Application for Permanent Water Right Transfer



O R E G O N Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900 WATER RESOURCES DEPARTMENT WWW.oregon.gov/OWRD

Part 1 of 5 – Minimum Requirements Checklist

		This transfer application <u>will be returned</u> 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.	RECEIVED
Check	all ite	ems included with this application. (N/A = Not Applicable)	FEB 1 4 2024
		Part 1 – Completed Minimum Requirements Checklist.	OWRD
V		Part 2 – Completed Transfer Application Map Checklist.	
		Part 3 – Application Fee, payable by check to the Oregon Water Resources Dep completed Fee Worksheet, page 3. Try the new online fee calculator at: http://apps.wrd.state.or.us/apps/misc/wrd fee calculator.	artment, and
V		Part 4 – Completed Applicant Information and Signature.	
		Part 5 – Information about Water Rights to be Transferred: How many water ri be transferred? <u>3</u> List them here: <u>C62259</u> , <u>C59063</u> , <u>C62262</u> Please include a separate Part 5 for each water right. (See instructions on p NOTE: A separate transfer application is required for each water right unlo criteria in OAR 690-380-3220 are met.	age 6)
		Attachments:	
		Completed Transfer Application Map.	
\boxtimes	2.	Completed Evidence of Use Affidavit and supporting documentation.	
	N/A	 Affidavit(s) of Consent from Landowner(s) (if the applicant does not own the la right is on.) 	nd the water
	X N/A	Supplemental Form D – For water rights served by or issued in the name of an i district. Complete when the transfer applicant is not the irrigation district.	rrigation
	N/A	Oregon Water Resources Department's Land Use Information Form with appro signature from each local land use authority in which water is to be diverted, co and/or used. Not required if water is to be diverted, conveyed, and/or used on lands or if <u>all</u> of the following apply: a) a change in place of use only, b) no struct changes, c) the use of water is for irrigation only, and d) the use is located with irrigation district or an exclusive farm use zone.	onveyed, ly on federal ctural
	X N/A	Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) of point(s) of appropriation.	r additional
	X N/A	Geologist Report for a change from a surface water point of diversion to a group point of appropriation (well), if the proposed well is more than 500' from the su source and more than 1000' upstream or downstream from the point of diversion 690-380-2130 for requirements and applicability.	urface water
		(For Staff Use Only) WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S): Application fee not enclosed/insufficient Map not included or incomplete Land Use Form not enclosed or incomplete Evidence of Use Form not enclosed or incomplete Additional signature(s) required Part is incomplete Other/Explanation	plete

Staff:

Date:

1

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Part 2 of 5 – Transfer Application Map

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Your trans	sfer application will be returned if any of the map requirements listed below are not met.
	sure that the transfer application map you submit includes all the required items and he 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/ . 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
V	Permanent quality printed with dark ink on good quality paper.
2	The size of the map can be $8\frac{1}{2} \times 11$ inches, $8\frac{1}{2} \times 14$ inches, 11×17 inches, or up to 30×30 inches. For 30×30 inch maps, one extra copy is required.
L	A north arrow, a legend, and scale.
T	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.
V	Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
Ø	Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.
I	Major water delivery system features from the point(s) of diversion/appropriation such as main pipelines, canals, and ditches.
F	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.
ľ	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°).

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	Part 3 of 5 – Fee	NO	rksheet
	FEE WORKSHEET for PERMANENT TRANSFER (except Substitution)		
1	Base Fee (includes one type of change to one water right for up to 1 cfs)	1	\$1,360
	Types of change proposed:		
	Place of Use Character of Use Point of Diversion/Appropriation		
	Number of above boxes checked = 1 (2a)		
	Subtract 1 from the number in line $2a = 0$ (2b) If only one change, this will be 0		
2	Multiply line 2b by \$1090 and enter » » » » » » » » » » » » » » » » » » »	2	0
-	Number of water rights included in transfer 3 (3a)	-	
	Subtract 1 from the number in 3a above: <u>2 (3b)</u> If only one water right this will be 0		
3	Multiply line 3b by \$610 and enter » » » » » » » » » » » » » » » » » » »	3	1220
-	Do you propose to add or change a well, or change from a surface water POD to a well?	-	
	\boxtimes No: enter 0 \square Yes: enter \$480 for the 1 st well to be added or changed(4a)		
	[A no. enter o [] res. enter \$480 for the 1 wen to be added of changed(4a)		
	Do you propose to add or change additional wells?		
	\boxtimes No: enter 0 \square Yes: multiply the number of additional wells by \$410 (4b)		
4	Add line 4a to line 4b and enter » » » » » » » » » » » » » » » » » » »	4	0
	Do you propose to change the place of use or character of use?		
	No: enter 0 on line 5		
	\boxtimes Yes: enter the cfs for the portions of the rights to be transferred (see below*):2.53 (5a)		
	Subtract 1.0 from the number in 5a above: <u>1.53 (5b)</u>		
	If 5b is 0 or less, enter 0 on line 5 » » » » » » » » » » » » » » » » » »		
	If 5b is greater than 0, round up to the nearest whole number: 2 (5c) and multiply		
5	5c by \$410, then enter on line 5 » » » » » » » » » » » » » » » » » »	5	820
6	Add entries on lines 1 through 5 above » » » » » » » » » » » Subtotal:	6	2040
	Is this transfer:		
	necessary to complete a project funded by the Oregon Watershed Enhancement Board		
	(OWEB) under ORS 541.932?		
	endorsed in writing by ODFW as a change that will result in a net benefit to fish and		
	wildlife habitat?		
	If one or more boxes is checked, multiply line 6 by 0.5 and enter on line 7 »		
7	If no box is applicable, enter 0 on line 7 » » » » » » » » » » » » » » » » » »	7	
8	Subtract line 7 from line 6 » » » » » » » » » » » » » » » » » »	8	2040
	xample for Line 5a calculation to transfer 45.0 acres of Primary Certificate 12345 (total 1.25 cfs for 100 acres)	and	45.0 acres
1.	of Supplemental Certificate 87654 (1/80 cfs per acre) on the same land: For irrigation calculate cfs for each water right involved as follows:		
	a. Divide total authorized cfs by total acres in the water right (for C12345, 1.25 cfs ÷100 ac); then multiply	by	the number
	of acres to be transferred to get the transfer cfs (x 45 ac= 0.56 cfs).		
	b. If the water right certificate does not list total cfs, but identifies the allowable use as 1/40 or 1/80 of a cmultiply number of acres proposed for change by either 0.025 (1/40) or 0.0125 (1/80). (For C87654, 45.)		
	cfs/ac = 0.56 cfs)	5 41	
2.	Add cfs for the portions of water rights on all the land included in the transfer; however do not count cfs fo		
	rights on acreage for which you have already calculated the cfs fee for the primary right on the same land be assessed only once for each "on the ground" acre included in the transfer. (In this example, blank 5a woo		
	cfs, since both rights serve the same 45.0 acres. Blank 5b would be 0 and Line 5 would then also become 0).	and L	

	FEE WORKSHEET for SUBSTITUTION		
1	Base Fee (includes change to one well)	1	\$990.00
2	Number of wells included in substitution(2a)Subtract 1 from the number in 2a above:(2b) If only one well this will be 0Multiply line 2b by \$480 and enter >> >> >> >> >> >> >> >> >> >> >> >> >>	2	
3	Add entries on lines 1 through 2 above » » » » » » Fee for Substitution:	3	

Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.		
Tim Melville			541 263 0318			
ADDRESS				FAX NO.		
84887 Joseph Hwy						
CITY	STATE	ZIP	E-MAIL			
Enterprise	OR	97828				
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT						
ELECTRONICALLY. COPIES OF TH	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 Kurt Melville			PHONE NO. 541 398 0166	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
1302 Sagewood St				
CITY	STATE	ZIP	E-MAIL	
Enterprise	OR	97828	cornerstonefarms	.km@gmail.com
BY PROVIDING AN E-MAIL AD ELECTRONICALLY. COPIES OF	2			E FROM THE DEPARTMENT

Explain in your own words what you propose to accomplish with this transfer application, and why: Move water rights from areas that will no linger be irrigated to areas that will be irrigated. Please send all correspondence to agent address.

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:
- 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

Kurt Melville Agent 1/31/2024 Print Name (and Title if applicable) Date

Applicant 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 X 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

RECEIVING LANDOWNEI	RNAME		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
СІТҮ	STATE	ZIP	E-MAIL	I
Describe any specia	l ownership circumst	ances:	·····	
The confirming Cert	ificate shall be issued	l in the name	of: Applicant R	eceiving Landowner

Check here if any of the water rights proposed for transfer are or will be located within or served by an irrigation or other water district. (Tip: Complete and attach Supplemental Form D.)

IRRIGATION DISTRICT NAME	ADDRESS	
CITY	STATE	ZIP

Check here if water for any of the rights supplied under a water service agreement or other contract for stored water with a federal agency or other entity.

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

To meet State Land Use Consistency Requirements, you must list all county, city, municipal corporation, or tribal governments within whose jurisdiction water will be diverted, conveyed or used.

ENTITY NAME	ADDRESS	
Wallowa County Planning Dept	101 South River St	
CITY	STATE	ZIP
Enterprise	OR	97828

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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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.

CERTIFICATE # <u>62259</u>	RECEIVED
Description of Water Delivery System	FEB 1 4 2024
System capacity: 0.913 cubic feet per second (cfs) OR	
gallons per minute (gpm)	OWRD

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. Two 150 HP turbines capable of 3200 GPM to mainlines, and high pressure sprinklers and center pivots

 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)	Тwp	Rng	Sec	% %	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
	Authorized							
	Proposed		-					
	Authorized							
	Proposed							
	Authorized							an deskel te transformen and the second s
	Proposed							
	Authorized							
	Proposed							

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

\boxtimes	Place of Use (POU)		Supplemental Use to Primary Us	se (S to P)
	Character of Use (USE)		Point of Appropriation/Well (PO	A)
	Point of Diversion (POD)		Additional Point of Appropriation	n (APOA)
	Additional Point of Diversion (APOD)		Substitution (SUB)	RECEIVED
	Surface Water POD to Ground Water		Government Action POD (GOV)	TLUEIVED
	POA (SW/GW)			APR 1 0 2023
Will all c	of the proposed changes affect the entire	water	right?	OWRD
Yes	Complete only the Proposed ("to" or "on" "CODES" listed above to describe the pro			bage. Use the
No	Complete all of Table 2 to describe the po	ortion	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 # 62259

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.

