

**Application for Water Right
Temporary or Drought Temporary 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 temporary 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.

FOR ALL TEMPORARY TRANSFER APPLICATIONS

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

- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Temporary 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 online fee calculator at: http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator. If you have questions, call Customer Service at (503) 986-0801.
- Part 4 – Completed Applicant Information and Signature.
- Part 5 – Information about Transferred Water Rights: **How many water rights are to be transferred? 1 List them here: 87373**
Please include a separate Part 5 for each water right. (See instructions on page 6)
- N/A For standard Temporary Transfer (one to five years) **Begin Year: 2022 End Year: 2022.**
- N/A Temporary Drought Transfer (Only in counties where the Governor has declared drought)

Attachments:

- Completed Temporary Transfer Application Map.
- Completed Evidence of Use Affidavit and supporting documentation.
- Current recorded deed for the land **from** which the authorized place of use is temporarily being moved.
- N/A Affidavit(s) of Consent from Landowner(s) (if the applicant does not own the land upon which the water right is located.) ***See Page 4 of Application for Landowner Consent Signature**
- N/A Supplemental Form D – For water rights served by or issued in the name of a district. Complete when the temporary transfer applicant is not the 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 (if necessary to convey water to the proposed place of use).

(For Staff Use Only)

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

<input type="checkbox"/> Application fee not enclosed/or is insufficient	<input type="checkbox"/> Map not included or incomplete
<input type="checkbox"/> Land Use Form not enclosed or incomplete	<input type="checkbox"/> Part _____ is incomplete
<input type="checkbox"/> Additional signature(s) required	Other/Explanation _____
Staff: _____ 503-986-0 _____	Date: <u>2/9/22</u>

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

Please be sure that the temporary transfer application map you submit includes all the required items and matches the existing water right map. Check all boxes that apply.

- 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 temporary 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) to convey water to the new temporary place of use, 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°).

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Part 4 of 5 – Applicant Information and Signature

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Applicant Information

APPLICANT/BUSINESS NAME Farmland Reserve, Inc.		PHONE NO. (509) 734-1195	ADDITIONAL CONTACT NO.
ADDRESS PO Box 2308		FAX NO.	
CITY Pasco	STATE WA	ZIP 99302	E-MAIL
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 Nathan Rau		PHONE NO. (509) 820-3231	ADDITIONAL CONTACT NO.
ADDRESS (same)		FAX NO.	
CITY	STATE	ZIP	E-MAIL nr.au@farmlandreserve.org
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:
Irrigate certain lands using Cert. 87373, which is leased from Vernon Cook

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

Land Owner Information

AGENT/BUSINESS NAME Verdon, LLC (Vernon Cook)		PHONE NO. (541) 571-7784	ADDITIONAL CONTACT NO.
ADDRESS 34801 HWY 320		FAX NO.	
CITY Echo	STATE OR	ZIP 97826	E-MAIL vernon123@centurytel.net

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

Applicant signature <u>Mark Salisbury</u>	Patrick Tolman, Vice President for Farmland Reserve, Inc. Print Name (and Title if applicable)	Date
Land Owner signature <u>for Verdon LLC</u>	<u>Mark Salisbury</u> Print Name (and Title if applicable) <i>Financial Officer</i>	<u>2/1/22</u> 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 landowners (and mailing and/or e-mail addresses if different than the applicant's) or attach affidavits of consent from all landowners or individuals/entities (and mailing and/or e-mail addresses) to which the water right(s) has been conveyed. (see above)

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Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Farmland Reserve, Inc.		PHONE NO. (509) 734-1195	ADDITIONAL CONTACT NO. OWRD
ADDRESS PO Box 2308			FAX NO.
CITY Pasco	STATE WA	ZIP 99302	E-MAIL
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 Nathan Rau		PHONE NO. (509) 820-3231	ADDITIONAL CONTACT NO.
ADDRESS (same)			FAX NO.
CITY	STATE	ZIP	E-MAIL nrau@farmlandreserve.org
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:
Irrigate certain lands using Cert. 87373, which is leased from Vernon Cook
If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1".

Land Owner Information

AGENT/BUSINESS NAME Verdon, LLC (Vernon Cook)		PHONE NO. (541) 571-7784	ADDITIONAL CONTACT NO.
ADDRESS 34801 HWY 320			FAX NO.
CITY Echo	STATE OR	ZIP 97826	E-MAIL vernon123@centurytel.net

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

Patrick Tolman
Applicant signature

Patrick Tolman, Vice President for Farmland Reserve, Inc.
Print Name (and Title if applicable)

Feb 7, 2022
Date

Land Owner signature

Print Name (and Title if applicable)

Date

Is the applicant the sole owner of the land on which the water right, or portion thereof, proposed for transfer is located? Yes No

If NO, include signatures of all landowners (and mailing and/or e-mail addresses if different than the applicant's) or attach affidavits of consent from all landowners or individuals/entities (and mailing and/or e-mail addresses) to which the water right(s) has been conveyed. (see above)

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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. (NOTE: If this box is checked, you must complete and attach Supplemental Form D.)

