

# Application for Permanent Water Right Transfer

## Part 1 of 5 – Minimum Requirements Checklist



Oregon Water Resources Department  
 725 Summer Street NE, Suite A  
 Salem, Oregon 97301-1266  
 (503) 986-0900  
 www.oregon.gov/OWRD

**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.

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

- 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](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: 54510**  
 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

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

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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.

- 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/](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°).







**Part 4 of 5 – Applicant Information and Signature**

**Applicant Information**

APPLICANT/BUSINESS NAME <b>Murphy Electric Irrigation, Inc.</b>		PHONE NO. <b>541 846-3032</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>8227 New Hope Road</b>		FAX NO.	
CITY <b>Grants Pass</b>	STATE <b>OR</b>	ZIP <b>97527</b>	E-MAIL
<p><b>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.</b></p>			

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

AGENT/BUSINESS NAME <b>Jonathon Catlett, President</b>		PHONE NO. <b>541 846-3032</b>	ADDITIONAL CONTACT NO. <b>510 917-4976</b>
ADDRESS <b>6063 Williams Hwy</b>		FAX NO.	
CITY <b>Grants Pass</b>	STATE <b>OR</b>	ZIP <b>97527</b>	E-MAIL <b>jcatlett@reagan.com</b>
<p><b>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.</b></p>			

Explain in your own words what you propose to accomplish with this transfer application, and why:

Transfer irrigation from patron who no longer wants water to patron who does

If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1".

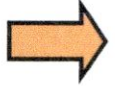
**Check One Box**

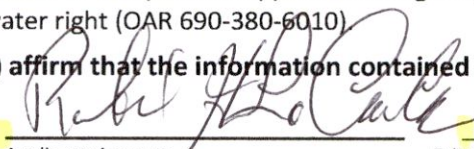
- By signing this application, I understand that, upon receipt of the draft preliminary determination and prior to Department approval of the transfer, I will be required to provide landownership information and evidence that I am authorized to pursue the transfer as identified in OAR 690-380-4010(5); **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.

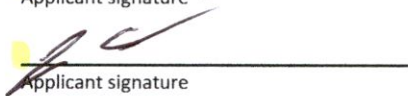
**By my signature below, I confirm that I understand:**

- 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: Grants Pass Daily Courier.
- 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.**



 Robert H LaCombe 2/27/20  
 Applicant signature Print Name (and Title if applicable) Date

 JONATHON S. CATLETT 2/27/20  
 Applicant signature Print Name (and Title if applicable) Date  
 President

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.*

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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.

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](https://www.oregon.gov/owrd/WRDFormsPDF/Transfer_Property_Transactions.pdf)

RECEIVING LANDOWNER NAME <b>Joshua &amp; Gretchen Ingersoll</b>		PHONE NO. <b>541 450-4492</b>	ADDITIONAL CONTACT NO. <b>RECEIVED</b>
ADDRESS <b>7843 North Applegate Road</b>		FAX NO. <b>JUL 23 2020</b>	
CITY <b>Grants Pass</b>	STATE <b>OR</b>	ZIP <b>97527</b>	E-MAIL <b>OWRD</b>

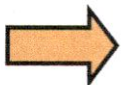
Describe any special ownership circumstances here: **Water right will remain in Murphy Electric Irrigation, Inc. name**

- 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	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	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 <b>Josephine County Planning</b>	ADDRESS <b>700 NW Dimmick Street, STE C</b>	
CITY <b>Grants Pass</b>	STATE <b>OR</b>	ZIP <b>97526</b>

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

## 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 # 54510**

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### Description of Water Delivery System

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System capacity: **0.02** cubic feet per second (cfs) **OR**  
 \_\_\_\_\_ gallons per minute (gpm)

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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. **Water is diverted into the Northside Ditch to Section 19, T37S R5W then by pipeline to property for flood irrigating or use of portable pump and sprinklers**

**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)
<b>POD-1</b>	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		37 S	5 W	21	SE	NW		1550 feet South & 2200 feet East from NW Cor section 21
<b>POD-2</b>	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		38 S	4 W	6	SW	SW		950 feet North & 200 feet East from SW cor Sec. 6
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed								
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed								

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

- |  |   |
|--|---|
| <input checked="" 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 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.