	т		AUTHORIZED (the "from" or "off" lands) ne listing that appears on the certificate BEFORE PROPOSED CHANGE: List only that part or portion of the water right that will be changed.									Proposed Changes (see				The	listir			uld app		AFTER F	on" lands) PROPOSED (CHANGES	\$			
Tw	vp		Ing		Sec		4 %	Tax Lo	G	Gvt	Acres	Tune of LISE	POD(s) or POA(s) (name or number from Table 1)	Priority Date	"CODES" from	TV	wp	R	Ing	Sec	34	4 34	Tax Lot	Gvt Lot or DLC	Acres	New Type _{of} USE	POD(s)/ POA(s) to be usec' (from Table 1	Priority Date
															EXAMPLE													
2	S	9	E		15	NE	NW	100	I	T	15.0	Irrigation	FOD #1 POD #2	1901	POU/POD	2	S	9	E	1	NW	NW	500	1	10.0		POD #	1901
			T	I					I							2	s	9	E	2	sw	NW	500		5.0		POD #6	1901
1	s	45	5 E	E	31	sw	SE	3300	0		0.2	IRRIGATION	/	1976	POU	1	s	44	E	36	NE	SE	7000		10.0			1976
1	s	45	5 E	E	31	NE	sw	3300	0		4.7	IRRIGATION		1976	POU	1	s	44	E	36	SE	SE	7000		8.2			1976
1	s	45	5 F	E	31	SE	sw	3300	0		2.7	IRRIGATION		1976	POU	2	s	44	E	1	NE	NE	601	1	13.8		Ţ,	1976
1	s	45	5 F	E	31	sw	sw	3300	0		1.9	IRRIGATION		1976	POU	2	s	45	E	6	sw	NW	1501	5	3.0			1976
1	s	45	5 F	E	31	NW	sw	3300	0		5.4	IRRIGATION		1976	POU	2	s	45	E	6	NW	NW	1501	4	1.5			1976
2	s	45	5 F	E	6	NE	NW	/ 1501	1	3	2.9	IRRIGATION		1976	POU								,					1
2	s	45	5 F	E	6	SE	NW	/ 1501	1		5.2	IRRIGATION		1976	POU				Ru	CH	IVE	P			FOF	IVED		
2	s	45	5 F	E	6	sw	NW	/ 1501	1	5	7.2	IRRIGATION	1	1976	POU				MA	R 2	8 202	3		M	EUL	0 2023		
2	s	45	5 F	E	6	NW	NW	1501	1	4	0.9	IRRIGATION	1	1976	POU					ow	RD							
1	s	45	5 F	E	31	NW	/ SE	3300	0		5.4	IRRIGATION		1976	POU										0	WRD -		
							то	DTAL AC	CRES	S:	36.5			L								TO	TAL ACE	RES:	36.5	RECEIVE	-0-	
	A	dd	itio	ona	al re	ema	rks:																					
	Rr	evis	sed 7/	7/7	/207	22			Perr	mane	ent Tra	nsfer Applicat	tion Form – Pa	age 9 of	10						TAC	CS			F	EB 1 4 20	24	
														-												OWRD		

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	FEB 1 4 2024	RECEIVED	
	OWRD	APR 1 0 2023	
	For Place of Use or Character of Use Changes	OWRD	Certificate # <u>62259</u>
	Are there other water right certificates, water use pern with the "from" or the "to" lands? Yes No	nits or ground water registr	rations associated
	If YES, list the certificate, water use permit, or ground	water registration numbers	
V	Pursuant to ORS 540.510, any "layered" water use such a primary right proposed for transfer must be included to a ground water registration must be filed separately	in the transfer or be cance	lled. Any change
	For Substitution (ground water supplemental irrigation w	vill be substituted for surface	ce water primary irrigation)
	Ground water supplemental Permit or Certificate # Surface water primary Certificate #	i	RECEIVED
	For a change from Supplemental Irrigation Use to Prima	ry Irrigation Use	MAR 2 8 2023
	Identify the primary certificate to be cancelled. Certificate	ate #	OWRD
	For a change in point(s) of appropriation (well(s)) or add	litional point(s) of appropr	
	Well log(s) are attached for each authorized and p	proposed well(s) that are cle	early labeled and associated

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: <u>http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx</u>

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	ls 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

FEB 1 4 2024

Part 5 of 5 – \	Water Right Information	OWRD					
	parate Part 5 for each water right being change additional Part 5s, or to add additional rows to						
	CERTIFICATE # 59063	RECEIVED	RECEIVED				
	ater Delivery System 0.065 cubic feet per second (cfs) OR	APR 1 0 2023	MAR 2 8 2023				
,	gallons per minute (gpm)	OWRD	OWRD				

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. <u>75HP pump producing ~800 GPM to mainlines,</u> and high pressure prinklers

 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)	Тwp	Rng	Sec	% %	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
	Authorized							
	Proposed							
	Authorized							
	Proposed							
	Authorized							
	Proposed							
	Authorized							

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

\boxtimes	Place of Use (POU)		Supplemental Use to Primary Use (S to P)
	Character of Use (USE)		Point of Appropriation/Well (POA)
	Point of Diversion (POD)		Additional Point of Appropriation (APOA)
	Additional Point of Diversion (APOD)		Substitution (SUB)
	Surface Water POD to Ground Water POA (SW/GW)		Government Action POD (GOV)
Will all d	of the proposed changes affect the entire	wate	right?
Voc	Complete only the Drenesed ("to" or "on	" land	s) section of Table 2 on the next name. Use th

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 # 59063

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	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.											5					
Tw	q	Rnį		Sec			Tax Lot	Gvt		Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)		"CODES" from previous page)	Tv	vp	Rr	ng	Sec	%	%	Tax Lot	Gvt	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
2	s	44	E	1	NW	SE	600	10	1.6	IRRIGATION		1976	POU	2	s	44	E	1	NE	NE	601	1	0.8			1976
2	s	44	E	1	NE	SE	600	9	1.0	IRRIGATION		1976	POU	2	s	44	E	1	NW	NE	601	2	1.8			1976
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	Re	vise	d 7/1	7/202	22		Ρ	erman	ent Tra	nsfer Applicat	ion Form – Pa	ge 9 of 1	0	FE		14 WR		24	TAC	S						

FEB 1 4 2024

OWRD

For Place of Use or Character of Use Changes

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Certificate # 59063

OWRD

Are there other water right certificates, water use permits or ground water registrations associated with the "from" or the "to" lands? \Box Yes \boxtimes No

If YES, list the certificate, water use permit, or ground water registration numbers:_____

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 #;	RECEIVED
Surface water primary Certificate #	MAR 2 8 2023
For a change from Supplemental Irrigation Use to Primary Irrigation Use	MAN 20 LOLO

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: <u>http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx</u>

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. I	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(:) (intervals)	Perforated or screened intervals (in feet)	Static:water levelof completed viel (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well-specific rate (cfs or gpm). If less than full rate of waiter right

	FEB 1 4 2024	RECEIVED
	OWDE	APR 1 0 2023
Part 5 of 5 – 1	Water Right Information	OWRD
	parate Part 5 for each water right being chan additional Part 5s, or to add additional rows	
	CERTIFICATE # 6226	2 RECEIVED
Description of W	ater Delivery System	MAR 2 8 2023
System capacity:	<u>1.60</u> cubic feet per second (cfs) OR gallons per minute (gpm)	OWRD

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. 2, 150 HP turbine pumps, each capable of 1600 GPM totaling 3200 GPM, to mainlines, to high pressure sprinklers and pivots

 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)	Тwp	Rng	Sec	* *	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
	Authorized		<u></u>					
	Proposed							
	Authorized							
	Proposed		211.01	6.01				
	Authorized							
	Proposed							
	Authorized							
	Proposed							

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

\boxtimes	Place of Use (POU)		Supplemental Use to Primary Use (S to P)				
	Character of Use (USE)		Point of Appropriation/Well (POA)				
	Point of Diversion (POD)		Additional Point of Appropriation (APOA)				
\Box	Additional Point of Diversion (APOD)		Substitution (SUB)				
	Surface Water POD to Ground Water POA (SW/GW)		Government Action POD (GOV)				
/ill all d	of the proposed changes affect the entire	wate	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.						

Deviced 7/7/2022

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OWRD

Certificate # 62242

OWRD

For Place of Use or Character of Use Changes

Are there other water right certificates, water use permits or ground water registrations associated with the "from" or the "to" lands?
Yes 🔀 No

If YES, list the certificate, water use permit, or ground water registration numbers:_____.

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 #;	RECEIVED
Surface water primary Certificate #	RECEIVED
	MAD & Ø 2000

For a change from Supplemental Irrigation Use to Primary Irrigation Use

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: <u>http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx</u>

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.

already built? es or No)	OWRD Well ID Tag No. L	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	or screened intervals (in feet)	level of completed well (in feet)	aquifer (sand, gravel, basalt, etc.)	rate (cfs or gpm). If less than full rate of water right
		sor No) ID Tag No.	built? ID Tag No. depth	sor No) I- depth Diameter	sor No) I. depth Diameter (feet)	sor No) I- (intervals)	sor No) I- (infeet) (intervals) (infeet)	sor No) I- Diameter (feet) (intervals) well (in feet) (in feet)	built? ID Tag No. Diameter (feet) (intervals) well (infeet) (infee

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 # 62262

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	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.																				
T	vp	Rn	g	Sec	34	* *	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	"CODES" from previous page)	Τv	vp	Rr	ıg	Sec	%	1⁄4	Tax Lot	Gvt Lot or DLC	Acre;	Niew Type of USE	POD(s)/ FOA(s) to be used (from Table 1)	Priorit Date
							1						EXAMPLE	<u></u>	-				1						DIC IT	1
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
1	s	45	E	31	NE	SE	3300		9.1	IRRIGATION		1976	POU	1	s	44	E	36	NE	SE	7000		8.0			1976
1	s	45	E	31	SE	SE	3300		6.6	IRRIGATION		1976	POU	1	s	44	E	36	SE	SE	7000		22.7			1976
2	s	45	E	6	NE	NE	1501	1	23.3	IRRIGATION		1976	POU	1	s	44	E	36	sw	SE	7000		25.3			1976
2	s	45	E	6	SE	NE	1501		21.2	IRRIGATION		1976	POU	1	s	44	E	36	NW	SE	7000		8.0			1976
2	s	45	E	6	sw	NE	1501		1.0	IRRIGATION		1976	POU													
2	s	45	E	6	NW	NE	1501	2	2.8	IRRIGATION	1	1976	POU							6	Eor	-11.000				
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	A	ddit	tion	nal r	ema	rks:																	RE	CEIVED)	
				7/202				ermar	nent Tra	nsfer Applicat	tion Form – Pa	ge 9 of 1	10						TAC	CS			FEE	3 1 4 2024		
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Land Use Information Form



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

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MAR 2 8 2023

OWRD

NOTE TO APPLICANTS

FEB 1 4 2024

OWRD

In order for your application to be processed by the Water Resources Department (WRD), this Land Use Information Form must be completed by a local government planning official in the jurisdiction(s) where your water right will be used and developed. The planning official may choose to complete the form while you wait, or return the receipt stub to you. Applications received by WRD without the Land Use Form or the receipt stub will be returned to you. Please be aware that your application will not be approved without land use approval.

This form is NOT required if:

- 1) Water is to be diverted, conveyed, and/or used only on federal lands; OR
- 2) The application is for a water right transfer, allocation of conserved water, exchange, permit amendment, or ground water registration modification, and <u>all</u> of the following apply:
 - a) The existing and proposed water use is located entirely within lands zoned for exclusive farm-use or within an irrigation district;
 - b) The application involves a change in place of use only;
 - c) The change does not involve the placement or modification of structures, including but not limited to water diversion, impoundment, distribution facilities, water wells and well houses; and
 - d) The application involves irrigation water uses only.

NOTE TO LOCAL GOVERNMENTS

The person presenting the attached Land Use Information Form is applying for or modifying a water right. The Water Resources Department (WRD) requires its applicants to obtain land-use information to be sure the water rights do not result in land uses that are incompatible with your comprehensive plan. Please complete the form or detach the receipt stub and return it to the applicant for inclusion in their water right application. You will receive notice once the applicant formally submits his or her request to the WRD. The notice will give more information about WRD's water rights process and provide additional comment opportunities. You will have 30 days from the date of the notice to complete the land-use form and return it to the WRD. If no land-use information is received from you within that 30-day period, the WRD may presume the land use associated with the proposed water right is compatible with your comprehensive plan. Your attention to this request for information is greatly appreciated by the Water Resources Department. If you have any questions concerning this form, please contact the WRD's Customer Service Group at 503-986-0801.

APR 1 0 2023

Land Use Information Form



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

MAR 2 8 2023

OWRD

Applicant(s): Cornerstone Farms, c/o Kurt Melville, Tim Melville owners

Mailing Address: 84887 Joseph Hwy

City: Enterprise

State: OR

Zip Code: <u>97828</u>

Daytime Phone: 541-398-0166

A. Land and Location

Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), and/or used or developed. Applicants for municipal use, or irrigation uses within irrigation districts may substitute existing and proposed service-area boundaries for the tax-lot information requested below.

