

# Application for Permanent Water Right Transfer



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

## Part 1 of 5 – Minimum Requirements Checklist

**This transfer application will be returned if Parts 1 through 5 and all required attachments are not completed and included.**

For questions, please call (503) 986-0900, and ask for Transfer Section.

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

- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Transfer Application Map Checklist.
- Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the new online fee calculator at: [http://apps.wrd.state.or.us/apps/misc/wrd\\_fee\\_calculator](http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator).
- Part 4 – Completed Applicant Information and Signature.
- Part 5 – Information about Water Rights to be Transferred: **How many water rights are to be transferred? 1 List them here: 96343**  
Please include a separate Part 5 for each water right. (See instructions on page 6)  
**NOTE: A separate transfer application is required for each water right unless the criteria in OAR 690-380-3220 are met.**

**Attachments:**

- Completed Transfer Application Map.
- Completed Evidence of Use Affidavit and supporting documentation.
- N/A Affidavit(s) of Consent from Landowner(s) (if the applicant does not own the land the water right is on.)
- N/A Supplemental Form D – For water rights served by or issued in the name of an irrigation district. Complete when the transfer applicant is not the irrigation district.
- N/A Oregon Water Resources Department’s Land Use Information Form with approval and signature from each local land use authority in which water is to be diverted, conveyed, and/or used. Not required if water is to be diverted, conveyed, and/or used only on federal lands or if **all** of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone.
- N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation.
- N/A Geologist Report for a change from a surface water point of diversion to a ground water point of appropriation (well), if the proposed well is more than 500’ from the surface water source and more than 1000’ upstream or downstream from the point of diversion. See OAR 690-380-2130 for requirements and applicability.

**(For Staff Use Only)**

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

|  |  |
|--|--|
| <input type="checkbox"/> Application fee not enclosed/insufficient | <input type="checkbox"/> Map not included or incomplete                  |
| <input type="checkbox"/> Land Use Form not enclosed or incomplete  | <input type="checkbox"/> Evidence of Use Form not enclosed or incomplete |
| <input type="checkbox"/> Additional signature(s) required          | <input type="checkbox"/> Part _____ is incomplete                        |

Other/Explanation \_\_\_\_\_

Staff: \_\_\_\_\_ 503- \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Part 2 of 5 – Transfer Application Map

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

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

- N/A Certified Water Right Examiner (CWRE) Stamp and Original Signature. For a list of CWREs, see [http://apps.wrd.state.or.us/apps/wr/cwre\\_license\\_view/](http://apps.wrd.state.or.us/apps/wr/cwre_license_view/). CWRE stamp and signature are not required for substitutions.
- N/A If **more than three** water rights are involved, separate maps are needed for each water right.
  - Permanent quality printed with dark ink on good quality paper.
  - The size of the map can be 8½ x 11 inches, 8½ x 14 inches, 11 x 17 inches, or up to 30 x 30 inches. For 30 x 30 inch maps, one extra copy is required.
  - A north arrow, a legend, and scale.
  - The scale of the map must be: 1 inch = 400 feet, 1 inch = 1,320 feet, the scale of the Final Proof/Claim of Beneficial Use Map (the map used when the permit was certificated), the scale of the county assessor map if the scale is not smaller than 1 inch = 1,320 feet, or a scale that has been pre-approved by the Department.
  - Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines.
  - Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
  - Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.
  - Major water delivery system features from the point(s) of diversion/appropriation such as main pipelines, canals, and ditches.
  - Existing place of use that includes separate hachuring for each water right, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions. If less than the entirety of the water right is being changed, a separate hachuring is needed for lands left unchanged.
- N/A Proposed place of use that includes separate hachuring for each water right, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions.
- Existing point(s) of diversion or well(s) with distance and bearing or coordinates from a recognized survey corner. This information can be found in your water right certificate or permit.
- N/A If you are proposing a change in point(s) of diversion or well(s), show the proposed location and label it clearly with distance and bearing or coordinates. If GPS coordinates are used, latitude-longitude coordinates may be expressed as either degrees-minutes-seconds with at least one digit after the decimal (example – 42°32'15.5") or degrees-decimal with five or more digits after the decimal (example – 42.53764°).

