

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.

Chook all its	ems included with this application. $(N/A = Not Applicable)$	RECEIVED BY OWRD
	Part 1 – Completed Minimum Requirements Checklist.	ADD (A @ 2017
	Part 2 – Completed Transfer Application Map Checklist.	APR' 0 6 2017
	Part 3 – Application Fee, payable by check to the Oregon Water completed Fee Worksheet, page 3. Try the new online fee calcul http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator . If you Customer Service at (503) 986-0801.	ator at:
	Part 4 – Completed Applicant Information and Signature.	
	Part 5 – Information about Water Rights to be Transferred: How be transferred? 3 List them here: C 34966, C 35191, C 5428. Please include a separate Part 5 for each water right. (See instructions)	3
	Attachments:	
\boxtimes \checkmark	Completed Transfer Application Map.	
\boxtimes \checkmark	Completed Evidence of Use Affidavit and supporting documents	ation.
□ N/A	Affidavit(s) of Consent from Landowner(s) (if the applicant doe right is on.)	s not own the land the water
N/A N/A	Supplemental Form D – For water rights served by or issued in t district. Complete when the transfer applicant is not the irrigation	e e
⊠ √ N/A	Land Use Information Form with approval and signature (or sign stub). Not required if water is to be diverted, conveyed, and/or u if all of the following apply: a) a change in place of use only, b) use of water is for irrigation only, and d) the use is located within exclusive farm use zone.	used only on federal lands or no structural changes, c) the
□ N/A	Water Well Report/Well Log for changes in point(s) of appropri point(s) of appropriation.	ation (well(s)) or additional
□ N/A	Geologist Report for a change from a surface water point of diversity of appropriation (well), if the proposed well is more than 500' from and more than 1000' upstream or downstream from the point of 380-2130 for requirements and applicability.	om the surface water source
	(For Staff Use Only)	
	WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOW Application fee not enclosed/insufficient Map not include Land Use Form not enclosed or incomplete Additional signature(s) required Part is in Other/Explanation Staff: 503-986-0 Date:/	ed or incomplete
		

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

Please be sure that the transfer application map you submit includes all the required items and matches the existing water right map. Check all boxes that apply. N/A Certified Water Right Examiner (CWRE) Stamp and Original Signature. For a list of CWREs, see http://apps.wrd.state.or.us/apps/wr/cwre_license_view/. CWRE stamp and signature are not required for substitutions. 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, 11×17 inches, or up to 30×30 inches. For 30 x 30 inch maps, one extra copy is required. A north arrow, a legend, and scale. The scale of the map must be: 1 inch = 400 feet, 1 inch = 1,320 feet, the scale of the Final Proof/Claim of Beneficial Use Map (the map used when the permit was certificated), the scale of the county assessor map if the scale is not smaller than 1 inch = 1.320 feet, or a scale that has been pre-approved by the Department. Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines. Tax lot boundaries (property lines) are required. Tax lot numbers are recommended. Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads. Major water delivery system features from the point(s) of diversion/appropriation such as main pipelines, canals, and ditches. \boxtimes 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. 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. XExisting point(s) of diversion or well(s) with distance and bearing or coordinates from a recognized survey corner. This information can be found in your water right certificate or permit. N/A If you are proposing a change in point(s) of diversion or well(s), show the proposed location and label it clearly with distance and bearing or coordinates. If GPS coordinates are used, latitude-longitude coordinates may be expressed as either degrees-minutes-seconds with at

more digits after the decimal (example -42.53764°).