Township	Range	Section	1/4 1/4	Tax Lot #	Plan Designation (e.g., Rural Residential/RR-5)		Water to be:		Proposed Land Use:
<u>1S</u>	<u>44E</u>	36		7000	EFU	Diverted	Conveyed	🛛 Used	farming
<u>2S</u>	<u>44E</u>	1		<u>601</u>	EFU	Diverted	Conveyed	🛛 Used	farming
<u>2S</u>	<u>45E</u>	<u>6</u>		1501	EFU	Diverted	Conveyed	🛛 Used	farming
<u>1S</u>	<u>45E</u>	<u>31</u>		3300	EFU	Diverted	Conveyed	Used Used	farming

List all counties and cities where water is proposed to be diverted, conveyed, and/or used or developed:

Wallowa county	
	RECEIVED
	APR 1 0 2023
B. Description of Proposed Use	OWRD
Type of application to be filed with the Water Resources Department: Permit to Use or Store Water Water Right Transfer Limited Water Use License Allocation of Conserved Water	lment or Ground Water Registration Modification Water
Source of water: Reservoir/Pond Ground Water Surface Water (name) P	Prairie Creek
Estimated quantity of water needed: $\underline{3200}$ \Box cubic feet per second \boxtimes gallons	s per minute 🔲 acre-feet
Intended use of water: Irrigation Commercial Industrial Municipal Quasi-Municipal Instream	Domestic for household(s) Other
Briefly describe:	
Proposing a permanent transfer of water rights from land currently farmed we wish to transfer water rights onto for the more efficient use of water a currently being farmed under a temporary water rights transfer that was	and labor. Most of the land is
	in the second
Note to applicant: If the Land Use Information Form cannot be completed while you w representative sign the receipt at the bottom of the next page and include it with the apple	vait, please have a local government
Department.	RECEIVED
See bottom of Page 3. \rightarrow	FEB 1 4 2024

Land Use Information Form - Page 2 of 3

OWRD

WR/FS

For Local Government Use Only

The following section must be completed by a planning official from each county and city listed unless the project will be located entirely within the city limits. In that case, only the city planning agency must complete this form. This deals only with the local land-use plan. Do not include approval for activities such as building or grading permits.

Please check the appropriate box below and provide the requested information

- Land uses to be served by the proposed water uses (including proposed construction) are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s):
- Land uses to be served by the proposed water uses (including proposed construction) involve discretionary land-use approvals as listed in the table below. (Please attach documentation of applicable land-use approvals which have already been obtained. Record of Action/land-use decision and accompanying findings are sufficient.) If approvals have been obtained but all appeal periods have not ended, check "Being pursued."

Type of Land-Use Approval Needed (e.g., plan amendments, rezones, conditional-use permits, etc.)	Cite Most Significant, Applicable Plan Policies & Ordinance Section References	Land-Use Approval:			
		Denied	 Being Pursued Not Being Pursued 		
	RECEIVED	Obtained Denied	 Being Pursued Not Being Pursued 		
	MAR 2 8 2023	Obtained Denied	 Being Pursued Not Being Pursued 		
	OWRD	Denied	 Being Pursued Not Being Pursued 		
		Obtained Denied	 Being Pursued Not Being Pursued 		

Local governments are invited to express special land-use concerns or make recommendations to the Water Resources Department regarding this proposed use of water below, or on a separate sheet.

	RECEIVED	
	APR 1 0 2023	
Name: Jean Cailing Signature: Wallowa Count Government Entity: Wallowa Count Note to local government representative: Please comp sign the receipt, you will have 30 days from the Water R Form or WRD may presume the land use associated with	Phone: <u>541.4</u> Phone: <u>541.4</u> plete this form or sign the receip resources Department's notice da	t below and return it to the applicant. If you ate to return the completed Land Use Information
<u>Receipt for Rec</u>	quest for Land Use Info	ormation
Applicant name:		
City or County:	Staff contact:	
Signature:	Phone:	Date:
		FEB 1 4 2024

Land Use Information Form - Page 3 of 3

OWRD

WR /FS

		MAR 2 8 2023					
Application for Water Right Transfer	O R E G O N WATER RESOURCES DEPARTMENT	Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900 www.wrd.state.or.us					
Consent by Deeded Landowner							
State of Oregon))ssCounty of WALLOWA)		RECEIVED					
		FEB 1 4 2024					
I TIM MELVILLE in my/our capacity as OWNER,		OWRD					
mailing address 84887 JOSEPH HWY, ENTERPRISE, C	DR, 97828,						
telephone number <u>541-263-0318</u> , duly sworn depos	telephone number 541-263-0318, duly sworn depose and say that I/We						
consent to the proposed change(s) to Water Right Certificate Number <u>2993, 59063, 62259,</u> 62262							
described in a Water Right Transfer Application (T),						
submitted by KURT MELVILLE		(transfer number, if known)					
on the property in tax lot number(s) 3300, 1501,							
Section <u>1, 6, 31</u> Township <u>2S, 1S</u> North/South	n Range 4	44E, 45E East/West, W.M.,					
located at <u>84887 JOSEPH HWY, ENTERPRISE, OR, 97</u>		20/23					
Signature of Affiant	Date	RECEIVED					
		APR 1 0 2023					
Signature of Affiant	Date	OWRD					
Subscribed and Sworn to before me this $\frac{20^{Th}}{10^{10}}$ day of $\frac{March}{10^{10}}$, $20\frac{23}{10}$.							
OFFICIAL STAMP DANIEL BRIAN GREER NOTARY PUBLIC - OREGON COMMISSION NO. 1014288 MY COMMISSION EXPIRES JULY 19, 2025		ublic for Oregon hission expires 7/19/2025.					
WIT COMMISSION EXTINES OUE 13, 2023	,						

Application for Water Right Transfer



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

Consent by Deeded Landow	vner	
State of Oregon))ss	MAR 2 8 2023
County of Wallowa)	OWRD
I <u>Tim Newton</u> in my/our capacity as <u>T</u>	rustee of Enterprise Christian Church,	RECEIVED
mailing address 85035 Joseph Hwy, E	nterprise, Oregon, 97828,	FEB 1 4 2024
telephone number <u>541-426-3449</u> , du	ly sworn depose and say that I/We	OWRD
consent to the proposed change(s) to	Water Right Certificate Number 59063	
described in a Water Right Transfer A submitted by <u>Kurt Melville</u>	Application (T), (transfer number, i	f known)
on the property in tax lot number(s)	600,	
Section <u>1</u> Township <u>2S</u> North/	South Range <u>44E</u> East/West, W.M.,	
located at <u>85035 Joseph Hwy, Enterp</u> (site address) Tim Auto Trustee		
Signature of Affiant	Date	RECEIVED
		APR 1 0 2023
Signature of Affiant	Date	OWRD

Subscribed and Sworn to before me this $i4^{4h}$ day of march 20 23.



Saca opped Notary Public for Oregon

My commission expires oct 18 2025

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 documentati	on must be attached.

State of Oregon)		RECEIVED	DEOCUUED
County of WALLOWA))	SS	FEB 1 4 2024	RECEIVED MAR 28 2023
I, <u>KURT MELVILLE</u> , in my capacity a	s <u>Farm Man</u>	AGER,	OWRD	i
mailing address 1302 SAGEWOOD				OWRD
telephone number (<u>541)398 016</u>	6, being firs	t duly sworn depose and	say:	- THED
1. My knowledge of the ex	ercise or sta	tus of the water right is l	based on (check one):	RECEIVED
Personal observ	ation	Professional	expertise	APR 1.0 2023
2. Lattest that:				OWRD
	de la construcción de la constru		and the state of the face	

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	Ya Ya	Gov't Lot or DLC	Acres (if applicable)
			-				
a.a							

OR

Confirming Certificate #_	has been	issued within th	e 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 <u>not</u> 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)

3. The water right was used for: (e.g., crops, pasture, etc.): <u>THE ACRES OF CERTIFICATES #62259 AND #62262 BEING</u> TRANSFERRED UNDER THIS APPLICATION WAS IN THE GOVERNMENT CONSERVATION PROGRAM (CRP). SEE DOCUMENTS.

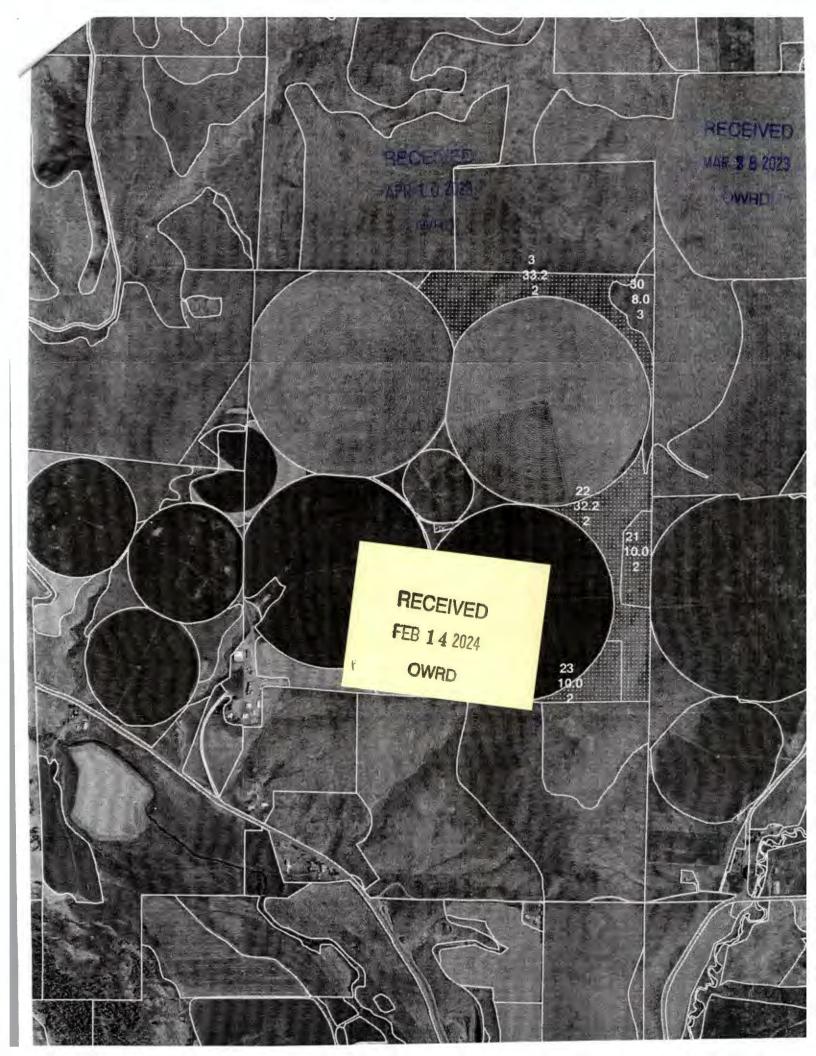
4. I understand that if I do not attach one or more of the documents shown in the table below to support the above statements, my application will be considered incomplete.

Melile Un

Signature of Affiant

Signed and sworn to	o (or affirmed) before me this 16th day of Murch_, 2023.
OFFICIAL STAMP DANIEL BRIAN GREER NOTARY PUBLIC - OREGON COMMISSION NO. 1014288 MY COMMISSION EXPIRES JULY 19, 2025	Notary Public for Oregon RECEIVED ^{My Commission Expires: 7/19/25} FEB 14 2024
Supporting Documents	OWRD Examples
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
Copies of receipts from sales of irrigated crops or for expenditures related to use of water	 Power usage records for pumps associated with irrigation use Fertilizer or seed bills related to irrigated crops Farmers Co-op sales receipt
Records such as FSA crop reports, irrigation district records, NRCS farm management plan, or records of other water suppliers	 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 OWRD
Aerial photos containing sufficient detail to establish location and date of photograph	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. Sources for aerial photos: OSU -www.oregonexplorer.info/imagery OWRD - www.wrd.state.or.us Google Earth - earth.google.com TerraServer - www.terraserver.com
Approved Lease establishing beneficial use within the last 5 years	Copy of instream lease or lease number







WALLOWA FSA OFFICE 401 NE 1ST STREET SUITE E ENTERPRISE, OR 97828-1185 Phone: (541)426-4521

Payment Statement

Retain for Tax Purposes

FSA will not issue 1099 tax forms to customers receiving less than \$600 in reportable benefits in a calendar year.

