

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.

RECEIVED

JUL 16 2020

Check all items included with this application. (N/A = Not Applicable)

OWRD

- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Transfer 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 Water Rights to be Transferred: **How many water rights are to be transferred? 1.** List them here: 85763
Please include a separate Part 5 for each water right. (See instructions on page 6)

Attachments:

- Completed Transfer Application Map.
- Completed Evidence of Use Affidavit and supporting documentation.
- N/A Affidavit(s) of Consent from Landowner(s) (if the applicant does not own the land the water right is on.)
- N/A Supplemental Form D – For water rights served by or issued in the name of an irrigation district. Complete when the transfer applicant is not the irrigation district.
- N/A Oregon Water Resources Department’s Land Use Information Form with approval and signature (or signed land use form receipt stub) from each local land use authority in which water is to be diverted, conveyed, and/or used. Not required if water is to be diverted, conveyed, and/or used only on federal lands or if **all** of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone.
- N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation.
- N/A Geologist Report for a change from a surface water point of diversion to a ground water point of appropriation (well), if the proposed well is more than 500’ from the surface water source and more than 1000’ upstream or downstream from the point of diversion. See OAR 690-380-2130 for requirements and applicability.

(For Staff Use Only)

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- | | |
|--|--|
| <input type="checkbox"/> Application fee not enclosed/insufficient | <input type="checkbox"/> Map not included or incomplete |
| <input type="checkbox"/> Land Use Form not enclosed or incomplete | <input type="checkbox"/> Evidence of Use Form not enclosed or incomplete |
| <input type="checkbox"/> Additional signature(s) required | <input type="checkbox"/> Part _____ is incomplete |

Other/Explanation _____
 Staff: _____ 503-986-0____ Date: ____/____/____

Part 2 of 5 – Transfer Application Map

RECEIVED

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

JUL 16 2020

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.

OWRD

- 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.
- N/A If more than three water rights are involved, separate maps are needed for each water right.
- 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, 11 x 17 inches, or up to 30 x 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.
- 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 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.
- Existing 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 least one digit after the decimal (example – 42°32'15.5") or degrees-decimal with five or more digits after the decimal (example – 42.53764°).

1. Name of the applicant: _____

2. Address of the applicant: _____

3. Telephone number: _____

4. Name of the institution: _____

5. Name of the department: _____

6. Name of the supervisor: _____

7. Title of the project: _____

8. Date: _____

9. Signature of the applicant: _____

10. Signature of the supervisor: _____

11. Signature of the institution: _____

12. Name of the institution: _____

13. Name of the department: _____

14. Name of the supervisor: _____

15. Title of the project: _____

16. Date: _____

17. Signature of the applicant: _____

18. Signature of the supervisor: _____

19. Signature of the institution: _____

20. Name of the institution: _____

21. Name of the department: _____

22. Name of the supervisor: _____

23. Title of the project: _____

24. Date: _____

25. Signature of the applicant: _____

26. Signature of the supervisor: _____

27. Signature of the institution: _____

28. Name of the institution: _____

29. Name of the department: _____

30. Name of the supervisor: _____

31. Title of the project: _____

32. Date: _____

33. Signature of the applicant: _____

34. Signature of the supervisor: _____

35. Signature of the institution: _____

36. Name of the institution: _____

37. Name of the department: _____

38. Name of the supervisor: _____

39. Title of the project: _____

40. Date: _____

41. Signature of the applicant: _____

42. Signature of the supervisor: _____

43. Signature of the institution: _____

Part 3 of 5 – Fee Worksheet

FEE WORKSHEET for PERMANENT TRANSFER (except Substitution)			
1	Base Fee (includes one type of change to one water right for up to 1 cfs)	1	\$1,160
2	Types of change proposed: <input type="checkbox"/> Place of Use <input type="checkbox"/> Character of Use <input checked="" type="checkbox"/> Point of Diversion/Appropriation Number of above boxes checked = <u>1 (2a)</u> Subtract 1 from the number in line 2a = <u>0 (2b)</u> <i>If only one change, this will be 0</i> Multiply line 2b by \$930 and enter » » » » » » » » » » » » » » » »		\$0
3	Number of water rights included in transfer <u>1 (3a)</u> Subtract 1 from the number in 3a above: <u>0 (3b)</u> <i>If only one water right this will be 0</i> Multiply line 3b by \$520 and enter » » » » » » » » » » » » » » » »		\$0
4	Do you propose to add or change a well, or change from a surface water POD to a well? <input type="checkbox"/> No: enter 0 » <input checked="" type="checkbox"/> Yes: enter \$410 »	4	\$410
5	Do you propose to change the place of use or character of use? <input checked="" type="checkbox"/> No: enter 0 on line 5 » <input type="checkbox"/> Yes: enter the cfs for the portions of the rights to be transferred (see example below*): _____ (5a) Subtract 1.0 from the number in 5a above: _____ (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) and multiply 5c by \$350, then enter on line 5 » » » » » » » » » »	5	\$0
6	Add entries on lines 1 through 5 above » » » » » » » » » » » » Subtotal:	6	\$1570
7	Is this transfer: <input type="checkbox"/> necessary to complete a project funded by the Oregon Watershed Enhancement Board (OWEB) under ORS 541.932? <input type="checkbox"/> endorsed in writing by ODFW as a change that will result in a net benefit to fish and wildlife habitat? 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 » » » » » » » » » » » » » » » » Transfer Fee:	8	\$1570