DISTRICT NAME Echo Irrigation District	ADDRESS PO Box 2308	
CITY Pasco	STATE WA	ZIP 99302

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 local governments (each county, city, municipal corporation, or tribal government) within whose jurisdiction water will be diverted, conveyed and/or used.

ENTITY NAME Umatilla County	ADDRESS 216 SE Fourth Street	
CITY Pendleton	STATE OR	ZIP 97818

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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Part 5 of 5 – Water Right Information

CERTIFICATE # _____

Water Right Certificate # 87373

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Description of Water Delivery System

System capacity: 0.40 cubic feet per second (cfs) OR
 _____ gallons per minute (gpm)

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 comes from a well with a 20 hp submersible pump and is distributed using a 30 acre center pivot irrigation system**

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)
Cook Well #4	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	UMAT 2515	4	N	28	E	24	SE	NE	107	660' N & 670' W from E1/4 cor. Sec. 24
Seibel Well	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	UMAT 54154	3	N	29	E	9	SE	S W	3600	380' N & 3120' W from SE cor., Sec. 9
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed										
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed										

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

- Place of Use (POU)
- Point of Diversion (POD)
- Additional Point of Diversion (APOD)
- Appropriation/Well (POA)
- Additional Point of Appropriation (APOA)

Check all type(s) of temporary change(s) due to drought proposed below (change "CODES" are provided in parentheses):

- Place of Use (POU)
- Character of Use (USE)
- Point of Diversion (POD)
- Point of Appropriation/Well (POA)
- Additional Point of Appropriation (APOA)
- Additional Point of Diversion (APOD)

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

- Yes Complete only the Proposed ("to" 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.

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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 Temporary Changes to Water Right Certificate # 87373

List only the part of the right that will be changed. For the acreage in each ¼ ¼, list the change proposed. If more than one change, specify the acreage associated with each change. If more than one POD/POA, 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
"	"	"	"	"	"	"	"	"	EXAMPLE	"	"	"	2	S	9	E 2	SW	NW	500		5.0		POD #6	1901
4	N	28	E 24	SE	NE	107		29.5	Irrigation	Cook Well #4 (POD #1)	1977	POU & POA	3	N	29	E 13	SW	SE	03700		29.5	Irrigation	Seibel Well	1977
						TOTAL ACRES	29.5							TOTAL ACRES	29.5									

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Additional remarks: _____

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Water Right Certificate # 87373

For Place 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: (1) Mitigation Permits: S-55114, S-55263, and S-55262 are mitigation permits and will be used on the "TO" lands. (3) Certificate 87111 is temporarily transferred to the "TO" lands under T-13603. Certificate 87111 will be used on these lands in addition to this transfer.



Pursuant to ORS 540.525, any "layered" water use such as an irrigation right that is supplemental to a primary right proposed for temporary transfer can be included in the transfer or remain unused on the authorized place of use. If the primary water right does not revert soon enough to allow use of the supplemental right within five years, the supplemental right shall become subject to cancellation for nonuse under ORS 540.610.

If a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation is necessary to convey the water to the new temporary place of use you must provide:

Well log(s) for each authorized and proposed well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map. (Tip: You may search for well logs on the Department's web page at: http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx)

AND/OR

Describe the construction of the authorized and proposed well(s) in Table 3 below for any well that does not have a well log. For a proposed well(s) 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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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 Washington)
) ss
 County of Benton)

I, Jens Rasmussen, in my capacity as Echo Irrigation District Manager,
 mailing address PO Box 2308, Pasco, WA 99302
 telephone number (509)820-3234, being first duly sworn depose and say:

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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)
87373	3	N	29	E	W M	13	SE N W		29.5	

- 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)

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

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.