Statement Date: 10/11/2022

CORNERSTONE FARMS JOIN	יויויווווווויו ד VENTURE א נוג		
64022 IMNAHA HWY JOSEPH OR 97846-8148	u ل ا *	Payment Summa	
29907 8 284	RECEIVED	Gross Payment	\$5,224.00
	FEB 1 4 2024	Deductions	- \$0.00
	OWRD	Net Payment	\$5,224.00
Payment Detail			
CRP PAYMENT - ANNUAL REN	ITAL	RECEIVED	FSA Payment ID: 082629605
Contract number: 11047 - T+F	ttome	APR 1 0 2023	
Payment year: 2022 Transaction control number: 146132 Gross Payment	490	OWRD	\$500.00
Deductions			- \$0.00
Net Payment	ACH sent to CORNERSTONE FARM COMMUNITY BANK account endir		\$500.00
Program Year : 2022 Program Name : CRP Contract Number : 11047			
Program Name : CRP Contract Number : 11047 Payment Amount : 500 -This payment is issued by the county FS/ how it was calculated by filing a written r days after you receive this statement and erroneous. If you appeal to the County C which you or your representative may at to the County Committee, you may later Committee to the FSA State Committee of f you do not timely file a written appeal,	A office. You may appeal this payment and request to the County Committee within 30 d by explaining why you believe this paymer ommittee, you have the right to an informal tend either personally or by telephone. If you appeal an adverse determination of the Cou or the National Appeals Division or request or this payment is a final administrative er according to the regulations at 7 CFR Part	it is hearing bu appeal unty mediation.	MAR 2 8 2023
Program Name : CRP Contract Number : 11047 Payment Amount : 500 -This payment is issued by the county FS/ how it was calculated by filing a written r days after you receive this statement and erroneous. If you appeal to the County C which you or your representative may at to the County Committee, you may later Committee to the FSA State Committee to do not timely file a written appeal, determination with respect to this matter	equest to the County Committee within 30 d by explaining why you believe this paymer ommittee, you have the right to an informal tend either personally or by telephone. If you appeal an adverse determination of the Cou or the National Appeals Division or request or this payment is a final administrative er according to the regulations at 7 CFR Part	it is hearing bu appeal unty mediation.	MAR 282023
Program Name : CRP Contract Number : 11047 Payment Amount : 500 -This payment is issued by the county FS/ how it was calculated by filing a written r days after you receive this statement and erroneous. If you appeal to the County C which you or your representative may at to the County Committee, you may later Committee to the FSA State Committee of you do not timely file a written appeal, determination with respect to this matter CRP PAYMENT - ANNUAL REM	equest to the County Committee within 30 d by explaining why you believe this paymer ommittee, you have the right to an informal tend either personally or by telephone. If yo appeal an adverse determination of the Cou or the National Appeals Division or request r this payment is a final administrative r according to the regulations at 7 CFR Part NTAL	it is hearing bu appeal unty mediation.	MAR 2 8 2023 OWRD FSA Payment ID: 082629626
Program Name : CRP Contract Number : 11047 Payment Amount : 500 -This payment is issued by the county FSJ how it was calculated by filing a written r days after you receive this statement and which you or your representative may at to the County Committee, you may later Committee to the FSA State Committee of If you do not timely file a written appeal, determination with respect to this matter CRP PAYMENT - ANNUAL REP Contract number: 10046 Payment year: 2022 Transaction control number: 146132 Gross Payment	equest to the County Committee within 30 d by explaining why you believe this paymer ommittee, you have the right to an informal tend either personally or by telephone. If yo appeal an adverse determination of the Cou or the National Appeals Division or request r this payment is a final administrative r according to the regulations at 7 CFR Part NTAL	it is I hearing bu appeal unty mediation. 780. 780. 780. 780. 780. 780. 780. 780	MAR 2 8 2023
Program Name : CRP Contract Number : 11047 Payment Amount : 500 -This payment is issued by the county FS/ how it was calculated by filing a written r days after you receive this statement and which you or your representative may at to the County Committee, you may later Committee to the FSA State Committee of f you do not timely file a written appeal, determination with respect to this matter CRP PAYMENT - ANNUAL REN Contract number: 10046 Payment year: 2022 Transaction control number: 146132 Gross Payment Deductions	equest to the County Committee within 30 d by explaining why you believe this paymer ommittee, you have the right to an informal tend either personally or by telephone. If you appeal an adverse determination of the Cou- or the National Appeals Division or request of this payment is a final administrative r according to the regulations at 7 CFR Part NTAL UDG CI 2531	it is I hearing bu appeal unty mediation. 780. 780. 780. 780. 780. 780. 780. 780	MAR 2 8 2023 OWRD FSA Payment ID: 082629626 22 \$1,012.00 - \$0.00

you receive, questions may be directed to Treasury at 1-800-304-3107. Receipt of this statement does not guarantee payment. FSA/CCC is not liable for overdrafts or failure to verify receipt of funds.

Notes

Program Year : 2022 Program Name : CRP Contract Number : 10046 Payment Amount : 1012

-This payment is issued by the county FSA office. You may appeal this payment and how it was calculated by filing a written request to the County Committee within 30 calendar days after you receive this statement and by explaining why you believe this payment is erroneous. If you appeal to the County Committee, you have the right to an informal hearing which you or your representative may attend either personally or by telephone. If you appeal to the County Committee, you may later appeal an adverse determination of the County Committee to the FSA State Committee or the National Appeals Division or request mediation. If you do not timely file a written appeal, this payment is a final administrative determination with respect to this matter according to the regulations at 7 CFR Part 780.

CRP PAYMENT - ANNUAL RENTAL

FSA Payment ID: 082630517

Contract number: 11020	T+A Home	
Transaction control number:	146132420	
Gross Payment		\$3,206.00
Deductions		- \$0.00
Net Payment	ACH sent to CORNERSTONE FARMS JOINT VENTURE at COMMUNITY BANK account ending in 5382 on/about 10/13/2022	\$3,206.00
Notes Program Year : 2022 Program Name : CRP Contract Number : 11020		RECEIVED
how it was calculated by filing a	ounty FSA office. You may appeal this payment and written request to the County Committee within 30 calendar ment and by explaining why you believe this payment is	APR 1 0 2023
erroneous. If you appeal to the which you or your representativ to the County Committee, you n Committee to the FSA State Con If you do not timely file a writte	The and by explaining why you believe this payment is county Committee, you have the right to an informal hearing re may attend either personally or by telephone. If you appeal nay later appeal an adverse determination of the County nmittee or the National Appeals Division or request mediation. In appeal, this payment is a final administrative his matter according to the regulations at 7 CFR Part 780.	OWRD
CRP PAYMENT - ANNU	AL RENTAL	FSA Payment ID: 082631529
Contract number: 10028	T+A-Home	

Payment year: 2022		
Transaction control number: 1	46132451	
Gross Payment		\$506.0
Deductions		- \$0.00
Net Payment	ACH sent to CORNERSTONE FARMS JOINT VENTURE at COMMUNITY BANK account ending in 5382 on/about 10/13/2022	\$506.00
how it was calculated by filing a w days after you receive this stateme	nty FSA office. You may appeal this payment and ritten request to the County Committee within 30 calendar ent and by explaining why you believe this payment is unty Committee, you have the right to an informal hearing	

which you or your representative may attend either personally or by telephone. If you appeal to the County Committee, you may later appeal an adverse determination of the County Committee to the FSA State Committee or the National Appeals Division or request mediation. If you do not timely file a written appeal, this payment is a final administrative

determination with respect to this matter according to the regulations at 7 CFR Part 780.

	MAR 2 8 2023
RECEIVED	OWRD

FEB 1 4 2024

OWRD



Payment Statement

RECEIVED

OWRD



USDA is an equal opportunity provider, employer, and lender.

(07-23-10) Com	RTMENT OF AGRICULTURI modity Credit Corporation			ADMI	& CO. CODE & N. LOCATION	2. SIGN-UP	NUMBER	
CONSERVATION RE	SERVE PROGRAM	CONTRAC	CONTRACT		063	43		
NOTE: The suthority for collecting the following collection of information without prior OMB app time required to complete this information colle time for reviewing instructions, searching existi	k Reduction Act of 1995. The stes per response, including the			NTRACT NUMBER	4. ACRES F 10.0	4. ACRES FOR ENROLLMENT 10.0		
completing and reviewing the collection of info	mation				RM NUMBER	6. TRACT N	IUMBER(S)	
7. COUNTY OFFICE ADDRESS (// WALLOWA COUNTY FARM SERV				1	01924	000019		
401 NE 1ST ST STE E				8.OFF	ER (Select one)			
ENTERPRISE, OR 97828				GENE	RAL	FROM:	TO: (MM-DD-YYYY)	
TELEPHONE NUMBER (Include Are THIS CONTRACT is entered into between					DIMENTAL PRIORITY	10/01/2012	09/30/2022	
referred to as "the Participant"). The Parti stipulated contract period from the date the Plan developed for such acreage and app contained in this Contract, including the A signing below, the Participant acknowled pay such liquidated damages in an amoun The terms and conditions of this contr CONTRACT PRODUCERS ACKNOWLE applicable; and, if applicable, CRP-15.	e contract is executed by the proved by the CCC and the Pa ppendix to this Contract, entiti ges that a copy of the Appendi nt specified in the Appendix if act are contained in this For	CCC. The Particl articipant. Addition led Appendix to C ix for the applicab the Participant wi rm CRP-1 and In	pant also ag nally, the Pai CRP-1, Cons le sign-up p thdraws pric the CRP-1	prees to i rticipant servation eriod ha pr to CC Append	implement on such d and CCC agree to c n Reserve Program C is been provided to s C acceptance or reje fix and any addendi	lesignated acrea omply with terms contract (referred uch person. Suci ction. um thereto. BY	ge the Conservation and conditions to as "Appendix"). E h person also agrees SIGNING THIS	
10A. Rental Rate Per Acre	\$50.40 TM	11. Ider	ntification	of CRF	Land			
B. Annual Contract Payment	\$ 504	A.Tract No	. B. Fie	ld No.	C. Practice No.	D. Acres	E. Total Estimat Cost-Share	
C. First Year Payment		0000193	0021		CP1	10.0	\$0.00 CEIVED	
(Item 10C applicable only to c when the first year payment is	* .					APR	1 0 2023	
12. PARTICIPANTS						(WRD	
A(1). PARTICPANTS NAME AND AD		(2) SHARE	(3) SOCI	AL SEC	CURITY NUMBER:			
CORNERSTONE FARMS JOIN 84887 JOSEPH HWY	TVENTURE	(A) SIGNATURE (PARTIEL (MM-DD-YYY				WM-go-yyy)		
ENTERPRISE, OR 97828-4044		100.00% But In these individuals and signing, continue on attactiment.) 3/20/12					3/20/12	
B(1). PARTICPANTS NAME AND AD TIMOTHY J MELVILLE	DRESS (Zip Code):	(2) SHARE	(3) SOCI	ALSEC	URITY NUMBER:			
84887 JOSEPH HWY		0.00%	(4) SIGN	ATURENOCION		(1	(MM-DD-1777)	
ENTERPRISE, OR 97828-4044		0.00 %	(Il more than t	three indivi	iduals are signing, continue	on attachment.)	3/20/12	
C(1).PARTICPANTS NAME AND AD AUDRY MELVILLE	DRESS (Zip Code):	(2) SHARE	(3) SQCI	AL SEC	URITY NUMBER:			
84887 JOSEPH HWY ENTERPRISE OR 97828-4044 (If more than three individuals are signing, continue of	n attachment.)	0.00%	Ve	MUTURE	Melvelle iduana are signing, continue		3/20/12	
13. CCC USE ONLY - Payments accom	ding to the shares are approved	A. SIGNATU	RE OF CC	CREP	RESENTATIVE		(MM-DD-YYYY)	
		Me	los	-M	-Milan		-6-12	
NOTE: The following statement is made it for requesting the following inform (Pub .L. 107-171) and regulations CCC to consider and process the parties to the contract. Furnishing certain program benefits and othe Justice, or other State and Federa	ation is the Food Security Act promulgated at 7 CFR Part 14 offer to enter into a Conservat the requested information is v r financial assistance administ il Law Enforcement agencies,	of 1985, (Pub. L. 410 and the Intern tion Reserve Prog roluntary. Failure I tered by USDA ag and in response f	99-198), as nal Revenue tram contract to furnish the gency. This i to a court ma	amende code (2 ct, to ass e reques informati agistrate	ed and the Farm Sec. 26 USC 6109). The in stat in determining elig stad information will n ion may be provided a or administrative trit	inity and Rural im formation request gibility and to det esult in determini- to other agencies bunal. The provis	vestment Act of 2002 sted is necessary for ermine the correct ation of ineligibility fo s, IRS, Department o ions of criminal and	
civil fraud statues, including 18 US								
The U.S. Department of Agriculture (USDA) prohibits of meritial and family status. (Not all prohibited bases app contact USDA's TARGET Center at (202) 720-2600 (v	bly to all programs). Persons with disab cice and TDD). To file a complaint of d	bilities who require alte liscrimination, write US	mative means f DA, Director, O					
The U.S. Department of Agriculture (USDA) prohibits of meritial and family status. (Not all prohibited bases app contact USDA's TARGET Center at (202) 720-2600 (v	by to all programs). Persons with disab olde and TDD). To file a complaint of di olde or TDD). USDA is an equal opport	bilities who require alte liscrimination, write US	mative means f DA, Director, O ployer.		vil Righta, Room 328-W, Wi			
The U.S. Department of Agriculture (USDA) prohibits of maritial and family status. (Not all prohibited bases app contact USDA's TARGET Center at (202) 720-2600 (v Washington, DC 20250-9410 or call (202) 720-5964 (v	by to all programs). Persons with disab olde and TDD). To file a complaint of di olde or TDD). USDA is an equal opport	bilities who require alte liscrimination, write US tunity provider and em	mative means f DA, Director, O ployer. Opy		vil Righta, Room 328-W, Wi	hittən Building, 1400 l		
The U.S. Department of Agriculture (USDA) prohibits of meritial and family status. (Not all prohibited bases app contact USDA's TARGET Center at (202) 720-2600 (v. Washington, DC 20250-9410 or call (202) 720-5964 (v.	by to all programs). Persons with disab oles and TDD). To tile a complaint of di oles or TDD). USDA is an equal opport a Copy	Sillifies who require alte iscrimination, write US tunity provider and em Owner's Co	metive means f DA, Director, O ployer. DPY REC	Mice of Ch	vii Righta, Room 328-W, Wi Ope	hittən Building, 1400 l		