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FEE WORKSHEET for PERMANENT

Part 3 of 5 – Fee Worksheet

|   |  |   |               |
|---|--|---|---------------|
| 1 | Base Fee (includes one type of change to one water right for up to 1 cfs)  | 1 | \$1,360       |
| 2 | Types of change proposed:<br><input type="checkbox"/> Place of Use <input type="checkbox"/> Character of Use <input checked="" type="checkbox"/> Point of Diversion/Appropriation<br>Number of above boxes checked = <u>1 (2a)</u><br>Subtract 1 from the number in line 2a = <u>0 (2b) If only one change, this will be 0</u><br>Multiply line 2b by \$1090 and enter »   | 2 | 0             |
| 3 | Number of water rights included in transfer <u>1 (3a)</u><br>Subtract 1 from the number in 3a above: <u>0 (3b) If only one water right this will be 0</u><br>Multiply line 3b by \$610 and enter »   | 3 | 0             |
| 4 | Do you propose to add or change a well, or change from a surface water POD to a well?<br><input checked="" type="checkbox"/> No: enter 0 <input type="checkbox"/> Yes: enter \$480 for the 1 <sup>st</sup> well to be added or changed _____ (4a)<br>Do you propose to add or change additional wells?<br><input type="checkbox"/> No: enter 0 <input checked="" type="checkbox"/> Yes: multiply the number of additional wells by \$410 <u>3 (4b)</u><br>Add line 4a to line 4b and enter »                                       | 4 | 1230          |
| 5 | Do you propose to change the place of use or character of use?<br><input checked="" type="checkbox"/> No: enter 0 on line 5<br><input type="checkbox"/> Yes: enter the cfs for the portions of the rights to be transferred (see below*): _____ (5a)<br>Subtract 1.0 from the number in 5a above: _____ (5b)<br>If 5b is 0 or less, enter 0 on line 5 »<br>If 5b is greater than 0, round up to the nearest whole number: _____ (5c) and multiply<br>5c by \$410, then enter on line 5 » | 5 | 0             |
| 6 | Add entries on lines 1 through 5 above » » » » » » » » » » Subtotal:   | 6 | 2590          |
| 7 | Is this transfer:<br><input type="checkbox"/> necessary to complete a project funded by the Oregon Watershed Enhancement Board (OWEB) under ORS 541.932?<br><input type="checkbox"/> endorsed in writing by ODFW as a change that will result in a net benefit to fish and wildlife habitat?<br>If one or more boxes is checked, multiply line 6 by 0.5 and enter on line 7 »<br>If no box is applicable, enter 0 on line 7 »  | 7 | 0             |
| 8 | Subtract line 7 from line 6 » <b>Transfer Fee:</b>   | 8 | <b>2590**</b> |

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\*\* This fee does not match website fee calculation in Attachment E

\*Example for Line 5a calculation to transfer 45.0 acres of Primary Certificate 12345 (total 1.25 cfs for 100 acres) and 45.0 acres of Supplemental Certificate 87654 (1/80 cfs per acre) on the same land:

1. 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 cfs per acre; multiply number of acres proposed for change by either 0.025 (1/40) or 0.0125 (1/80). (For C87654, 45.0 ac x 0.0125 cfs/ac = 0.56 cfs)
2. Add cfs for the portions of water rights on all the land included in the transfer; however **do not count cfs for supplemental rights on acreage for which you have already calculated the cfs fee for the primary right on the same land**. The fee should be assessed only once for each "on the ground" acre included in the transfer. (In this example, blank 5a would be only 0.56 cfs, since both rights serve the same 45.0 acres. Blank 5b would be 0 and Line 5 would then also become 0).

FEE WORKSHEET for SUBSTITUTION

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

## Part 4 of 5 – Applicant Information and Signature

### Applicant Information

|  |                    |                                  |   |
|--|--------------------|----------------------------------|---|
| APPLICANT/BUSINESS NAME<br><b>DE ARMOND FAMILY, LLC</b>  |                    | PHONE NO.<br><b>800-426-1335</b> | ADDITIONAL CONTACT NO.<br><b>503-981-8873 (Brent)</b> |
| ADDRESS<br><b>11463 BROADACRES RD NE</b>   |                    |                                  | FAX NO.   |
| CITY<br><b>HUBBARD</b>   | STATE<br><b>OR</b> | ZIP<br><b>97032</b>              | E-MAIL<br><b>bpdearmond@gmail.com</b>                 |
| <b>BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.</b> |                    |                                  |   |

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

|  |                    |                                  |  |
|--|--------------------|----------------------------------|--|
| AGENT/BUSINESS NAME<br><b>Aspen Rural Land Consulting, c/o Eric Urstadt PLS, PS, CWRE</b>  |                    | PHONE NO.<br><b>971.250.1520</b> | ADDITIONAL CONTACT NO.<br><b>N/A</b>   |
| ADDRESS<br><b>39290 NW Murtaugh Road</b>   |                    |                                  | FAX NO.                                |
| CITY<br><b>North Plains</b>  | STATE<br><b>OR</b> | ZIP<br><b>97133</b>              | E-MAIL<br><b>ericurstadt@gmail.com</b> |
| <b>BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.</b> |                    |                                  |  |

Explain in your own words what you propose to accomplish with this transfer application, and why:  
**Because Oregon Department of Transportation is claiming use of the land under Well #2, the landowner is applying for a new well location; more than one well location is requested only in case a new well location does not yield adequate water.**

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: The Woodburn Independent.
- 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.