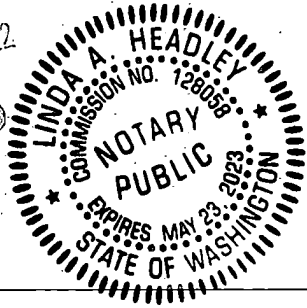
[Signature]
Signature of Affiant

1-27-22
Date

Signed and sworn to (or affirmed) before me this 27th day of January 2022

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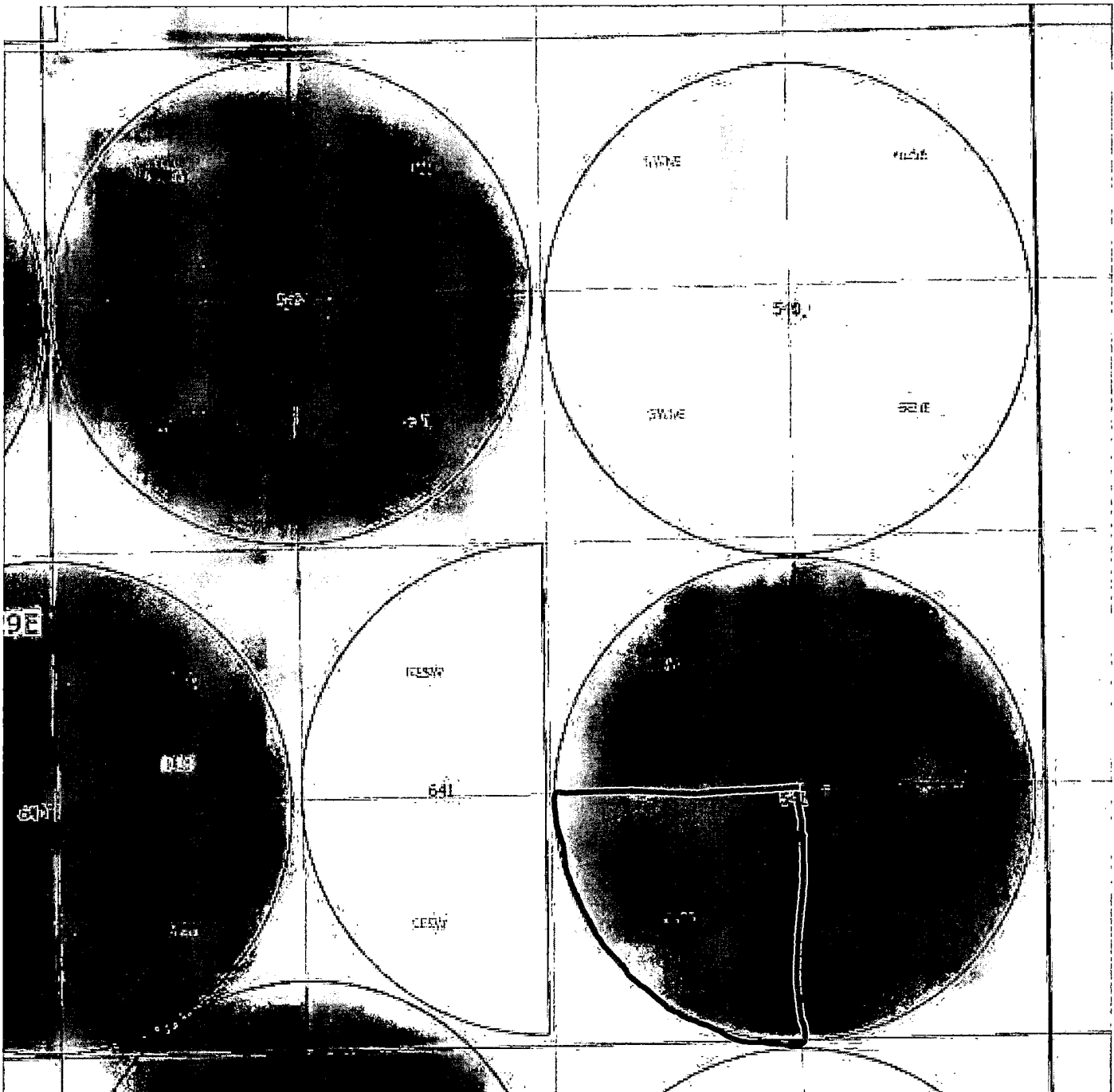


Linda A. Headley
Notary Public for Benton Co. WA

My Commission Expires: 5/23/23

Supporting Documents	Examples
<input type="checkbox"/> Copy of a water right certificate that has been issued within the last five years. (not a remaining right certificate)	Copy of confirming water right certificate that shows issue date
<input type="checkbox"/> Copies of receipts from sales of irrigated crops or for expenditures related to use of water	<ul style="list-style-type: none"> • Power usage records for pumps associated with irrigation use • Fertilizer or seed bills related to irrigated crops • Farmers Co-op sales receipt
<input type="checkbox"/> Records such as FSA crop reports, irrigation district records, NRCS farm management plan, or records of other water suppliers	<ul style="list-style-type: none"> • District assessment records for water delivered • Crop reports submitted under a federal loan agreement • Beneficial use reports from district • IRS Farm Usage Deduction Report • Agricultural Stabilization Plan • CREP Report
<input checked="" type="checkbox"/> Aerial photos containing sufficient detail to establish location and date of photograph	<p>Multiple photos can be submitted to resolve different areas of a water right. If the photograph does not print with a "date stamp" or without the source being identified, the date of the photograph and source should be added.</p> <p>Sources for aerial photos: OSU – www.oregonexplorer.info/imagery OWRD – www.wrd.state.or.us Google Earth – earth.google.com TerraServer – www.terra-server.com</p>
<input type="checkbox"/> Approved Lease establishing beneficial use within the last 5 years	Copy of instream lease or lease number