000 4						2 Million and 2		
CRP-1 U.S. DEP/ (07-23-10) Com CONSERVATION RE			1. ST. & CO. CODE & ADMIN. LOCATION 41063	2. SIGN-UI 41	2. SIGN-UP NUMBER 41			
OTE: The authority for collecting the following	g information is Pub. L. 107-171. T	his authority allows for the		3. CONTRACT NUMB	ER 4. ACRES	4. ACRES FOR ENROLLMENT		
collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 199- time required to complete this information collection estimated to average 4 minutes per response, inclu- time for reviewing instructions, searching existing data sources, gathering and maintaining the data neu- completing and reviewing, the collection of information.				10002	13.2			
COUNTY OFFICE ADDRESS	Include Zip Code):			5. FARM NUMBER 0001924	6. TRACT 000019	NUMBER(S)		
WALLOWA COUNTY FARM SERV	ICE AGENCY		ł	B.OFFER (Select one)				
401 NE 1ST ST STE E ENTERPRISE, OR 97828			GENERAL	FROM:				
TELEPHONE NUMBER (Include Ar THIS CONTRACT is entered into between				INVIRONMENTAL PRIORI		09/30/2021		
elerred to as "the Participant"). The Part tipulated contract period from the date to Plan developed for such acreage and ap- contained in this Contract, including the J signing below, the Participant acknowled bay such liquidated damages in an amou- The terms and conditions of this conto CONTRACT PRODUCERS ACKNOWLI upplicable; and, if applicable, CRP-15.	icipant agrees to place the dea he contract is executed by the proved by the CCC and the Pa Appendix to this Contract, entitl ges that a copy of the Appendix int specified in the Appendix if ract are contained in this For EDGE RECEIPT OF THE FOL	Ignated acreage CCC. The Particl rticipant. Addition ed Appendix to C x for the epplicab the Participant wi m CRP-1 and in	into the Cons pant also agr nally, the Part CRP-1, Conse le sign-up pa the sign-up pa the CRP-1 A	ervation Reserve Progra ses to implement on such icipant and CCC agree to rvation Reserve Program rlod has been provided th to CCC acceptance or n ppendit and any adde	m ("CRP") or othe h designated acres o comply with term n Contract (referre o such person. Su ejection. ndum thereto. BY	r use set by CCC for the rge the Conservation s and conditions d to as "Appendix"). By ch person also agrees to SIGNING THIS		
0A. Rental Rate Per Acre	\$52.53 TM	11. Ider	ntification o	f CRP Land				
B. Annual Contract Payment	\$693	A.Tract No	b. B. Fiel	d No. C. Practice N	lo. D. Acres	E. Total Estimated Cost-Share		
C. First Year Payment		0000193	0013	CP1	3.2	\$0.00		
(Item 10C applicable only to c when the first year payment is		0000193	0023	CP1	10.0	\$0.00		
12. PARTICIPANTS								
A(1). PARTICPANTS NAME AND AL CORNERSTONE FARMS JOI	DDRESS (Zip Code):	(2) SHARE		L SECURITY NUMBE	R:			
84887 JOSEPH HWY ENTERPRISE,OR 97828-4044		100.00%	Ven	Inter Manuel and South continue on etychment.) 4/13/11				
B(1). PARTICPANTS NAME AND AD	DDRESS (Zip Code):	(2) SHARE	(3) SOCIA	L SECURITY NUMBE	R:	11:01:1		
TIMOTHY J MELVILLE 84887 JOSEPH HWY ENTERPRISE,OR 97828-4044	1	0.00% (1) SIGN		TURE Windwidues are signing, com	le	(MM-00-111) 4/13/11		
C(1). PARTICPANTS NAME AND AD	DDRESS (Zip Code):	(2) SHARE		L SECURITY NUMBE	and the second s	11.0/11		
AUDRY MELVILLE 84887 JOSEPH HWY		0.00% (4) 916		17	1160	(MM-DD, YYYY)		
If more than three individuals are signing, continue	and the second of the second s		4		nue on attechment.)			
13. CCC USE ONLY - Payments acco	raing to the shares are approved	A. SIONATU	IRE OF CC	REPRESENTATIVE		(MM-DD-YYYY)		
		anc	all	5	9-	23-2011		
NOTE: The following statement is made for requesting the following inforr (Pub .L. 107-171) and regulation CCC to consider and process the parties to the contract. Furnishing certain program benefits and oth Justice, or other State and Feder civil fraud statues, including 18 U	mation is the Food Security Act s promulgated at 7 CFR Part 1- e offer to enter into a Conservai g the requested information is v er financial assistance administ ral Law Enforcement agencies,	of 1985, (Pub. L. 410 and the Inter tion Reserve Pro voluntary. Failure tered by USDA as and in response	.99-198), as a mal Revenue gram contract to furnish the gency. This is to a court ma	amended and the Farm S code (26 USC 6109). Th t, to assist in determining requested information w nformation may be provid gistrate or administrative	Security and Rural i the information requ the eligibility and to do will result in determined to other agencia tribunal. The prov	investment Act of 2002 ested is necessary for etermine the correct ination of ineligibility for es, IRS, Department of islons of criminal and		
for requesting the following inform (Pub .L. 107-171) and regulation CCC to consider and process the parties to the contract. Furnishing certain program benefits and oth Justice, or other State and Feder civil fraud statues, including 18 U	nation is the Food Security Act s promulgated at 7 CFR Part 1- o offer to enter Into a Conserval g the requested information is v er financial assistance administ al Law Enforcement agencies, ISC 286, 287, 371, 641, 651, 11 discrimination in all its programs and ex ply to all programs). Persons with diase twice and TDD). To file a completing of vice or TDD). USDA is an equal cypor and Copy	of 1985, (Pub. L. 410 and the Inter tion Reserve Proy voluntary. Failure tered by USDA at and in response 001; 15 USC 714 USC 714 Strikles who require after isorimination, write US	.99-198), as a mal Revenue gram contract to furnish the gency. This in to a court ma im; and 31 U frace, color, net smattve means for SDA, Director, Ol nployer.	amended and the Farm S code (26 USC 6109). Th t, to assist in determining requested information w formation may be provid gistrate or administrative SC 3729, may be applica onel origin, gender, religion, ege or communication of program inf fice of Civil Rights, Room 328-M	Security and Rural is the information requi- peligibility and to divili result in determi- ted to other agenci- a tribunal. The prov- able to the information bible to the information of disability, political ben- formation (Braille, large)	investment Act of 2002 ested is necessary for etermine the correct ination of ineligibility for es, IRS, Department of islons of criminal and ion provided.		
for requesting the following inform (Pub .L. 107-171) and regulation CCC to consider and process the parties to the contract. Furnishing certain program benefits and oth Justice, or other State and Feder civil fraud statues, including 18 U	mation is the Food Security Act s promulgated at 7 CFR Part 1- e offer to enter into a Conservai g the requested information is v er financial assistance administ rai Law Enforcement agencies, ISC 286, 287, 371, 641, 651, 10 discrimination in all its programs and ec phy to all program). Persons with disativoice and TDD). To file a completion of di voice on TDD). USDA is an equal coppor	of 1985, (Pub. L. 410 and the Inter tion Reserve Pro- voluntary. Failure tered by USDA a and in response 001; 15 USC 714	.99-198), as a mal Revenue gram contrac to furnish the gency. This is to a court me im; and 31 U frace, color, nati emaily of the color, nati emaily of the color, nati emails of the color, nati	Amended and the Farm S code (26 USC 6109). The t, to assist in determining requested information may be provid gistrate or administrative SC 3729, may be application onal origin, gender, religion, ege r communication of program inf fice of Civil Rights, Room 328-M CEIVED	Security and Rural i le information requ j eligibility and to di vill result in determi ded to other agenci e tribunal. The prov able to the information bill to the information of the information (Braille, large j V, Whitten Building, 1400	investment Act of 2002 ested is necessary for etermine the correct ination of ineligibility for es, IRS, Department of islons of criminal and ion provided.		
for requesting the following inform (Pub .L. 107-171) and regulation CCC to consider and process the parties to the contract. Furnishing certain program benefits and oth Justice, or other State and Feder civil fraud statues, including 18 U	nation is the Food Security Act s promulgated at 7 CFR Part 1- o offer to enter Into a Conserval g the requested information is v er financial assistance administ al Law Enforcement agencies, ISC 286, 287, 371, 641, 651, 11 discrimination in all its programs and ex ply to all programs). Persons with diase twice and TDD). To file a completing of vice or TDD). USDA is an equal cypor and Copy	of 1985, (Pub. L. 410 and the Inter tion Reserve Pro- voluntary. Failure tered by USDA a and in response 001; 15 USC 714	.99-198), as a mal Revenue gram contrac to furnish the gency. This is to a court me im; and 31 U frace, color, nati emaily of the color, nati emaily of the color, nati emails of the color, nati	amended and the Farm S code (26 USC 6109). Th t, to assist in determining requested information w formation may be provid gistrate or administrative SC 3729, may be applica onel origin, gender, religion, ege r communication of program inf toe of Civil Rights, Room 326-M	Security and Rural i le information requi le information requi led to other agenci led to other information able to the information bie to the inform	investment Act of 2002 ested is necessary for etermine the correct ination of ineligibility for es, IRS, Department of islons of criminal and ion provided.		