least one digit after the decimal (example – 42°32'15.5") or degrees-decimal with five or

s. S	FEE WORKSHEET for PERMANENT TRANSFER Part 3 of 5	- Fee V	Vorksheet
1	Base Fee (includes one type of change to one water right for up to 1 cts)	1	\$1,000
	Types of change proposed: RECEIVED BY	OWRD	
	Place of Use		
	Character of Use Prints of Discouries (Association) APR'0 6 20	7	
	Point of Diversion/Appropriation		
	Number of above boxes checked = $\frac{1}{2a}$ Subtract 1 from the number in line $2a = \frac{0}{2b}$ If only one change, this will be 0		
2	Multiply line 2h by \$900 and enter which will be 0	2	0
	Multiply line 2b by \$800 and enter » » » » » » » » » » » » » » » » » » »	2	U
	Subtract 1 from the number in 3a above: $\frac{3(3a)}{2(3b)}$ If only one water right this will		
	be 0		
3	Multiply line 3b by \$450 and enter » » » » » » » » » » » » » » »	3	900
	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*): $0.043 (5a)$		
	Subtract 1.0 from the number in 5a above: -0.957 (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: (5c)		
5	and multiply 5c by \$300, then enter on line 5 » » » » » » » »	5	0
6	Add entries on lines 1 through 5 above » » » » » » » » » Subtotal:	6	\$1,900
	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?		
7	If one or more boxes is checked, multiply line 6 by 0.5 and enter on line 7 » If no box is applicable, enter 0 on line 7» » » » » » » » » » » » » » » » »	7	0
8	Subtract line 7 from line 6 » » » » » » » » » » » » » » » » » »	8	\$1,900
	e for Line 5a calculation to transfer 45.0 acres of Primary Certificate 12345 (total 1.25 cfs for 10		

*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	TANK A	
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	

Applicant Information

Hillsboro Ry PROVIDING AND	Oregon	97123	smkml5@yahoo.c	com CORRESPONDENCE FROM THE
CITY	STATE	ZIP	E-MAIL	
730 SW 331 st Avenue				
ADDRESS				FAX NO.
Joe Van Dyke or Brei	ida Van Dyke		503.640.5277	503.270.9718
APPLICANT/BUSINESS N	AME		PHONE NO.	ADDITIONAL CONTACT NO.

Agent Information – The ag	ent is auth	orized to represent	the applicant in al	l matters relating to this applica	ition.
AGENT/BUSINESS NAME William Ferber/BK Water Righ			PHONE NO. 503.910.9212	ADDITIONAL CONTACT NO.	
ADDRESS PO Box 13434		.0		FAX NO.	
CITY Salem	STATE Oregon	ZIP 97309	E-MAIL bill@bkwrc.com		
BY PROVIDING AN E-MAIL AS DEPARTMENT ELECTRONICA				CORRESPONDENCE FROM THE NTS WILL ALSO BE MAILED.	
				ansfer application, and why: risk of irrigation water being	
If you need additional space, cont	inue on a se	eparate piece of pape	er and attach to the ap	oplication as "Attachment 1".	
Check this box if this pr Reinvestment Act. (Fede			inded by the Ame	rican Recovery and	
By signing this application, I Department approval of the t authorized to pursue the trans I affirm the applicant is a mu- name of the municipality or a I affirm the applicant is an en condemnation the property to supporting documentation.	ransfer, I wasfer as identificity as incipality as predecessed tity with the	till be required to protified in OAR 690-3: s defined in ORS 54: or; OR e authority to conden	ovide landownership (80-4010(5); OR 0.510(3)(b) and that the property and is accompany to the control of the	information and evidence that I an RECEIVED E the right is in the APR 06	SY OV 2017
the Department for publication	of a notic	e in a newspaper vonsecutive weeks.	vith general circula If more than one q	ny be required to submit payme tion in the area where the wate ualifying newspaper is available	r
Applicant signature Applicant signature		Print Name (and Ti	tle if applicable)	Date 9/17 Date	
Is the applicant the sole owr transfer is locate			e water right, or p	portion thereof, proposed for	L