**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: 27462.



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 # \_\_\_\_\_;  
Surface water primary Certificate # \_\_\_\_\_.

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**For a change from Supplemental Irrigation Use to Primary Irrigation Use**

Identify the primary certificate to be cancelled. Certificate # \_\_\_\_\_

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**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](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



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**AFFIDAVIT FOR THE VOLUNTARY CANCELLATION  
OF A PORTION OF A WATER RIGHT CERTIFICATE (ORS 540.621)**

State of Oregon )  
 ) ss  
County of Josephine )

We (or authorized agent), **Robert H. & Wanda G. LaCombe**, residing at **6779 N. Applegate Rd., Grants Pass, OR 97527**, telephone number **541 472-9672**, being first duly sworn depose and say:

1. We are the legal and deeded owner(s) of the property described as tax lot number **502**, within the **NE NE 1/4**, Section **19**, Township **37S** (N/S), Range **5W** (E/W), of the Willamette Meridian, in **Josephine County**, Oregon, as shown on the attached map and described in the attached deed and legal description and made part of this affidavit.
2. We wish to cancel the following portion(s) of the water right certificate number **27462** issued to **Murphy Electric Irrigation, Inc.** with a date of priority of **4/26/1955**.

A place of use, or use.

- For the use of (specify irrigation, domestic, etc.) **Supplemental Irrigation**

*FOR IRRIGATION OR NURSERY USE:*

- Total number of acres to be cancelled **1.2**
- Location of acres to be cancelled must be clearly identified on a copy of the final proof map.
- In the amount of **0.015** cubic foot per second
- From the water source (s) **Board Shanty Creek**

AND/OR (less common)

One or more of the authorized points of diversion (surface water) or points of appropriation (groundwater) authorized under the certificate.

- For the use of (specify irrigation, domestic, etc.) \_\_\_\_\_
  - From the water source (s) \_\_\_\_\_
  - Located within the \_\_\_\_\_<sup>1/4</sup>/<sub>4</sub>, Section \_\_\_\_\_, Township \_\_\_\_\_ (N/S), Range \_\_\_\_\_ (E/W)
- Location Description (if given on the certificate) \_\_\_\_\_



- The appurtenant water right is/is not located within the boundaries of an irrigation, drainage, water improvement, or water control district, or federal reclamation project (if the right is located within a district or reclamation project, name it here: **Murphy Electric Irrigation, Inc.**)
- The portion of the water right being cancelled is served by an irrigation district. The signature of the district manager on the line below indicates the concurrence of the district to the cancellation of the portion of the water right served by the district.

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\_\_\_\_\_  
Signature of district manager                      Printed Name                      Date

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- If the water right is issued in the name of an irrigation district then the affiant must have the concurrence of the district to the cancellation of the portion of the water right. (Signature of district manager on the line below documents consent of the district.)

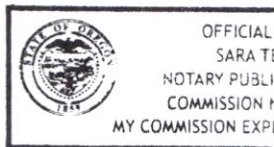
[Signature]                      Jonathon Catlett, President                      3/4/2020  
Signature of district manager                      Printed Name                      Date

- We have abandoned any and all interest in the portion of the water right described in Item 2, above, and request that portion of the right be canceled.

[Signature]                      2/27/2020  
Signature of legal owner as listed on deed, or authorized agent                      Date

N/A                      N/A  
Signature of legal co-owner as listed on deed                      Date  
(If applicable)

Subscribed and Sworn to Before Me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.



\_\_\_\_\_  
Notary Public for Oregon

My Commission Expires \_\_\_\_\_

**PLEASE ATTACH A LEGIBLE COPY OF:**

- A deed which lists landowners and includes a legal description of affected lands, and
- A copy of a water right final proof map, or a tax lot map, or an adjudication map with the abandoned portion of the right clearly drawn and identified.
- IF ACTING AS AN AUTHORIZED AGENT, include a copy of Power of Attorney or other documents granting authority to act on behalf of the legal owner(s).



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**INDIVIDUAL ACKNOWLEDGMENT**

State/Commonwealth of Oregon  
County of Josephine } ss.