A Designed and the second s						Page 1 of	
	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation			1. ST. & CO. CODE & ADMIN. LOCATION 41 063			
CONSERVATION RESERVE	E PROGRAM	CONTRACT	3. CO	3. CONTRACT NUMBER			
A. COUNTY FSA OFFICE ADDRESS (Incl	ude Zin Code)		6 TRA	ACT NUMBER	7. CONTRACT PERIC	10.00	
ALLOWA COUNTY FARM SERVICE AGENC DI NE 1ST STREET SUITE E NTERPRISE, OR 97828-1185		0. 110		FROM: (MM-DD-YYYY) 10-01-2021	and the second se		
		,		NUP TYPE:			
B. COUNTY FSA OFFICE PHONE NUMB (Include Area Code): (541) 426-4521	ER		Gene	eral			
HIS CONTRACT is entered into between the referred to as "the Participant".) The Partici CC for the stipulated contract period from is creage the Conservation Plan developed fo omply with the terms and conditions contra- trogram Contract (referred to as "Appendix" pplicable contract period. The terms and con- hereto. BY SIGNING THIS CONTRACT PAR defendum thereto; and, CRP-2, CRP-2C, CR	ipant agrees to pl the date the Contu- r such acreage ar ined in this Contro "). By signing bel onditions of this on TICIPANTS ACKN	ace the designated a ract is executed by the ract including the Approved by the C act, including the App ow, the Participant a contract are containe OWLEDGE RECEIPT	creage into the CCC. The loc CC and the P pendix to this cknowledges to in this Form	e Conservation F Participant also a larticipant. Additi contract, entitied receipt of a copy n CRP-1 and in the	Reserve Program ("CRI grees to implement on onally, the Participant of Appendix to CRP-1, (of the Appendix/Appe e CRP-1 Appendix and	P") or other use set b such designated and CCC agree to Conservation Reserve ndices for the any addendum	
A. Rental Rate Per Acre \$ 50.00	L	10. Identification	n of CRP La	nd (See Page 2	for additional space)	
3. Annual Contract Payment \$ 500.0	00	A. Tract No.	B. Field No.	C. Practice	No. D. Acres	E. Total Estimate Cost-Share	
C. First Year Payment \$		193	0023	CP1	10.00	\$ 0.00	
tern 9C is applicable only when the first yea rorated.)	nr payment is						
1. PARTICIPANTS (If more than t	hree individua	ls are signing se	Page 3	1			
(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (B			TIONSHIP OF THE	(5) DATE	
ADDRESS (Include Zip Code) RNERSTONE FARMS JOINT VENTURE 022 IMNAHA HWY	100.00 %	Keren Me	Stille	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY			
INSEPH, OR 97846-8148 (1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) DRY MELVILLE	(2) SHARE	(3) SIGNATURE (B	y) A _ A p	(4) TITLE/RELA INDIVIDUAL	(5) DATE (MM-DD-YYYY)		
1887 HIGHWAY 82 MTERPRISE, OR 97828-4044	0.00%	Judry Me	lulle	Gune	TATIVE CAPACITY	7/22/200	
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) (NOTEY J NELVILLE 1987 BIGENAX 82	(2) SHARE	(3) SIGNATURE (B	y)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY	
TERFRISE, OR 97828-4044	1	amilite	lirle	e owner		7/22/21	
		RESENTATIVE				B. DATE	
teys	m tal	astando				9-17-2	
IDTE: The following statement is madelinaccon is the Commodity Credit Corporation Cha 3831 et seq), the Agricultural Improveme receive benefits under the Conservation Tribal agencies, and nongovernmental et identified in the System of Records Notice the requested information will result in a of Paperwork Reduction Act (PRA) Statem and civil fraud, privacy, and other statutes	arter Act (15 U.S.C. : nt Act of 2018 (Pub, Reserve Program, : ntities that have bee e for USDA/FSA-2, I letermination of inelig ment: The informatic	714 et seq.), the Food S L. 115-334) and 7 CFR The information collected n authorized access to the Farm Records File (Auto gibility to participate in a con collection is exempted	ecurity Act of 1. Part 1410. The d on this form in the information i provided). Provid nd receive bend d from PRA as s	985 (16 U.S.C. 380) e information will be nay be disclosed to o by statute or regulat ding the requested in offits under the Conse specified in 16 U.S.C.	I et seq.), the Agricultural used to determine eligibili other Federal, State, Loca: Ion and/or as described in formation is voluntary. He avation Reserve Program. 3846(b)(1). The provisio	Act of 2014 (16 U.S.C. Ity to participate in and I government agencies, applicable Routine Use owever, failure to furnish pons of appropriate crimin	
accordance with Federal civil rights law and U.S. stitutions participating in or administering USDA p pression), sexual orientation, disability, ege, man vil rights activity, in any program or activity condu	Department of Agri programs are prohibi ital status, family/pa	culture (USDA) civil righ ted from discriminating t rental status, income de	ts regulations e based on race, rived from a pu	nd policies, the USE color, national origin blic assistance prog	DA, its Agencles, offices, a , religion, sex, gender ide ram, political bellefs, or re	nd employees, and ntity (including gender prisal or retaliation for pr	
ersons with disabilities who require atternative me responsible Agency or USDA's TARGET Cente	r at (202) 720-2600						
formation may be made available in languages of o file a program discrimination complaint, complet of at any USDA office or write a letter addressed 32-9992. Submit your complated form or letter to b	to USDA and provide USDA by: (1) mail: U	e in the letter all of the in LS. Department of Agric	nformation requ	ested in the form. To the Assistant Secret	o request a copy of the co tary for Civil Rights 1400 I	mplaint form, call (866)	
formation may be made available in languages of o file a program discrimination complaint, complet of at any USDA office or write a letter addressed 32-9992. Submit your completed form or letter to U fashington, D.C. 20250-9410; (2) fax: (202) 690-7 RECEIVE	to USDA and provid USDA by: (1) mail: U 2442; or (3) email: <u>pn</u>	e in the letter all of the in LS. Department of Agric	nformation required office of USDA is an e	ested in the form. To the Assistant Secret	o request a copy of the co tary for Civil Rights 1400 I ovider, employer, and lea	mplaint form, call (866)	
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							Page 1 of 1
CRP-1 U.S. DEPARTMENT OF AGRICULTURE (12-02-19) Commodity Credit Corporation				CO. CODE & 41	ATION	2. SIGN-UP NUMBER 54	
CONSERVATION RE	SERVE PROGR	AM CONTRACT		3. CONTRACT NUMBER			4. ACRES FOR ENROLLMENT 65.40
COUNTY FOR OFFICE ADDE	FCC /lealude Tie Cade	-1		TNUMBER	7. CONTRA		
A. COUNTY FSA OFFICE ADDR ALLOWA COUNTY FARM SERVIC D1 NE 1ST STREET SUITE E STERPRISE, OR 97828-1185	E AGENCY		0. 1040	193	FROM: (MM- 10-01	DD-YYYY)	TO: (MM-DD-YYYY) 09-30-2030
			8. SIGN	UP TYPE:	1		l
8. COUNTY FSA OFFICE PHO (Include Area Code): (541) 426			Genera	1			
HIS CONTRACT is entered into be eferred to as "the Participant".) CC for the stipulated contract pe creage the Conservation Plan de omply with the terms and conditi rogram Contract (referred to as " pplicable contract period. The te hereto. BY SIGNING THIS CONTR hereto; CRP-2; CRP-2C; or CRP-2	The Participant agrees ried from the date the (releped for such acrea ons contained in this C Appendix"). By signing rms and conditions of i ACT PARTICIPANTS A	to place the designated Contract is executed by ge and approved by the contract, including the A g below, the Participant this contract are contain	acreage into the the CCC. The Pa CCC and the Pa ppendix to this (acknowledges n ed in this Form	Conservation articipant also- ticipant. Add Contract, entiti aceipt of a cop CRP-1 and in t	Reserve Progragrees to Impl itionally, the Pa ed Appendix to y of the Appen the CRP-1 App	ram ("CRP") ement on se articipant ar o CRP-1, Co adix/Append endix and a) or other use set by uch designated ad CCC agree to nservation Reserve lices for the ny addendum
A. Rental Rate Per Acre	\$49.00 TM	10. Identificatio	on of CRP Lan	I (See Page	2 for addition	al snace)	
3. Annual Contract Payment	\$3,205.00	. A. Tract No.	B. Field No.	C. Practic		D. Acres	E. Total Estimated Cost-Share
C. First Year Payment	\$	193	0003	CP	1	33.20	\$ 0.00
tem 9C is applicable only when the oracled.)	e first year payment is	193	0022	CP:	1	32.20	\$ 0.00
1. PARTICIPANTS (If mo	re than three indivi	duals are signing	Page 3)	1			
	and the second se	(3) SIGNATURE	AL. DA	AVALTI RIDER	ATIONSHID	ETHE	(5) DATE
1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) RNERSTONE FARMS JOINT VE 022 IMNAHA HWY		1 Au	Adville	REPRESE	L SIGNING IN NTATIVE CAP	THE	(MM-DD-YYYY) 2/14/20
SEPH, OR 97846-8148 1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) DRY MELVILLE 887 JOSEPH HWY	(2) SHARE	3) SIGNATURE (By) felialle	(4) TITLE/REL INDIVIDUA REPRESE	ATIONSHIP C L SIGNING IN NTATIVE CAP	THE	(5) DATE (MM-DD-YYYY)
TERPRISE, OR 97828-4044 1) PARTICIPANT'S NAME ANE ADDRESS (Include Zip Code) MOTHY J MELVILLE 887 JOSEPH HWY		(3) SIGNATURE (By) Melirle	(4) TITLE/REL INDIVIDUA	ATIONSHIP C L SIGNING IN NTATIVE CAP	THE	(5) DATE (MM-DD-YYYY) 2/14/20
TERPRISE, OR 97828-4044 2. CCC USE ONLY A. SI	GNATURE OF CCC	REPRESENTATIVE					B. DATE
0	5 itus	Aug Our	· *				9-15-7.0
IOTE: The following statement is me is the Commodity Credit Corr 3831 et seq), the Agricultural receive benefits under the Co Tribal agencies, and nongove identified in the System of Re the requested information will Paperwork Reduction Act ("criminal and civil fraud, privat n accordance with Federal civil rights I ustitutions participating in or administer spression), sexual orientation, disabili will rights activity, in any program or ac	oration Charter Act (15 U. Improvement Act of 2018, nservation Reserve Progra- rimmental entities that have cords Notice for USDA/FS result in a determination of PRA) Statement: The info y, and other statutes may aw and U.S. Department o ing USDA programs are p y, geo, marital status, fam	S.C. 714 et seq.), the Food (Pub. L. 115-334) and 7 CF am. The information collect been authorized access to A-2, Farm Records File (Au of Ineligibility to participate in prmation collection is exemp be applicable to the informa I Agriculture (USDA) civil rig onhibited from discriminating hyparental status, income of	Security Act of 198 R Part 1410. The ted on this form ma- the information by nomated). Providir n and receive bene bated from PRA as s ation provided. RE phts regulations and g based on race, or tervied from a publi	IS (16 U.S.C. 38 Information will by statute or regul g the requested fits under the Co pecified in 7 U.S TURN THIS CO d policies, the U. dor, national orig ic assistance pro	01 et seq.), the A he used to detern o other Federal, 3 ation and/or as d i information is v onservation Rese S.C. 9091(2)(c)(B MPLETED FORR SDA, its Agencie gin, religion, sex, ogram, political b	Igricultural Act nine eligibility State, Local g escribed in a _j soluntary. How rve Program.). The provis <u>M TO YOUR</u> s, offices, and gender identi eliefs, or repri	t of 2014 (16 U.S.C. to participate in and overnment agencies, oplicable Routine Uses rever, failure to furnish ions of appropriate <u>COUNTY FSA OFFICE,</u> I employees, and ty (including gender isal or retaliation for prior
ersons with disabilities who require all e responsible Agency or USDA's TAR or mation may be made available in la	GET Center at (202) 720-	2600 (voice and TTY) or co.	ation (e.g., Braille, I ntact USDA throug	arge print, audic h the Federal Ro	otape, American elay Service at (6	Sign Languag 100) 877-8339	e, etc.) should contact D. Additionally, program
file a program discrimination compla d at any USDA office or write a letter 2-9992. Submit your completed form ashington, D.C. 20250-9410; (2) fax:	eddressed to USDA and p or letter to USDA by: (1) n	rovide in the letter all of the nail: U.S. Department of Agr	information reque	sted in the form. le Assistant Sec	To request a cop retary for Civil Ri	ghts 1400 inc	olaint form, call (866) lependence Avenue, SW
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CRP-1 U.S. DEPARTMENT C	F AGRICULTURE		1. ST.	& CO. CODE &	ADMIN. LOCATION			
(12-02-19) Commodity Cree			41	NUMBER 43				
			3. CO	NTRACT NUMB	ER	4. ACRES FOR		
CONSERVATION RESERVI	CONTRACT		100	46E	ENROLLMENT 16.35			
5A. COUNTY FSA OFFICE ADDRESS (Inc.	lude Zip Code)		6. TR	ACT NUMBER	RIOD			
WALLOWA COUNTY FARM SERVICE AGENC					FROM: (MM-DD-YY			
401 NE 1ST STREET SUITE E ENTERPRISE, OR97828-1185				2915	10-01-201			
ENIERPRISE, OR9/626-1165								
			8. SIG	NUP TYPE:	I	I		
 COUNTY FSA OFFICE PHONE NUMB (Include Area Code): (541) 426-4521 	ER		Gener	al				
THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "the Participant".) The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage into the Conservation Reserve Program ("CRP") or other use set by acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges receipt of a copy of the Appendix/Appendices for the applicable contract period. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; CRP-2C; CRP-2C.								
9A. Rental Rate Per Acre \$61.82		10. Identificati	on of CRP La	nd (See Page	2 for additional sp	ace)		
9B. Annual Contract Payment \$1,011	.00	A. Tract No.	B. Field No.	1		E. Total Estimated Cost-Share		
9C. First Year Payment \$		2915	1	CP2	5 3.69	\$ 0.00		
(Item 9C is applicable only when the first yea prorated.)	ar payment is	2915	3	CP2!	5 12.6	6 \$ 0.00		
		1	L					
11. PARTICIPANTS (If more than)				
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) CORNERSTONE FARMS JOINT VENTURE	(2) SHARE	(3) SIGNATURE ((By)	INDIVIDUA	ATIONSHIP OF THE L SIGNING IN THE ITATIVE CAPACITY	(MM-DD-YYYY)		
64022 IMNAHA HWY JOSEPH, OR97846-8148	100.00 %	Kurt Mill	A Mehle		er	9/12/2070		
B(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)			ATIONSHIP OF THE	E (5) DATE		
ADDRESS (Include Zip Code)	(a) or a trace			INDIVIDUA	(MM-DD-YYYY)			
AUDRY MELVILLE		111 1 11	1.11	REPRESEN				
E4587 JOSEPH HWY	0.00%	Lidrulk	Ekliulle			09-10-220		
ENTERPRISE. 0897828-4044 C(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE	'By)	(4) TITI E/REL	ATIONSHIP OF THE			
ADDRESS (Include Zip Code) TIMOTHY J MELVILLE	(2) 0/ // 0/ 12				SIGNING IN THE	(MM-DD-YYYY)		
TIMOTHY J MELVILLE	0.00 %	17 5	n n'M		TATIVE CAPACITY	alit		
ENTERPRISE, OR97828-4044	0.00 %	umi	Jelirle	Y		9/10/20		
	E OF CCC REP	RESENTATIVE			to a second s	B. DATE		
0		1 1 1				(MM-DD-YYYY)		
Question Soulling March 19-15-20								
NOTE: The following statement is made in occordance with the Privacy Act of 1974 (5 USC 552a - es amended). The authority for requesting the information identified on this form								
is the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (15 U.S.C. 3801 et seq.), the Agricultural Act of 2014 (16 U.S.C. 3831 et seq), the Agricultural Improvement Act of 2018 (Pub. L. 115-334) and 7 CFR Part 1410. The information will be used to determine eligibility to participate in and								
receive benefits under the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies,								
Tribal agencies, and nongovernmental entities that have been authorized access to the Information by statute or regulation and/or as described in applicable Routine Uses								
Identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish The requested information will result in a determination of ineligibility to participate In and receive benefits under the Conservation Reserve Program.								
Paperwork Reduction Act (PRA) Statement: The information collection is exempted from PRA as specified in 7 U.S.C. 9091(2)(c)(B). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.								
In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participaling in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, ege, maritel status, family/parental status, income derived from a public essistance program, political beliefs, or reprisel or retailation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident								
-								