H.G. LLC 1000 SW 331 st Avenue Hillsboro, Oregon 97123	1					
Deeded landowner signature	y El	He Print na	ار ص/ و ame	VanDyk	E OWNER Title	
3/79/17					RECEIVED BY OW	VRC
3/2 9 / 17 Date					APR 0 6 2017	
Check the following boxes th	nat apply.	:			SALEM, OR	
The applicant is resp continue to be sent to		-	etion of c	hange(s). Noti	ces and correspondence shou	ıld
					e proposed change(s) after the ould be sent to this landowner	
		* *			e for completion of change(s) adowner and the applicant.	
At this time, are the lands in	this trans	sfer appli	cation in	the process of	being sold? ☐ Yes ⊠ No	
	If you d	lo not kno	w who tl	•	iplete the receiving landowne ner will be, then a request for	
If a property sells, the ce unless a sale agreement http://www.oregon.gov	or other d	locument	states oth	nerwise. For m		
RECEIVING LANDOWNER NAME				PHONE NO.	ADDITIONAL CONTACT NO.	
ADDRESS					FAX NO.	
CITY	STATE	ZIP		E-MAIL		
Describe any special owners	ship circu	imstances	here:			
Check here if any of the an irrigation or other wa					vill be located within or serve pplemental Form D.)	d by
IRRIGATION DISTRICT NAME Tualatin Valley Irrigation Distr	·ict		ADDRESS 2330 Elr	n Street		
CITY Forest Grove			STATE Oregon		ZIP 97116	
Check here if water for a for stored water with a f	•	_			rvice agreement or other cont	ract
FNTITY NAME			ADDRESS			
CITY			STATE		ZIP	

Other deeded landowner information (not an applicant):

1S 3W 2D Tax lot 100



To meet State Land Use Consistency Requirements, you must list all county, city, municipal corporation, or tribal governments within whose jurisdiction water will be diverted, conveyed or used.

ENTITY NAME	ADDRESS						
Washington County	155 N First Avenue						
CITY	STATE	ZIP					
Hillsboro	Oregon	97124					
ENTITY NAME	ADDRESS	MANUAL TITLE TO THE TOTAL					
CITY	STATE	ZIP					
	777117	7.11					

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INSTRUCTIONS for editing the Application Form

To add additional lines to tables within the forms or to copy and paste additional Part 5 pages, please save the application form to your computer. Unlock the document by using one of the following

instructions for your Microsoft Word software version:

Microsoft Word 2003

Unlock the document by one of the following:

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

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

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

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.

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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.

			CEF	RTIFICA	TE#	<u>34966</u>			
Descri	ption of Water	Delivery Sy	stem						
System	capacity:	cubic feet	per seco	ond (cfs)	OR				
	350								
	_				tem tl	hat was	in pla	ace at s	ome time within the last
and app	oly the water at	the authorize	ed place	of use.		pto	rbin	e pu	used to divert, convey
Hand li	MCS	orized and I	Dranasad	l Doint(s	of D	ivarcia	n (DC)D) or	Appropriation (POA)
	POD/POA nan								
					<u> </u>			T	/
POD/POA	Is this POD/POA	If POA, OWRD Well						Tax Lot,	Measured Distances
Name or Number	Authorized on the Certificate or	Log ID# (or Well ID	Twp	Rng	Sec	1/4	1/4	DLC or	(from a recognized
Nullioci	is it Proposed?	Tag # L)						Gov't Lot	survey corner)
(ceals	Authorized					1			
Power	Proposed		1 S	3 W	1	SW	NW	50	No description
	Authorized								
	Proposed								
	Authorized								
	☐ Proposed ☐ Authorized				ļ				
	Proposed								
			1	I,	1				
Check	all type(s) of c	hange(s) pro	oposed b	elow (ch	ange	"CODI	ES" a	re pro	vided in parentheses):
\boxtimes	Place of Use	(POU)				Suppler	menta	l Use to	Primary Use (S to P)
	Character of	Use (USE)				Point of	f App	ropriati	on/Well (POA)
	Point of Dive	ersion (POD)				Additio	nal P	oint of	Appropriation (APOA)
	Additional P	oint of Diver	sion (AP	OD)		Substitu	ution	(SUB)	
$\overline{\Box}$		er POD to Gr			_ 	Govern	ment	Action	POD (GOV)
	POA (SW/G								
Will al	ll of the propos	sed changes	affect th	e entire v	water	right?			
Yes		ly the Propos sted above to	`					able 2 c	on the next page. Use the
⊠ No	Complete all	of Table 2 to	o describ	e the por	tion o	f the wa	ater ri	ght to b	e changed.
								REC	EIVED BY OWRD