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- ID: L1C_T10TGR_A018014_20200817T185626
- Acquisition Date: 2020/08/17
- Platform: SENTINEL-2B
- Tile Number: T10TGR

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NO PART OF ANY STEVENS-

ANY ELECTRONIC OR MECHANICAL MEANS.

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2006-4950280 1 of 1

State of Oregon }
County of Umatilla }

Grantor's Name and Address

Grantee's Name and Address

After recording, return to (Name, Address, Zip):
L. Vernon & Donna F. Cook
34801 Hwy 320
Echo, OR 97826

Until requested otherwise, send all tax statements to (Name, Address, Zip):
L. Vernon & Donna F. Cook
34801 Hwy 320
Echo, OR 97826

SPACE RESERVED FOR RECORDERS USE

This instrument was received and recorded on received for at 01-25-08 at 10:02 book/reel/vol in the record of instrument and/or as fee code type 02-825 No.

Witness Fee Instrument Number 2006-4656250 28.00

Office of County Records

NAME By John Hamilton Records Officer

BARGAIN AND SALE DEED

KNOW ALL BY THESE PRESENTS that L. Vernon Cook and Donna F. Cook

hereinafter called grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto

Vernon, L.L.C.

hereinafter called grantee, and unto grantee's heirs, successors and assigns, all of that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in Umatilla County, State of Oregon, described as follows, to-wit:

Parcels 1 and 3, PARTITION PLAT NO. 1997-06, filed March 18, 1997, as Instrument No. 1997-229132, Office of the County Records, Umatilla County, Oregon, located in the Southeast Quarter of the Northeast Quarter and the South Half of Section 24, and the Southeast Quarter of the Southeast Quarter of Section 23, Township 4 North, Range 28, East of the Willamette Meridian, Umatilla County, Oregon.

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JAN 26 2006

UMATILLA COUNTY RECORDS

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

To Have and to Hold the same unto grantee and grantee's heirs, successors and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ -0-

~~consideration consists of or includes other property or value or promise which is part of the consideration~~

In construing this deed, where the context so requires, the singular includes the plural, and all grammatical changes shall be made so that this deed shall apply equally to corporations and to individuals.

IN WITNESS WHEREOF, the grantor has executed this instrument on January 5, 2006; if grantor is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so by order of its board of directors.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 90.930.

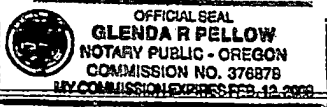
L. Vernon Cook
Donna F. Cook

STATE OF OREGON, County of Umatilla ss.

This instrument was acknowledged before me on January 5, 2006 by L. Vernon Cook and Donna F. Cook

This instrument was acknowledged before me on

by as of



Glenda R. Fellow
Notary Public for Oregon
My commission expires 02-12-09

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Supplemental Form D

Water Right Transfers Within the Boundaries of or Served by an Irrigation District or other Water Supplier (Association, Ditch Co., etc.)

[For transfers submitted under OAR Chapter 690 Division 380]



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

The Department requires non-district applicants to communicate with districts/water suppliers during the planning and preparation of transfer applications involving water rights having a point of diversion or appropriation (POD/POA) or place of use (POU) served by or located within the boundaries of an irrigation district, or other type of water supplier to which assessments are paid. In some cases consent will be required from the district or water supplier.

This form must be included with any transfer application that involves rights served by or located within the boundaries of a district or other type of water supplier.

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1. APPLICANT INFORMATION

NAME FARMLAND RESERVE, INC.			PHONE (HM)
PHONE (WK) (509) 734-1195	CELL	FAX	
ADDRESS PO Box 2308			
CITY PASCO	STATE WA	ZIP 99302	E-MAIL**

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2. DISTRICT or WATER SUPPLIER INFORMATION

DISTRICT/WATER SUPPLIER NAME ECHO IRRIGATION DISTRICT			PHONE (HM)
PHONE (WK) (541) 289-5206	CELL	FAX	
ADDRESS PO Box 2308			
CITY PASCO	STATE WA	ZIP 99302	E-MAIL**

** By providing an e-mail address, the applicant and/or the district/water supplier consents to receive all correspondence from the Department electronically. Copies of final order documents will also be mailed.

