

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.

RECEIVED BY OWRD Check all items included with this application. FEB 1 3 2017 Part 1 – Completed Minimum Requirements Checklist. X SALEM, OR Part 2 - Completed Application Map Checklist. X 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: XI. 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. X 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 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.

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

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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.

perim map	ap shall not include any unauthorized change to the authorized place of use outside of its original neters as exhibited on the original water right application map or approved permit amendment p nor any unauthorized change to the location of the point(s) of diversion or appropriation as xhibited 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/ .
$\boxtimes V$	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, or up to 30 x 30 inches. For 30 x 30 inchemaps, one additional paper copy and an electronic copy in a .pdf, .tiff or .jpg format is required.
f	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, 1/4 1/4, DLC, Government Lot, and other recognized public land survey lines.
$\boxtimes $	ax 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.
C C	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.
ا د د د	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 location of each authorized point of diversion or appropriation. Application - Page 2

4/2/17

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.

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portion of the permit shall be clearly labeled on the map.

Revised 9/24/15

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, CO ORDER AND REPLACEMENT PERMIT DOG				E DEPARTMENT ELECTRON	ICALLY. COPIES OF THE FINAL

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

AGENT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.
TOM KERNS			541-403-0824	
ADDRESS	•			FAX NO.
13974 LAUNCHPAD LN.	,			
CITY	STATE	ZIP	E-MAIL	
Haines	OR	97833	FAWNKERNS@GMA	AIL.COM
BY PROVIDING AN E-MAIL AD	DRESS, CONSENT IS GIVEN TO	RECEIVE ALL CORF	RESPONDENCE FROM THE DEPART	MENT ELECTRONICALLY. COPIES OF THE
FINAL ORDER AND REPLACES	MENT PERMIT DOCUMENTS W	TLL ALSO BE MAILE	D.	

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
- 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 permitted 1 3 2017 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.

SALEM, OR

Revised 9/24/15

Application - Page 3 of 8

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APPLICANT/BUSINESS N	AME		MAPID	PHONE NO.	ADDITIONAL CONTACT	
Company Farm	PANY FARM		(LETTER OR NUMBER)	541-403-1212	NO.	
(K-DIAMOND RANCH L	LLC)		A			
ADDRESS					FAX NO.	
45298 POCAHONTAS R	D.					
CITY	STATE	ZIP	E-MAIL	,,,,		
Haines	OR	97833				
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Agent Information -	- This agent is authorized to re	present the above applicant in al	l matters relating to this application
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ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	
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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.



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Applicant signature	Name (and title if applicable) (print)	Date
Jaes John	5ec.	2/06/2017
Applicant signature	Name (and title if applicable) (print)	Dåte

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	STATE	ZIP	E-MAIL		
Baker City	OR	97814			
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Agent Information - This agent is authorized to represent the above applicant in all matters relating to this application

AGENT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	
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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.