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Table 2. Description of Changes to Water Right Certificate # 34966

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.

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGE List only that part or portion of the water right that will be changed.								Proposed Changes (see										ES								
Tv	vp	Rn	ng	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)	T	wp	R	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
			DIMINION IN										EXAMPLE								CHICAGO CONTRACTOR CON				The state of the s	
2	S	9	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
														2	S	9	E	2	sw	NW	500		5.0		POD #6	1901
1	S	3	w	2	NW	SE	100	50	4.6	Irrigation	Pomp	1955	POU	1	S	3	w	2	SE	NE	900	50	4.6	Same	Jamp	1955
_																										
]	TOTA	L ACF	RES:	4.6										1	ГОТА	L ACF	RES:	4.6		1	

Additional remarks: Primary right being transferred to 1S 3W 2A Tax lot 900 to cover land being transferred under C 5428ECEIVED BY OWRD

For Place of Use or Character of Use Changes

Are there other water right certificates.	water use permits or ground	water registrations associated
with the "from" or the "to" lands?	Yes 🗌 No	_

If YES, list the certificate, water use permit, or ground water registration numbers: <u>C 35191, C 39000, C 54282, C 54283.</u>



Pursuant to ORS 540.510, any "layered" water use such as an irrigation right that is supplemental to a primary right proposed for transfer must be included in the transfer or be cancelled. Any change to a ground water registration must be filed separately in a ground water registration modification application.

* *							
For Sul	Distitution (ground water supplemental irrigation will be substituted for su irrigation) N/A						
Croun	d water symplemental Downit or Contificate #	RECEIVED BY OWR					
	ad water supplemental Permit or Certificate #; ce water primary Certificate #		APR' 0 6 2017				
For a cl	hange from Supplemental Irrigation Use to Primary Irrigation Use	N/A					
Identi	fy the primary certificate to be cancelled. Certificate #		SALEM, OR				
For a cl	hange in point(s) of appropriation (well(s)) or additional point(s) of a	ppropri	iation: N/A				
1	Well log(s) are attached for each authorized and proposed well(s) that are associated with the corresponding well(s) in Table 1 above and on the accomap. Fip: You may search for well logs on the Department's web page at: http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx						
AND/	OR						
1 1	Describe the construction of the authorized and proposed well(s) in Table not have a well log. For <i>proposed wells not yet constructed or built</i> , prov for each requested information element in the table. The Department recollicensed well driller, geologist, or certified water right examiner to assist information necessary to complete Table 3.	ride "a b mmends	est estimate" s you consult a				

Table 3. Construction of Point(s) of Appropriation N/A

Any well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the accompanying application map. Failure to provide the information will delay the processing of your transfer application until it is received. The information is necessary for the department to assess whether the proposed well(s) will access the same source aquifer as the authorized point(s) of appropriation (POA). The Department is prohibited by law from approving POA changes that do not access the same source aquifer.