3. WATER RIGHTS ISSUED IN THE NAME OF, or LOCATED WITHIN, or SERVED BY AN IRRIGATION DISTRICT, OTHER DISTRICT, OR WATER SUPPLIER

a. List the water right(s) involved in this transfer:

	Application / Decree	Permit / Previous Transfer	Certificate	Is the water right in the name of a district, water supplier, or BOR*?
1.		-	87373	YES <input type="checkbox"/>
2.		-		YES <input type="checkbox"/>
3.		-		YES <input type="checkbox"/>

Attach additional pages for additional water rights if necessary.

*Bureau of Reclamation

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b. Determine a district's/water supplier's connection to your points of diversion (POD) or appropriation (POA) and places of use (POU). [You may need to consult with your district/water supplier.]

CURRENT ASSOCIATIONS Please answer the following "yes" or "no" questions:

YES NO One or more of the current POD(s) / POA(s) involved in the transfer are served by a district/water supplier or rely on BOR water.

YES NO All or a portion of the current POU involved in this proposed transfer receives water for either primary or supplemental irrigation from the district/water supplier; i.e., the POU is currently layered with a district or BOR water supplied water right(s).

PROPOSED ASSOCIATIONS Please answer the following "yes" or "no" questions:

YES NO One or more of the proposed POD(s) / POA(s) involved in the transfer are currently served or will be served by a district/water supplier if the transfer is approved, or rely on BOR water.

YES NO All or a portion of the proposed POU involved in this proposed transfer currently receives or will receive either primary or supplemental irrigation from the district/water supplier; i.e., the POU will be layered with a district/water supplier or BOR water supplied water right(s).

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FEB 09 2022

COMMENTS OR ADDITIONAL INFORMATION

4. APPLICANT'S SIGNATURE

(1) I certify that I have notified the district/water supplier about the proposed water right transfer application by [check one]:

email, phone, postal mail, in person, or other (please specify) _____

(2) I certify that to the best of my knowledge the information contained in this Supplemental Form D is true and accurate.

Michael Thomas

Feb 7, 2022

Applicant Signature

Name (print)

Date

5. (WHEN REQUIRED) DISTRICT or WATER SUPPLIER CONSENT TO THE PROPOSED WATER RIGHT TRANSFER

District Manager or Water Supplier consent is required if any box on this form is marked "YES."

The district/water supplier certifies the following:

(1) The district/water supplier has reviewed the applicant's proposed water right transfer application and maps; and

(2) The district/water supplier consents to the proposed water right transfer application.

YES NO After proof of completion, the confirming water right certificate is to remain in the name of the U.S. Bureau of Reclamation or the district/water supplier.

YES NO The district/water supplier will be responsible for submitting the claim of beneficial use prepared by a Certified Water Rights Examiner (CWRE).

Signature of District Manager /Water Supplier

Name (print), Title

Date

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

UMAT 2515 RECEIVED
WATER WELL REPORT

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

STATE OF OREGON
(Please type or print)

AUG 13 1980 State Well No.

4N/28E-24a
UMAT 2515

MAR 20 1980

(Do not write above this line)

WATER RESOURCES DEPT
SALEM, OREGON State Permit No.

(1) OWNER:

Name Circle "C" Farms, Inc.
Address Rt. 1, Box 1961, Hermiston, Oregon

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Driven
 Jetted
 Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

CASING INSTALLED:

10" Diam. from +1 ft. to 234 ft. Gage .250
" Diam. from ft. to ft. Gage
" Diam. from ft. to ft. Gage

(6) PERFORATIONS:

Perforated? Yes No.

Type of perforator used

Size of perforations in. by in.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

(7) SCREENS:

Well screen installed? Yes No

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

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level

Is a pump test made? Yes No If yes, by whom?
Yield: gal./min. with ft. drawdown after hrs.
Estimated 300 GPM " "
" Air Test " " "
Pump test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m.
Temperature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Well seal—Material used Neat Cement
Well sealed from land surface to 234 ft.
Diameter of well bore to bottom of seal 14 in.
Diameter of well bore below seal 8 in.
Number of sacks of cement used in well seal 110 sacks
How was cement grout placed? Grout Pipe outside of casing
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:
Gravel placed from ft. to ft.

(10) LOCATION OF WELL:

County Umatilla Driller's well number 01
SE 1/4 NE 1/4 Section 24 T. 4N R. 28E W.M.
Bearing and distance from section or subdivision corner

(11) WATER LEVEL: Completed well.

