

Application for Permanent Water Right Transfer

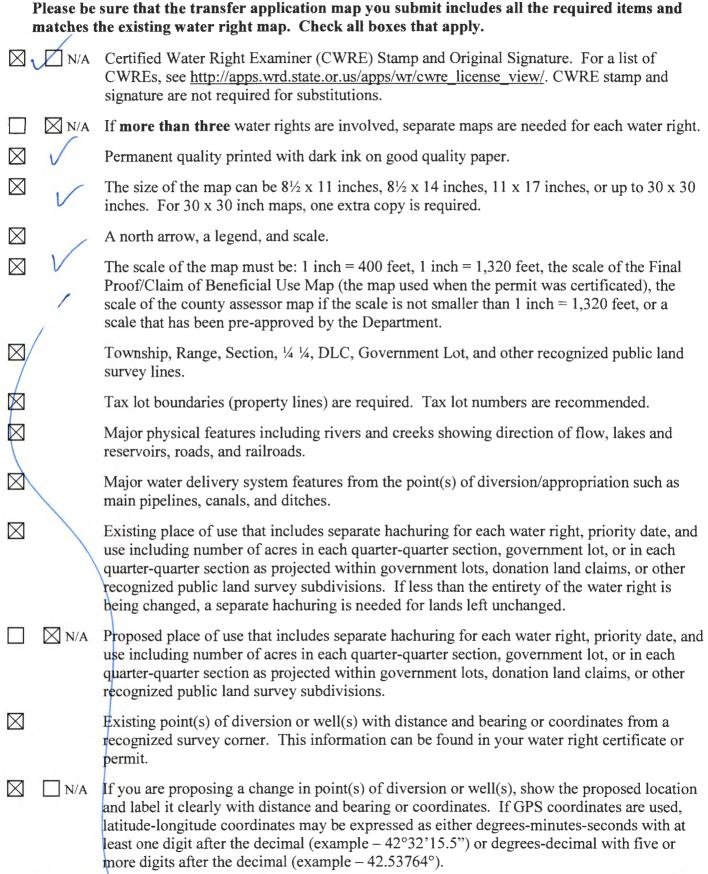
Part 1 of 5 - Minimum Requirements Checklist

	Th	is transfer application will be returned if Parts 1 through 5 and all attachments are not completed and included. For questions, please call (503) 986-0900, and ask for Transfer Section.	required RECEIVED BY OWRD
Che	eck all ite	ms included with this application. (N/A = Not Applicable)	SEP 2 0 2017
		Part 1 - Completed Minimum Requirements Checklist.	SALEM, OR
\boxtimes	V	Part 2 – Completed Transfer Application Map Checklist.	SALEIVI, OT
		Part 3 – Application Fee, payable by check to the Oregon Water Rescompleted Fee Worksheet, page 3. Try the new online fee calculator a http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator . If you have Customer Service at (503) 986-0801.	at:
\boxtimes		Part 4 – Completed Applicant Information and Signature.	
\boxtimes	/	Part 5 – Information about Water Rights to be Transferred: How mar be transferred? 1 List them here: 50332 Please include a separate Part 5 for each water right. (See instructions	
		Attachments:	
\boxtimes		Completed Transfer Application Map.	
\boxtimes	V	Completed Evidence of Use Affidavit and supporting documentation.	
	N/A	Affidavit(s) of Consent from Landowner(s) (if the applicant does not right is on.)	own the land the water
	N/A	Supplemental Form D – For water rights served by or issued in the na district. Complete when the transfer applicant is not the irrigation dis	_
	√∏ N/A	Land Use Information Form with approval and signature (or signed la stub). Not required if water is to be diverted, conveyed, and/or used of all of the following apply: a) a change in place of use only, b) no st use of water is for irrigation only, and d) the use is located within an exclusive farm use zone.	only on federal lands or ructural changes, c) the
	N/A	Water Well Report/Well Log for changes in point(s) of appropriation point(s) of appropriation.	(well(s)) or additional
	⊠ N/A	Geologist Report for a change from a surface water point of diversion of appropriation (well), if the proposed well is more than 500' from the and more than 1000' upstream or downstream from the point of diver 380-2130 for requirements and applicability.	ne surface water source
		(For Staff Use Only)	
		WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING Application fee not enclosed/insufficient Land Use Form not enclosed or incomplete But the second of	ncomplete
		Additional signature(s) required Part is incompl Other/Explanation	ete
		Staff:503-986-0 Date:/	/