RECEIVED
 JUL 16 2020
 OWRD

***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:

- For irrigation calculate cfs for each water right involved as follows:
 - Divide total authorized cfs by total acres in the water right (for C12345, 1.25 cfs ÷ 100 ac); then multiply by the number of acres to be transferred to get the transfer cfs (x 45 ac = 0.56 cfs).
 - 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)
- 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	\$840.00
2	Number of wells included in substitution _____ (2a) Subtract 1 from the number in 2a above: _____ (2b) <i>If only one well this will be 0</i> Multiply line 2b by \$410 and enter » » » » » » » » » » » » » » » »	2	
3	Add entries on lines 1 through 2 above » » » » » » Fee for Substitution:	3	

... ..
... ..
... ..

... ..
... ..
... ..

... ..
... ..
... ..

... ..
... ..
... ..

... ..
... ..
... ..

... ..
... ..
... ..

... ..
... ..
... ..

... ..
... ..
... ..

... ..
... ..
... ..

... ..
... ..
... ..

... ..
... ..
... ..

... ..
... ..
... ..

Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME DOROTHEA KATHRYN DEARMOND, LLC c/o Brent DeArmond		MOBILE NO. 503.710.0097	ADDITIONAL CONTACT NO. 503.981.8873
ADDRESS 18381 Boones Ferry Rd NE		FAX NO. RECEIVED	
CITY Hubbard	STATE OR	ZIP 97032	E-MAIL See Note** JUL 16 2020
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 Information – The agent is authorized to represent the applicant in all matters relating to this application.

AGENT/BUSINESS NAME Aspen Rural Land Consulting		PHONE NO. 971.250.1520	ADDITIONAL CONTACT NO. 503.647.1919
ADDRESS 39290 NW Murtaugh Road		FAX NO.	
CITY North Plains	STATE OR	ZIP 97133	E-MAIL See Note**
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.			
Note** Due to unreliability of email, the applicant and agent request that all correspondence from the Department come via both US mail and email. The emails to use are ericurstadt@hotmail.com and bpdearmond@gmail.com			

Explain in your own words what you propose to accomplish with this transfer application, and why:
 This application proposes to add a new Point of Appropriation (well) for the right.
 If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1".

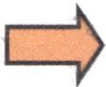
Check One Box

- By signing this application, I understand that, upon receipt of the draft preliminary determination and prior to Department approval of the transfer, I will be required to provide landownership information and evidence that I am authorized to pursue the transfer as identified in OAR 690-380-4010(5); **OR**
- I affirm the applicant is a municipality as defined in ORS 540.510(3)(b) and that the right is in the name of the municipality or a predecessor; **OR**
- I affirm the applicant is an entity with the authority to condemn property and is acquiring by condemnation the property to which the water right proposed for transfer is appurtenant and have supporting documentation.

By my signature below, I confirm that I understand:

- Prior to Department approval of the transfer application, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the water right is located, once per week for two consecutive weeks. If more than one qualifying newspaper is available, I suggest publishing the notice in the following newspaper: The Capital Press.
- Amendments to the application may only be made in response to the Department's Draft Preliminary Determination (DPD). The applicant will have a period of at least 30 days to amend the application to address any issues identified by the Department in the DPD, or to withdraw the application. Note that amendments may be subject to additional fees, pursuant to ORS 536.050.
- Failure to complete an approved change in place of use and/or change in character of use, will result in loss of the water right (OAR 690-380-6010).

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



_____	Brent DeArmond, Member	_____
Applicant signature	Print Name (and Title if applicable)	Date
_____	_____	_____
Applicant signature	Print Name (and Title if applicable)	Date

13493

Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME DOROTHEA KATHRYN DEARMOND, LLC c/o Brent DeArmond			MOBILE NO. 503.710.0097	ADDITIONAL CONTACT NO. 503.981.8873
ADDRESS 18381 Boones Ferry Rd NE			FAX NO.	
CITY Hubbard	STATE OR	ZIP 97032	E-MAIL See Note**	
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 Information – The agent is authorized to represent the applicant in all matters relating to this application.

