

# Application for Permanent Water Right Transfer



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

## 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.

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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).
- 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: 54983 (Attachment A)**  
Please include a separate Part 5 for each water right. (See instructions on page 6)  
**NOTE: A separate transfer application is required for each water right unless the criteria in OAR 690-380-3220 are met.**

**Attachments:**

- Completed Transfer Application Map. **(Attachment B)**
- Completed Evidence of Use Affidavit and supporting documentation. **(Attachment C)**
- 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. **(Attachment D)**
- N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation. **(Attachment E)**
- 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.

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**(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- \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Part 2 of 5 – Transfer Application Map

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

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. (Attachment B)
- 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>City of Baker City; Attn: Michelle Owen</b>			PHONE NO. <b>541-524-2031</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>PO Box 650</b>				FAX NO.
CITY <b>Baker City</b>	STATE <b>OR</b>	ZIP <b>97814</b>	E-MAIL <b>pwdirector@bakercity.gov</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.				

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

AGENT/BUSINESS NAME <b>GSI Water Solutions, Inc.; Attn: Robyn Cook</b>			PHONE NO. <b>503-239-8799</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>55 SW Yamhill Street, Suite 300</b>				FAX NO.
CITY <b>Portland</b>	STATE <b>OR</b>	ZIP <b>97232</b>	E-MAIL <b>rcook@gsiws.com</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.				

Explain in your own words what you propose to accomplish with this transfer application, and why:  
The purpose of this transfer application is to add another point of appropriation (BAKE 52777) to Certificate 54983.

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.

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**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: Baker City Herald.
- 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).
- Refunds may only be granted upon request and, as set forth in ORS 536.050(4)(a), if the Director determines that a refund of all or part of a fee is appropriate in the interests of fairness to the public or necessary to correct an error of the Department.

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



  
Applicant signature

Michelle Owen, Public Works Director 12/14/2021  
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.*

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			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO. RECEIVED
CITY	STATE	ZIP	E-MAIL	JAN 03 2022
Describe any special ownership circumstances:				OWRD
The confirming Certificate shall be issued in the name of: <input type="checkbox"/> Applicant <input type="checkbox"/> Receiving Landowner				

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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.) Not Applicable

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>Baker City Planning Department</b>	ADDRESS <b>1995 Third Street</b>	
CITY <b>Baker City</b>	STATE <b>OR</b>	ZIP <b>97814</b>

ENTITY NAME <b>Baker County Planning Department</b>	ADDRESS <b>1995 Third Street, Ste 131</b>	
CITY <b>Baker City</b>	STATE <b>OR</b>	ZIP <b>97814</b>

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## INSTRUCTIONS for editing the Application Form

To add additional lines to tables within the forms or to copy and paste additional Part 5 pages, please **save the application form to your computer**. Unlock the document by using one of the following instructions for your Microsoft Word software version:

### Microsoft Word 2003

Unlock the document by one of the following:

- Using the **Tools** menu => click **Unprotect Document**;

**OR**

- Using the **Forms** toolbar => click on the **Protect/Unprotect** icon.

To relock the document to enable the checkboxes to work, you will need to:

- Using the **Tools** menu => click **Protect Document**;

**OR**

- Using the **Forms** toolbar => click on the **Protect/Unprotect** icon.

### Microsoft Word 2007

- Unlock the document by clicking the **Review** tab, then click **Protect Document**, then click **Stop Protect**
- To relock the document, click **Editing Restrictions**, then click **Allow Only This Type of Editing**, select **Filling In Forms** from the drop-down menu, then check **Yes, Start Enforcing Protection**.

### Microsoft Word 2010

- Unlock the document by clicking the **Review** tab; toggle the **Restrict Editing** icon at the upper right, then click **Stop Protect** at the bottom right. Then uncheck the "**Allow only this type of editing in the document: Filling in forms**" in the "Editing restrictions" section on the right-hand list of options.
- To relock the document, check the **Editing Restrictions/Allow Only This Type of Editing/Filling In Forms** box from the drop-down menu, then check **Yes, Start Enforcing Protection**. You do not need to assign a password for the editing restrictions.