Proposed or Authorized POA Name or Number	Is well already built? ((Yes or No)	If an existing well: OWRD Well ID Tag No. L-	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well-specific rate (cfs or gpm). If less han full rate o 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. Le	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 o water right

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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 # 35191

Descri	ption of Water	Delivery Sy	ster	n			- 44				
System	capacity:	cubic feet	per	seco	ond (cfs)	OR				
	33	gallons pe	er m	inute	e (gp	m)					
five ye and ap HAND (Table 1. Lo	ars. Include into ply the water at inc.	formation on the authorized	the ed p	pum lace	ps, c of us l Poi	anals se. [s, pipe // of Di	lines a ト セ iversio	nd spr ک ک (PC	inklers TUUN DD) or	Appropriation (POA)
POD/POA Name or Number	Is this POD/POA Authorized on the Certificate or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L)	Т	`wp	R	ng	Sec	1/4	1/4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Part	□ Authorized □ Proposed		1	S	3	w	1	sw	NW	50	3300' N and 730' E from the SW Corner of Section 1
	☐ Authorized ☐ Proposed									RE	CEIVED BY OWRD
	Authorized Proposed										APR' 0 6 2017
	Authorized Proposed										SALEM, OR
Check	all type(s) of c	change(s) pro	pos	sed b	elov	v (ch	ange '	'COD	ES" a	re prov	vided in parentheses):
\boxtimes	Place of Use	(POU)						Supple	menta	l Use to	Primary Use (S to P)
	Character of	Use (USE)				ĺ	I	Point o	of App	ropriati	on/Well (POA)
	Point of Dive	ersion (POD)				ĺ		Additio	onal Po	oint of	Appropriation (APOA)
	Additional P	oint of Diver	sion	(AP	OD))		Substit	ution	(SUB)	
	Surface Water POA (SW/G	er POD to Gr W)	oun	d Wa	ater			Govern	nment	Action	POD (GOV)
Will a	ll of the propos	sed changes a	affe	ct th	e en	tire v	water	right?	•		
☐ Yes	-	aly the Propos sted above to					-			able 2 c	on the next page. Use the
⊠ No		of Table 2 to				•		_		ght to b	e changed.

Please use and attach additional pages of Table 2 as needed. See page 6 for instructions.

Do you have questions about how to fill-out the tables? Contact the Department at 503-986-0900 and ask for Transfer Staff.

Table 2. Description of Changes to Water Right Certificate # 35191

List the change proposed for the acreage in each ½½. If more than one change is proposed, specify the acreage associated with each change. If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

,	The	lis	_		appe	ears of	n the	certific	cate BE		ds) POSED CHA	NGES	Proposed Changes (see			Th	e lis	ting			appe		TER P	on" lands) ROPOSED	CHANG	ES C
Tv	vp	Rn	ıg	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)	T	wp	R	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
De Maria	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		MINORINE WILLOW					77,000,000	on—quip-omphasem	apot al ramont podr almi ne divine a divine			EXAMPLE							AND THE PROPERTY OF THE PROPER	Constitution and the constitution of the const			all and some some a second		
2	S	9	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
O Total														2	S	9	E	2	sw	NW	500		5.0		POD #6	1901
1	S	3	w	2	NW	SE	100	50	4.6	Supp. Irrig.	Passa	1966	POU	1	S	3	w	2	NE	SE	900	50	4.6	Same	Povo	1966
					7	ГОТА	L ACE	RES:	4.6											ГОТА	L ACI	RES:	4.6			

Additional remarks: Supplemental water right to C 34966 from reservoir.

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APR 0 6 2017

For Place of Use or Character of Use Changes

Are there other water right certificates,	water use permits or ground	water registrations associated
with the "from" or the "to" lands?	Yes No	· ·

If YES, list the certificate, water use permit, or ground water registration numbers: <u>C 34966, C 39000, C 54282, C 54283.</u>



Pursuant to ORS 540.510, any "layered" water use such as an irrigation right that is supplemental to a primary right proposed for transfer must be included in the transfer or be cancelled. Any change to a ground water registration must be filed separately in a ground water registration modification application.

