

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

# District Permanent Water Right Transfer Claim of Beneficial Use

### **1. APPLICANT INFORMATION**

District: Santiam K	later Control District
Contact Person: Brent Stevens	Phone: 503-769-2669
Mailing Address: 284 East	
	State: OR Zip: 97383
	wed a wir com
Transfer Number: T - 10670	

## 2. WATER RIGHT(S)

Pursuant to OAR Chapter 690, Division 385, the district is submitting to the Water Resources Department this claim of beneficial use, with the appropriate fee, for the following water right(s):

PERMIT NUMBER	CERTIFICATE	DECREE (name, volume, and page)	PRIMARY (P) OR SUPP (S)
-	68662		P S
	68663		🛛 P 🗌 S
-	68668		P S
-			P S

### 3. AUTHORIZED POINT(S) OF DIVERSION (POD) / APPROPRIATION (POA)

The authorized point(s) of diversion / appropriation for the water right modified by the transfer are as follows:

PERMIT NUMBER	DECREE or CERTIFICATE	POD / POA #	SOURCE	LOCATION - MEASURED DISTANCES	
-	68662		NS River	1800 Feet South + 2830 Feet East from the 101/4 Corner Sed	how
-	68663		MS River		
-	68668		NS River	11	
-					

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July 2013

SALEM, OR

#### 4. AUTHORIZED PLACE OF USE

The summary of the perfected change in place of use authorized by the final order approving the water right transfer is listed in Table 1.

		r R		TAB	<u>.</u> 1 - A		RIZED PL GAL DES		EUSE (PG	NQ.		
CERTIFICATE DECREE or PERMIT	POD / POÀ #	PRIORITY DATE	USE	TWP	RNG	SEC		DLC	COVT	TAX LOT	ACRES	USER NAME
68662		5/14/1909	I	85	IN	33	SESN	63		800	1.9	Santian Golt Course
68663		5/14/1909	I	95	IN	4	NWNE	47		800	9.3	Santiam Golf Course
68663		5/14/1909	I	85	IN	33	SESN	63		800	1.1	Santiam Golf Course
68663		5/14/1909	I	85	IW		SUSE			800	5.5	Santian Golf Course
68668		5/14/1909	T	85	IN		SESW			800	12	Santian Golf Course
68668		5/14/1909	I	95	ZN	3	NWNW	64		800	4.8	Stephent & Patrice Smith
										TOTAL:	22.80	

### 5. MAP AND SITE REPORT

Attached is a map and site report for each water right listed in Table 1 that satisfies the requirements of OAR 690-385-7400.

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#### **6. SIGNATURES**

The district certifies that it has inspected the place of use listed in Table I, and confirms the change in place of use has been completed consistent with the terms and conditions of the final order approving the transfer.

1

6-17-15 Date

Signature of District Manager or District Board Chairperson

Brent Stevenson Type or Print Name of District Manager

or District Board Chairperson

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# CLAIM OF BENEFICIAL USE Site Report

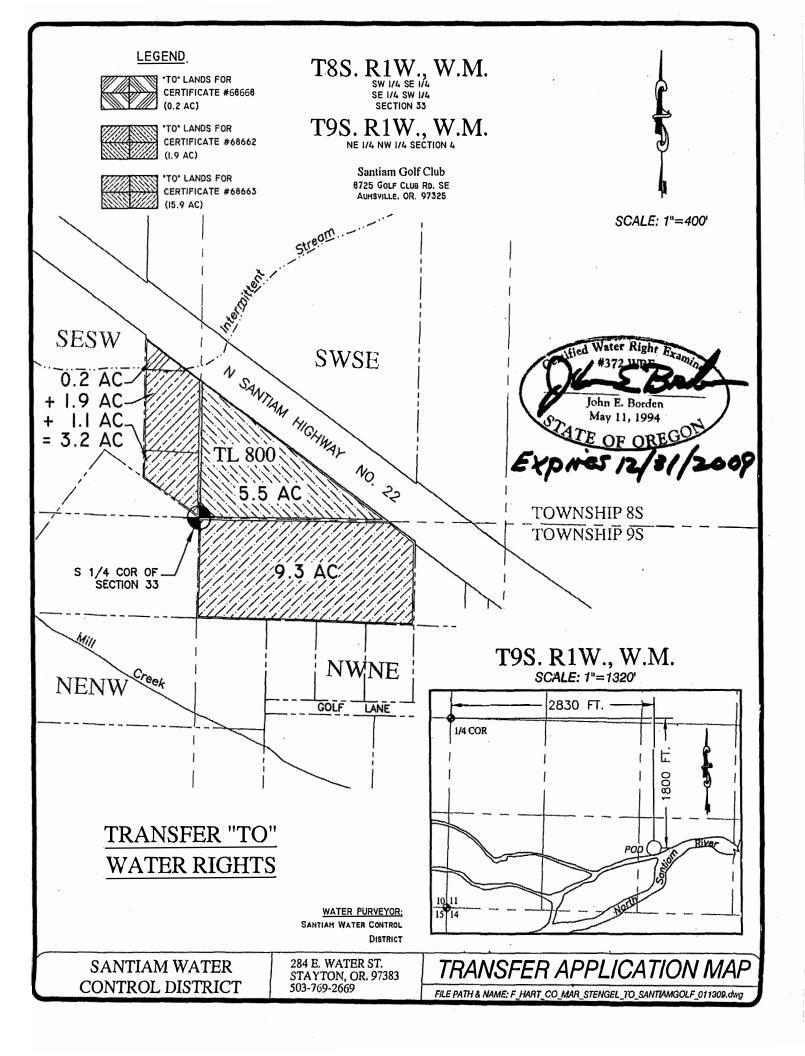
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Instructions: Attach and label the corresponding final proof map.

# CLAIM OF BENEFICIAL USE Site Report

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Instructions: Attach and label the corresponding final proof map.



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# CLAIM OF BENEFICIAL USE Site Report

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