### Other Alternatives:

- Photocopy pages or tables in Part 5, ~~mark through~~ any non-applicable information, insert/attach photocopied pages to document in the appropriate location, and manually amend page numbers as necessary (e.g. Page 5 6 of 9 10).
- You may refer to additional attachments that you may include, such as separately produced tables or spreadsheets to convey large numbers of rows of place of use listings, owner/property parcels, etc. You may contact the Department at 503-986-0900 and ask for Transfer Staff if you have questions.

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Once the application has been unlocked, you may:

- add additional rows to tables using the Table tools, and
- select and copy the pages of Part 5 and paste as many additional sets of Part 5 pages as needed at the end of the application.

After editing, re-lock the document to enable checkboxes to work.

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## 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.

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CERTIFICATE # 54983

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### Description of Water Delivery System

System capacity: \_\_\_\_\_ cubic feet per second (cfs) OR

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\_\_\_\_\_ gallons per minute (gpm) **N/A – This transfer is for a municipal water right evidenced by Certificate 54983**

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 City's distribution map is included in Attachment B. Water is appropriated from the Golf Course Well and delivered to the place of use for supplemental irrigation when needed.**

**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>A Well (Golf Course Well)</b>	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	<b>BAKE 1153</b>	9 S	40 E	20	NE SW	100	<b>100 feet South and 100 feet West from Center ¼ corner Section 20.</b>
<b>ASR 2 (BAKE 52777)</b>	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	<b>BAKE 52777</b>	9 S	40 E	20	NW SE	Road	<b>64 feet South and 21 feet East from the Center of Section 20.</b>

### 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.



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 # 54983**

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) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.											Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) 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	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			
EXAMPLE																							
2	S	9	E 15	NE NW	100	15.0	Irrigation	POD #1 POD #2	1901	POU/POD	2	S	9	E 1	NW NW	500	1	10.0	POD #5	1901			
											2	S	9	E 2	SW NW	500		5.0	POD #6	1901			
											APOA	Entire Place of Use							Supp Irr	A Well (Golf Course Well); ASR 2	10/31/1977		
TOTAL ACRES:																		TOTAL ACRES:	42.1				

Additional remarks: \_\_\_\_\_.

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Certificate # **54983****For Place of Use or Character of Use Changes**

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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: **79511; other (Municipal) rights are not for irrigation.**

 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.**

**For a change from Supplemental Irrigation Use to Primary Irrigation Use Not Applicable**

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

**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
<b>A Well (Golf Course Well)</b>	<b>Yes</b>	<b>BAKE 1153</b>	<b>349 ft</b>	<b>8-inch</b>	<b>+2-349 ft</b>	<b>0-20 ft</b>	<b>249-349 ft</b>	<b>85 ft</b>	<b>Basalt (Powder River Volcanics)</b>	
<b>ASR 2 (BAKE 52777)</b>	<b>Yes</b>	<b>BAKE 52777</b>	<b>654 ft</b>	<b>16-inch 12-inch</b>	<b>+3-313 ft 304-654 ft</b>	<b>0-312 ft</b>	<b>(see log)</b>	<b>86 ft</b>	<b>Basalt (Powder River Volcanics)</b>	

# 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 MULTNOMAH)

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I, ROBYN COOK, in my capacity as CERTIFIED WATER RIGHT EXAMINER,

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mailing address 55 SW YAMHILL STREET, SUITE 300, PORTLAND, OR 97204.

telephone number (503)239-8799, 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)

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. **Certificate 54983 is a municipal water right and a presumption of forfeiture would be rebutted under ORS 540.610(2)(a) and (b).**
- 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)

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

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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\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Date

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Signed and sworn to (or affirmed) before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

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

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

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 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.terraserver.com">www.terraserver.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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## Attachment A

Certificate 54983

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Application for Water Right Transfer - Baker City

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STATE OF OREGON

COUNTY OF BAKER

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CERTIFICATE OF WATER RIGHT

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This is to certify, That THE CITY OF BAKER

of Box 650, Baker, State of OR 97814, has made proof to the satisfaction of the Water Resources Director, of a right to the use of the waters of a well

a tributary of Powder River for the purpose of supplemental irrigation of 42.1 acres

under Permit No. G-7830 and that said right to the use of said waters has been perfected in accordance with the laws of Oregon; that the priority of the right hereby confirmed dates from October 31, 1977 that the amount of water to which such right is entitled and hereby confirmed, for the purposes aforesaid, is limited to an amount actually beneficially used for said purposes, and shall not exceed 0.53 cubic foot per second

or its equivalent in case of rotation, measured at the point of diversion from the well. The well is located in the NE 1/4 SW 1/4, Section 20, T9S, R40E, WM; 100 feet South and 100 feet West from Center 1/4 corner Section 20.

