



Oregon Water Resources Department  
 725 Summer Street NE, Suite A  
 Salem, Oregon 97301-1266  
 (503) 986-0900  
 www.wrd.state.or.us

# Application to Split A Permit and Request for Issuance of Replacement Permits (ORS 537.225)

## Part 1 of 5 – Minimum Requirements Checklist

**This application will be returned if Parts 1 through 5 and all required attachments are not completed and included.**  
 For questions, please call (503) 986-0900, and ask for Transfer Section.

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**Check all items included with this application.**

- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Application Map Checklist.
- Part 3 – Completed Application with non-refundable \$125.00 Application Fee, Applicant(s) Information and Signature(s).
- Part 4 – Other Landowner Information and proportionate rate(s).
- Part 5 – Water Right Permit Information. List the permit number to be assigned here: G-18298

**Attachments:**

- Completed application map prepared by Certified Water Right Examiner (CWRE).
- Completed Affidavit(s) from the applicant(s):
  - Certifying the permit has not been conveyed or withheld, and remains appurtenant to the applicant’s land.
  - Certifying the applicant has read the permit.
- Copy(s) of current recorded deed(s) showing that the applicant(s) is/are an owner of the land(s) to which the permit is appurtenant.

**INSTRUCTIONS for editing the Application Form**

Photocopy pages or tables in Part 5, ~~mark through~~ any non-applicable information, insert/attach photocopied pages to document in the appropriate location, and manually amend page numbers as necessary (e.g., Page 5 of 9 10).

You may refer to additional attachments that you may include, such as separately produced tables or spreadsheets to convey large numbers of rows of place of use listings, owner/property parcels, etc. You may contact the Department at 503-986-0900 and ask for Transfer Staff if you have questions.

**For Staff Accounting Purposes Only – PCA #46110 Object #** 18485 - 111

## Part 2 of 4 –Application Map Checklist

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

**Please be sure that the map you submit is based upon the original water right application map or permit amendment map and includes all the items listed below and meets the requirements of OAR 690-325-0050. Check all boxes that apply.**

**The map shall not include any unauthorized change to the authorized place of use outside of its original perimeters as exhibited on the original water right application map or approved permit amendment map nor any unauthorized change to the location of the point(s) of diversion or appropriation as exhibited on the original water right application map or approved permit amendment map.**

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- Certified Water Right Examiner (CWRE) Stamp and Signature. For a list of CWRE's, see [http://apps.wrd.state.or.us/apps/wr/cwre\\_license\\_view/](http://apps.wrd.state.or.us/apps/wr/cwre_license_view/).
- Permanent quality printed with dark ink on good quality paper.
- The size of the map can be 8½ x 11 inches, 8½ x 14 inches, or up to 30 x 30 inches. For 30 x 30 inch maps, one additional paper copy and an electronic copy in a .pdf, .tiff or .jpg format 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 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.
- The place of use of each applicant's portion of the water right permit shall be clearly defined by outline and shaded or hachured and shall show the number of acres for each portion in each quarter-quarter section, government lot, or quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions. If the permit has multiple priority dates or uses, the lands to be served by each priority date and on which use is authorized, must be separately identified.
- The place of use of any part of the permit **not** being assigned shall be clearly defined by outline and shaded or hachured and shall show the number of acres for each portion in each quarter-quarter section, government lot, or quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions. If the permit has multiple priority dates or uses, the lands to be served by each priority date and on which use is authorized, must be separately identified.
- Each applicant's portion of the permit shall be referenced, by either alphabet letter or number, to each applicant(s) listed in the application form.
- The rate and any applicable acre-feet allowance of water use under the permit for each applicant's portion of the permit shall be clearly labeled on the map.
- The location of each authorized point of diversion or appropriation.

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Please use additional pages as needed

Part 3 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME DOUG NEWMAN		MAP ID (LETTER OR NUMBER) A	PHONE NO. 541-856-3727	ADDITIONAL CONTACT NO. 541-519-2162
ADDRESS 14386 MUDDY CREEK LN.				FAX NO.
CITY HAINES	STATE OR	ZIP 97833	E-MAIL	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.				

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

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

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ORS 536.050(1)(aa) authorizes the Oregon Water Resources Department (OWRD) to collect fees based upon the actual cost of work to process an application under ORS 537.225.