AGENT/BUSINESS NAME Aspen Rural Land Consulting			PHONE NO. 971.250.1520	ADDITIONAL CONTACT NO. 503.647.1919
ADDRESS 39290 NW Murtaugh Road			FAX NO.	
CITY North Plains	STATE OR	ZIP 97133	E-MAIL See Note**	
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.				
Note** Due to unreliability of email, the applicant and agent request that all correspondence from the Department come via both US mail and email. The emails to use are <u>ericurstadt@hotmail.com</u> and <u>bpdearmond@gmail.com</u>				

Explain in your own words what you propose to accomplish with this transfer application, and why:
This application proposes to add a new Point of Appropriation (well) for the right.
If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1".

Check One Box


- By signing this application, I understand that, upon receipt of the draft preliminary determination and prior to Department approval of the transfer, I will be required to provide landownership information and evidence that I am authorized to pursue the transfer as identified in OAR 690-380-4010(5); OR
- I affirm the applicant is a municipality as defined in ORS 540.510(3)(b) and that the right is in the name of the municipality or a predecessor; OR
- I affirm the applicant is an entity with the authority to condemn property and is acquiring by condemnation the property to which the water right proposed for transfer is appurtenant and have supporting documentation.

By my signature below, I confirm that I understand:

- Prior to Department approval of the transfer application, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the water right is located, once per week for two consecutive weeks. If more than one qualifying newspaper is available, I suggest publishing the notice in the following newspaper: The Capital Press.
- Amendments to the application may only be made in response to the Department’s Draft Preliminary Determination (DPD). The applicant will have a period of at least 30 days to amend the application to address any issues identified by the Department in the DPD, or to withdraw the application. Note that amendments may be subject to additional fees, pursuant to ORS 536.050.
- Failure to complete an approved change in place of use and/or change in character of use, will result in loss of the water right (OAR 690-380-6010).

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




 Applicant signature

Brent DeArmond, Member
 Print Name (and Title if applicable)

7/22/2020
 Date

Applicant signature

Print Name (and Title if applicable)

Date

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

JUL 16 2020

Check the following boxes that apply:

- The applicant is responsible for completion of change(s). Notices and correspondence should continue to be sent to the applicant.
- The receiving landowner will be responsible for completing the proposed change(s) after the final order is issued. Copies of notices and correspondence should be sent to this landowner.
- Both the receiving landowner and applicant will be responsible for completion of change(s). Copies of notices and correspondence should be sent to this landowner and the applicant.

OWRD

At this time, are the lands in this transfer application in the process of being sold? Yes No

If YES, and you know who the new landowner will be, please complete the receiving landowner information table below. If you do not know who the new landowner will be, then a request for assignment will have to be filed for at a later date.

If a property sells, the certificated water right(s) located on the land belong to the new owner, unless a sale agreement or other document states otherwise. For more information see: https://www.oregon.gov/owrd/WRDFormsPDF/Transfer_Property_Transactions.pdf

RECEIVING LANDOWNER NAME N/A			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	

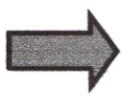
Describe any special ownership circumstances here: **N/A**

Check here if any of the water rights proposed for transfer are or will be located within or served by an irrigation or other water district. (Tip: Complete and attach Supplemental Form D.)

IRRIGATION DISTRICT NAME None Known	ADDRESS		
CITY	STATE	ZIP	

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

ENTITY NAME None Known	ADDRESS		
CITY	STATE	ZIP	



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 Marion County	ADDRESS 555 Court St NE, Suite 5232		
CITY Salem	STATE OR	ZIP 97301	

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 # 85763

RECEIVED

Description of Water Delivery System

System capacity: **0.57*** cubic feet per second (cfs) OR
 _____ gallons per minute (gpm)

JUL 16 2020

OWRD

***Per Certificate 85763**

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 current water system has submersible pumps in the existing wells which convey water via above and underground pipes to the irrigated areas.**

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-___)	Twp		Rng		Sec	¼ ¼		Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
5	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		4	S	1	W	29	SW	SE	2	370' N& 2750' E of SW S29*
4	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		4	S	1	W	32	NW	NE	1	70' S & 2750' E of SW S29*
8	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		4	S	1	W	32	NE	NW	56	1380' N & 920' W of C1/4 S32*
9	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	N/A	4	S	1	W	32	NW	NW	2	875' S & 405' E of NW S32.

***Note per Certificate 85763.**

• **Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses):**

- | | |
|--|--|
| <input type="checkbox"/> Place of Use (POU) | <input type="checkbox"/> Supplemental Use to Primary Use (S to P) |
| <input type="checkbox"/> Character of Use (USE) | <input type="checkbox"/> Point of Appropriation/Well (POA) |
| <input type="checkbox"/> Point of Diversion (POD) | <input checked="" type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Additional Point of Diversion (APOD) | <input type="checkbox"/> Substitution (SUB) |
| <input type="checkbox"/> Surface Water POD to Ground Water POA (SW/GW) | <input type="checkbox"/> Government Action POD (GOV) |

Will all of the proposed changes affect the entire water right?