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Wastington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) small: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

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Date Printed: 04/17/2020

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	RECEIVED	
County of <u>WALLOWA</u>)	1 33	FEB 1 4 2024	RECEIVED
l, KURT MELVILLE, in my capacity as FARI	M MANAGER,	OWRD	MAR 28 2023
mailing address <u>1302 SAGEWOOD ST, EN</u>	TERPRISE, OREGON, 97828		OWRD
telephone number (<u>541)398 0166</u> , bei	ing first duly sworn depose and	say:	
1. My knowledge of the exercise	e or status of the water right is l	based on (check one):	
Personal observation	Professional	expertise	RECEIVED
2. Lattest that:			APR 1 0 2023
Water was used durin Certificate #; O	ng the previous five years on the R	e entire place of use for	OWRD

My knowledge is specific to the use of water at the following locations within the last five years:

Certificate #	Tow	nship	Rai	nge	Mer	Sec	1/4	1/4	Gov't Lot or DLC	Acres (if applicable)
62259	2	S	45	E	w	6	SW	NW	5	7.2
62259	2	S	45	E	w	6	SE	NW	6	5.2
										- Margan, January

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)

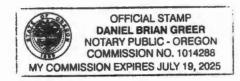
- 3. The water right was used for: (e.g., crops, pasture, etc.): PASTURE
- 4. I understand that if I do not attach one or more of the documents shown in the table below to support the above statements, my application will be considered incomplete.

Merille Un

Signature of Affiant

3/16/2023_ Date

Signed and sworn to (or affirmed) before me this $\frac{167}{16}$ day of $\frac{March}{2023}$.



Notary Public for Oregon

My Commission Expires: 7/19/25

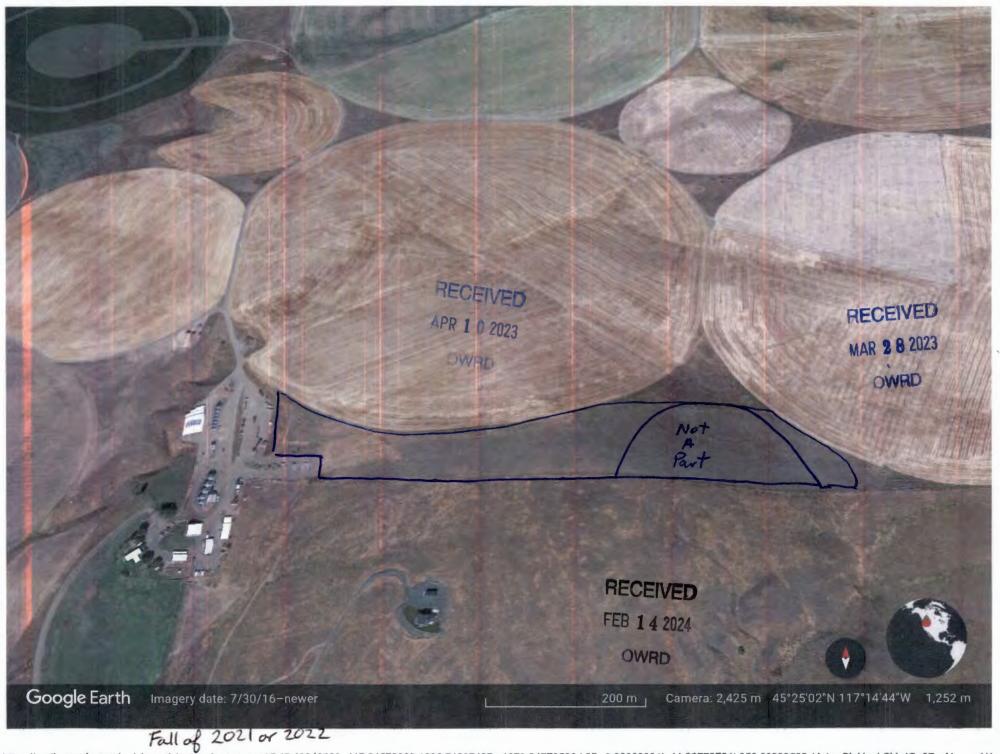
Supporting Documents	Examples					
Copy of a water right certificate that has been issued within the last five years. (not a remaining right certificate)	 Copy of confirming water right certificate that shows issue date Power usage records for pumps associated with irrigation use Fertilizer or seed bills related to irrigated crops Farmers Co-op sales receipt 					
Copies of receipts from sales of irrigated crops or for expenditures related to use of water						
Records such as FSA crop reports, irrigation district records, NRCS farm management plan, or records of other water suppliers	 District assessment records for water delivered Crop reports submitted under a federal loan agreement Beneficial use reports from district RECEIVE IRS Farm Usage Deduction Report APR 1 0 202 Agricultural Stabilization Plan CREP Report OWRD 					
Aerial photos containing sufficient detail to establish location and date of photograph	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. Sources for aerial photos: OSUwww.oregonexplorer.info/imagery OWRD - www.wrd.state.or.us Google Earth - earth.google.com					
Approved Lease establishing beneficial use within the last 5 years	TerraServer – www.terraserver.com Copy of instream lease or lease number					