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FEB 1 3 2017

APPLICANT/BUSINESS NAME COMPANY FARM			MAP	ID PR OR NUMBER)	PHONE 360-25		ADDITIONAL CONTACT
GREG & JOYCE ROBERTS)			A	,	300-23	3-5765	NO.
ADDRESS							FAX NO.
906 NE 202 AVE.							
CITY	STATE	ZIP	E-MA				
/ancouver	WA	98682		NROBERTS@G			Converge on The Charles
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ADDRESS						FAX NO.	
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pplicant Information APPLICANT/BUSINESS NAME COMPANY FARM (A VERETT RANCH, LLC) ADDRESS 13619 HUNT MOUNTAIN LN. CITY BAKER CITY	STATE	ZIP 97814	MAP (LETTI A	ID ER OR NUMBER)	PHONE 541-40	Date 7	ADDITIONAL CONTACT NO.
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Applicant	Information									
APPLICANT	BUSINESS NAME				MAP	1D	PHONE	N()	ADDITIONAL CON	ГАСТ
COMPANY I						ER OR NUMBER)	360-25		NO.	IAC I
	DYCE ROBERTS)				Α		300 23	5 5 7 65	110.	
ADDRESS 8906 NE 20									FAX NO.	
CITY) = 1 Y L.,	STATE	ZIP)	E-MA				1	
Vancouver		WA		682		nroberts@g	MAILCOM	1		9
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AGENT/BUS	INESS NAME					PHONE NO.		ADDITION	NAL CONTACT NO.	
ADDRESS						<u> </u>		FAX NO.		
CITY		STAT	E	ZIP		E-MAIL		I		†
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	I (we) affirm that permit has been									
	I (we) affirm tha	at the info	rma	ation conta	ined in	this applicat	ion is tr	ue and ac	curate.	
	SEF	ATTI	101	1/1	DA	GE			RECEIVE	BY OWRE
	Applicant signature	7111	101		ne (and titl	e if applicable) (p	rint)	Date		DI OVVIIL
¥./	Apprount signature				10 (11110 1111	е п пррпопото, (р	,	171110	CCO 4	0.00
7							-:	Data	FR J	3 2017
	Applicant signature			Nan	ne (and titl	e if applicable) (p	rint)	Date		
Applicant	t Information								SALE	M, OR
	BUSINESS NAME				MAP	11)	PHONE	N()	ADDITIONAL CON	TACT
COMPANY	120011111111111111111111111111111111111				1	ER OR NUMBER)		3-1815	NO.	IACI
	RANCH, LLC)				Α	,	341440	5-1015	No.	
ADDRESS	ica.veri, bbej							<u> </u>	FAX NO.	
	T MOUNTAIN LN.								TAX NO.	
CITY	THOUTHINEIN.	STATE	ZIF)	E-MA					
BAKER CIT	·V	OR	1	814	Lawin	VII.				
BY PROVIDIN	G AN E-MAIL ADDRESS, CC REPLACEMENT PERMIT DO	DNSENT IS GIV	EN TO	RECEIVE ALL C	ORRESPON	DENCE FROM THE	DEPARTMEN	IT ELECTRONI	CALLY. COPIES OF THE F	INAL
Agent Inf	ormation – This a	agent is aut	horiz	zed to repres	ent the a	bove applicant	in all mat	tters relatin	g to this application	
AGENT/BUS	SINESS NAME					PHONE NO.		ADDITIO	NAL CONTACT NO.	
ADDRESS								FAX NO.		
CITY		STA	ГE	ZIP		E-MAIL				_
	G AN E-MAIL ADDRESS, CC R AND REPLACEMENT PER					IDENCE FROM THE	DEPARTMEN	NT ELECTRONI	ICALLY. COPIES OF THE	
	I (we) affirm th	at the mo	st re	cent water	use (if	anv) under i	nv (our)	portion o	of the	
	permit has been									
	•			I.						
	I (we) affirm the	at the inf	D F	tion conta	ined in	this applica	tion is tr	ue and ac	ccurate.	
	VOULL IVI	XXXXX	III	M -	Todie	M AUGR	ETT	02-0	77-17	
	Applied ht signature	~ <u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>	1,	Nar	ne (and tit	le if applicable) (p	orint)	Date	, , ,	
- /	1/2001-16/	(inth	#			SH. AVE		127 1	77-17	
,	Juniary 19	· CCV	Ţ			le if applicable) (p		Dota D	(-1/	
	Applicant signature			in ai	ne (and tit	те и аррисаріе) ([JUILLY	Date		

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Application - Page 4 of 8

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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.