I (we) understand the following:

- Upon receipt of my complete application and the non-refundable application fee in the amount of \$125.00, OWRD will, within fifteen (15) days, notify me in writing of the estimate of the cost of work.
- The non-refundable \$125.00 fee covers the cost of OWRD's staff to evaluate and provide the cost of work estimate for processing the application.
- Upon receiving the estimate I may agree or decline to enter into a formal contract to pay the estimated cost of work in advance to initiate the processing of the application.
- If I decline to enter into a formal contract, OWRD will close my application.
- An incomplete or inaccurate application may delay the process and increase the cost to process my request.
- OWRD does not guarantee a favorable review of the application.

I (we) affirm that the most recent water use (if any) under my (our) portion of the permit has been exercised within the relevant terms and conditions of the permit.

I (we) affirm that the information contained in this application is true and accurate.



*Douglas J Newman*  
Applicant signature

Douglas J Newman  
Name (and title if applicable) (print) Date 2-19-2020

Applicant signature

Name (and title if applicable) (print)

Date

**Applicant Information**

APPLICANT/BUSINESS NAME <b>Brent Stumbaugh</b>			MAP ID (LETTER OR NUMBER) B	PHONE NO. 541-749-0525	ADDITIONAL CONTACT NO.
ADDRESS P.O. Box 223					FAX NO.
CITY Haines	STATE OR	ZIP 97833	E-MAIL		
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.					

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

AGENT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	
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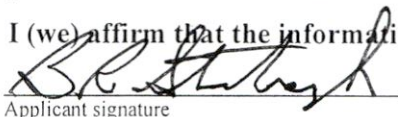
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I (we) affirm that the most recent water use (if any) under my (our) portion of the permit has been exercised within the relevant terms and conditions of the permit.

I (we) affirm that the information contained in this application is true and accurate.

  
 Applicant signature

Brent Stumbaugh  
 Name (and title if applicable) (print)

2/19/20  
 Date

\_\_\_\_\_  
 Applicant signature

\_\_\_\_\_  
 Name (and title if applicable) (print)

\_\_\_\_\_  
 Date



**Applicant Information**

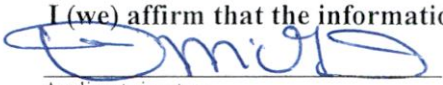
APPLICANT/BUSINESS NAME DON & NANCY MCGINN			MAP ID (LETTER OR NUMBER) C	PHONE NO. 541-786-2445	ADDITIONAL CONTACT NO.
ADDRESS 46502 SCHOOLHOUSE RD.					FAX NO.
CITY HAINES	STATE OR	ZIP 97833	E-MAIL		
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED.					

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AGENT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	
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I (we) affirm that the most recent water use (if any) under my (our) portion of the permit has been exercised within the relevant terms and conditions of the permit.

I (we) affirm that the information contained in this application is true and accurate.

  
 Applicant signature

\_\_\_\_\_  
 Name (and title if applicable) (print)

3-10-20  
 Date

\_\_\_\_\_  
 Applicant signature

\_\_\_\_\_  
 Name (and title if applicable) (print)

\_\_\_\_\_  
 Date



Please use additional pages as needed

## Part 4 of 5 – Other Landowner Information

Please list the owner(s) of land under the permit who are not submitting the assignment and request for issuance of replacement water right permit.

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### Landowner Information

LANDOWNER/BUSINESS NAME		MAP ID (LETTER OR NUMBER)		
MAILING ADDRESS		CITY	STATE	ZIP
TOTAL NUMBER OF ACRES UNDER THE PERMIT (AS DEPICTED ON MAP)	PROPORTIONATE RATE			

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### Landowner Information

LANDOWNER/BUSINESS NAME		MAP ID (LETTER OR NUMBER)		
MAILING ADDRESS		CITY	STATE	ZIP
TOTAL NUMBER OF ACRES UNDER THE PERMIT (AS DEPICTED ON MAP)	PROPORTIONATE RATE			

### Landowner Information

LANDOWNER/BUSINESS NAME		MAP ID (LETTER OR NUMBER)		
MAILING ADDRESS		CITY	STATE	ZIP
TOTAL NUMBER OF ACRES UNDER THE PERMIT (AS DEPICTED ON MAP)	PROPORTIONATE RATE			

### Landowner Information

LANDOWNER/BUSINESS NAME		MAP ID (LETTER OR NUMBER)		
MAILING ADDRESS		CITY	STATE	ZIP
TOTAL NUMBER OF ACRES UNDER THE PERMIT (AS DEPICTED ON MAP)	PROPORTIONATE RATE			

**Part 5 of 5 – Permit Information**

PERMIT # 18405

Completion date of the permit: 2028

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Name(s) currently appearing on permit:

DOUGLAS J. AND ELSIE NEWMAN & BRENT STUMBAUGH

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Type(s) of use as listed on permit: SUPPLEMENTAL IRRIGATION

Note: Type of use must be one or more of the following uses approved for assignment under ORS 537.225(1) and OAR 690-325-0010: irrigation, nursery, temperature control, stock watering, or agricultural water use.