Yes Complete only the Proposed ("to" or "on" lands) section of Table 2 on the next page. Use the "CODES" listed above to describe the proposed changes.

No Complete all of Table 2 to describe the portion of the water right to be changed.

1. The first part of the document is a list of items that are to be reviewed. These items are listed in the following table:

Table 1: List of items to be reviewed

Item ID	Item Name	Review Status	Review Date	Reviewer	Comments
1	Item 1	Completed	2023-10-26	John Doe	Review completed successfully.
2	Item 2	In Progress	2023-10-27	Jane Smith	Review is currently in progress.
3	Item 3	Pending	2023-10-28	Mike Johnson	Review is pending further information.
4	Item 4	Not Started	2023-10-29	Emily White	Review has not yet started.
5	Item 5	Completed	2023-10-30	David Brown	Review completed successfully.

2. The second part of the document is a list of items that are to be reviewed. These items are listed in the following table:

3. The third part of the document is a list of items that are to be reviewed. These items are listed in the following table:

4. The fourth part of the document is a list of items that are to be reviewed. These items are listed in the following table:

5. The fifth part of the document is a list of items that are to be reviewed. These items are listed in the following table:

6. The sixth part of the document is a list of items that are to be reviewed. These items are listed in the following table:

7. The seventh part of the document is a list of items that are to be reviewed. These items are listed in the following table:

8. The eighth part of the document is a list of items that are to be reviewed. These items are listed in the following table:

9. The ninth part of the document is a list of items that are to be reviewed. These items are listed in the following table:

10. The tenth part of the document is a list of items that are to be reviewed. These items are listed in the following table:

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 # 85763

List the change proposed for the acreage in each ¼ 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.

AUTHORIZED (the "from" or "off" lands)										PROPOSED (the "to" or "on" 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.										The listing as it would appear AFTER PROPOSED CHANGES are made.													
Twp	Rng	Sec	¼ ¼	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	Proposed Changes (see "CODES" from previous page)	Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date			
										APOA	4	S	1	W	29	SW	SW	200	3	4.1	IRR	ALL	1978
										APOA	4	S	1	W	29	SE	SW	200	2	1.6	IRR	ALL	1978
										APOA	4	S	1	W	29	SE	SW	200	58	0.4	IRR	ALL	1978
										APOA	4	S	1	W	32	NE	NW	200	1	0.2	IRR	ALL	1978
										APOA	4	S	1	W	32	NW	NW	200	2	17.5	IRR	ALL	1978
																		23.8	TOTAL	IRR			
										APOA	4	S	1	W	29	NE	SW	200	58	2.0	SUPPL	ALL	1978
										APOA	4	S	1	W	29	SE	SW	200	58	17.5	SUPPL	ALL	1978
										APOA	4	S	1	W	29	SE	SW	200	2	16.2	SUPPL	ALL	1978
										APOA	4	S	1	W	29	SW	SE	200	58	3.8	SUPPL	ALL	1978
										APOA	4	S	1	W	29	SW	SE	200	2	1.2	SUPPL	ALL	1978
										APOA	4	S	1	W	29	SW	SE	200	57	0.8	SUPPL	ALL	1978
										APOA	4	S	1	W	32	NW	NE	200	1	2.6	SUPPL	ALL	1978
										APOA	4	S	1	W	32	NW	NE	200	57	1.8	SUPPL	ALL	1978
										APOA	4	S	1	W	32	NE	NW	200	1	28.1	SUPPL	ALL	1978
										APOA	4	S	1	W	32	NW	NW	200	2	0.7	SUPPL	ALL	1978
																		74.7	TOTAL	SUPPL			

13493

Additional remarks: The entire right is being changed.

RECEIVED

JUL 16 2020

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: **Certs. 85761**



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 Substitution (ground water supplemental irrigation will be substituted for surface water primary irrigation)

Ground water supplemental Permit or Certificate # **N/A**;

Surface water primary Certificate # **N/A**.

RECEIVED

JUL 16 2020

For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # **N/A**

OWRD

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 proposed 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/Default.aspx

AND/OR

- Describe the construction of the authorized and proposed well(s) in Table 3 for any wells that do not have a well log. For *proposed wells not yet constructed or built*, provide "a best estimate" for each requested information element in the table. The Department recommends you consult a licensed well driller, geologist, or certified water right examiner to assist with assembling the information necessary to complete Table 3.