On this the 27<sup>th</sup> day of February, 2020, before me,  
Sara Teresi, the undersigned Notary Public,  
Name of Notary Public  
personally appeared Robert LA Combe,  
Name(s) of Signer(s)

- personally known to me - OR -
- proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same for the purposes therein stated.

WITNESS my hand and official seal.

Sara Teresi  
Signature of Notary Public

Sara Teresi

My Commission Expires May 06, 2022  
Any Other Required Information  
(Printed Name of Notary, Expiration Date, etc.)

Place Notary Seal/Stamp Above

**OPTIONAL**

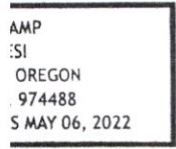
This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_





**Application for Water Right  
Transfer  
Consent by Deeded Landowner**



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

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State of Oregon )  
 )ss  
County of JOSEPHINE )

We ROBERT H. & WANDA G. LACOMBE in my/our capacity as TRUSTEES of the  
LACOMBE TRUST,

mailing address 6779 North Applegate Road, Grants Pass, OR 97527,

telephone number 541 472-9672, duly sworn depose and say that We

consent to the proposed change(s) to Water Right Certificate Number 54510

described in a Transfer Application (T-      ) submitted by Murphy Electric Irrigation, Inc.,  
*(transfer number, if known)*

on the property in tax lot number(s) 502, Section 19AO, Township 37

South, Range 5 West, W.M., located at 6779 North Applegate Road, Grants Pass, OR 97527.  
*(site address)*

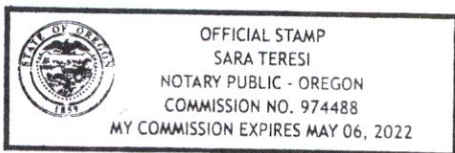
*[Handwritten Signature]*  
Signature of Affiant

*2/26/20*  
Date

*NA*  
Signature of Affiant

*NA*  
Date

Subscribed and Sworn to before me this *28<sup>th</sup>* day of *February*, *2020* <sup>*th*</sup>



*[Handwritten Signature]*  
Notary Public for Oregon

My commission expires *May 06, 2022*

# Application for Water Right Transfer

## Evidence of Use Affidavit



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 JOSEPHINE)

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 JUL 23 2020  
 OWRD

I, ROBERT H. LACOMBE, in my capacity as OCCUPANT, TRUSTEE,  
 mailing address 6779 NORTH APPLGATE ROAD, GRANTS PASS, OR 97527  
 telephone number (541)472-9672, being first duly sworn depose and say:

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)
54510	37	S	5	W	WM	19	NE	NE	40	1.2

- 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)

13498



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

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.

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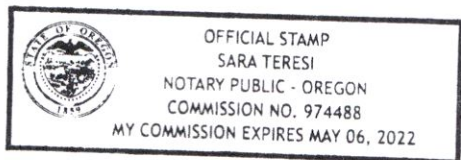
OWRD

[Signature]  
Signature of Affiant

7/26/20  
Date

Signed and sworn to (or affirmed) before me this 28<sup>th</sup> day of February, 2020.

[Signature]  
Notary Public for Oregon



My Commission Expires: May 06 2022

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 <b>confirming</b> 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"> <li>• Power usage records for pumps associated with irrigation use</li> <li>• Fertilizer or seed bills related to irrigated crops</li> <li>• Farmers Co-op sales receipt</li> </ul>
<input checked="" 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"> <li>• District assessment records for water delivered</li> <li>• Crop reports submitted under a federal loan agreement</li> <li>• Beneficial use reports from district</li> <li>• IRS Farm Usage Deduction Report</li> <li>• Agricultural Stabilization Plan</li> <li>• CREP Report</li> </ul>
<input 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 – <a href="http://www.oregonexplorer.info/imagery">www.oregonexplorer.info/imagery</a> OWRD – <a href="http://www.wrd.state.or.us">www.wrd.state.or.us</a> Google Earth – <a href="http://earth.google.com">earth.google.com</a> TerraServer – <a href="http://www.terra-server.com">www.terra-server.com</a></p>
<input type="checkbox"/> Approved Lease establishing beneficial use within the last 5 years	Copy of instream lease or lease number

