW	200		4.0	NU	POD #2	"B"
↑EXAMPLE↑												
8	S	38	E	1	SW	NW	100		32.0	IS	All 12 Above	B
8	S	38	E	1	SE	NW	100		38.0	IS	"	B
8	S	38	E	1	NE	SW	100		40.0	IS	"	B
8	S	38	E	1	NW	SW	100		40.0	IS	"	B
8	S	38	E	1	SW	SW	100		39.0	IS	"	B
8	S	38	E	1	SE	SW	100		24.0	IS	"	B
8	S	38	E	1	SW	SE	100		8.0	IS	"	B
8	S	38	E	2	SW	NE	500		24.0	IS	"	B
8	S	38	E	2	SE	NE	600		40.0	IS	"	B
8	S	38	E	2	NE	SE	700		36.0	IS	"	B
8	S	38	E	2	NW	SE	700		19.0	IS	"	B
8	S	38	E	2	SE	SE	700		7.0	IS	"	B
8	S	38	E	12	NE	NE	2201		10.0	IS	"	B
8	S	38	E	12	NW	NE	2201		8.0	IS	"	B
8	S	38	E	12	NE	NW	100/2201		40.0	IS	"	B
8	S	38	E	12	NW	NW	2201		16.0	IS	"	B
8	S	39	E	28	NE	NW	6900		40.0	IS	"	A
8	S	39	E	28	NW	NW	6900		40.0	IS	"	A
8	S	39	E	28	SW	NW	6900		40.0	IS	"	A
8	S	39	E	28	SE	NW	6900		40.0	IS	"	A
							TOTAL ACRES		581.0			

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4/3/17

Check the appropriate box, if applicable:

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

IRRIGATION DISTRICT NAME	ADDRESS	
CITY	STATE	ZIP

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

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

Additional Remarks:

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 www.wrd.state.or.us

Application to Split A Permit and Request for Issuance of Replacement Permits

Affidavit of Non-Conveyance and Reading of Permit G-17014

State of Oregon)
) ss
 County of Baker)

I/We, AVERETT RANCH LLC {TOM & JODIE AVERETT}, mailing address 13619 HUNT MOUNTAIN LN. BAKER CITY, OR 97814, telephone number (541)403-1815, being first duly sworn depose and say:

1. Permit G-17014, has not been conveyed or withheld and remains appurtenant to my/our land.
2. I/We attest that I/we have read Permit G-17014.

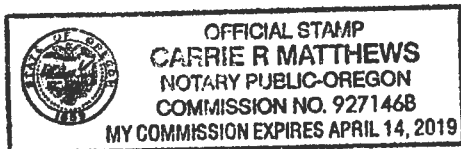
Jodie M. Averett
 Signature of Affiant

2-7-17
 Date

Thomas H. Averett
 Signature of Affiant

2-7-17
 Date

Signed and sworn to (or affirmed) before me this 7th day of February, 2017.



Carrie R. Matthews
 Notary Public for Oregon

My Commission Expires: 4/4/2019

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4-3-17



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Application to Split A Permit and Request for Issuance of Replacement Permits

Affidavit of Non-Conveyance and Reading of Permit G-17014

State of Oregon)
) ss
 County of Baker)

I/We, GREG & JOYCE ROBERTS, mailing address 8906 NE 202 AVE. VANCOUVER, WA 98682, telephone number (360)253-5783, being first duly sworn depose and say:

1. Permit G-17014, has not been conveyed or withheld and remains appurtenant to my/our land.
2. I/We attest that I/we have read Permit G-17014.

Suzan A. Hobbs
 Signature of Affiant

2/2/17
 Date

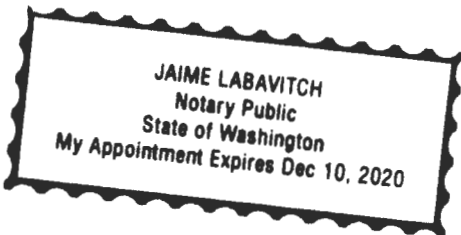
Joyce Roberts
 Signature of Affiant

2/2/2017
 Date

Signed and sworn to (or affirmed) before me this 2nd day of February, 2017.