SEP 2 0 2017

Part 2 of 5 - Transfer Application Map Checklist

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 cts)	1	\$1,160
	Types of change proposed: ☐ Place of Use		
	Character of Use		
	Point of Diversion/Appropriation		
	Number of above boxes checked = $\frac{1(2a)}{}$		
	Subtract 1 from the number in line $2a = 0$ (2b) If only one change, this will be 0		
2	Multiply line 2b by \$800 and enter » » » » » » » » » » » » » » »	2	0
	Number of water rights included in transfer 1 (3a)		
	Subtract 1 from the number in 3a above: <u>0 (3b)</u> If only one water right this will		
	be 0	_	
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 » » » » » » » » » » » » » » » » » »	KECEI/	ED BY OW
	Yes: enter the cfs for the portions of the rights to be transferred (see		
	example below*): (5a)	SE	P 2 0 2017
	Subtract 1.0 from the number in 5a above: (5b)		
	If 5b is 0 or less, enter 0 on line 5 » » » » » » » » » » » » » » » » » »	SA	LEM, OR
_	If 5b is greater than 0, round up to the nearest whole number: 0 (5c) and		0
5	multiply 5c by \$300, then enter on line 5 » » » » » » » »	5	_
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?		
7	If one or more boxes is checked, multiply line 6 by 0.5 and enter on line 7 »	7	0
8	If no box is applicable, enter 0 on line 7» » » » » » » » » » » » » » » » » » »	8	
ð	Subtract line 7 from line 6 » » » » » » » » » » » » » » » » Transfer Fee:		\$1,160

*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	

RECEIVED BY OWRD

SEP 2 0 2017

SALEM, OR

TACS

T 12750

Applicant Information

APPLICANT/BUSINESS N	NAME		PHONE NO.	ADDITIONAL CONTACT NO.			
Gene G. & Rosemary	L. Woida		541-837-8580	541-941-6103			
ADDRESS				FAX NO.			
301 Brady Hill Lane				NA			
CITY	STATE	ZIP	E-MAIL				
Azalea .	OR	97410	genew@openroadtrans.com				

AGENT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.
Nathan Reed ADDRESS			541-784-7191	FAX NO.
1113 SE Cass Ave				NA NA
CITY Roseburg	STATE OR	ZIP 97470	E-MAIL nreed68@hotmai	
By providing an e-mail at Department electronical				CORRESPONDENCE FROM THE ENTS WILL ALSO BE MAILED.
Explain in your own words Transfer POD for portion of Section 14, SWSE Tax lots	the irriga	ated owned by	the applicant locate	ransfer application, and why: d at T32S, R5W, WM,
The current POD per certific South and 490 feet West ditch (Highland Ditch) a	t from N1	/4 corner, Sect	ion 13. Conveyance	e of waters is along an open
Conflict is ongoing due to la	ack coopr	ation for maint	enance of the ditch	and entitled usage.
If you need additional space, cont	inue on a s	eparate piece of pa	aper and attach to the a	pplication as "Attachment 1".
Check this box if this pre Reinvestment Act. (Fede	_		funded by the Ame	erican Recovery and
and and a decimal to the state of	ransfer, I wasfer as identificity as including a predecess tity with the	that, upon receipt ill be required to p tified in OAR 690 s defined in ORS: or; OR e authority to cond	provide landownership l-380-4010(5); OR 540.510(3)(b) and that demn property and is ac	the right is in the RECEIVED BY OWR squiring by tenant and have
				SALEM, OR
the Department for publication	of a notice for two co	e in a newspape onsecutive week	r with general circula s. If more than one q	ay be required to submit payment to ation in the area where the water qualifying newspaper is available, I
I (we) affirm that the inform	ation con	tained in this ar	oplication is true and	d accurate.
		Gene 11		



Print Name (and Title if applicable)

RoseMary Word A

Print Name (and Title if applicable)

Is the applicant the sole owner of the land on which the water right, or portion thereof, proposed for 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.