The amount of water used for irrigation, together with the amount secured under any other right existing for the same lands, shall be limited to one-eightieth of one cubic foot per second per acre, or its equivalent for each acre irrigated and shall be further limited to a diversion of not to exceed 3.0 acre-feet per acre for each acre irrigated during the irrigation season of each year,

and shall conform to such reasonable rotation system as may be ordered by the proper state officer.

A description of the place of use under the right hereby confirmed, and to which such right is appurtenant, is as follows:

- 24.8 acres NE 1/4 SW 1/4
3.9 acres NW 1/4 SW 1/4
4.1 acres SW 1/4 SW 1/4
9.3 acres SE 1/4 SW 1/4
Section 20
Township 9 South, Range 40 East, WM

The right to the use of the water for the purposes aforesaid is restricted to the lands or place of use herein described.

WITNESS the signature of the Water Resources Director, affixed

this date. October 23, 1986

/s/ William H. Young
Water Resources Director

Recorded in State Record of Water Right Certificates, Volume 50, page 54983

6497D/SA
G-8510

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## **Attachment C**

Evidence of Use Affidavit

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Application for Water Right Transfer – Baker City

**13887**

# **Attachment D**

Land Use Form

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Application for Water Right Transfer - Baker City



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## Attachment E

Well Logs

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Application for Water Right Transfer - Baker City

13887

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

**RECEIVED** WATER WELL REPORT

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

SEP 22 1977 (Please type or print)

STATE OF OREGON  
WATER RESOURCES DEPT  
(Do not write above this line)

NC  
Baker 1153

State Well No. 95/40E-206D

State Permit No.

(1) OWNER: SALEM, OREGON  
Name Baker Municipal Golf Course  
Address Baker, Oregon

(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

(10) LOCATION OF WELL:  
County Baker Driller's well number  
SE 1/4 NW 1/4 Section 20 T. 9S R. 40E W.M.  
Bearing and distance from section or subdivision corner

(11) WATER LEVEL: Completed well.  
Depth at which water was first found 248 ft.  
Static level 80 ft. below land surface. Date 9-15-77  
Artesian pressure lbs. per square inch. Date

CASING INSTALLED: Threaded  Welded   
10" Diam. from 261 ft. to 349 ft. Gage 250  
" Diam. from ft. to ft. Gage  
" Diam. from ft. to ft. Gage

(12) WELL LOG: Diameter of well below casing 0  
Depth drilled 349 ft. Depth of completed well 349 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.

PERFORATIONS: Perforated?  Yes  No.  
Type of perforator used Factory Mill  
Size of perforations 1/8 in. by 234 in.  
1530 perforations from 249 ft. to 349 ft.  
perforations from ft. to ft.  
perforations from ft. to ft.

MATERIAL	From	To	SWL
Top Soil	0	1	
Fractured Basalt	1	12	
Sand Stone Dark Br	12	55	
with Br. Clay			
Sand Stone Red	55	70	
Sand Stone Blk	70	248	
Basalt Fractured	248	288	85
Basalt with streaks Clay Blue	288	314	↑
white			
Basalt Red Cap	314	321	
Basalt Fractured streaks			
of Clay Blue	321	328	
Basalt Red Cap	328	334	↓
Basalt Blk	334	349	85

(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?  
Yield 320 gal./min. with 1-1/1 ft. drawdown after 3 hrs.  
Compressor " " "

Bailer test gal./min. with ft. drawdown after hrs.  
Artesian flow g.p.m.  
Temperature of water 48 Depth artesian flow encountered ft.

(9) CONSTRUCTION:  
Well seal—Material used Cement Grout  
Well sealed from land surface to 20 ft.  
Diameter of well bore to bottom of seal 15 in.  
Diameter of well bore below seal 12 in.  
Number of sacks of cement used in well seal 14 sacks  
How was cement grout placed?  
Pumped thru Drill pipe

Work started 7-10 1977 Completed 9-15 1977  
Date well drilling machine moved off of well 9-15 1977

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] Ernest J. Jovan Date 9-18, 1977  
(Drilling Machine Operator)  
Drilling Machine Operator's License No. 604

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 Northwest Drilling (Person, firm or corporation) (Type or print)  
Address Eugene City, Oregon  
[Signed] Bond J. Jovan (Water Well Contractor)  
Contractor's License No. 587 Date 9-19, 1977

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 3/8 pea  
Gravel placed from 20 ft. to 349 ft.