Brent DeArmond  
Applicant signature

**Brent DeArmond, Member**  
Print Name (and Title if applicable)

7/8/2024  
Date

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

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

Check the following boxes that apply:

- The applicant is responsible for completion of change(s). Notices and correspondence should continue to be sent to the applicant.
- The receiving landowner will be responsible for completing the proposed change(s) after the final order is issued. Copies of notices and correspondence should be sent to this landowner.
- Both the receiving landowner and applicant will be responsible for completion of change(s). Copies of notices and correspondence should be sent to this landowner and the applicant.

At this time, are the lands in this transfer application in the process of being sold?  Yes  No

If YES, and you know who the new landowner will be, please complete the receiving landowner information table below. If you do not know who the new landowner will be, then a request for assignment will have to be filed for at a later date.

If a property sells, the certificated water right(s) located on the land belong to the new owner, unless a sale agreement or other document states otherwise. For more information see: [https://www.oregon.gov/owrd/WRDFormsPDF/Transfer\\_Property\\_Transactions.pdf](https://www.oregon.gov/owrd/WRDFormsPDF/Transfer_Property_Transactions.pdf)

|  |       |           |                        |
|--|-------|-----------|------------------------|
| RECEIVING LANDOWNER NAME<br><b>N/A</b>   |       | PHONE NO. | ADDITIONAL CONTACT NO. |
| ADDRESS  |       |           | FAX NO.                |
| CITY   | STATE | ZIP       | E-MAIL                 |
| Describe any special ownership circumstances:  |       |           |                        |
| The confirming Certificate shall be issued in the name of: <input type="checkbox"/> Applicant <input type="checkbox"/> Receiving Landowner |       |           |                        |

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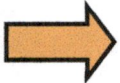
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Check here if any of the water rights proposed for transfer are or will be located within or served by an irrigation or other water district. (Tip: Complete and attach Supplemental Form D.)

|   |         |     |
|---|---------|-----|
| IRRIGATION DISTRICT NAME<br><b>None Known</b> | 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<br><b>None Known</b> | 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<br><b>Marion County Planning Division</b> | ADDRESS<br><b>5155 Silverton Rd NE</b> |                     |
| CITY<br><b>Salem</b>                                  | STATE<br><b>OR</b>                     | ZIP<br><b>97305</b> |

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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 # 96343**

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### Description of Water Delivery System

System capacity: 0.41 cubic feet per second (cfs) OR  
\_\_\_\_\_ gallons per minute (gpm)

Describe the current water delivery system or the system that was in place at some time within the last five years. Include information on the pumps, canals, pipelines, and sprinklers used to divert, convey, and apply the water at the authorized place of use. **The well has a submersible pump that conveys water to the various field via buried pipes**

**Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)**  
(Note: If the POD/POA name is not specified on the certificate, assign it a name or number here.)

| POD/POA Name or Number | Is this POD/POA Authorized on the Certificate or is it Proposed?                    | If POA, OWRD Well Log ID# (or Well ID Tag # L-____) | Twp |   | Rng |   | Sec | ¼ ¼ |    | Tax Lot, DLC or Gov't Lot | Measured Distances (from a recognized survey corner) |
|------------------------|---|---|-----|---|-----|---|-----|-----|----|---------------------------|--|
|                        |   |   |     |   |     |   |     |     |    |                           |  |
| Well #1                | <input checked="" type="checkbox"/> Authorized<br><input type="checkbox"/> Proposed | MARI 539  | 4   | S | 1   | W | 16  | NE  | NE | 46                        | 620' S & 730' W from NE Section 16                   |
| Well #2                | <input checked="" type="checkbox"/> Authorized<br><input type="checkbox"/> Proposed | MARI 65249  | 4   | S | 1   | W | 10  | SW  | SW | 46                        | 1000' N & 2960' E from S1/4 Section 9                |
| Well #3                | <input type="checkbox"/> Authorized<br><input checked="" type="checkbox"/> Proposed | N/A   | 4   | S | 1   | W | 10  | SW  | SW | 46                        | 1135' N & 3050' E from S1/4 Section 9                |
| Well #4                | <input type="checkbox"/> Authorized<br><input checked="" type="checkbox"/> Proposed | N/A   | 4   | S | 1   | W | 10  | SW  | SW | 46                        | 1190' N & 2970' E from S1/4 Section 9                |
| Well #5                | <input type="checkbox"/> Authorized<br><input checked="" type="checkbox"/> Proposed | N/A   | 4   | S | 1   | W | 10  | SW  | SW | 46                        | 1075' N & 3135' E from S1/4 Section 9                |

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

- |  |   |
|--|---|
| <input type="checkbox"/> Place of Use (POU)                              | <input type="checkbox"/> Supplemental Use to Primary Use (S to P) |
| <input type="checkbox"/> Character of Use (USE)                          | <input type="checkbox"/> Point of Appropriation/Well (POA)        |
| <input type="checkbox"/> Point of Diversion (POD)                        | <input type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input checked="" type="checkbox"/> Additional Point of Diversion (APOD) | <input type="checkbox"/> Substitution (SUB)                       |
| <input type="checkbox"/> Surface Water POD to Ground Water POA (SW/GW)   | <input type="checkbox"/> Government Action POD (GOV)              |

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

- Yes Complete only the Proposed ("to" or "on" lands) section of Table 2 on the next page. Use the "CODES" listed above to describe the proposed changes.
- No Complete all of Table 2 to describe the portion of the water right to be changed.