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March 7, 2020

Murphy Electric Irrigation, Inc  
P.O. Box 675  
Murphy, Oregon 97533

Proof of Assessment Payment  
Years 2016 - 2019

Account R323257  
Property Owner Robert & Wanda LaCombe  
Property Address 6779 North Applegate Rd  
Regarding: Water Transfer

<u>Year</u>	<u>Amount</u>	<u>Check Date</u>	<u>Number</u>	
2019	\$204.50	6/1/2019	213	
2018	No payment received			
2017	\$100.00	5/15/2017	2085	
2016	\$10.00	8/26/2016	7074	second billing assessment
increase				
2016	\$60.00	5/6/2015	6950	

Debbie Becker-Kidwell  
Secretary/ Treasurer

Murphy Electric Irrigation, Inc.  
Message Phone: 541 862 7406  
Cell Phone: 541 295 7867  
Email : murphyei@outlook.com

18498



ROBERT H. LACOMBE  
2260 BOARDSHANTY RD.  
GRANTS PASS, OR 97527-7906

213 X

98-505/1232  
50026

6/11/19 ✓  
Date

Pay to the  
Order of

Murphy Electric

\$ 904.00 ✓

2019

Two Hundred Four 00/100

Dollars



UMPQUA 1-866-4UMPQUA  
BANK (1-866-486-7782)

For

6779 N. Applest Ranch Rd. Grants Pass

Account  
paid in full

⑆123205054⑆ 971175534⑆ 0213

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Past checks-will need to get from  
the bank, if needed.  
Debbi

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# Invoice

<b>Bill To:</b>
Robert & Wanda LaCombe 2260 Board Shanty Cr.Rd Grants Pass OR 97527
<b>Property Address:</b>
6779 N Applegate Rd Grants Pass, OR 97527
<b>Josephine County Assessor's Information:</b>
Account: R323257 Map & Tax Lot: 37-05-19-A0-000502-00

**Murphy Electric Irrigation Inc.**

**Email:** murphyeii@outlook.com

**President:** Chuck Olinghouse  
(541) 941-2662

**Secretary/Treasurer:** Debbie Kidwell  
(541) 862-7406

**Make checks payable to:**  
Murphy Electric Irrigation Inc.  
P.O. Box 675  
Murphy Oregon 97533

<b>Date</b>	<b>Invoice #</b>
04/16/2018	150-18

<b>Due Date</b>
05/31/2018

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2	Acres	2018 Assessment/Membership Dues	\$50.00 Per Acre	\$100.00
		Past Due from 2017		\$ 0.00
		Late Fee if not paid within 60 days, there will be a .75% interest charge each 30 days it is past due		Total Membership Dues      \$100.00

As a courtesy to other members on the ditch, please wait a full 7 days after you receive irrigation water before you irrigate to ensure the water makes it to the end of the ditch.

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# Invoice

<b>Bill To:</b>
Robert & Wanda LaCombe 2260 Board Shanty Cr Rd Grants Pass Or 97527
<b>Property Address:</b>
6779 N Applegate Rd Grants Pass, OR 97527
<b>Josephine County Assessor's Information:</b>
Account: R323257
Map & Tax Lot: 37-05-19-A0-000502-00

**Murphy Electric Irrigation Inc.**

**Email:** murphyeii@outlook.com

**President:** John Catlett  
(510) 917-4976

**Secretary/Treasurer:** Debbie Kidwell  
(541) 862-7406

**Make checks payable to:**  
Murphy Electric Irrigation Inc.  
P.O. Box 675  
Murphy Oregon 97533

<b>Date</b>	<b>Invoice #</b>
04/16/2019	150-19A

<b>Due Date</b>
Upon Receipt

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2 Acres	2019 Assessment/Membership Dues	\$50.00 Per Acre	\$100.00
	Past Due from 2018		\$104.50
<p style="font-size: 1.2em; font-family: cursive;">Paid in full ck# 213 ck date 6-1-2019</p>			
			Total Amount Due \$204.50

There will be a .75% interest charge each 30 days it is past due

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Murphy Electric Irrigation Inc.  
P.O. Box 675  
Murphy Oregon 97533

# Invoice

Date	Invoice #
4/10/2017	150

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<b>Bill To</b>
Robert & Wanda LaCombe 2260 Board Shanty Cr.Rd Grants Pass OR 97527

President: Chuck Olinghouse  
(541)941-2662

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Secretary/Treasurer: Debbie Kidwell  
(541)862-7406

Make checks payable to:  
Murphy Electric Irrigation Inc.