andowner Information Landowner/Business Name				Map ID
KERNS RAINBOW RANCH				(LETTER OR NUMBER)
C/O TIM & JAN KERNS				TL 100, 400, 500, 600
				700, 2201 - B
Majling address		CITY	STATE	ZIP
45917 Quail Rd.		HAINES	OR	97833
TOTAL NUMBER OF ACRES UNDER THE	PROPORTIONATE			
PERMIT (AS DEPICTED ON MAP)	RATE			
383 AC	2.5 CFS			
Landowner Information				Manus
LANDOWNER/BUSINESS NAME				MAP ID (LETTER OR NUMBER)
				(LETTER ORTHONISER)
MAILING ADDRESS		CITY	STATE	ZIP
TOTAL NUMBER OF ACRES UNDER THE		ł		
	PROPORTIONATE			
PERMIT (AS DEPICTED ON MAP)	RATE			
PERMIT (AS DEPICTED ON MAP)				MAP ID (LETTER OR NUMBER)
PERMIT (AS DEPICTED ON MAP) Landowner Information				(LETTER OR NUMBER)
PERMIT (AS DEPICTED ON MAP) Landowner Information		CITY	STATE	
PERMIT (AS DEPICTED ON MAP) Landowner Information LANDOWNER BUSINESS NAME MAILING ADDRESS	RATE	CITY	STATE	(LETTER OR NUMBER)
PERMIT (AS DEPICTED ON MAP) Landowner Information LANDOWNER BUSINESS NAME MAILING ADDRESS TOTAL NUMBER OF ACRES UNDER THE		CITY	STATE	(LETTER OR NUMBER)
PERMIT (AS DEPICTED ON MAP) Landowner Information LANDOWNER BUSINESS NAME MAILING ADDRESS	PROPORTIONATE	CITY	STATE	(LETTER OR NUMBER)
PERMIT (AS DEPICTED ON MAP) Landowner Information LANDOWNER BUSINESS NAME MAILING ADDRESS TOTAL NUMBER OF ACRES UNDER THE	PROPORTIONATE	CITY	STATE	(LETTER OR NUMBER)
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PERMIT (AS DEPICTED ON MAP) LANDOWNER BUSINESS NAME MAILING ADDRESS TOTAL NUMBER OF ACRES UNDER THE PERMIT (AS DEPICTED ON MAP)	PROPORTIONATE	CITY	STATE	(LETTER OR NUMBER) ZIP
PERMIT (AS DEPICTED ON MAP) Landowner Information LANDOWNER BUSINESS NAME MAILING ADDRESS TOTAL NUMBER OF ACRES UNDER THE	PROPORTIONATE	CITY	STATE	(LETTER OR NUMBER) ZIP MAP ID
Landowner Information Landowner Business Name Mailing address Total Number of Acres under the Permit (as depicted on map) Landowner Information	PROPORTIONATE	CITY	STATE	(LETTER OR NUMBER) ZIP
Landowner Information Landowner Business Name Mailing address Total Number of Acres under the Permit (as depicted on map) Landowner Information	PROPORTIONATE	CITY	STATE	(LETTER OR NUMBER) ZIP MAP ID
Landowner Information Landowner Business name Mailing address Total Number of Acres under the Permit (as depicted on map) Landowner Information Landowner/Business name Mailing address	PROPORTIONATE RATE			(LETTER OR NUMBER) ZIP MAP ID (LETTER OR NUMBER)
Landowner Information Landowner Business Name Mailing address Total Number of Acres under the Permit (as depicted on map) Landowner Information Landowner/Business Name	PROPORTIONATE			(LETTER OR NUMBER) ZIP MAP ID (LETTER OR NUMBER)

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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 1 3 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)	T	wp	Rı	ng	Sec	1/4	11/4	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.		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.		8	S	39	E	18	SE	NW		1709' SOUTH & 2037' WEST FROM THE NW CORN. OF SECT. 18

List <u>all</u> parts of the permit (both assigned and unassigned). For the acreage or place(s) of use in each ½ 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.