Please use and attach additional pages of Table 2 as needed.  
See page 6 for instructions.

Do you have questions about how to fill-out the tables?  
Contact the Department at 503-986-0900 and ask for Transfer Staff.

**Table 2. Description of Changes to Water Right Certificate # 96343**

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)<br>The listing that appears on the certificate BEFORE PROPOSED CHANGES<br>List only that part or portion of the water right that will be changed. |     |     |     |         |                      |       |   |   |                  | Proposed<br>Changes (see<br>"CODES" from<br>previous<br>page) | PROPOSED (the "to" or "on" lands)<br>The listing as it would appear AFTER PROPOSED CHANGES<br>are made. |              |     |     |         |                      |       |                    |  |                  |       |              |      |
|--|-----|-----|-----|---------|----------------------|-------|---|---|------------------|---|---|--------------|-----|-----|---------|----------------------|-------|--------------------|--|------------------|-------|--------------|------|
| Twp  | Rng | Sec | ¼ ¼ | Tax Lot | Gvt<br>Lot or<br>DLC | Acres | Type of USE<br>listed on<br>Certificate | POD(s) or<br>POA(s) (name<br>or number<br>from Table 1) | Priority<br>Date |   | Twp   | Rng          | Sec | ¼ ¼ | Tax Lot | Gvt<br>Lot or<br>DLC | Acres | New Type of<br>USE | POD(s)/<br>POA(s) to<br>be used<br>(from<br>Table 1) | Priority<br>Date |       |              |      |
|  |     |     |     |         |                      |       |   |   |                  | APOA  | 4   | S            | 1   | W   | 10      | NE                   | SW    | 700                | 46   | 7.2              | IRRIG | WELLS<br>1-5 | 1970 |
|  |     |     |     |         |                      |       |   |   |                  | APOA  | 4   | S            | 1   | W   | 10      | NW                   | SW    | 700                | 46   | 5.8              | IRRIG | WELLS<br>1-5 | 1970 |
|  |     |     |     |         |                      |       |   |   |                  | APOA  | 4   | S            | 1   | W   | 10      | SW                   | SW    | 700                | 46   | 17.2             | IRRIG | WELLS<br>1-5 | 1970 |
|  |     |     |     |         |                      |       |   |   |                  | APOA  | 4   | S            | 1   | W   | 10      | SE                   | SW    | 700                | 46   | 11.3             | IRRIG | WELLS<br>1-5 | 1970 |
| TOTAL ACRES:   |     |     |     |         |                      | 41.5  |   |   |                  |   |   | TOTAL ACRES: |     |     |         |                      |       | 41.5               |  |                  |       |              |      |

**Additional remarks: This transfer, to add a new Point of Appropriation (POA), is being done only because the Oregon Department of Transportation (ODOT) is planning to or has claimed land to widen the highway. Because of proposed the widening, Well #2 is planned to be decommissioned. Only one new well (Well #3) is likely to be constructed to replace Well #2, but if the water is not satisfactory, Well #4 and/or #5 may need to be constructed.**

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**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: N/A.



Pursuant to ORS 540.510, any "layered" water use such as an irrigation right that is supplemental to a primary right proposed for transfer must be included in the transfer or be cancelled. Any change to a ground water registration must be filed separately in a ground water registration modification application.

**For Substitution** (ground water supplemental irrigation will be substituted for surface water primary irrigation)

Ground water supplemental Permit or Certificate # N/A;  
Surface water primary Certificate # N/A.

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**For a change from Supplemental Irrigation Use to Primary Irrigation Use**

Identify the primary certificate to be cancelled. Certificate # N/A

**For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation:**

Well log(s) are attached for each authorized and proposed well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map.

**Tip:** You may search for well logs on the Department's web page at:  
[http://apps.wrd.state.or.us/apps/gw/well\\_log/Default.aspx](http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx)

**AND/OR**

Describe the construction of the authorized and proposed well(s) in Table 3 for any wells that do not have a well log. For *proposed wells not yet constructed or built*, provide "a best estimate" for each requested information element in the table. The Department recommends you consult a licensed well driller, geologist, or certified water right examiner to assist with assembling the information necessary to complete Table 3.