RECEIVED BY OWRD

SEP 2 0 2017

SALEM, OR

Permanent Transfer Application Form – Page 6 of 11

TACS

Check the following box	xes that apply	•				
The applicant is continue to be se		_	etion of	change(s).	Notices a	and correspondence shou
						posed change(s) after the be sent to this landowner
						completion of change(s). oner and the applicant.
At this time, are the lan	ds in this tran	sfer appli	ication in	n the proces	ss of bein	g sold? 🗌 Yes 🖾 No
	elow. If you d	do not kno	ow who			e the receiving landowne will be, then a request for
If a property sells, to unless a sale agreen http://www.oregon.	nent or other d	document	t states o	therwise. F	or more	long to the new owner, information see:
RECEIVING LANDOWNER NAM	ME			PHONE NO.		ADDITIONAL CONTACT NO.
ADDRESS						FAX NO. RECEIVED BY OWR
	STATE	ZIP		E-MAIL		TILOLIVED DI OWIT
CITY				1		
Describe any special ov	•				or will be	SEP 2 0 2017 SALEM, OR e located within or served
Describe any special ov Check here if any of an irrigation or othe	f the water rig	hts propo	osed for	transfer are		SALEM, OR e located within or served
Describe any special ov Check here if any of an irrigation or othe IRRIGATION DISTRICT NAME	f the water rig	hts propo	osed for the Complete	transfer are		SALEM, OR e located within or served
Describe any special ov Check here if any of an irrigation or othe RRIGATION DISTRICT NAME NA CITY	f the water rig	hts propo et. (Tip :	ADDRES STATE	transfer are te and attacl s	h Suppler	SALEM, OR e located within or served mental Form D.)
Describe any special over an irrigation or othe RRIGATION DISTRICT NAME NA CITY Check here if water for stored water with the stored water wat	f the water rig	hts propo et. (Tip :	ADDRES STATE	transfer are te and attacl s under a wate ty.	h Suppler	SALEM, OR e located within or served mental Form D.)
Describe any special over an irrigation or othe irrigation or othe irrigation of othe irrigation district name na city Check here if water for stored water with the irrity name na city name na city name	f the water rig	hts propo et. (Tip :	ADDRES STATE applied uther enti	transfer are te and attacl s under a wate ty.	h Suppler	SALEM, OR e located within or served mental Form D.)
Describe any special over an irrigation or other irrigation or other irrigation or other irrigation district name NA CITY Check here if water for stored water with the irrity name NA CITY To meet State Land Use	f the water riger water distriction for any of the ha federal age	hts proport. (Tip : erights suency or o	ADDRES STATE applied uther enti ADDRES STATE	transfer are te and attacl s under a wate ty. s	er service	SALEM, OR e located within or served mental Form D.) ZIP agreement or other control ZIP
Describe any special over an irrigation or other an irrigation or other an irrigation or other an irrigation district name name name name name name name name	f the water riger water distriction for any of the ha federal age	hts proport. (Tip : erights suency or o	ADDRES STATE ADDRES STATE ADDRES STATE Ments, years jurisd ADDRES	transfer are te and attacl s under a wate ty. s ou must list liction wate	all count	SALEM, OR e located within or served mental Form D.) ZIP agreement or other contri
Check here if any of an irrigation or othe an irrigation or othe an irrigation or othe an irrigation of other and an irrigation of other an irrigation of other and irrigation of other an irrigation of other and irrigation of o	f the water riger water distriction for any of the ha federal age	hts proport. (Tip : erights suency or o	ADDRES STATE ADDRES STATE ADDRES STATE ADDRES ADDRES 1036 SE STATE	transfer are te and attack s under a wate ty. s ou must list liction wate	all count	SALEM, OR e located within or served mental Form D.) ZIP agreement or other control zip ty, city, municipal diverted, conveyed or use
an irrigation or othe IRRIGATION DISTRICT NAME NA CITY Check here if water for stored water with ENTITY NAME NA CITY To meet State Land Use	f the water riger water distriction for any of the ha federal age	hts proport. (Tip : erights suency or o	ADDRES STATE ADDRES STATE ADDRES STATE ADDRES ADDRES ADDRES 1036 SE	transfer are te and attack s ander a wate ty. s ou must list liction wate s Douglas Av	all count	SALEM, OR e located within or served mental Form D.) ZIP agreement or other control zy, city, municipal diverted, conveyed or use

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.

SEP 2 0 2017

Other Alternatives:

SALEM, OR

- 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.

Part 5 of 5 - Water Right Information

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 # 50332

Description of	of Water	Delivery	System
----------------	----------	----------	--------

System capacity: 1.34 cubic feet per second (cfs) OR gallons per minute (gpm)

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 Head Gate style diversion was built up to provide head to flow southwesterly across four sections of land by gravity within a ditch named Highland Irrigation Ditch. Waters are re-diverted by landowners to POU.