[Signature]
 Notary Public for ~~Oregon~~ WASHINGTON

My Commission Expires: December 10, 2020



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State of Oregon)
) ss
 County of Baker)

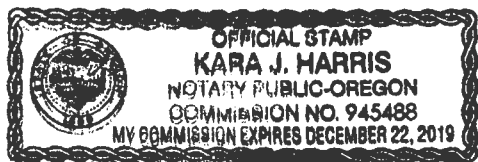
I/We, ELDON & HOPE BUCKNER, mailing address 13967 HUNT MOUNTAIN LN, BAKER CITY, OR 97814, telephone number (541)523-6109, being first duly sworn depose and say:

1. Permit G-17014, has not been conveyed or withheld and remains appurtenant to my/our land.
2. I/We attest that I/we have read Permit G-17014.

Eldon J. Buckner 2/6/17
 Signature of Affiant Date

Hope J. Buckner 2/6/17
 Signature of Affiant Date

Signed and sworn to (or affirmed) before me this 6th day of February, 2017.



[Signature]
 Notary Public for Oregon

My Commission Expires: Dec 22nd 2019

RECEIVED BY OWRD

FEB 13 2017

SALEM, OR

ACCEPTED
4-3-17



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

Application to Split A Permit and Request for Issuance of Replacement Permits

Affidavit of Non-Conveyance and Reading of Permit G-17014

State of Oregon)
)
 County of Baker)

I/We, TOM & FAWN KERNS, mailing address 13974 LAUNCHPAD LN., HAINES, OR 97833, telephone number (541)403-0824, being first duly sworn depose and say:

1. Permit G-17014, has not been conveyed or withheld and remains appurtenant to my/our land.
2. I/We attest that I/we have read Permit G-17014.

T. Kerns
 Signature of Affiant

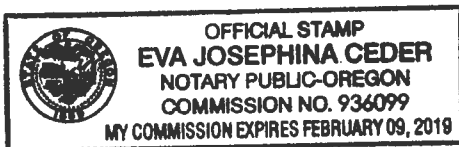
12-29-16 RECEIVED BY OWRD
 Date

Fawn Kerns
 Signature of Affiant

12-29-16
 Date

FEB 13 2017
 SALEM, OR

Signed and sworn to (or affirmed) before me this 29th day of December, 2016.



[Signature]
 Notary Public for Oregon

My Commission Expires: 02/09/2019

RECEIVED BY OWRD

JAN 03 2017

SALEM, OR
 ACCEPTED
4-3-17



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

Application to Split A Permit and Request for Issuance of Replacement Permits

Affidavit of Non-Conveyance and Reading of Permit G-17014

State of Oregon)
) ss
 County of Baker)

I/We, K-DIAMOND RANCH LLC {LORENCE (BRENT) & MARY KERNS}, mailing address 45298 POCAHONTAS RD., HAINES, OR 97833, telephone number (541)403-1212, being first duly sworn depose and say:

1. Permit G-17014, has not been conveyed or withheld and remains appurtenant to my/our land.
2. I/We attest that I/we have read Permit G-17014.

[Signature]
 Signature of Affiant

2/6/17
 Date

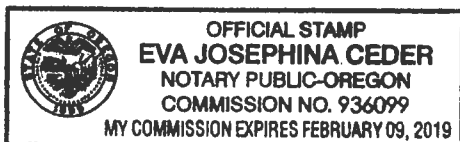
[Signature]
 Signature of Affiant

2/06/2017
 Date

Signed and sworn to (or affirmed) before me this 6th day of February, 2017.

[Signature]
 Notary Public for Oregon

My Commission Expires: 02/09/2019



RECEIVED BY OWRD

FEB 13 2017

SALEM, OR