**Table 3. Construction of Point(s) of Appropriation**

Any well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the accompanying application map. Failure to provide the information will delay the processing of your transfer application until it is received. The information is necessary for the department to assess whether the proposed well(s) will access the same source aquifer as the authorized point(s) of appropriation (POA). The Department is prohibited by law from approving POA changes that do not access the same source aquifer.

| Proposed or Authorized POA Name or Number | Is well already built? (Yes or No) | If an existing well: OWRD Well ID Tag No. L-___ | Total well depth                                    | Casing Diameter | Casing Intervals (feet) | Seal depth(s) (intervals) | Perforated or screened intervals (in feet) | Static water level of completed well (in feet) | Source aquifer (sand, gravel, basalt, etc.) | Well-specific rate (cfs or gpm). If less than full rate of water right |          |
|---|------------------------------------|---|---|-----------------|-------------------------|---------------------------|--|--|---|--|----------|
| Well #1                                   | Yes                                |   | See Well Logs                                       |                 |                         |                           |  |  |   | Sediment   | 0.41 CFS |
| Well #2                                   | Yes                                |   | See Well Logs                                       |                 |                         |                           |  |  |   | Sediment   | 0.41 CFS |
| Well #3                                   | No                                 |   | These wells will be similar to Wells 1 and 2 above. |                 |                         |                           |  |  |   | Sediment   | 0.41 CFS |
| Well #4                                   | No                                 |   | These wells will be similar to Wells 1 and 2 above. |                 |                         |                           |  |  |   | Sediment   | 0.41 CFS |
| Well #5                                   | No                                 |   | These wells will be similar to Wells 1 and 2 above. |                 |                         |                           |  |  |   | Sediment   | 0.41 CFS |

14500 -

NOTICE TO WATER WELL CONTRACTOR

The original and first copy of this report are to be filed with the

**RECEIVED**  
**SEP 16 1968**  
**STATE ENGINEER**  
**SALEM, OREGON**

STATE ENGINEER, SALEM, OREGON 97310  
 within 30 days from the date of well completion.

STATE OF OREGON  
 (Please type or print)  
 (Do not write above this line)

539  
 MAR 1969

ATTACH D - 1/3

State Well No. A/1w-15 E  
 State Permit No. \_\_\_\_\_

(1) OWNER:

Name Krous Brothers  
 Address Rt. 1 Box 26 Aurora, Oregon

(2) TYPE OF WORK (check):

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

(3) TYPE OF WELL:

Rotary  Driven   
 Cable  Jetted   
 Dug  Bored

(4) PROPOSED USE (check):

Domestic  Industrial  Municipal   
 Irrigation  Test Well  Other

CASING INSTALLED:

Threaded  Welded

2" Diam. from 0 ft. to 115-116 ft. Gage .250  
 " Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Gage \_\_\_\_\_  
 " Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Gage \_\_\_\_\_

PERFORATIONS:

Perforated?  Yes  No.

of perforator used

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

(7) SCREENS:

Well screen installed?  Yes  No

Manufacturer's Name Johnson  
 Type Pipe size Stainless xxxxx 4 ft. ext.  
 Diam. 10 Slot size 25 Set from 117 1/2 ft. to 120 1/2 ft.  
 Diam. 10 Slot size 33 Set from 120 1/2 ft. to 133 1/2 ft.  
 Diam. 10 Slot size 50 Set from 139 ft. to 149 ft.

(8) WATER LEVEL: Completed well.

Static level 51 ft. below land surface Date 8-25-68  
 an pressure \_\_\_\_\_ lbs. per square inch Date \_\_\_\_\_

(9) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made?  Yes  No If yes, by whom? Driller  
300 gal./min. with 16 ft. drawdown after 100 min.  
300 " " 39 "next 100 min.  
750 " " 58 "next 100 min.  
850 " " 56 "next 140 min.  
 Bailer test \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.

Artesian flow \_\_\_\_\_ g.p.m. Date \_\_\_\_\_

Temperature of water \_\_\_\_\_ Was a chemical analysis made?  Yes  No

(10) CONSTRUCTION:

Well seal—Material used bentonite & clay  
 Depth of seal 53 ft.  
 Diameter of well bore to bottom of seal 10 in.  
 Were any loose strata cemented off?  Yes  No Depth \_\_\_\_\_  
 Was a drive shoe used?  Yes  No  
 Did any strata contain unusable water?  Yes  No  
 Type of water? \_\_\_\_\_ depth of strata \_\_\_\_\_  
 Method of sealing strata off \_\_\_\_\_  
 Was well gravel packed?  Yes  No Size of gravel: OWAD  
 Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

(11) LOCATION OF WELL: Krous No5

County Marion Driller's well number \_\_\_\_\_  
SW 1/4 NW 1/4 Section 15 T. 4S R. 1W W.M.  
 Bearing and distance from section or subdivision corner \_\_\_\_\_