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)	Тwр		Rng		Sec	×	4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)	
POD	☐ Authorized☐ Proposed		32	s	5	w	13	NE	NW		915 ft S. & 490 ft W. from N1/4 cor. Sec 13.	
POD1	☐ Authorized ☐ Proposed		32	S	5	w	14	NE	sw		467 ft S. & 446 ft W. from C1/4 cor. Sec 14.	
	☐ Authorized ☐ Proposed											
	☐ Authorized ☐ Proposed											

Che	eck a	all type(s) of change(s) proposed below (change	e "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)
	\boxtimes	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)
Wil	l all	of the proposed changes affect the entire	e wate	r right?
	Yes	Complete only the Proposed ("to" or "on" "CODES" listed above to describe the pro-) section of Table 2 on the next page. Use the changes.
X 1	No	Complete all of Table 2 to describe the po	ortion	of the water right to be changed.

T 12750

RECEIVED BY OWRD

SEP 2 0 2017

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 # 50332

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.

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.						ANGES	Proposed Changes (see																			
Tw	/p	Rn	8	Sec	54	. ¾	Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (mane or number from Table 1)	Priority Date	"("ODES" from previous page)	Tw	p	Ri	nġ	Sec	1/4	¾	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s) POA(s) to: be used (from Table 1)	Priority Date
П											-		EXAMPLE									25	-20			
2	S	à	6	15	NE	NW	100		15.0	Irrigation	POD #1 POD #2	19 III	POUPPID	2	5	9	t.	d	NW	NW	500	1	10.0		POD#5	1901
					Ü									2	S	9	£	2	5W	NW	500		5.0		POD WA	1900
12	s	5	w	14	sw	SE	1400	-	11.27	Irr	POD	1911	POD/POD	32	s	5	w	14	sw	SE	1400	-	11.27	Irr	POD1	1911
32	s	5	w	14	sw	SE	1500	Ŀ	9.52	Irr	POD	1911	POD/POD	32	S	5	W	14	sw	SE	1500	-	9.52	Irr	POD1	1911
														H	+											
															1											
		Ц													-											
	-			-											+	H		-	-							
															+				-							
				-		ГОТА	L ACI	RES:	20.79								_			ГОТА	L ACI	RES:	20.79	-		

Additional	remarks.	
Auditional	IUIIIai No.	

Revised 7/1/2013

Permanent Transfer Application Form - Page 10 of 11

TACS

RECEIVED BY OWRD

SEP 2 0 2017

SALEM, OR

For Place of Use or Character of Use Changes

		water right co or the "to" la			_	s or ground	l water regi	strations as	ssociated	
If Y	ES, list the	certificate, w	vater use	permit, or	r ground v	water regist	tration num	ibers:		
a proto a	rimary right	S 540.510, a proposed for registration	transfer	must be i	ncluded i	n the transf	fer or be car	ncelled. A	ny change	
For S	ubstitution	(ground watering irrigation)	er supple	emental in	rigation w	rill be subst	tituted for s	surface wat	er primary	
		applemental] rimary Certif			te #					
For a	change fro	m Suppleme	ntal Irr	igation U	se to Prir	nary Irrig	ation Use			
Ider	ntify the prin	nary certifica	te to be	cancelled.	Certifica	ate #				
For a	change in 1	point(s) of a	nronris	ation (wel	l(s)) or a	ditional n	oint(s) of a	annronriat	ion:	
	with the co Tip: You in http://apps) are attached orresponding may search for wrd.state.or	well(s)	in Table 1 ogs on the	above an Departm	d on the acent's web p	companyin			ssociated
AN	D/OR									
	have a well requested	he construction leading. For print p	oposed i	wells not y in the tabl	vet construe. The De	ucted or bu partment re	<i>tilt</i> , provide ecommends	e "a best est s you consu	imate" for o	each d well
Any we accomp applicat well(s)	ll(s) in this lanying applition until it is will access t	on of Point(s isting must b ication map. s received. The same sour om approving	e clearly Failure he inforce aquif	tied to co to provide mation is fer as the a	orrespond the infor necessary uthorized	mation will for the dep point(s) of	l delay the partment to appropriate	processing assess who tion (POA)	of your trai	nsfer oposed
Proposed or Authorized POA Name or Number		If an existing well: OWRD Well ID Tag No. L-	Fotal 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
						1			1	
							DEC	EIVED BY	OWRD	
							REC	EIVED BY	OWRD	

SALEM, OR