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 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 than full rate of water right
4	Yes	See Well Log MARI 901						50	alluvium	0.57 CFS
5	Yes	See Well Log MARA 826						30	alluvium	0.57 CFS
8	Yes	See Well Log MARI 2011						46	alluvium	0.57 CFS
9	No	N/A	220	12-16"	unknown	unknown	unknown	unknown	alluvium	0.57 CFS

13493

The following information is provided for your reference:

1. Project Name: ABC Project

2. Location: New York, NY

3. Start Date: January 1, 2023

4. End Date: December 31, 2023

5. Budget: \$1,000,000

6. Status: On Track

7. Contact: John Doe

8. Email: john.doe@company.com

9. Phone: (123) 456-7890

10. Website: www.abcproject.com

11. Social Media: @abcproject

12. Notes:

All project activities are currently on schedule.

There are no major risks identified at this time.

The project team is committed to delivering high-quality results.

For more information, please contact the project manager.

The project is currently in the planning phase.

Key milestones are being tracked and reported.

Regular communication is maintained with stakeholders.

The project is expected to be completed by the end of the year.

Thank you for your interest in the project.

ID	Name	Age	Gender	Address	City	State	Zip	Phone	Email
1001	John Doe	35	Male	123 Main St	New York	NY	10001	(123) 456-7890	john.doe@company.com
1002	Jane Smith	28	Female	456 Elm St	New York	NY	10002	(123) 789-0123	jane.smith@company.com
1003	Bob Johnson	42	Male	789 Oak St	New York	NY	10003	(123) 012-3456	bob.johnson@company.com
1004	Alice Brown	30	Female	012 Pine St	New York	NY	10004	(123) 345-6789	alice.brown@company.com
1005	Charlie Davis	25	Male	345 Cedar St	New York	NY	10005	(123) 678-9012	charlie.davis@company.com

Application for Water Right Transfer

Evidence of Use Affidavit



ATTACH A-1/3
Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem, Oregon 97301-1266
 (503) 986-0900
 www.wrd.state.or.us

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)
) ss
 County of MARION)

I, BRENT DEARMOND, in my capacity as FARMING MANAGER OF SUBJECT WAER RIGHT,
 mailing address 18381 BOONES FERRY RD NE, HUBBARD, OR 97032
 telephone number (503)710-0097, being first duly sworn depose and say:

RECEIVED
 JUL 16 2020
 OWRD

1. My knowledge of the exercise or status of the water right is based on (check one):

- Personal observation Professional expertise

2. I attest that:

- Water was used during the previous five years on the **entire** place of use for Certificate # ____; **OR**
- My knowledge is specific to the use of water at the following locations within the last five years:

Certificate #	Township	Range	Mer	Sec	¼ ¼	Gov't Lot or DLC	Acres (if applicable)

OR

- Confirming Certificate # ____ has been issued within the past five years; **OR**
- Part or all of the water right was leased instream at some time within the last five years. The instream lease number is: ____ (Note: If the entire right proposed for transfer was not leased, additional evidence of use is needed for the portion not leased instream.); **OR**
- The water right is not subject to forfeiture and documentation that a presumption of forfeiture for non-use would be rebutted under ORS 540.610(2) is attached.
- Water has been used at the actual current point of diversion or appropriation for more than 10 years for Certificate # ____ (For Historic POD/POA Transfers)

(continues on reverse side)

13493

3. The water right was used for: (e.g., crops, pasture, etc.): CROPS

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.

RECEIVED

JUL 16 2020

BTP Peters

Signature of Affiant

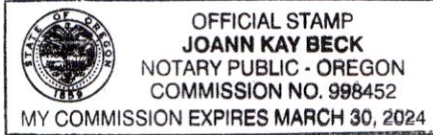
7/2/2020

Date

OWRD

Signed and sworn to (or affirmed) before me this 2 day of July, 2020.

Joann K Beck
Notary Public for Oregon



My Commission Expires: 03-30-2024

Supporting Documents	Examples
<input type="checkbox"/> 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
<input type="checkbox"/> Copies of receipts from sales of irrigated crops or for expenditures related to use of water	<ul style="list-style-type: none"> • Power usage records for pumps associated with irrigation use • Fertilizer or seed bills related to irrigated crops • Farmers Co-op sales receipt
<input type="checkbox"/> Records such as FSA crop reports, irrigation district records, NRCS farm management plan, or records of other water suppliers	<ul style="list-style-type: none"> • 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
<input checked="" type="checkbox"/> Aerial photos containing sufficient detail to establish location and date of photograph	<p>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.</p> <p>Sources for aerial photos: OSU – www.oregonexplorer.info/imagery OWRD – www.wrd.state.or.us Google Earth – earth.google.com TerraServer – www.terra-server.com</p>
<input type="checkbox"/> Approved Lease establishing beneficial use within the last 5 years	Copy of instream lease or lease number

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report
are to be filed with the

WATER WELL REPORT
STATE OF OREGON
AUG 20 1978
WATER RESOURCES DEPT.
SALEM, OREGON
90%
MARIAN

State Well No. 4511w-32

State Permit No. ATTACH C-1/3

WATER RESOURCES DEPARTMENT
SALEM, OREGON 97310
within 30 days from the date
of well completion.