(12) WELL LOG:

Diameter of well below casing 6

Depth drilled 199 ft. Depth of completed well 149 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level as drilling proceeds. Note drilling rates.

| MATERIAL                   | From    | To      | SWL |
|----------------------------|---------|---------|-----|
| brown soil                 | 0       | 2       |     |
| brown clay                 | 2       | 8       |     |
| grey-brown fine sandy clay | 8       | 12      |     |
| brown sandy silt           | 12      | 14      |     |
| sandy clay & silty sand    | 14      | 103     |     |
| med. grey sand & water     | 103     | 105     |     |
| med. sand, gravel & water  | 105     | 110     |     |
| sand & gravel clay binder  | 110     | 113     |     |
| fine to med sand & gravel  | 113     | 116     |     |
| sand, gravel & water       | 116     | 120     |     |
| sand & gravel w/binder     | 120     | 121     |     |
| well graded sand & gravel  | 121     | 130     |     |
| sand, gravel w/clay binder | 130     | 130 1/2 |     |
| sand & gravel, well graded | 130 1/2 | 134     |     |
| sand fine to med           | 134     | 136     |     |
| tight sand & gravel        | 136     | 139     |     |
| well graded sand & gravel  | 139     | 145 1/2 |     |
| med. brown sand            | 145 1/2 | 146 1/2 |     |
| silty brown sand & gravel  | 146 1/2 | 146     |     |
| well graded sand & gravel  | 146     | 149     |     |
| gravel w/sandy clay bind.  | 149     | 150     |     |
| grey sandy clay            | 150     | 157     |     |
| decomposed rock            | 157     | 199     | 19  |

Date well drilling machine moved off of well 8-29 19 68

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

[Signed] George M Zent Date 9-3, 1968  
 (Drilling Machine Operator)

Drilling Machine Operator's License No. 213

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME George Zent & Sons (Type or print)

Address 4305 N.E. 44th St. Vancouver, Wash.

[Signed] George Zent (Water Well Contractor)

Contractor's License No. 226 Date 9-3, 1968

STATE OF OREGON  
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 111609

START CARD # 208978

(1) LAND OWNER Owner Well I.D. \_\_\_\_\_

First Name Thomas H. Last Name DeArmond  
Company \_\_\_\_\_  
Address 18381 Boones Ferry Rd. NE  
City Hubbard State OR Zip 97032

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard  (Attach copy)  
Depth of Completed Well 130 ft.

| BORE HOLE |      |     | SEAL      |      |    | sacks/ |     |
|-----------|------|-----|-----------|------|----|--------|-----|
| Dia       | From | To  | Material  | From | To | Amt    | lbs |
| 20        | 0    | 37  | Bentonite | 0    | 37 | 27     | S   |
| 16        | 37   | 130 |           |      |    |        |     |

How was seal placed: Method  A  B  C  D  E

Other OAR 690-210-0340

Backfill placed from \_\_\_\_\_ ft to \_\_\_\_\_ ft. Material \_\_\_\_\_

Filter pack from \_\_\_\_\_ ft to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_

Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(6) CASING/LINER

| Casing Liner                        | Dia | + | From | To    | Gauge | Stl                                 | Plstc                    | Wld                                 | Thrd                     |
|-------------------------------------|-----|---|------|-------|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | 12  |   | 2.5  | 128.7 | .250  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | 16  |   | 1    | 69    | .375  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Shoe  Inside  Outside  Other Location of shoe(s) 69

Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS

Perforations Method \_\_\_\_\_  
Screens Type v-wire Material stainless

| Perf/S | Casing/ | Screen | Scm/slot | Slot   | # of  | Tele/     |
|--------|---------|--------|----------|--------|-------|-----------|
| green  | Liner   | Dia    | width    | length | slots | pipe size |
| Screen |         | 12     | 70       | 100.66 | .09   | 12        |

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

Pump  Bailer  Air  Flowing Artesian

| Yield gal/min | Drawdown | Drill stem/Pump depth | Duration (hr) |
|---------------|----------|-----------------------|---------------|
| 100           | 37       |                       | 2             |
| 150           | 63       |                       | 2             |

Temperature 53 °F Lab analysis  Yes By \_\_\_\_\_

Water quality concerns?  Yes (describe below)

| From | To | Description | Amount | Units |
|------|----|-------------|--------|-------|
|      |    |             |        |       |

(9) LOCATION OF WELL (legal description)

County MARION Twp 4 S N/S Range 1 W E/W WM  
Sec 10 SW 1/4 of the SW 1/4 Tax Lot 700  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

Ehlien Rd. Aurora, OR

(10) STATIC WATER LEVEL

|                              | Date              | SWL(psi) | + SWL(ft) |
|------------------------------|-------------------|----------|-----------|
| Existing Well / Predeepening |                   |          |           |
| Completed Well               | <u>05-07-2014</u> |          | <u>37</u> |