							De	escript	ion of Perm	itted Lands		
T	wp	R	ng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	Type of Use	POD(s) or POA(s) (name or number from Table 1)	Map ID (letter or number from map and Parts 3 and 4)
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"
							1	小	EXAMP			
8	S	38	E	1	SW	NW	100		32.0	IS	All 12 Above	В
8	S	38	E	1	SE	NW	100		38.0	IS	46	В
8	S	38	E	1	NE	sw	100		40.0	IS	66	В
8	S	38	E	1	NW	sw	100		40.0	IS	66	В
8	S	38	E	1	SW	SW	100		39.0	IS	66	В
8	S	38	E	1	SE	SW	100		24.0	IS	66	В
8	S	38	E	1	sw	SE	100		8.0	IS	66	В
8	S	38	E	2	sw	NE	500		24.0	IS	66	В
8	S	38	E	2	SE	NE	600		40.0	IS	66	В
8	S	38	E	2	NE	SE	700		36.0	IS	66	В
8	S	38	E	2	NW	SE	700		19.0	IS	66	В
8	S	38	E	2	SE	SE	700		7.0	IS	"	В
8	S	38	E	12	NE	NE	2201		10.0	IS	66	В
8	S	38	E	12	NW	NE	2201		8.0	IS	66	В
8	S	38	E	12	NE	NW	100/ 2201		40.0	IS	66	В
8	S	38	E	12	NW	NW	2201		16.0	IS	66	В
8	S	39	E	28	NE	NW	6900		40.0	IS	66	A
8	S	39	E	28	NW	NW	6900		40.0	IS	66	A
8	S	39	E	28	sw	NW	6900		40.0	IS	66	A
8	S	39	E	28	SE	NW	6900		40.0	IS	46	A
					T	OTAI	ACR	ES	581.0		1	

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Application - Page 7 of 8

ACCEPTED 4/3/17

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Check the appropriate box, if applic	able:		
Check here if any portion of the	permit is located within an	irrigation or other water distric	et.
IRRIGATION DISTRICT NAME	ADDRESS		
CITY	STATE	ZIP	
Check here if water for any portion other contract for stored water with		•	nt or
ENTITY NAME	ADDRESS		
CITY	STATE	ZIP	

Additional Remarks:

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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 <u>G-17014</u>

State of Oregon)
) ss
County of Baker)

I/We, <u>Averett Ran CH LLC {Tom & Jodie Averett}</u>, mailing address <u>13619 Hunt Mountain Ln. Baker City, OR 97814</u>, telephone number (<u>541)403-1815</u>, being first duly sworn depose and say:

1. Permit <u>G-17014</u>, 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 of Affiant

Cianatura of Affiant

2-7-17

Date

2-7-17 Date

Signed and sworn to (or affirmed) before me this $\frac{7^{th}}{2^{th}}$ day of $\frac{\text{February}}{2^{th}}$, $\frac{2017}{2^{th}}$.

OFFICIAL STAMP
CARRIE R MATTHEWS
NOTARY PUBLIC-OREGON
COMMISSION NO. 9271468
MY COMMISSION EXPIRES APRIL 14, 2019

(arrie R. Matthews Notary Public for Oregon

My Commission Expires: 4/4/2019

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FEB 1 3 2017

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)
) s
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.

JAIME LABAVITCH Notary Public State of Washington Appointment Expires Dec 10, 2020

Signed and sworn to (or affirmed) before me this 2 day of Lebrary, 2014.

My Commission Expires: December 10,2020

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FEB 1 3 2017

SALEM, OR

4-3-17

ACCEPTED



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

- 1. Permit <u>G-17014</u>, 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. Buchnel 2/6/17
Signature of Affiant 2/6/17
Signature of Affiant 2/6/17

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



My Commission Expires: Dec. 22 2019

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FEB 1 3 2017



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

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)

www.wrd.state.or.us

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.

12-79-16 RECEIVED BY OWRD

FEB 1 3 2017

SALEM, OR

Signed and sworn to (or affirmed) before me this 29 day of Delember, 20 11.

Notary Public for Oregon

OFFICIAL STAMP VA JOSEPHINA CEDER NOTARY PUBLIC-OREGON COMMISSION NO. 936099 MY COMMISSION EXPIRES FEBRUARY 09, 2019

My Commission Expires: 22/09/2019

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JAN **03** 2017

SALEM, OR ACCEPTED



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.

OFFICIAL STAMP **EVA JOSEPHINA CEDER** NOTARY PUBLIC-OREGON **COMMISSION NO. 936099**

MY COMMISSION EXPIRES FEBRUARY 09, 2019

2/6/17 Date 2/04/2017

Signed and sworn to (or affirmed) before me this way of sworus, 2017.

Notary Public for Oregon

My Commission Expires: 02/09/2019.

RECEIVED BY OWRD

FEB 1 3 2017