**BAKE 1153**

For Official Use Only by The Oregon Water Resources Department:

Received Date:

County Well Log ID #

Well Identification Tag #

11-14-13

BAKE 1153

L 106250

**APPLICATION FOR WELL IDENTIFICATION TAG**

LANDOWNER INFORMATION

Tag attached by  
Bob Maynard,  
well inspector 11-7-13

Name: Baker Municipal GOLF COURSE

Mailing Address:

City: Baker City

State: OREGON

Zip: 97814

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Return Well Tag to (if different than mailing address): \_\_\_\_\_

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WELL LOCATION INFORMATION

County: BAKER Township: 9 S North or South (circle one) Range: 40 E East or West (circle one),

Section: 20 NE 1/4 SW 1/4 Tax Lot #: \_\_\_\_\_

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Street Address of Well (if different than mailing address): \_\_\_\_\_

NOV 14 2013

N 44.76686

W-117.84034

SALEM, OR

WELL INFORMATION (Do Not Complete If Well Report is Attached)

Type of Well (i.e. domestic, irrigation, etc): \_\_\_\_\_ Date Well Constructed: \_\_\_\_\_

Well Constructor/Company: \_\_\_\_\_

Well Depth (in feet): \_\_\_\_\_ Diameter of Well Casing (in inches): \_\_\_\_\_

Landowner Who Had Well Constructed or Previous Owner at the Time Well was Constructed (if known): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Information: \_\_\_\_\_ **13887**

# BAKE 52777

STATE OF OREGON  
WATER SUPPLY WELL REPORT  
(as required by ORS 537.765 & OAR 690-205-0210)

WELL I.D. LABEL# L 128841  
START CARD # 216491  
ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. ASR 2  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company \_\_\_\_\_ City of Baker City  
 Address \_\_\_\_\_ PO Box 650  
 City Baker City State OR Zip 97814

(2) TYPE OF WORK  New Well  Deepening  Conversion  
 Alteration (complete 2a & 10)  Abandonment (complete 5a)

(2a) PRE-ALTERATION  
 Dia + From To Gauge Stil Plstc Wld Thrd  
 Casing:          
 Material From To Amt sacks/lbs  
 Seal: \_\_\_\_\_

(3) DRILL METHOD  
 Rotary Air  Rotary Mud  Cable  Auger  Cable Mud  
 Reverse Rotary  Other \_\_\_\_\_

(4) PROPOSED USE  Domestic  Irrigation  Community  
 Industrial/ Commercial  Livestock  Dewatering  
 Thermal  Injection  Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION Special Standard  (Attach copy)  
 Depth of Completed Well 654 ft.  
 BORE HOLE SEAL  

Dia	From	To	Material	From	To	Amt	sacks/lbs
30	0	10	3/8 bentonite chip	0	40	135	sks
24	10	106				Calculated	120
20	106	319	Cement	40	312	757	sks
16	317	654				Calculated	291

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_ pour and probe bentonite chips  
 Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_  
 Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(5a) ABANDONMENT USING UNHYDRATED BENTONITE  
 Proposed Amount \_\_\_\_\_ Actual Amount \_\_\_\_\_

(6) CASING/LINER  

Casing	Liner	Dia	+	From	To	Gauge	Stil	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	+	3	313	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	12		304	313	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	12		343	364	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	12		399	408	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	12		458	479	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

 Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
 Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS  
 Perforations Method \_\_\_\_\_  
 Screens Type Vshaped Wire Wrap Material 304SS  

Perf/ Casing/ Screen	Screen/Slot	From	To	width	length	# of slots	Tele/ pipe size
Scr Liner	12	313	343	150			PS
Scr Liner	12	364	399	150			PS
Scr Liner	12	408	458	150			PS
Scr Liner	12	479	509	150			PS
Scr Liner	12	538	568	150			PS

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
2045	19		72

Temperature 66 °F Lab analysis  Yes By \_\_\_\_\_  
 TDS amount 195  
 Description Amount Units  
 AUG 30 2021