Depth at which water was first found 194 ft.
Static level 290 ft. below land surface. Date 3-8-80
Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing 8"
Depth drilled 765 ft. Depth of completed well 765 ft.

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

MATERIAL	From	To	SWL
Fine sand	0	12	
Coarse sand	12	18	
Cemented gravel	18	61	
Coarse sand & gravel	61	194	WB 1st
Coarse white sand	194	224	WB
Broken Brown basalt	224	230	WB
Black basalt (med)	230	291	
Brown basalt (med-soft)	291	305	WB
Black basalt (med)	305	370	
Porous Blk basalt w/claystone	370	385	
Black basalt (med-hard)	385	519	
Gray basalt (hard)	519	540	
Porous black basalt	540	545	WB
Brown basalt	545	585	
Black basalt	585	635	
Gray basalt	635	644	
Porous red basalt	644	659	WB
Porous black basalt	659	752	
Porous brown basalt	752	765	WB

Work started 2/29 19 80 Completed 3-8 19 80
Date well drilling machine moved off of well 3-8 19 80

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] Samuel Osborne Date 3/14, 19.80
(Drilling Machine Operator)
Drilling Machine Operator's License No. 1210

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 Columbia Basin Well Drilling
(Person, firm or corporation) (Type or print)
Address Rt. 1, Box 1961, Hermiston, Or. 97838
[Signed] [Signature] (Water Well Contractor)
Contractor's License No. 772 Date 3/14, 19.80

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

MAR 29 2001

WELL ID # L 46763
START CARD # 111251

(1) OWNER:

Name: H4 Farms
Address: 115 W Hermiston Ave
City: Hermiston State: OR Zip: 97838

Well Number: Sieble Well LOCATION OF WELL by legal description:
County: Umatilla Latitude: _____ Longitude: _____

Township: 3N Range: 29E
Section: 9 SE $\frac{1}{4}$ SW $\frac{1}{4}$
Tax Lot: 3200 Lot: _____ Block: _____ Subdivision: _____
Street Address of Well (or nearest address) _____
Cemetery Rd Echo, OR

(2) TYPE OF WORK: (repair/
 New Well Deepening Alteration/recondition Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other: _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No
Depth of Completed Well 1150
Explosives Used Yes No Type: _____ Amount: _____

HOLE			SEAL			sacks or pounds
Diameter	From	To	Material	From	To	
24"	0	20	Cement	0	20	40 Bags
19"	200	319	Cement	200	319	200 Bags
19"	50	200	Back Fill	50	200	270 Bags
19"	0	50	Bent Chip	0	50	90 Bags

How was seal placed: Method A B C D E
 Other _____

Backfill placed from 50 to 200 Material Bent Chips

Gravel placed from --- to --- Material ---
Size of gravel ---

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
20	0	20	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	+1	319	375	<input checked="" type="checkbox"/>	<input 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"/>

LINER:
Final location of Shoe(s): _____

(7) PERFORATIONS/SCREENS:

Perforations Method: _____
 Screen Type: _____ Material: _____

From	To	Slot Size	No.	Diameter	Tele/pipe size	Casing	Liner
						<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"/>

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

Pump Bailer Air Flowing Artesian
Yield gpm Drawdown Drill Stem at Time

				1 hr.
1800		1500		10

Temperature of water 56 Depth Artesian Flow Found: _____

Was a water analysis done? _____ By whom: _____

Did any strata contain water not suitable for intended use? (explain) _____

Depth of Strata: _____

(10) STATIC WATER LEVEL:

369 Ft. below land surface Date 3-22-01
Artesian pressure _____ lb. per sq. in. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found		Est. Flow Rate	SWL
From	To		
289	302	500+	234
681	689	200	369
1025	1041	500	369
1092	1150	1000+	369

(12) WELL LOG:

Material	Ground Elevation:		SWL
	From	To	
Top Soil & Sand	0	10	
Basalt Broken	10	14	
Basalt Brownish Black Med Soft	14		
w/some Broken Basal		58	
Basalt Gray Med Hard	58	118	
Basalt Black Vic Soft	118	138	
Basalt Gray Hard	138	152	
Basalt Black Med to Soft	152	182	
Basalt Gray Hard	182	203	
Basalt Black w/Clay Blue	203	242	
Basalt Gray Hard	242	289	
Basalt Vic Black	289	302	
Basalt Blackish Gray Med Hard	302	318	
Basalt Gray Med Hard	318	340	
Basalt Black Med Hard	340	380	
Basalt Gray Hard	380	475	
Basalt Gray Med Hard	475	570	
Basalt Black Med Hard	570	605	
Basalt Gray Hard	605	630	
Basalt Med Soft	630	635	
Basalt Hard Black	635	669	
Basalt Hard Gray	669	681	
Basalt Fract Gray	681	689	H2O
Basalt Hard Black	689	696	
Basalt Fract Black	696	728	
Basalt Med Hard Gray	728	740	
Basalt Fract Black	740	766	