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES

Depth water was first found 69

| SWL Date   | From | To  | Est Flow | SWL(psi) | + SWL(ft) |
|------------|------|-----|----------|----------|-----------|
| 02-03-2014 | 69   | 81  | 65       |          | 32        |
| 02-05-2014 | 86   | 102 | 65       |          | 32        |

(11) WELL LOG

Ground Elevation \_\_\_\_\_

| Material                             | From | To  |
|--------------------------------------|------|-----|
| Topsoil                              | 0    | 1   |
| Clay brown                           | 1    | 21  |
| Clay gray & brown                    | 21   | 28  |
| Clay gray, silty                     | 28   | 57  |
| Clay green & gray silty              | 57   | 64  |
| Sand & gravel suspended in gray clay | 64   | 66  |
| Clay sandy gray                      | 66   | 69  |
| Sand brown, trace gravel             | 69   | 81  |
| Clay sandy brown                     | 81   | 86  |
| Sand brown                           | 86   | 92  |
| Sand brown(80%) gravel               | 92   | 102 |
| Clay brown, some sand                | 102  | 114 |
| Clay green, gray & brown             | 114  | 122 |
| Clay gray & brown                    | 122  | 125 |
| Clay brown hard                      | 125  | 128 |
| Clay gray hard                       | 128  | 130 |
| Basalt black vesicular               | 130  |     |

Date Started 01-21-2014 Completed 05-07-2014

(unbonded) Water Well Constructor Certification

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

License Number 1704 Date \_\_\_\_\_

Password : (if filing electronically) \_\_\_\_\_

Signed \_\_\_\_\_

(bonded) Water Well Constructor Certification

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

License Number 783 Date 5-20-14

Password : (if filing electronically) \_\_\_\_\_

Signed \_\_\_\_\_

Contact Info (optional) Grossen Well Drilling (503) 982-2060

ORIGINAL WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

SALEM, OR

14500 -

**WATER SUPPLY WELL REPORT -**  
continuation page

WELL I.D. # L 111609

START CARD # 208978

**(5) BORE HOLE CONSTRUCTION**

| BORE HOLE |      |    | Material | SEAL |    |    | sacks/<br>lbs |
|-----------|------|----|----------|------|----|----|---------------|
| Dia       | From | To |          | From | To | Am |               |
|           |      |    |          |      |    |    |               |
|           |      |    |          |      |    |    |               |
|           |      |    |          |      |    |    |               |
|           |      |    |          |      |    |    |               |
|           |      |    |          |      |    |    |               |
|           |      |    |          |      |    |    |               |
|           |      |    |          |      |    |    |               |
|           |      |    |          |      |    |    |               |

**FILTER PACK**

| From | To | Material | Size |
|------|----|----------|------|
|      |    |          |      |
|      |    |          |      |
|      |    |          |      |

**(6) CASING/LINER**

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

**(7) PERFORATIONS/SCREENS**

| Perf/S<br>creen | Casing/<br>Liner | Screen<br>Dia | From | To | Scrn/slot<br>width | Slot<br>length | # of<br>slots | Tele/<br>pipe size |
|-----------------|------------------|---------------|------|----|--------------------|----------------|---------------|--------------------|
|                 |                  |               |      |    |                    |                |               |                    |
|                 |                  |               |      |    |                    |                |               |                    |
|                 |                  |               |      |    |                    |                |               |                    |
|                 |                  |               |      |    |                    |                |               |                    |
|                 |                  |               |      |    |                    |                |               |                    |
|                 |                  |               |      |    |                    |                |               |                    |
|                 |                  |               |      |    |                    |                |               |                    |
|                 |                  |               |      |    |                    |                |               |                    |
|                 |                  |               |      |    |                    |                |               |                    |
|                 |                  |               |      |    |                    |                |               |                    |

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

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

**Water Quality Concerns**

| From | To | Description | Amount | Units |
|------|----|-------------|--------|-------|
|      |    |             |        |       |
|      |    |             |        |       |
|      |    |             |        |       |
|      |    |             |        |       |

**(10) STATIC WATER LEVEL**

**Water Bearing Zones**

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

**(11) WELL LOG**

| Material | From | To |
|----------|------|----|
|          |      |    |
|          |      |    |
|          |      |    |
|          |      |    |
|          |      |    |
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|          |      |    |

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JUL 15 2024  
OWRD

**Comments/Remarks**

(7) PERFORATIONS/SCREENS  
128" Bottom plate & lift bail

RECEIVED BY OWRD  
MAY 27 2014  
SALEM, OR

ATTACH C- 1/2

# Land Use Information Form



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

Received  
JUL 15 2024

OWRD

|  |             |              |                               |  |
|--|-------------|--------------|-------------------------------|--|
| NAME<br>De Armond Faily, LLC c/o Brent De Armond |             |              | PHONE<br>800-426-1335         |  |
| MAILING ADDRESS<br>11463 BROADACRES RD NE        |             |              |                               |  |
| CITY<br>Hubbard                                  | STATE<br>OR | ZIP<br>97032 | EMAIL<br>bpdearmond@gmail.com |  |

