

### Water Resources Department

725 Summer St NE, Suite A Salem, OR 97301 (503) 986-0900 Fax (503) 986-0904

2018/4/12

Reference: C3091 Ray Cameron Historic POD Transfer, Lostine River, Lostine Oregon

To whom it may concern,

I have checked the District 7 Watermaster Records, and I find no history of a complaint about Certificate 3091using a pump station near Caudle Lane road as an Additional Point of Diversion. The Wallowa River Decree names the POD for Certificate 3091 as the Polley Allen Ditch. It appears that the Pump Station on Ray's property has been used as an Additional POD to irrigate his portion of Certificate 3091 for well over 10 years.

Sincerely,

David Bates, District 7 Watermaster

401 NE 1<sup>st</sup> Street, Ste11 Enterprise, OR 97828

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# **Application for** Historic Change in Point of Diversion/Appropriation

Part 1 of 5 - Minimum Requirements Checklist

This historic change in point of diversion/appropriation 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.

Check all iter	ns included with this application. $(N/A = Not Applicable)$	RECEIVED				
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	Part 1 - Completed Minimum Requirements Checklist.					
	Part 2 - Completed Application Map Checklist.	OWRD				
	Part 3 – Application Fee, payable by check to the Oregon Water Resource completed Fee Worksheet, page 3. Try the new online fee calculator at <a href="http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator">http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator</a> . If you have a Customer Service at (503) 986-0801.	:				
	Part 4 – Completed Applicant Information and Signature.					
Part 5 – Information about the Transferred Water Rights: How many water rights are to transferred? 1 List them here: 3091  Please include a separate Part 5 for each water right. (See instructions on page 5)						
Attachments						
<b>D</b>	Completed Application Map (Does not have to be prepared by a Certific Examiner).	fied Water Right				
	Completed Evidence of Use Affidavit and supporting documentation s been used on the land for five years prior to transfer filing AND divert current point of diversion/appropriation for more than 10 years.	showing that water has ed at the actual,				
	Statement from the local Watermaster, based upon the Watermaster's Department records, that no complaint of injury has been made due to actual, current point of diversion/appropriation.					
	Land Use Information Form with approval and signature (or signed lastub).	nd use form receipt				
□ □ N/A	N/A Affidavit(s) of Consent from Landowner (if the applicant does not own the land the water right is on.)					
□ ☑ N/A	Water Well Report/Well Log for changes in point(s) of appropriation (point(s) of appropriation.	(well(s)) or additional				
	(For Staff Use Only)					
	WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING Application fee not enclosed/insufficient Land Use Form not enclosed or incomplete Additional signature(s) required Part is incomplete Other/Explanation	r incomplete				
	Staff:503-986-0 Date:/_					
D 1 1971	2017 Historic Change in Daint of Diversion Appropriation Application Page 1	of 8 TACS				

## Part 2 of 5 - Historic Change in Point of Diversion/Appropriation Application Map Checklist

Your historic change in point of diversion/appropriation application will be returned if any of the map requirements listed below are not met.

		sure that the historic change in point of diversion/appropriation application map you cludes all the required items and matches the existing water right map. Check all boxes y.
	N/A	If more than three water rights are involved, separate maps are needed for each water right.
$\boxtimes$		Permanent quality printed with dark ink on white or clear paper or film.
$\boxtimes$		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 inch maps, three (3) paper copies and an electronic copy in a .pdf, .tiff or .jpg format are required.
$\boxtimes$		A north arrow, a legend, and scale.
$\boxtimes$		The scale of the map must be: $1 \text{ inch} = 400 \text{ feet}$ , $1 \text{ inch} = 1,320 \text{ feet}$ , 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 $1 \text{ inch} = 1,320 \text{ feet}$ , or a scale that has been pre-approved by the Department.
$\boxtimes$		Township, Range, Section, 1/4 1/4, DLC, Government Lot, and other recognized public land survey lines.
$\boxtimes$		Tax lot boundaries (property lines) and county tax lot numbers are required.
$\boxtimes$		Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.
$\boxtimes$		Major water delivery system features from the point(s) of diversion/appropriation such as main pipelines, canals, and ditches.
$\boxtimes$		Authorized 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.
		Actual, current point of diversion/appropriation. Show the location and label it clearly with distance and bearing or coordinates. If GPS coordinates are used, latitude-longitude coordinates may be expressed as either degrees-minutes-seconds with at least one digit after the decimal (example $-42^{\circ}32'15.5"$ ) or degrees-decimal with five or more digits after the decimal (example $-42.53764^{\circ}$ ).
$\boxtimes$		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.
	N/A	If for more than one actual, current point of diversion/appropriation. separate hachuring is needed for each place of use served by each point of diversion/appropriation, including the 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.
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••		FEE WORKSHEET for HISTORIC POD/POA TRANSFER		
Number of water rights included in transfer 1 (2a) Subtract 1 from the number in 2a above: 0 (2b) If only one water right this will be 0  2 Multiply line 2b by \$520 and enter "" "" "" "" "" "" "" "" "" "" "" "" ""	1	Base Fee (includes Historic POD change to one water right for up to 1 cfs)	1	\$1,160
Do you propose to change a well, or change from a surface water POD to a well?		Number of water rights included in transfer 1 (2a)		
Do you propose to change a well, or change from a surface water POD to a well?  No: enter 0 » » » » » » » » » » » » » » » » » »		Subtract 1 from the number in 2a above: 0 (2b) If only one water right this will		
Do you propose to change a well, or change from a surface water POD to a well?  No: enter 0 » » » » » » » » » » » » » » » » » »				
well?  No: enter 0 »» » » » » » » » » » » » » » » » » »	2		2	0
Applicant Information Note: Applicant must be an INDIVIDUAL, as defined by OAR 690-380-2120, that is "a natural person and not include a government body, organization, business enterprise, or other such entity."  PHONE NO.  PHONE NO.  ADDITIONAL CONTACT NO.		well?		~
Add entries on lines 1 through 3 above "" "" "" "" "" "" "" "" "" "" "" "" ""				
Check this box if this project is fully or partially funded by the American Recovery and Reinvestment Act. (Federal stimulus dollars)  Part 4 of 5 – Applicant Information and Signature  Applicant Information  Note: Applicant must be an INDIVIDUAL, as defined by OAR 690-380-2120, that is "a natural person and do not include a government body, organization, business enterprise, or other such entity."  APPLICANT/BUSINESS NAME  RAY CAMERON  PHONE NO.  5-11-398-0779  ADDITIONAL CONTACT NO.	3	Yes: enter \$410 » » » » » » » » » » » » » » » »	3	
Part 4 of 5 – Applicant Information and Signature  Applicant Information  Note: Applicant must be an INDIVIDUAL, as defined by OAR 690-380-2120, that is "a natural person and do not include a government body, organization, business enterprise, or other such entity."  APPLICANT/BUSINESS NAME  RAY CAMERON  PHONE NO.  FHI-398-0779  ADDITIONAL CONTACT NO.	4	Add entries on lines 1 through 3 shove www.www.www.Www.Www.Www.Www.Www.Www.Www	4	1 160
not include a government body, organization, business enterprise, or other such entity."  APPLICANT/BUSINESS NAME  PHONE NO.  PHONE NO.  S41-398-0779  ADDITIONAL CONTACT NO.		Check this box if this project is fully or partially funded by the American Recove		1,100
RAY CAMERON 541-398-0779	Appl	Check this box if this project is fully or partially funded by the American Recove Reinvestment Act. (Federal stimulus dollars)  Part 4 of 5 – Applicant Information licant Information	and Si	gnature
ADDRESS 78475 Candle LA FAX NO.	Appl	Check this box if this project is fully or partially funded by the American Recove Reinvestment Act. (Federal stimulus dollars)  Part 4 of 5 – Applicant Information icant Information Applicant must be an INDIVIDUAL, as defined by OAR 690-380-2120, that is "a natu	and Si	gnature
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	Appl Appl Appl Appl	Check this box if this project is fully or partially funded by the American Recove Reinvestment Act. (Federal stimulus dollars)  Part 4 of 5 – Applicant Information  icant Information  Applicant must be an INDIVIDUAL, as defined by OAR 690-380-2120, that is "a natu not include a government body, organization, business enterprise, or other such ICANT/BUSINESS NAME  CAMERON  PHONE NO.  541-398-0779	and Si	gnature

**Agent Information** – The agent is authorized to represent the applicant in all matters relating to this application.

BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.

AGENT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.					
ADDRESS				FAX NO.					
CITY	STATE	ZIP	E-MAIL						
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.									

By signing this application, I understand that prior to Department approval of the historic change in point of diversion/appropriation, I will be required to provide landownership information and evidence that I am authorized to pursue the change as identified in OAR 690-380-4010(5).

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	>	
Republican	7	

I (we) affirm that the information contained in this application is true and accurate. E. Cameron Patricia E. Cameron JUL 2 7 2018 OWRD Print Name (and Title if applicable)

Historic Change in Point of Diversion/Appropriation Application - Page 3 of 8

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information table below assignment will have to	who the now. If you do be filed for certificated to other contents.	ew landowner woo not know who for at a later dated water right(s) ladocument states	the new landowr the ocated on the land	aplete the receiving landowner ner will be, then a request for d belong to the new owner,
unless a sale agreemen <a href="http://www.oregon.gov">http://www.oregon.gov</a> <a href="RECEIVING LANDOWNER NAME">RECEIVING LANDOWNER NAME</a>	t or other	document states		_
			rtytransactions.po	
ADDRESS			PHONE NO.	ADDITIONAL CONTACT NO.
TIDDICES!				FAX NO.
CITY	STATE	ZIP	E-MAIL	
Describe any special owner of the Check here if water for for stored water with a ENTITY NAME	any of the	e rights supplied	under a water sertity.	JUL 2 7 2018 rvice agreement or other contra OWRD
CITY		STATE		ZIP
To meet State Land Use Cocity, municipal corporation conveyed or used.  ENTITY NAME WALLOWA COUNTY PLANT CITY ENTERPRISE	, or tribal g	government) wit	hin whose jurisdi ESS OUTH RIVER	ocal governments (each county, ction water will be diverted,
TOTAL CONTRACTOR IN TOTAL		ADDR	ESS	77.020
ENTITY NAME		110010		

## **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.

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#### 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.

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

			4								
				ER	rifi	CA'	TE # <u>?</u>	3091			RECEIVED
Desci	ription of Water D	elivery Syst	em								JUL 2 7 2018
System	stem capacity: <u>.2</u> cubic feet per second (cfs) <b>OR</b>										
		gallons per	minı	ute (	gpm)	)					<b>OWRD</b>
five y and a MAIN THE	ears. Include infor pply the water at th NLINE FROM 2 H WATER TO THE	mation on the authorized PPUMP STAFIELD	e pu plac ATIO	mps e of ON (	, can use. ON I	als, CULOS'	pipeli RREN TINE	nes an IT DE RIVE	d sprir LIVEI R. K	nklers us RY SYS LINE SI	PRINKLERS APPLY propriation (POA)
POD/POA Name or Number	Is this POD/POA Authorized on the Certificate or is it the Current POD/POA that has been used for more than 10 years?	If POA, OWRD Well Log ID# (or Well ID Tag # L)		wp	Rı		Sec		a nan	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
POLLEY ALLEN DITCH	Authorized Current		1	S	43	E	15	SE	sw		NONE GIVEN 45.473170° -117.426666
RIVER PUMP	☐ Authorized ☐ Current		1	S	43	E	10	sw	sw		1020' N & 429' E from the SW Corner Section 10 T1S R43E W.M.
	☐ Authorized ☐ Current										
:	☐ Authorized ☐ Current										
	k all type(s) of his	toric change	e(s)	prop	osed	l be					
	Point of Divers	sion (POD)			$\boxtimes$						ersion (APOD)
	Point of Appro	-									propriation (APOA)
Will	the historic chang	e in point of	div	ersio	on/aj	ppro	priat	ion af	fect th	e entire	water right?
Y	es Complete only	the proposed	l sec	ction	of T	able	2 on	the ne	xt pag	e.	
$\boxtimes N$	o Complete all o	f Table 2 to c	lesc	ribe	the p	orti	on of t	the wa	ter rig	ht to be	changed.

Please use and attach additional pages of Table 2 as needed. Do you have questions about how to fill-out the tables? See page 5 for instructions, or contact the Department at 503-986-0900 and ask for Transfer Staff.

Table 2. Description of Changes to Water Right Certificate # 3091

List only the part of the right that will be changed. For the acreage in each ¼ ¼, list the change proposed. If more than one actual, current POD/POA, specify the acreage associated with each actual, current POD/POA.

	Authorized ("from" lands) as they appear before the changes								horized ("from" lands) as they appear before the changes						
Twp		Rng		Rng		Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) (name or number from Table 1)	Proposed Change (POD, POA, APOD, or APOA)	(in use for more than ten years) POD(s)/ POA(s) to be used (from Table 1)	Priority Date
2	S	9	E	15	NE	NW	100		15.0	POD #1 POD #2	POD	POD #5	1897		
66	66	66	66	66	66	66	66	66	EXAMPLE	- 66	"	46	66		
1	s	43	E	10	sw	SW	1800		2.7	POLLEY ALLEN DITCH	APOD	RIVER PUMP	1891		

4 1 11.1 1	1	
Additional	remarks:	

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I	or a	change in point(s) of appropriation (well(s)) or additional point(s) of appropriation:
		Well log(s) are attached for each authorized and current well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map. ( <b>Tip</b> : You may search for well logs on the Department's web page at: <a href="http://apps.wrd.state.or.us/apps/gw/well_log/">http://apps.wrd.state.or.us/apps/gw/well_log/</a> )
	OR	
		Describe the construction of the authorized and current well(s) in Table 3 for any wells that do not have a well log.

Table 3. Construction of Point(s) of Appropriation

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 adequate information is likely to delay the processing of your transfer application.

Current or Authorized POA Name or Number	OWRD Well ID Tag No. L (if available)	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). <u>If</u> less than full rate of water right

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