(1) OWNER:

Name Tom DeArmond
Address Rte 1 Box 505
Hubbard, Oregon 97032

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Driven
Cable Jetted
Dug Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

CASING INSTALLED:

12 217 " Diam. from 0 ft. to 217 ft. Gage 1/4"
" Diam. from _____ ft. to _____ ft. Gage _____
" Diam. from _____ ft. to _____ ft. Gage _____

PERFORATIONS:

Perforated? Yes No.

Type of perforator used Pre-perforated pipe
Size of perforations 3/16 in. by 3 in.
288 perforations from 128 ft. to 136 ft.
960 perforations from 185 ft. to 205 ft.
perforations from _____ ft. to _____ ft.

(7) SCREENS:

Well screen installed? Yes No

Manufacturer's Name _____
Type _____ Model No. _____
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? Yes No If yes, by whom? driller
Yield: 1000 gal./min. with 50 ft. drawdown after 8 hrs.
1400 " " 65 " " 8 "
" 800 " " 40 " " 8 "

Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.
Artesian flow _____ g.p.m.
Temperature of water _____ Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:

Well seal—Material used Cement
Well sealed from land surface to 21 ft.
Diameter of well bore to bottom of seal 24 in.
Diameter of well bore below seal 20 in.
Number of sacks of cement used in well seal 38 sacks
How was cement grout placed? pumped

Was a drive shoe used? Yes No Plugs Size: location _____ ft.
Did any strata contain unusable water? Yes No
Type of water? _____ depth of strata _____
Method of sealing strata off _____
Was well gravel packed? Yes No Size of gravel: 1/4
Gravel placed from 20 ft. to 217 ft.

(10) LOCATION OF WELL:

County Marian Driller's well number _____
1/4 1/4 Section 32 T. 4S R. 1W W.M.
Bearing and distance from section or subdivision corner _____

(11) WATER LEVEL: Completed well.

Depth at which water was first found _____ ft.
Static level 50 ft. below land surface. Date 7/21/78
Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing _____

Depth drilled 217 ft. Depth of completed well 217 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Surface	0	3	
Brown clay	3	25	
Blue clay	25	85	
Black sand	85	98	
Blue clay	98	125	
Gravel	125	143	
Blue clay	143	157	
Sandy grey clay	157	175	
Sand	175	185	
Sand & gravel	185	205	
Blue clay	205	217	

RECEIVED

JUL 16 2020

OWRD

Work started June 29 19 78 Completed July 21 19 78
Date well drilling machine moved off of well July 21 19 78

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

[Signed] John T. Miller Date July 24, 1978
(Drilling Machine Operator)

Drilling Machine Operator's License No. 26

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Name John T. Miller
(Person, firm or corporation) (Type or print)

Address 1780 Tomlin Ave, Woodburn, Oregon

[Signed] John T. Miller
(Water Well Contractor)

Contractor's License No. 2771 Date 9/31/78

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 637.765)

Mari 2011

JUL 27 1990

4s/1w/32bc
C-2/3

WATER RESOURCES DEPT. (START CARD) # 18453

(1) OWNER:

Name Tom DeArmond
Address 11463 broadacres Rd. NE
City Hubbard State OR Zip 97032

Well Number: _____

(9) LOCATION OF WELL by legal description: WELL #2

County Marion Latitude _____ Longitude _____
Township 4S N or S, Range 1W E or W, WM.
Section 32 NE ¼ NW ¼
Tax Lot 00700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 10852 Broadacres Rd
Hubbard, OR 97032

(2) TYPE OF WORK:

New Well Deepen Recondition Abandon

(3) DRILL METHOD

Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 189' ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
20"	0	18	Bentonite	0	18	34 sacks
16"	18	193				

How was seal placed: Method A B C D E
 Other Granular bentonite OAR 690-210-340
Backfill placed from 189 ft. to 193 ft. Material Gravel
Gravel placed from 150 ft. to 189 ft. Size of gravel pea

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	SEAL			
					Steel	Plastic	Welded	Threaded
Casing:	16"	+1½	169	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 169'

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
148	170			10" ID	pipe	<input type="checkbox"/>	<input type="checkbox"/>
170	180	140		10" ID	screen	<input type="checkbox"/>	<input type="checkbox"/>
180	184	200		10" ID	screen	<input type="checkbox"/>	<input type="checkbox"/>
184	189			10" ID	pipe	<input type="checkbox"/>	<input type="checkbox"/>
189	Bottom				plate & lift bail	<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
1100	60'		1 hr.
1100	66'		3 Hrs.
1100	71'		6 Hrs.