## 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 | ¼ ¼ | Tax Lot # | Plan Designation (e.g., Rural Residential/RR-5) | Water to be:   | Proposed Land Use: |
|----------|-------|---------|-----|-----------|---|--|--------------------|
| 4S       | 1W    | 10      | N/A | 700       | EFU   | <input checked="" type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used | Farming            |
|          |       |         |     |           |   | <input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input type="checkbox"/> Used                                  |                    |
|          |       |         |     |           |   | <input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input type="checkbox"/> Used                                  |                    |
|          |       |         |     |           |   | <input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input type="checkbox"/> Used                                  |                    |

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

Marion

NOTE: A separate Land Use Information Form must be completed and submitted for each county and city, as applicable.

## B. Description of Proposed Use

Type of application to be filed with the Oregon Water Resources Department:

- Permit to Use or Store Water
- Water Right Transfer
- Permit Amendment or Ground Water Registration Modification
- Limited Water Use License
- Exchange of Water
- Allocation of Conserved Water

Source of water:    Reservoir/Pond    Ground Water    Surface Water (name) \_\_\_\_\_

Estimated quantity of water needed: 0.41    cubic feet per second    gallons per minute    acre-feet

Intended use of water:    Irrigation    Commercial    Industrial    Domestic for \_\_\_\_\_ household(s)  
 Municipal    Quasi-Municipal    Instream    Other \_\_\_\_\_

Briefly describe:

The landowner needs a new well because the Oregon Department of Transportation (ODOT) has taken the use of their land away from them to widen the highway.

**Note to applicant:** For new water right applications only, if the Land Use Information Form cannot be completed while you wait, please have a local government representative sign the receipt on the bottom of page 4 and include it with the application filed with the Oregon Water Resources Department.

See Page 4 →

C-2/2

### 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 use(s), including proposed construction, are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): 17.136.010 (A) Farm Uses
- Land uses to be served by the proposed water use(s), 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<br>(e.g., plan amendments, rezones,<br>conditional-use permits, etc.) | Cite Most Significant, Applicable Plan Policies<br>& Ordinance Section References | Land-Use Approval:   |  |
|--|---|--|--|
|  |   | <input type="checkbox"/> Obtained<br><input type="checkbox"/> Denied | <input type="checkbox"/> Being Pursued<br><input type="checkbox"/> Not Being Pursued |
|  | <b>Received</b>   | <input type="checkbox"/> Obtained<br><input type="checkbox"/> Denied | <input type="checkbox"/> Being Pursued<br><input type="checkbox"/> Not Being Pursued |
|  | <b>JUL 15 2024</b>  | <input type="checkbox"/> Obtained<br><input type="checkbox"/> Denied | <input type="checkbox"/> Being Pursued<br><input type="checkbox"/> Not Being Pursued |
|  | <b>OWRD</b>   | <input type="checkbox"/> Obtained<br><input type="checkbox"/> Denied | <input type="checkbox"/> Being Pursued<br><input type="checkbox"/> Not Being Pursued |

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

Name: John Speckman Title: Associate Planner  
 Signature: *John Speckman* Date: 6/25/2024  
 Governmental Entity: Marion County Planning Phone: 503-566-7173

| Receipt Acknowledging Request for Land Use Information  |              |
|---|--------------|
| <b>Note to Local Government Representative:</b>   |              |
| Please complete this form and return it to the applicant. For new water right applications <u>only</u> , if you are unable to complete this form while the applicant waits, you may complete this receipt and return it to the applicant. If you sign the receipt, you will have 30 days from the date of OWRD's Public Notice of the application to submit the completed Land Use Information Form to Oregon Water Resources Department. Please note while OWRD can accept a signed receipt as part of intake for an application for a new permit to use or store water, a completed Land Use Information Form is required for all other applications. |              |
| Applicant Name: _____   |              |
| Staff Name: _____   | Title: _____ |
| Staff Signature: _____  | Date: _____  |
| Governmental Entity: _____  | Phone: _____ |

ATTACH B1-1/2

# 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 )  
County of MARION ) ss

Received  
JUL 15 2024

OWRD

I, BRENT DE ARMOND, in my capacity as FARMER,  
mailing address 11463 BROADACRES ROAD, NE  
telephone number (503)981-8873, being first duly sworn depose and say:

1. My knowledge of the exercise or status of the water right is based on (check one):

- Personal observation                       Professional expertise

2. I attest that:

Water was used during the previous five years on the **entire** place of use for Certificate # 96343; **OR**

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

| Certificate # | Township | Range | Mer | Sec | ