

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.

ck all iter	ns included with this application. $(N/A = Not Applicable)$
	Part 1 – Completed Minimum Requirements Checklist.
	Part 2 – Completed Application Map Checklist.
	Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the new online fee calculator at: http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator . If you have questions, call 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 be transferred? <u>3</u> List them here: <u>10256, 10320, 10207</u> Please include a separate Part 5 for each water right. (See instructions on page 5)
chments	
	Completed Application Map (Does not have to be prepared by a Certified Water Right Examiner).
	Completed Evidence of Use Affidavit and supporting documentation showing that water has been used on the land for five years prior to transfer filing AND diverted at the actual, current point of diversion/appropriation for more than 10 years.
	Statement from the local Watermaster, based upon the Watermaster's knowledge and Department records, that no complaint of injury has been made due to the use of water at the actual, current point of diversion/appropriation.
	Land Use Information Form with approval and signature (or signed land use form receipt stub).
⊠ 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 (well(s)) or additional point(s) of appropriation.
	(For Staff Use Only)
	WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S): Application fee not enclosed/insufficient Map not included or incomplete Land Use Form not enclosed or incomplete Additional signature(s) required Part is incomplete Other/Explanation Staff: 503-986-0 Date://
	nchments:

${\bf Part~2~of~5}$ – 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.
X		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.
X		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, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines.
X		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.
X		Major water delivery system features from the point(s) of diversion/appropriation such as main pipelines, canals, and ditches.
X		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.
\boxtimes		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°).
\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 W	ORKSHE	EET for HIS	TORIC POD/POA T	RANSFER		
Base Fee	(includes His	storic POI	Change to	one water right for up	o to 1 cfs)	1	\$1,16
	of water right	s included	l in transfer	3 (2a)		1	φ1,10
				2 (2b) If only one water	right this will		12
be 0				,			
	y line 2b by S		2	1040.0			
		nge a wel	l, or change	from a surface water	POD to a		
	ell?			» » » » » » »			
				» » » » » »		3	
				» » » » » » » T		4	2200.0
The second secon	ent Act. (Fed		ılus dollars)	lly funded by the An 4 of 5 – Applicant		-	
pplicant Info		DIVIDUA		by OAR 690-380-2120			
				tion, business enterpris			
APPLICANT/BUSIN				PHONE NO.	ADDITION	AL CONT	ACT NO.
Gene & Marilee ADDRESS	Williams			541-540-4878	FAX NO.		
36739 Allstead I	n.						
CITY Halfway		STATE OR	97834	E-MAIL			
BY PROVIDING		DDRESS, O	CONSENT IS G	IVEN TO RECEIVE ALI			
				FINAL ORDER DOCUM			
Agent Informa AGENT/BUSINESS		gent is auth	norized to rep	PHONE NO.	all matters relat		
AGEN I/BUSINESS	NAME			PHONE NO.	ADDITION	AL CONT	ACT NO.
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Ry providing	AN F-MAIL	DDRESS (ONSENT IS G	I SIVEN TO RECEIVE ALI	. CORRESPOND	ENCE F	ROM THI
				FINAL ORDER DOCUM			
By signing	this applicat	ion, I und	lerstand that	prior to Department	approval of the	e histor	ic chang
point of di	version/appro	opriation,	I will be req	uired to provide land	lownership info	ormatic	n and
evidence th	nat I am auth	orized to	pursue the cl	nange as identified in	OAR 690-380	0-4010((5).
(we) affirm tl	at the inforn	nation con	tained in this	s application is true a	nd accurate.		
				• •			
Applicant Si	nature		Print Nam	e (and Title if applicable)	Date		
Applicant Si	rnatura		Drint Nom	e (and Title if applicable)	Date		

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Is the applicant the sole own transfer is located? Yes and/or e-mail addresses if d and/or e-mail addresses) fro conveyed.	□ No Ij lifferent ti	f NO, incl han the a _l	lude sign oplicant	natures of all d 's) or attach a <u>f</u>	eeded landowners (and r fidavits of consent (and r	mailing mailing
	ho the no	ew landov o not kno	wner wil	l be, please co	y sold? ☐ Yes ☒ No mplete the receiving land oner will be, then a reque	
If a property sells, the ce unless a sale agreement http://www.oregon.gov/o	or other c	locument	states of	therwise. For r		ner,
RECEIVING LANDOWNER NAME				PHONE NO.	ADDITIONAL CONTAC	T NO.
ADDRESS					FAX NO.	
CITY	STATE	ZIP		E-MAIL		
Describe any special owners Check here if water for a for stored water with a for	any of the	rights su	pplied u	nder a water so	ervice agreement or other	r contract
ENTITY NAME			ADDRES	S		
CITY			STATE		ZIP	
To meet State Land Use Concity, municipal corporation, conveyed or used. ENTITY NAME BAKER COUNTY CITY BAKER CITY				n whose jurisd		
ENTITY NAME			ADDRESS	5		
CITY			STATE		ZIP	
Explain in your own words of I would like to add additional diversion for the past 30 years. If you need additional space, continuous parts of the past 30 years.	al historic rs.	points of	f diversi	on. We have b	een using these points of	f

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.

