

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

Request for Assignment

RECEIVED JUN 0 9 2020 OWRD

If the Department determines that the application is incomplete, fees have not been paid, or the required documents are not acceptable, the application and all fees submitted will be returned to the applicant.

If for multiple rights, a separate form and fee for each right will be required.

			-		
Mai	ing Address)	(City)	(State)	(Zip)	(Phone #)
			nit/transfe	r/limited lie	cense/groundwater statement;
ב	statement; (You must include a may	p showing the portion of the a	application	/permit/tra	ansfer order/limited
X			ation/pern	nit/transfer/	limited license/groundwater
	Application # <u>G11870</u>	; Permit # <u>G11685</u>	; T	ransfer # _	
	Limited License #	; Groundwate	er Stateme	nt #	
s fil	ed in the office of the Water Resource	es Director, to:			
		Equilable rightanoo, 220			
		apids, IA 52499			319-355-8063
<i>Mai</i>	ling Address)	(City)	(State)	(Zip)	(Phone #)
	groundwater statement, you must this form. Write the initials (first I hereby certify that I have notified	provide a list of all other own letters) of your first and last ed all other owners of the pro-	ners' name names at the operty des	s and maili he spot ind cribed in th	ing addresses and attach it to icated below
Si	gnature of Current Holder of Record _	Adam m	magn	m	>
	Failure to provide any of the	e required information will	result in	the return	of your application.
1	Oregon Water Resources Department 8:00 a.m. on date of receipt at Salem, 0	effective The com			-

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John Bernards						
Name of Current Holder of	Record)					
14295 SW Masonille Ro		McMinnville, C	R 97128		971-237-3005	
Mailing Address)		(City)	(State)	(Zip)	(Phone #)	
	interest in and to the entire a old all the land authorized u		nit/transfe	r/limited l	license/groundwater statement;	
statement; (You mus	<u>v interest</u> in and to <u>a portion</u> <u>t include a map</u> showing the statement to be assigned. Estimates	portion of the a	pplication	n/permit/tr	ransfer order/limited	
	on of my interest in and to the adding an additional person		tion/pern	nit/transfe	r/limited license/groundwater	
Application	# G 11870 ; Permi	t # G 11685	; T	ransfer #_	т-11426 ;	
Limited	1 License #	; Groundwate	r Stateme	ent#	2	
	Vater Resources Director, to	:				
J. Bacon Farms, LLC						
Name of New Owner)					074 007 4445	
P.O. Box 663		McMinnvi	_		971-237-4115	
Mailing Address)		(City)	(State)	(Zip)	(Phone #)	
groundwater statem this form. Write the I hereby certify the order, limited license, or g Witness my hand this Signature of Current Hold	e initials (first letters) of you at I have notified all other ov groundwater statement of thi 	of all other own r first and last r where of the pro- s Request of As (Month)	ers' name aames at t perty des signment , 20	es and mai he spot ind cribed in t $\frac{20}{(Year)}$	ling addresses and attach it to dicated below this application, permit, transfer	R
	V			0		
Oregon Water Resource 8:00 a.m. on date of re Fee receipt #_/32	. Bjork. Program Analyst in		be subm	itted to the	Assignment" e Department of \$100.	
Last updated: Sept	tember 18, 2017 Request	for Assignment			WR	