Date Started: 1/31/01 Completed: 3/22/01

(unbonded) Water Well Constructor Certification:

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

Signed [Signature] WWC Number 806
Date 3/27/01

(bonded) Water Well Constructor Certification:

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

Signed [Signature] WWC Number 723
Date 3/27/01

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

PAGE 2 of 2

WELL ID # L ____
START CARD # ____

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MAR 29 2001

WATER RESOURCES DIVISION
SALEM, OREGON

(1) OWNER:

Well Number: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

(9) LOCATION OF WELL by legal description:

County: _____ Latitude: _____ Longitude: _____
Township: _____ Range: _____
Section: _____ ¼ _____ ¼
Tax Lot: _____ Lot: _____ Block: _____ Subdivision: _____
Street Address of Well (or nearest address) _____

(2) TYPE OF WORK:

(repair/

New Well Deepening Alteration recondition) Abandonment

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable Auger
 Other: _____

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No

Depth of Completed Well _____

Explosives Used Yes No Type _____ Amount _____

HOLE SEAL
Diameter From To Material From To sacks or pounds

Diameter	From	To	Material	From	To	sacks or pounds

How was seal placed: Method A B C D E

Other _____

Backfill placed from _____ to _____ Material _____
from _____ to _____ Material _____

Gravel placed from _____ to _____ Size of gravel _____

(6) CASING/LINER:

CASING:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
				<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"/>

LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of Shoe(s): _____

(7) PERFORATIONS/SCREENS:

Perforations Method: _____

Screen Type: _____ Material: _____

From	To	Slot Size	No.	Diameter	Tele/pipe size	Casing	Liner
						<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"/>

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

Pump Bailer Air Flowing Artesian
Yield gpm Drawdown Drill Stem at Time

Yield gpm	Drawdown	Drill Stem at	Time
			1 hr.

Temperature of water _____ Depth Artesian Flow Found _____

Was a water analysis done? _____ By whom: _____

Did any strata contain water not suitable for intended use? (explain)

Depth of Strata: _____

(10) STATIC WATER LEVEL:

_____ Ft. below land surface Date _____
Artesian pressure _____ lb. per sq. in. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found

From	To	Est. Flow Rate	SWL

(12) WELL LOG:

Ground Elevation: _____

Material	From	To	SWL
Basalt Mesd Black	766	781	
Basalt Fract Green Inseams	781	816	
Basalt Med Black Hard	816	844	
Basalt Hard Gray	844	888	
Basalt Fract Black	888	935	
Basalt Very Fract Gray	935	942	
Basalt Fract Gray	942	961	
Basalt Black	961	985	
Basalt Black Med	985	1003	
Basalt Gray Hard	1003	1025	
Basalt Black Fract	1025	1041	369
Basalt Gray Med Hard	1041	1092	
Basalt Red Soft	1092	1114	369
Basalt Fract Hard	1114	1120	369
Basalt Fract Gray Soft	1120	1150	369

Date Started: _____ Completed: _____

(unbonded) Water Well Constructor Certification:

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

Signed _____ WWC Number _____
Date _____

(bonded) Water Well Constructor Certification:

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

Signed _____ WWC Number _____
Date _____

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

UMAT 2515 RECEIVED
WATER WELL REPORT

4N/28E-24a
AUG 13 1980
STATE PERMIT NO. UMAT 2515

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

STATE OF OREGON

AUG 13 1980

State Well No.

(Please type or print)

WATER RESOURCES DEPT

State Permit No.

(Do not write above this line)

SALEM, OREGON

MAR 20 1980

(1) OWNER:

SALEM, OREGON

Name Circle "C" Farms, Inc.
Address Rt. 1, Box 1961, Hermiston, Oregon

(2) TYPE OF WORK (check):

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

(3) TYPE OF WELL:

(4) PROPOSED USE (check):

Driven Jetted Bored
Domestic Industrial Municipal
Irrigation Test Well Other

CASING INSTALLED:

Threaded Welded
10" Diam. from +1 ft. to 234 ft. Gage .250
" Diam. from " ft. to " ft. Gage "
" Diam. from " ft. to " ft. Gage "

PERFORATIONS:

Perforated? Yes No.

Type of perforator used	Size of perforations	in. by	in.
	perforations from	ft. to	ft.
	perforations from	ft. to	ft.
	perforations from	ft. to	ft.