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

			U	LK.	LILI	CA.	LJC # _	<u>10320</u>			
Desci	ription of Water I	Delivery Syste	em								
Syste	m capacity: 3 cub	ic feet per sec	cond	l (cf	s) O !	R					
		_ gallons per	min	ute (gpm	ı)					
five y		rmation on the	e pu	mps	, car	ıals,					ne time within the last sed to divert, convey
	ocation of Author e POD/POA name					• •			•	· -	propriation (POA) mber here.)
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)	T	Wp	R	ng	Sec	1/4	1/4	Tax Lot, DLC or Gov't	Measured Distances (from a recognized survey corner)
1- Holbrook Cr. Ditch	Authorized □ Current		7	S	1	, E	13	NW	SE		None Given
2- High POD	☐ Authorized ☐ Current		7	s	45	E	13	sw	SE		35' N & 2325'W fr. the SE corn. of Sect. 13
3- Low POD	☐ Authorized ☐ Current		7	S	45	E	24	SE	NW		2206' S & 2833' W fr. the SE corn. of Sect. 13
	☐ Authorized ☐ Current			i					 		
	k all type(s) of his ntheses):	toric change	(s) <u>j</u>	prop	osed	l bel	low (c	hange	"CO]	DES" a	re provided in
	Point of Divers	sion (POD)			\boxtimes		Add	litiona	l Point	t of Div	ersion (APOD)
	Point of Appro	priation/Well	(P0	OĄ)			Add	litiona	l Point	t of App	ropriation (APOA)
Will 1	the historic chang	e in point of	div	ersio	n/ap	pro	priat	ion af	fect th	e entire	water right?
⊠ Yo	es Complete only	the proposed	sec	tion	of T	able	2 on	the ne	xt nage	e.	

No Complete all of Table 2 to describe the portion of the water right 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 # 10320

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.

	A	Lutl	thorized ("from" lands) as they appear before the changes								*	Current		
Se .	Twp Rng Sec 1/4		Tax Gvt L Lot or DL			Acres (if POD(s) or POA(s) (name applicable) 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	ا ا	E	15	NE	NW	100		15.0	POD #1 POD #2	POD	POD #5	1897
61	١.		٠ ١	"	44	66	66	64	66	EXAMPLE	46	š	- "	44
7	s	4.	5 1	E	24	sw	NE	100		8.0	1	APOD	1,2 & 3	1892
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A	dditiona	ıl remarks:	

For 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. (Tip : You may search for well logs on the Department's web page at: http://apps.wrd.state.or.us/apps/gw/well_log/)
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 AppropriationAny 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). If less than full rate of water right

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

CERTIFICATE # 10256

				1411			2 11 <u>10</u>	<u> 250</u>			
Descri	iption of Water D	elivery Syste	m								
Systen	n capacity: 3.0 cu	bic feet per se	cond	d (cf	s) O	R					
		gallons per m	inut	e (g	pm)						
five ye		mation on the e authorized p	pun lace	ips, of t	cana ise. <u>(</u>	ils, p Curr	ipelin ently t	es and he dito	sprinl h is a	clers use n open c	
	ocation of Author POD/POA name				-	-		-			ropriation (POA) aber here.)
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)	T	wp	R	ng	Sec	1/4	1	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized) survey corner)
1 – Holbrook Cr. Ditch	Authorized □ Current		7	s	45	Е	13	NW	SE		None Given
2 – High POD	☐ Authorized ☐ Current		7	S	45	E	13	SW.	SE		35' N & 2325'W fr. the SE corn. of Sect. 13
3 – Low POD	☐ Authorized ☐ Current		7	s	45	E	24	SE	NW		2206' S & 2833' W fr. tl SE corn. of Sect. 13
	Authorized Current			,		:					
	all type(s) of hist theses):	toric change(s) pr	opo	sed	belo	w (ch	ange '	'COD	ES" are	e provided in
	Point of Divers	ion (POD)			\boxtimes		Addi	tional	Point (of Diver	rsion (APOD)
	Point of Approp	priation/Well	(PO	A)			Addi	tional	Point (of Appro	opriation (APOA)
Will t	he historic change	e in point of d	liver	sior	ı/apj	prop	oriatio	n affe	ct the	entire v	water right?
☐ Ye	s Complete only	the proposed	secti	on c	of Ta	ble :	2 on th	ne next	t page.		
⊠ No	Complete all of	Table 2 to de	scrib	oe th	ne po	rtio	n of th	e wate	r right	to be cl	hanged.

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 confact the Department at 503-986-0900 and ask for Transfer Staff.

Table 2. Description of Changes to Water Right Certificate # 10256

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											Current	-3.
Т	wp	:R	ng	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
	"	4.	"	"	**	66	64	66	EXAMPLE	24	i.(6.5
7	S	45	E	24	NW	SE	100		5.0	1	APOD	1, 2 & 3	1901
7	S	45	E	24	NW	SE	100		1.5	,1	APOD	1, 2 & 3	1910
7	S	45	, E	24	NE	sw	100		3.0	1	APOD'	1, 2 & 3	1910
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Additional remarks: We are only adding an additional point of diversion to the supplemental rights out of Holbrook Creek. We are not including the primary rights out of Meadow Creek.

Certificate # 10256

For 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. (Tip : You may search for well logs on the Department's web page at: http://apps.wrd.state.or.us/apps/gw/well_log/)
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 Authorize d POA Name or Number	OWRD Well ID Tag No. L- (if available)	Total well depth	Casing Diamete r	Casing Interval s (feet)	Seal depth(s) (intervals	Perforate d or screened intervals (in feet)	Static water level of complete d well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well - specific rate (cfs or gpm). If less than full rate of water right