Temperature of water 53 degrees Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(10) STATIC WATER LEVEL:

46 ft. below land surface. Date 7/2/90

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 121'

From	To	Estimated Flow Rate	SWL
121	137	500	46'
170	186	1100	46'

(12) WELL LOG:

Material	From	To	SWL
Clay brown		31	
Clay grey	31	68	
Clay grey, sandy	68	76	
Clay grey	76	84	
Sand black, silt	84	109	
Sand black	109	112½	
Clay grey	112½	114	
Sand, gravel, clay grey	114	118	
Sand black	118	121	
Gravel, sand brown	121	137	
Clay grey	137	159	
Clay sandy grey	159	163	
Sand black, silt, clay	163	173	
Sand, gravel black	173	175	
Sand black	175	180	
Sand & gravel	180	186	
Clay grey	186	193	

JUL 27 1990

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 5/8/90 Completed 7/2/90

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well constructor standards. Materials used and information reported above are true to my best knowledge and belief.

WWC Number _____

Signed _____ Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon well constructor standards. This report is true to the best of my knowledge and belief.

WWC Number 783

Signed Ivan Gross Date 7/23/90

The original and first copy of this report are to be filed with the

RECEIVED APR 27 1972

WATER WELL REPORT

STATE OF OREGON

STATE ENGINEER, SALEM, OREGON 97310 within 30 days from the date of well completion.

STATE ENGINEER SALEM, OREGON (Please type or print) (Do not write above this line)

MAR 18 1972

State Well No. 4/1W-32 29dc

State Permit No. G 5806 WELL #1 6-8387 C-3/3

(1) OWNER:

Name Tom DeArmond Address Rt. 1 Box 438 Hubbard, Oregon

(2) TYPE OF WORK (check):

New Well [X] Deepening [] Reconditioning [] Abandon [] If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary [] Driven [] Cable [X] Jetted [] Dug [] Bored [] Domestic [] Industrial [] Municipal [] Irrigation [X] Test Well [] Other []

(4) PROPOSED USE (check):

(5) CASING INSTALLED:

12" Diam. from 0 ft. to 140 ft. Gage 250

(6) PERFORATIONS:

Type of perforator used Mills Knife Size of perforations 3/8 in. by 3/4 in. 500 perforations from 122 ft. to 135 ft.

(7) SCREENS:

Well screen installed? [] Yes [X] No Manufacturer's Name Type Model No. Diam. Slot size Set from ft. to ft.

(8) WELL TESTS:

Was a pump test made? [X] Yes [] No If yes, by whom? Driller Yield: 400 gal./min. with 100ft. drawdown after 4 hrs. Bailer test gal./min. with ft. drawdown after hrs. Artesian flow g.p.m. Temperature of water 50 Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Well seal-Material used Bentonite clay & drill cuttings Well sealed from land surface to 30 ft. Diameter of well bore to bottom of seal 16 in. Diameter of well bore below seal 12 in. Number of sacks of cement used in well seal none sacks Number of sacks of bentonite used in well seal 14 sacks Brand name of bentonite Prinville Number of pounds of bentonite per 100 gallons of water 400 lbs./100 gals. Was a drive shoe used? [X] Yes [] No Plugs Size: location ft. Did any strata contain unusable water? [] Yes [X] No Type of water? depth of strata Method of sealing strata off Was well gravel packed? [] Yes [X] No Size of gravel: Gravel placed from ft. to ft.

(10) LOCATION OF WELL:

County Marion Driller's well number 1/4 1/4 Section 32 T.4S R.1W W.M. Bearing and distance from section or subdivision corner

(11) WATER LEVEL: Completed well.

Depth at which water was first found 48 ft. Static level 30 ft. below land surface. Date 1-31-72 Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing 12 Depth drilled 145 ft. Depth of completed well 140 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

Table with columns: MATERIAL, From, To, SWL. Rows include: Brown sandy top soil (0-2), Brown sandy clay (2-34), Brown sand, fine (34-38), Blue clay (38-48), Fine black sand (48-49), Blue clay (49-85), Tan clay (85-94), Black sand, fine (94-108), Sandy blue clay (108-118), Fine sand and gravel (118-122), Brown sand and gravel (122-138), Sticky blue clay (138-145).