For Su	Ibstitution (ground water supplemental irrigation will be substituted for su irrigation) N/A	ırface v	vater prin	nary
	and water supplemental Permit or Certificate #; ace water primary Certificate #			BY OWRD
For a	change from Supplemental Irrigation Use to Primary Irrigation Use	N/A	APR'0 6	2017
Ident	tify the primary certificate to be cancelled. Certificate #		SALEM	, OR
For a	change in point(s) of appropriation (well(s)) or additional point(s) of a	ppropi	riation:	N/A
	Well log(s) are attached for each authorized and proposed well(s) that are associated with the corresponding well(s) in Table 1 above and on the acc map. Tip: You may search for well logs on the Department's web page at: http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx			
ANI	D/OR			
	Describe the construction of the authorized and proposed well(s) in Table not have a well log. For <i>proposed wells not yet constructed or built</i> , prov for each requested information element in the table. The Department reco licensed well driller, geologist, or certified water right examiner to assist information necessary to complete Table 3.	ide "a l mmeno	best estin	nate" nsult a

Table 3. Construction of Point(s) of Appropriation N/A

Any well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the accompanying application map. Failure to provide the information will delay the processing of your transfer application until it is received. The information is necessary for the department to assess whether the proposed well(s) will access the same source aquifer as the authorized point(s) of appropriation (POA). The Department is prohibited by law from approving POA changes that do not access the same source aquifer.

Proposed or Authorized POA Name or Number	Is well already built? ((Yes or No)	If an existing well: OWRD Well ID Tag No. L	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer	Well -specific rate (cfs or gpm). If less han full rate o water right

Revised 7/1/2013

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 or water right

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SALEM, OR

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.

			CER	CHIFICA	ILL #	<u> 54283</u>		
Descri	ption of Water	r Delivery Sy	stem					
System	n capacity:	cubic feet	per seco	ond (cfs)	OR			
	600	2_ gallons pe	er minute	e (gpm)				
five ye and ap Hand Table 1. Lo	be the current vars. Include in ply the water at	vater delivery formation on the authorize	system of the pumped place of Proposed	or the sysps, canals of use. Point(s)	of D	elines and sp furbine iversion (PC	rinklers Pow OD) or	ome time within the last used to divert, convey mainly (Appropriation (POA)
POD/POA Name or Number	Is this POD/POA Authorized on the Certificate or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L)	Twp	Rng	Sec	1/4 1/4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
	☐ Authorized☐ Proposed	WASH 10566	1 S	3 W	1	SW NW	50	2740' N and 220'W from the SE Corner of Section 2
N/A	Authorized Proposed Authorized						RE	CEIVED BY OWRD
	Proposed Authorized							APR'0 6 2017
	Proposed							SALEM, OR
Check	all type(s) of c	change(s) pro	posed b	elow (ch	ange '	"CODES" a	are pro	vided in parentheses):
\boxtimes	Place of Use	(POU)		[Supplementa	al Use to	Primary Use (S to P)
	Character of	Use (USE)		[]	Point of App	ropriati	on/Well (POA)
	Point of Dive	ersion (POD)		[Additional P	oint of	Appropriation (APOA)
	Additional P	oint of Diver	sion (AP	OD)		Substitution	(SUB)	
	Surface Water POA (SW/G	er POD to Gr W)	ound Wa	ater		Government	Action	POD (GOV)
Will a	ll of the propos	sed changes a	affect the	e entire v	vater	right?		
☐ Yes		ly the Propos	•				able 2 c	on the next page. Use the
⊠ No	Complete all	of Table 2 to	describ	e the port	ion of	f the water ri	ght to b	e changed.

Please use and attach additional pages of Table 2 as needed. See page 6 for instructions.

Do you have questions about how to fill-out the tables? Contact the Department at 503-986-0900 and ask for Transfer Staff.

Table 2. Description of Changes to Water Right Certificate # 54283

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.