(9) LOCATION OF WELL (legal description)  
 County Baker Twp 9 S N/S Range 40 E E/W WM  
 Sec 20 NE 1/4 of the SW 1/4 Tax Lot \_\_\_\_\_  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

2801 Indiana Ave, Baker City, OR 97814

(10) STATIC WATER LEVEL  

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	7/21/2021		86

 Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 245 \*  

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
3/19/2021	245	299	n/m		n/m
3/19/2021	329	654	2000+		86

(11) WELL LOG Ground Elevation \_\_\_\_\_  

Material	From	To
Gravel 3/4 minus with soil	0	3
Gravel 3" minus with sand, tan, partially cemented	3	9
Sand, tan, fine to medium, with some clay, tan	9	25
Clay, brown, dry, silty	25	30
Clay, tan, sandy	30	90
Clay, blue and green, silty	90	150
Clay, blue and green, silty with layers of clay, sandy	150	210
Clay, grey, medium	210	245
Basalt, dark grey, medium, fractured, some vesicles	245	259
Basalt, black and grey, medium, fractured, vesicular	259	269
Basalt, black medium, some fractures and vesicular	269	279
Basalt, black w/red, med, fractured, vesi, w/claystone, blue	279	289
Basalt, black, fractured, vesicular, some claystone, blue	289	299
Basalt, black, fractured, some vesicular w/some claystone, blue	299	314
Basalt, red and brown, medium, fractured, vesicular	314	319
Basalt, blk, med, frac w/vesicles of basalt, red, med frac, vis. Sign & grey claystone	319	399
Basalt, grey, medium, some fractures	399	409
Basalt, blk, med, hard frac, visi, w/blue claystone, s/basalt, red, med	409	429
Basalt, red and brown, med vesicular w/claystone, blue	429	433

 Date Started 10/14/2021 Completed 7-21-2021

(unbonded) Water Well Constructor Certification  
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.  
 License Number 2033 Date 8-16-2021

Signed \_\_\_\_\_

(bonded) Water Well Constructor Certification  
 I accept responsibility for the construction, deepening, 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 1988 Date 8-16-2021  
 Signed \_\_\_\_\_  
 Contact Info (optional) \_\_\_\_\_

# BAKE 52777

**WATER SUPPLY WELL REPORT -**  
continuation page

WELL I.D. LABEL# L	128841
START CARD #	216491
ORIGINAL LOG #	

**(2a) PRE-ALTERATION**

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Material	From	To	Amt	sacks/lbs

**(5) BORE HOLE CONSTRUCTION**

BORE HOLE			SEAL		sacks/		
Dia	From	To	Material	From	To	Amt	lbs
						Calculated	
						Calculated	
						Calculated	
						Calculated	

**FILTER PACK**

From	To	Material	Size

**(6) CASING/LINER**

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	12		509	538	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	12		568	589	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	12		649	654	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**(7) PERFORATIONS/SCREENS**

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/ pipe size
		12	589	649	150			PS

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

**Water Quality Concerns**

From	To	Description	Amount	Units

**(10) STATIC WATER LEVEL**

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)

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**(11) WELL LOG**

Material	From	To
Basalt, grey and brown, medium, some fractured and vesicular	433	434
Basalt, grey, medium, some fractured	434	439
Basalt, grey and brown, medium, some fractured	439	464
Basalt, grey, medium, fractured, some vesicular	464	478
Basalt, brown and grey, medium, fractured, vesicular	478	518
Basalt, grey & brown, med, frac, vesic, w/some claystone blue	518	543
Basalt, brown, medium, fractured, vesicular, with claystone, blue	543	548
Basalt, grey and brown, med, fract, vesicular, w/claystone blue	548	563
Basalt, red & grey, med, fract, vesic w/claystone, blue & green	563	573
Basalt, brown & grey, med, fract, vesic, w/claystone, blue & green	573	588
Basalt, red and brown, med, vesicular, frac, with claystone, blue	593	633
Basalt, grey & brown, med, vesic & fractured, w/claystone blue	633	648
Basalt, red & brn, med, vesic, fract, w/claystone blue & basalt, grey	648	654

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**Comments/Remarks**

- 3/8 steel plate bottom.
- Screen assembly has an -6" offset at 647' and reduces ID to -5".
- Top of screen assembly has a J receiver used to set screen in place.

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