RECEIVED

JUL 16 2020

OWRD

Work started 10-4 1971 Completed 1-20- 19 72 Date well drilling machine moved off of well 1-22 1972

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief. [Signed] Date 1-22 19 72 Drilling Machine Operator's License No. 500

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Name William D/ Christenson Jr. (Person, firm or corporation) (Type or print) Address P. O. Box 343 Hubbard, Oregon [Signed] (Water Well Contractor) Contractor's License No. 511 Date 1-22 19 72

OREGON SECRETARY OF STATE
Corporation Division

HOME

business information center **business name search** oregon business guide
 referral list business registry/renewal forms/fees notary public
 uniform commercial code uniform commercial code search documents & data services



RECEIVED

JUL 16 2020

OWRD

Business Name Search

[New Search](#)[Printer Friendly](#)

Business Entity Data

06-30-2020

13:53

Registry Nbr	Entity Type	Entity Status	Jurisdiction	Registry Date	Next Renewal Date	Renewal Due?
788062-89	DLLC	ACT	OREGON	12-22-2000	12-22-2020	
Entity Name	DOROTHEA KATHRYN DEARMOND, L.L.C.					
Foreign Name						

[New Search](#)[Printer Friendly](#)

Associated Names

Type	PPB	PRINCIPAL PLACE OF BUSINESS			
Addr 1	30855 S KAUFMAN RD				
Addr 2					
CSZ	CANBY	OR	97013	Country	UNITED STATES OF AMERICA

Please click [here](#) for general information about registered agents and service of process.

Type	AGT	REGISTERED AGENT		Start Date	12-21-2017	Resign Date	
Name	LISA	DEARMOND WING					
Addr 1	30855 S KAUFMAN RD						
Addr 2							
CSZ	CANBY	OR	97013	Country	UNITED STATES OF AMERICA		

Type	MAL	MAILING ADDRESS			
Addr 1	30855 S KAUFMAN RD				
Addr 2					
CSZ	CANBY	OR	97013	Country	UNITED STATES OF AMERICA

Type	MEM	MEMBER			Resign Date	
Name	THOMAS	HALL DEARMOND		JR		
Addr 1	24649 NE BUTTEVILLE RD					
Addr 2						
CSZ	AURORA	OR	97002	Country	UNITED STATES OF AMERICA	

Type	MEM	MEMBER			Resign Date	
Name	BRENT	PARCHER DEARMOND				
Addr 1	11817 NE BROADACRES RD					
Addr 2						

CSZ	HUBBARD	OR	97032		Country	UNITED STATES OF AMERICA
Type	MGR	MANAGER			Resign Date	
Name	LISA	DEARMOND	WING			
Addr 1	30855 S KAUFMAN RD					
Addr 2						
CSZ	CANBY	OR	97013		Country	UNITED STATES OF AMERICA

[New Search](#) [Printer Friendly](#) **Name History**


Business Entity Name	Name Type	Name Status	Start Date	End Date
DOROTHEA KATHRYN DEARMOND, L.L.C.	EN	CUR	12-22-2000	

RECEIVED

Please [read before ordering Copies](#).

JUL 16 2020

[New Search](#) [Printer Friendly](#) **Summary History**

Image Available	Action	Transaction Date	Effective Date	Status	Name/Agent Change	OWRD Dissolved By
	ANNUAL REPORT PAYMENT	11-13-2019		SYS		
	ANNUAL REPORT PAYMENT	11-15-2018		SYS		
	AMENDED ANNUAL REPORT	12-21-2017		FI	Agent	
	ANNUAL REPORT PAYMENT	12-08-2016		SYS		
	ANNUAL REPORT PAYMENT	12-11-2015		SYS		
	ANNUAL REPORT PAYMENT	12-09-2014		SYS		
	ANNUAL REPORT PAYMENT	01-22-2014		SYS		
	ANNUAL REPORT PAYMENT	12-24-2012		SYS		
	ANNUAL REPORT PAYMENT	12-20-2011		SYS		
	ANNUAL REPORT PAYMENT	12-16-2010		SYS		
	ANNUAL REPORT PAYMENT	11-23-2009		SYS		
	ANNUAL REPORT PAYMENT	01-03-2009		SYS		
	ANNUAL REPORT PAYMENT	12-28-2007		SYS		
	ANNUAL REPORT PAYMENT	11-16-2006		SYS		
	ANNUAL REPORT	11-30-2005		FI		

Aspen

Rural Land Consulting

Water Resources, Water Rights, Land
Surveying, Engineering, Land Use Planning

ERICURSTADT@HOTMAIL.COM
971-250-1520 (MOBILE)

Water Resources Department
Attn: Transfer Section
725 Summer Street NE, Ste. A
Salem, OR, 97301

30 June 2020

RECEIVED

JUL 16 2020

OWRD

Subject: Application for Transfer – (New POA)

To Whom It May Concern,

Enclosed is an application for to add an additional Point of Appropriation (well) to certificate 85763 together with the following attachments:

- A. Evidence of Use
- B. Land Use Compatibility Form
- C. Well Logs
- D. Application Map
- E. General Land Office Map
- F. Information on Landowner (LLC)
- G. A check made out to "Oregon Water Resources Department" for \$1570.00

Please let me know if there are any concerns or you need any more information.

Respectfully,
Aspen Rural Land Consulting

Eric Urstadt, PE, PLS

13493