T	he li				appe	ears o	n the o	certific	ate BE		nds) POSED CHA	ANGES	Proposed Changes (see			The	lis	ting			appe		TER P	on" lands) ROPOSED	CHANG	ES
Twp	R	₹ng	s	ec	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)	Date	"CODES" from previous page)	Tv	νp	Rn	g	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
	100		de la			1137	200	A Pole			TARRES.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ENAMPLE A	All and	e de la			YAC.		FA IS			di ding	ne Pres		
				7	NE NE	NW	100	17	15.0	Tyrigation	(19140)#11 - 19670 #2	-19(1) -19(1)	POU/POD:	1.2	1	4 6 7			14 T		500	1	10.0		Ptin #5	
7										14.75	34 3 2	N.	1.1.12	3	1		Lun				-500			35,7477	POD#6	
1 5	3	3 1	W	2	NW	SE	900	50	4.6	Irrigation	A Well	1976	POU	1	S	3	w	2	NW	SE	100	50	4.6	Same	A Well	1976

		I																								
-																										
-7	1								,																	
63																										***************************************
4					T	OTA	L ACR	RES:	4.6										7	ГОТА	L ACE	RES:	4.6			

Additional remarks: Primary right being transferred to 1S 3W 2D Tax lot 100 to cover land being transferred under C 34966.

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Revised 7/1/2013

Permanent Transfer Application Form - Page 16 of 18

TACS

APR'0 6 2017

For Place of Use or Character of Use Changes

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with the "from" or the "to" lands?			

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For Si	abstitution (ground water supplemental irrigation will be substituted for surfatiring irrigation) N/A	ace wat	er primary
	and water supplemental Permit or Certificate #; ace water primary Certificate #	REC	EIVED BY OWRE
For a	change from Supplemental Irrigation Use to Primary Irrigation Use N	N/A	APR' 0 6 2017
Iden	tify the primary certificate to be cancelled. Certificate #		SALEM, OR
For a	change in point(s) of appropriation (well(s)) or additional point(s) of appr	ropriat	tion: N/A
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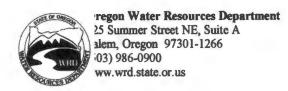
Proposed or Authorized POA Name or Number	Is well already built? ((Yes or No)	If an existing well: OWRD Well ID Tag No. L-	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well -specific rate (cfs or gpm). If less han full rate o water right

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APR'0 6 2017

SALEM, OR

Application for Water Right **Transfer**



Evidence of Use Affidavit

Please print legibly or type. Be as specific as possible. Attach additional pages if you need more spacing.

Supporting documentation must be attached.

State of Oregon)					
County of Washing	TON)) ss					
I, <u>Joseph Van Dyk</u> i	, in my capacit	y as Owner	OPERATOR	<u>.</u> ,			
mailing address 1	30 SW 331st Ave Helsboro	OR 97123					
telephone numbe	r (<u>503)640-5277</u> .	, being first	duly sw	orn depo	se and say	•	
I. My knowled	ge of the exerci				t is based onal exper): RECEIVED BY
2. I attest that:							APR'0 6 201
Water wa Certificat	s used during t e # <u>C 34966, C 3</u> ledge is specif	5191; OR			•		SALEM, Of
Certificate		Range	Mer	Sec	1/4 1/4	Gov't Lot or DLC	Acres (if applicable)
					*		
OR							
□ Confirmi	ng Certificate #	# has l	been issu	ed withi	n the past	five years; OI	2
instream	lease number is	s: (No	te: If the	entire ri	ght propos	sed for	five years. The not leased instream.); O
	r right is not su vould be rebutt					hat a presump	tion of forfeiture for
	s been used at to for Certificate					A A A	for more than

(continues on reverse side)

3. The water right was used for: (e.g., crops, pasture, etc.): 4. I understand that if I do not attach one or more of the documents shown in the table below to support the above statements, my application will be considered incomplete.

Joseph	مح	Van Offen	3/29/17
Signature of Afriant			Date

Signed and sworn to (or affirmed) before me this 29th day of March, 2017.