(7) SCREENS:

Well screen installed? Yes No

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

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level

Test	gal./min. with	ft. drawdown after	hrs.
Is a pump test made? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, by whom?			
Estimated 300 GPM	"	"	"
" Air Test	"	"	"
Perforation test	gal./min. with	ft. drawdown after	hrs.
Artesian flow	g.p.m.		
Temperature of water	Depth artesian flow encountered _____ ft.		

(9) CONSTRUCTION:

Well seal—Material used Neat Cement
Well sealed from land surface to 234 ft.
Diameter of well bore to bottom of seal 14 in.
Diameter of well bore below seal 8 in.
Number of sacks of cement used in well seal 110 sacks
How was cement grout placed? Grout Pipe outside of casing
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: _____
Gravel placed from _____ ft. to _____ ft.

(10) LOCATION OF WELL:

County Umatilla Driller's well number 01
SE $\frac{1}{4}$ NE $\frac{1}{4}$ Section 24 T. 4N R. 28E W.M.

Bearing and distance from section or subdivision corner corner 2022

(11) WATER LEVEL: Completed well.

Depth at which water was first found 194 ft.
Static level 290 ft. below land surface. Date 3-8-80
Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing 8"

Depth drilled 765 ft. Depth of completed well 765 ft.

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

MATERIAL	From	To	SWL
Fine sand	0	12	
Coarse sand	12	18	
Cemented gravel	18	61	
Coarse sand & gravel	61	194	WB 1st
Coarse white sand	194	224	WB
Broken Brown basalt	224	230	WB
Black basalt (med)	230	291	
Brown basalt (med-soft)	291	305	WB
Black basalt (med)	305	370	
Porous Blk basalt w/claystone	370	385	
Black basalt (med-hard)	385	519	
Gray basalt (hard)	519	540	
Porous black basalt	540	545	WB
Brown basalt	545	585	
Black basalt	585	635	
Gray basalt	635	644	
Porous red basalt	644	659	WB
Porous black basalt	659	752	
Porous brown basalt	752	765	WB

Work started 2/29 19 80 Completed 3-8 19 80

Date well drilling machine moved off of well 3-8 19 80

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] Donald Osborne Date 3/14, 19 80
(Drilling Machine Operator)

Drilling Machine Operator's License No. 1210

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 Columbia Basin Well Drilling
(Person, firm or corporation) (Type or print)

Address Rt. 1, Box 1961, Hermiston, Or. 97838

[Signed] Shawn Cook
(Water Well Contractor)

Contractor's License No. 772 Date 3/14, 19 80



P.O. BOX 2308 TRI-CITIES, WA 99302-2308
509-734-1195

January 28, 2022

State of Oregon
Oregon Water Resources Department
Attn: Ann Reece
725 Summer Street NE, Suite A
Salem, OR 97301-1266

RECEIVED
FEB 09 2022
OWRD

Re: Temporary Water Right Transfer for Certificate 87373

Ann,

Please find the enclosed an Application for Water Right Temporary Transfer for AgriNorthwest and Farmland Reserve, Inc (FRI). The purpose of this transfer is to temporarily change the place of use and point of appropriation for certificate 87373, which FRI leases from Verdon, LLC (Vernon Cook), to irrigate lands within the Echo Irrigation District. The TO lands are also covered by Mid-Columbia

All required application documents and the filing fee are included in this packet and Mr. Cook has signed the application.

If you have any questions regarding this application, please contact Nathan Rau by phone at (509) 820-3231 or by email at nrau@agrinw.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Jens Rasmussen".

Jens Rasmussen
Land and Governmental Affairs Manager
Office: (509) 820-3234
Mobile: (509) 222-8621
P.O. Box 2308, Tri-Cities, WA 99302
jrasmussen@agrinw.com

13917

T-13917

6716 WEST RIO GRANDE
KENNEWICK, WA 99336

87373 Transfer - For Signature

Final Audit Report

2022-02-07

Created:	2022-02-04
By:	Nathan Rau (nrau@agreserves.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAANhdlewGaY2T7Mf-37-d3jexPg3nOwMc

"87373 Transfer - For Signature" History

-  Document created by Nathan Rau (nrau@agreserves.com)
2022-02-04 - 9:22:26 PM GMT
-  Document emailed to Patrick Tolman (ptolman@agreserves.com) for signature
2022-02-04 - 9:24:12 PM GMT
-  Email viewed by Patrick Tolman (ptolman@agreserves.com)
2022-02-07 - 4:34:38 PM GMT
-  Document e-signed by Patrick Tolman (ptolman@agreserves.com)
Signature Date: 2022-02-07 - 4:36:58 PM GMT - Time Source: server
-  Agreement completed.
2022-02-07 - 4:36:58 PM GMT

RECEIVED

FEB 09 2022

OWRD

13917