**ACCOUNT # R323257**

**TAX LOT # 37-05-19-A0-000502-00**

Due Date
5/10/2017

Acres	Annual Ditch Membership Dues	Rate (\$50 per acre)	Amount
2	6779 N Applegate Rd	\$50.00	\$100.00
If not paid within 60 days, there will be a .75% interest charge each 30 days it is past due			<b>Total</b> 100.00

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# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

### OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

H116740

I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name First: Wanda Middle: Geraine Last: LaCombe		Suffix		2. Death Date January 17, 2015	
3. Sex Female		4. Age 66 years		5. Social Security Number [REDACTED]	
6. County of Death Josephine		7. Birthdate June 21, 1948		8. Birthplace Gadsden, Alabama	
9. Decedent's Education Some college		10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White	
12. Was Decedent Ever in U.S. Armed Forces? No		13. Residence: Number and Street 2260 Board Shanty Creek Road		14. City/Town Grants Pass	
15. Residence County Josephine		16. State or Foreign Country Oregon		17. Zip Code + 4 97527	
18. Inside City Limits? No		19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage Robert Harold LaCombe	
21. Usual Occupation Adult Foster Care Provider		22. Kind of Business/Industry Health Care		23. Father's Name Noel Westly Nance	
24. Mother's Name Prior to First Marriage Ovetha Cornelius Knott		25. Informant's Name Robert H. LaCombe		26. Telephone Number Not Available	
27. Relationship to Decedent Spouse		28. Mailing Address 2260 Board Shanty Creek Road, Grants Pass, OR 97527		29. Place of Death Decedent's Residence - Hospice	
30. Facility Name		31. Location of Death 2260 Board Shanty Creek Road		32. City/Town or Location of Death Grants Pass	
33. State Oregon		34. Zip Code + 4 97527		35. Method of Disposition Cremation	
36. Place of Disposition Chapel Of The Valley Crematory		37. Location Grants Pass, Oregon		38. Name and Complete Address of Funeral Facility Chapel Of The Valley - L.B. Hall Funeral Home 2065 Upper River Road, Grants Pass, Oregon 97526	
39. Date of Disposition TBD		40. Funeral Director's Signature Gerald O Watt		41. OR License Number FS-0420	
42. Registrar's Signature <i>[Signature]</i>		43. Date Received February 3, 2015		44. Local File Number 99-15	
45. Amendment					

\*4450736\*

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I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS OR A DELEGATED LOCAL OFFICE.

DATE ISSUED: **FEB 03 2015**

*Jennifer A. Woodward*  
JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR



THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.





# Jordan Engineering

Structural-Civil-Geotech  
460 Jordan Lane  
Roseburg, OR 97471  
541-673-1931

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Water Resources Department  
Transfer Section  
725 Summer St. NE, Suite A  
Salem, OR 97301

Application For Transfer:  
Certificate 54510

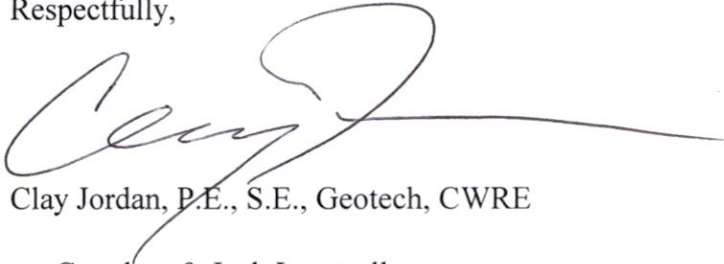
July 12, 2020

Sir:

Inclosed are the application for transfer form, stamped and signed paper map, Land Use Information form, affidavit for cancellation, transfer consent by deeded landowner, transfer evidence of use affidavit, certificate of death and a check #136 in the sum of \$1,160 made out to the Department.

If there are any questions please officially contact the applicant with a copy to me.

Respectfully,



Clay Jordan, P.E., S.E., Geotech, CWRE

cc: Gretchen & Josh Ingersoll

file: Murphy Electric Irr Trans App Cert 54510 WRDcl.wpd

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