OFFICIAL STAMP MARISSA JEAN MOORE NOTARY PUBLIC-OREGON COMMISSION NO. 931552	Marissa Jean Move Notary Public for Oregon TO
MY COMMISSION EXPIRES AUGUST 19, 2018	~3/29/17 My Commission Expires: Prug 19Th, 2017

Supporting Documents	Examples					
Copy of a water right certificate that has been issued within the last five years. (not a remaining right certificate)	Copy of confirming water right certificate that shows issue date					
Copies of receipts from sales of irrigated crops or for expenditures related to use of water	 Power usage records for pumps associated with irrigation use Fertilizer or seed bills related to irrigated crops Farmers Co-op sales receipt 					
Records such as FSA crop reports, irrigation district records, NRCS farm management plan, or records of other water suppliers	 District assessment records for water delivered Crop reports submitted under a federal loan agreement Beneficial use reports from district IRS Farm Usage Deduction Report Agricultural Stabilization Plan CREP Report 					
Aerial photos containing sufficient detail to establish location and date of photograph	Multiple photos can be submitted to resolve different areas of a water right. If the photograph does not print with a "date stamp" or without the source being identified, the date of the photograph and source should be added. Sources for aerial photos: OSU –www.oregonexplorer.info/imagery OWRD – www.wrd.state.or.us Google Earth – earth.google.com TerraServer – www.terraserver.com					
Approved Lease establishing beneficial use within the last 5 years	Copy of instream lease or lease number					

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12634

APR'0 6 2017

Application for Water Right **Transfer**



regon Water Resources Department 25 Summer Street NE, Suite A alem, Oregon 97301-1266 603) 986-0900 www.wrd.state.or.us

Evidence of Use Affidavit

Please print legibly or type. Be as specific as possible. Attach additional pages if you need more spacing.

Supporting documentation must be attached.

te of Oregon)) ss					
unty of Washington	N)	,					
oseph Van Dyke, it	n my capacity	as Owner	<u>OPERATOR</u>	•			
ailing address 730 SV	V 331st Ave Helsboro OF	37123					
ephone number (503)640-5277,	being first	duly swe	orn depo	se and say:		
My knowledge	of the exercis	e or status	of the w	ater righ	t is based o	on (check one	e):
_	onal observati				onal experi		
I attest that:							
	sed during th	e previous	five yes	re on the	entire pla	ce of use for	
***************************************	<u>C 54283;</u> OR		nvc ycz	us on un	cutife pla	oc of use for	
My knowled	lge is specific	to the use	of wate	r at the f	ollowing lo	cations withi	in the last five ye
Certificate #	Township	· · · · · · · · · · · · · · · · · · ·	Mer	Sec	1/4 1/4	Gov't Lot	Acres
Certificate #	Township	Range	IVICI	360	74 74	or DLC	(if applicable)
R	· · · · · · · · · · · · · · · · · · ·			<u> </u>			
	Certificate #	has b	een issu	ed withi	n the past f	ive years; Ol	R
•					•		five years. The
instream lea	se number is	(No	te: If the	entire ri	ght propos	ed for	
							not leased instre
	ght is not sub ald be rebutte	•				nat a presump	otion of forfeitur
		e actual cu	rrent po	int of div	ersion or a	ppropriation	for more than
Water has be 10 years for	cen used at the Certificate #					ers)	
		(For	Historic		OA Transfe	ers)	IED OT OWRE

FS

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Signature of Affiant

Signed and sworn to (or affirmed) before me this 29th day of Maych, 20 17.

OFFICIAL STAMP
MARISSA JEAN MOORE
NOTARY PUBLIC-OREGON
COMMISSION NO. 931552

MOVISSA JEAN MOORE
Notary Public for Oregon

MY COMMISSION EXPIRES AUGUST 19, 2018

O3/29/17

My Commission Expires: PUG. 1971, 2018

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Approved Lease establishing beneficial use within the last 5 years	Copy of instream lease or lease number SALEM, OR				