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FEB 1 4 2024

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Revised 7/1/2021



	COPYRIGHT 1990 STEVENS ARES 201 JELISHING CO., PORTLAND. OR \$1204	_
	WARRANTY DEED	
•	KNOW ALL MEN BY THESE PRESENTS, That EDWARD M. SNYDER and MARIE F. SNYDER, husband and wife	
	hereinafter called the grantor, for the consideration hereinafter stated, to grantor paid by TIMOTHY J. MELVILLE and AUDRY J. MELVILLE, husband and wife , hereinafter called the grantee, does hereby grant, bargain, sell and convey unto the said grantee and grantee's heirs, successors and assigns, that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or ap- pertaining, situated in the County of Wallowa and State of Oregon, described as follows, to-wit:	
	TRACT I	
	The $W_1^1W_2^1SE_2^1$; SW2 of Section 31, Township 1 South, Range 45 East of the Willamette Meridian, Wallowa County, Oregon.	
	The Wiof Lot 2, Lot 3, Lot 4, Lot 5; SEINWA; WISWINEA of Section 6, Township 2 South, Range 45 East of the Willamette Meridian, Wallowa County, Oregon.	
	TRACT 11	RECEIVED
	The $E_2^1SE_4^1$; $E_2^1W_2^1SE_2^1$ of Section 31, Township 1 South, Range 45 East of the Willamette Meridian, Wallowa County, Oregon;	MAR 2 8 2023
	Lot 1 and E_{2}^{1} of Lot 2, $SE_{2}^{1}NE_{2}^{1}$, $E_{2}^{1}SW_{2}^{1}NE_{2}^{1}$ of Section 6, Township 2 South, Range 45 East of the Willamette Meridian, Wallowa County, Oregon.	OWRD
	IIF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDEL To Have and to Hold the same unto the said grantee and grantee's heirs, successors and assigns forever. And said grantor hereby covenants to and with said grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized in fee simple of the above granted premises, free from all encumbrances	
	grantor will warrant and forever defend the said premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claining under the above described encumbrancesfulfillment The true and actual consideration paid for this transfer, stated in terms of dollars, is \$0f CONTRACT "However, the actual consideration consists of or includes other property or value given or promised which is the whole pert of the consideration (indicate which)." (The sentence between the symbols "), it not applicable, should be deleted. See ORS 93.030.) In construing this deed and where the context so requires, the singular includes the plural and all grammatical changes shall be implied to make the provisions hereof apply equally to corporations and to individuals. In Witness Whereof, the grantor has executed this instrument this ay of	
	STATE OF OREGON, County of	OWRD
	byEdward M. Snyder and Marie F. Snyder This instrument was acknowledged before me on	
	byas	
	OFFICIAL SEAL LINDA TESTERMAN NOTARY PUBLIC - OSEGON COMMISSION NO.011204 MY COMMISSION EXPIRES JAN 06, 1990 MY commission expires1/6/96	RECEIVED FEB 1 4 2024 OWRD
	Edward & Marie Snyder 21376 County of Wallann	
	Timothy J. and Audry J. Melville I certify that the within instru- ment was received for record on the	
	GRANTER & NAME AND ADDRESS SPACE RESERVED at 3:15 o'clock / M., and recorded	
	After recording return to: Citizens Title & Escroy After recording return to: Citizens Title & Escroy After recording return to: Pon After recording return to: Pon Po	
	211 W. Main Enterprise, OR 97828 NAME, ADDRESS, ZIP Until a change is requested all tax statements shall be sent to the following address. Until a change is requested all tax statements shall be sent to the following address.	
	Until a change is requested all fax statements shall be sent to the following address	a contraction of the second
	NAME, ADDRESS, ZIP By Masty Tapac. Deputy	
	21376 OF THE PLAT & TELES	
		i

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STATUTORY WARRANTY DEED

SCHOMP LLC, an Oregon limited liability company, Grantor, conveys and warrants to TIMOTHY J. MELVILLE and AUDRY J. MELVILLE, husband and wife, Grantees, the real property described in Exhibit A attached hereto, free of encumbrances, except as specifically set forth herein:

The true and actual consideration for this conveyance is Good and Valuable Consideration paid by a Qualified Intermediary pursuant to an IRC § 1031 Tax-Deferred Exchange.

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010. THIS INSTRUMENT DOES 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 THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES, AS DEFINED IN ORS 30.930, AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

DATED this 3rd day of July 2019.

SCHOMP LLC, an Oregon limited liability company

)) ss.

}

STATE OF OREGON

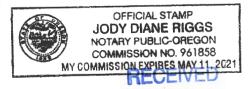
County of Wallowa

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Personally appeared before me this 3 day of Gulvy, 2019, the above-named ROBERT G. STANGEL, Manager of SCHOMP LLC, an Oregon limited liability company, and acknowledged the foregoing instrument to be his voluntary act and deed.

Notary Rublic for

2021 My commission expires:



APD 1 0 2023

After recording, return to: Knapp Law Office, P.C. 203 E Main St. Ste. 1 Enterprise, OR 97828

Page | 1 STATUTORY WARRANTY DEED M/Stangel/WarrantyDeed.Schomp.Melville





080252 EXHIBIT A

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A tract situated in the SE¼, Section 36, Township 1 South, Range 44 East of the Willamette Meridian, Wallowa County, Oregon, lying South and East of the following described line, with reference to Survey Number CS 2019-004, as filed in the office of the Wallowa County Surveyor, more particularly described as follows:

BEGINNING at a point from which the quarter corner common to Section 36, T1S, R44 EWM, and Section 31, T1S, R45 EWM bears North 2°38'37" East, a distance of 685.65 feet; thence North 88°16'06" West, a distance of 1670.81 feet; thence South 52°10'37" West, a distance of 1010.78 feet; thence South, a distance of 1160 feet, more or less, to the South line of said Section 36; thence Easterly, along said South line, a distance of 1445 feet, more or less, to a point 950 feet West of the Southeast corner of said Section 36; thence Northeasterly, a distance of 1700 feet, more or less, to the East line of said Section 36; said point which bears North 1450 feet from said Southeast corner; thence North 510 feet, more or less, to the point of beginning.

ALSO, any portion of the SE¼ of said Section 36, T1S, R44 EWM lying East of the following described line: BEGINNING at the quarter corner common to Section 36, Township 1 South, Range 44 East, and Section 31, Township 1 South, Range 45 East of the Willamette Meridian; thence South 2°38'37" West, along an existing fenceline, a distance of 685.65 feet, and being the terminus of said line.

EXCEPTING THEREFROM, any portion of the SW¼ of said Section 31, T1S, R45 EWM, lying West of the following described line: BEGINNING at the quarter corner common to Section 36, Township 1 South, Range 44 East, and Section 31, Township 1 South, Range 45 East of the Willamette Meridian; thence South 2°38'37" West, along an existing fenceline, a distance of 685.65 feet, being the terminus of said line.

SUBJECT TO the following deed restriction: Sheep grazing on the property is prohibited except with written permission of the owner of the real property retained by Grantor.

TOGETHER WITH an easement as described in Lot Line Adjustment Recorded as Microfiche No. 2019 - 80250 for ingress and egress, 30 ft. in width, situated in the Southeast quarter of Section 36, T1S, R44 EWM, 15 feet each side of a centerline more particularly described as follows: Beginning at a point on the East right of way line of Ant Flat Road (County Road Number 593), said point which bears South 72°23'35" West, a distance of 1913.68 feet from the East quarter corner of said Section 36, thence: South 59°09'51" East, a distance of 127.69 feet to the terminus of said easement.

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Page 2 STATUTORY WARRANTY DEED M/Stangel/WarrantyDeed.Schomp.Melville		RECEIVED	by:	00	Deputy	
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STATUTORY BARGAIN AND SALE DEED

TIMOTHY J. MELVILLE, AUDRY J. MELVILLE, KURT J. MELVILLE, HEATHER J. MELVILLE, KEVIN W. MELVILLE and KERRIE A. MELVILLE, Grantors, convey and release to ENTERPRISE CHRISTIAN CHURCH, an Oregon Domestic Nonprofit Corporation, Grantee, the following described real property:

Parcel 2 of Minor Partition Plat Number 09-62928, as filed in the plat records of Wallowa County, said tract being situated in Government Lots 9 and 10 of Section 1, Township 2 South, Range 44 East of the Willamette Meridian, Wallowa County, Oregon.

Reserving unto Grantors an easement sixty feet (60') in width along the South boundary of the above-described real property for purposes of ingress and egress to Parcel 1 of Minor Partition Plat Number 09-62928.

The true and actual consideration for this conveyance is donation to a charitable organization.

Until a change is requested, all tax statements are to be sent to the following address: Enterprise Christian Church, 207 E. Main St., Enterprise, OR 97828.

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007. THIS INSTRUMENT DOES 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 THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES, AS DEFINED IN ORS 30.930, AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007.

DATED this $\frac{29}{2}$ day of December, 2009.

AUDRY J. MERVILL

MAR 2 8 2023

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Page 1 - STATUTORY BARGAIN AND SALE DEED M/StatBarg.Melville.ECC

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Sec. 1.

062965 STATE OF OREGON) ss. County of Wallowa nait Personally appeared before me this $\not \perp \not \! \! \! \! \! \!$ day of December, 2009, the above-named HEATHER J. MELVILLE and acknowledged the foregoing instrument to be her voluntary act and deed. OFFICIAL SEAL KATTE G. BOYD NOTARY PUBLIC-OREGON COMMISSION NO. 413001 MY COMMISSION EXPIRES JAN. 13, 2011 RECEIVED Notary Public før Oregon 2011 My commission expires: MAR 2 8 2023 STATE OF OREGON OWRD) ss. County of Wallowa) Personally appeared before me this $\frac{27}{2}$ day of December, 2009, the above-named KEVIN W. MELVILLE and acknowledged the foregoing instrument to be his voluntary act and deed. OFFICIAL SEAL TAMI J PHINNEY NOTARY PUBLIC-OREGON COMMISSION NO. 436591 MY COMMISSION EXPIRES APRIL 7, 2013 Notary Public for Oregon My commission expires: 4-STATE OF OREGON SS. County of Wallowa Personally appeared before me this $\frac{29}{29}$ day of December, 2009, the above-named KERRIE A. MELVILLE and acknowledged the foregoing instrument to be her voluntary act and deed. OFFICIAL SEAL Notary Public for Oregon TAMI J PHINNEY NOTARY PUBLIC-OREGON My commission expires: 4-7-2013 COMMISSION NO. 436591 MY COMMISSION EXPIRES APRIL 7, 2013 STATE OF OREGON } **COUNTY OF WALLOWA** I certify that this instrument was received and recorded in the book of records of said county. AFTER RECORDING, Wallowa County Clerk PLEASE RETURN TO: Hostetter Knapp, LLP 14 Deputy P.O. Box 400 Enterprise, OR 97828 00062965 DOC#: Page 3 - STATUTORY BARGAIN AND SALE DEED 45.00 70333 RCPT: M/StatBarg.Melville.ECC 12/29/2009 4:27 PM . 00 **REFUND:** James . <u></u>, " 101 RECEIVED FEB 1 4 2024 1 - 1 - -OWRD

062965 STATE OF OREGON) ss. County of Wallowa Personally appeared before me this \mathcal{P}_{day} of December, 2009, the above-named TIMOTHY J. MELVILLE and acknowledged the foregoing instrument to be his voluntary act and deed. OFFICIAL SEAL KATIE G. BOYD NOTARY PUBLIC OMBOON COMMISSION NO. 415001 MY COMMISSION EXPIRES JAN. 13, 2011 atie RECEIVED Notary Public for Oregon 2 2011 My commission expires MAR 2 8 2023 STATE OF OREGON ss.) OWRD County of Wallowa) Personally appeared before me this 2 day of December, 2009, the above-named AUDRY J. MELVILLE and acknowledged the foregoing instrument to be her voluntary act and deed. OFFICIAL SEAL KATTE G. BOYD NOTARY PUBLIC-ONEGON COMMISSION NO. 413001 MY COMMISSION EXPRES JAN. 13, 2011 atul C Notary Public for Oregon kn 2011 13 My commission(expires STATE OF OREGON) ss. County of Wallowa) Personally appeared before me this Hiday of December, 2009, the above-named KURT J. MELVILLE and acknowledged the foregoing instrument to be his voluntary act and deed. OFFICIAL SEAL. KATIE G. BOYD NOTARY PUBLIC-OREGON COMMISSION NO. 413001 MY COMMISSION EXPIRES JAN. 13, 2011 Notary Public for Oregon 12 2011 My commission expires: Page 2 - STATUTORY BARGAIN AND SALE DEED M/StatBarg.Melville.ECC RECEIVED - the Com APR TO DAL FEB 1 4 2024 OWRD 1.11 ::