**Table 1. Location of Authorized Point(s) of Diversion (POD) or Appropriation (POA)**

POD/POA Name or Number	If POA, OWRD Well Log ID# (or Well ID Tag # L-___)	Twp	Rng	Sec	¼ ¼	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
WELL #1	BAKE 50735	7 S	38 E	27	NE SE	301	3270 FEET SOUTH AND 50 FEET WEST FROM THE NW CORNER OF SECTION 26
WELL #2	NOT DRILLED	7 S	38 E	26	NW NW	6400	10 FEET SOUTH AND 50 FEET EAST FROM THE NW CORNER OF SECTION 26
WELL #3	BAKE 52583	7 S	38 E	23	SE SW	6400	1270 FEET NORTH AND 2580 FEET EAST FROM THE SE CORNER OF SECTION 22
WELL #4	NOT DRILLED	7 S	38 E	27	NE SE	301	3745 FEET SOUTH AND 230 FEET WEST FROM THE NW CORNER OF SECTION 26
WELL A	BAKE 51936	7 S	38 E	26	NE SW	301	1220 FEET SOUTH AND 899 FEET WEST FROM THE CENTER ¼ CORNER OF SECTION 27

Please use additional pages of Table 2 as needed

**Table 2. Description of Permit #18298**

List all parts of the permit (both assigned and unassigned). For the acreage or place(s) of use in each ¼ ¼, list the Map ID (letter or number from map and Parts 3 and 4) for each parcel. The acreage listed must equal the total acreage on the permit.

Description of Permitted Lands												
Twp	Rng	Sec	¼ ¼		Tax Lot	Gvt Lot or DLC	Acre (if applicable)	Type of Use	POD(s) or POA(s) (name or number from Table 1)	Map ID (letter or number from map and Parts 3 and 4)		
2	S	9	E	15	NE	NW	100		15.0	IR	POD #1	"A"
2	S	9	E	15	NE	NW	200		4.0	NU	POD #2	"B"
↑EXAMPLE↑												
7	S	38	E	23	SE	SW	6400		40.0	IS	WELL #2 WELL #3	A
7	S	38	E	23	SE	SW	6400		40.0	IS	WELL #2 WELL #3	A
7	S	38	E	26	NE	NW	6400		40.0	IS	WELL #2 WELL #3	A
7	S	38	E	26	NW	NW	6400		40.0	IS	WELL #2 WELL #3	A
7	S	38	E	27	SW	NE	301		18.0	IS	WELL #1,4 A	B
7	S	38	E	27	SE	NE	301		27.0	IS	WELL #1,4 A	B
7	S	38	E	27	NW	SE	301		25.0	IS	WELL #1,4 A	B
7	S	38	E	27	NE	SW	301		7.0	IS	WELL #1,4 A	B
7	S	38	E	27	SW	SW	301		11.0	IS	WELL #1,4 A	B
7	S	38	E	27	SE	SW	301		40.0	IS	WELL #1,4 A	B
7	S	38	E	27	NE	SE	301/ 302		35.0	IS	WELL #1,4 A	B
7	S	38	E	27	NW	SE	300		10.0	IS	WELL #1,4 A	C
7	S	38	E	27	SE	NW	300		27.63	IS	WELL #1,4 A	C
7	S	38	E	27	NE	SW	300		32.7	IS	WELL #1,4 A	C
7	S	38	E	27	SW	NE	300		8.0	IS	WELL #1,4 A	C
TOTAL ACRES									401.33			

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**Check the appropriate box, if applicable:**

Check here if any portion of the permit is located within an irrigation or other water district.

IRRIGATION DISTRICT NAME	ADDRESS	
CITY	STATE	ZIP

Check here if water for any portion of the permit is supplied under a water service agreement or other contract for stored water with a federal agency or other entity.

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

Additional Remarks:

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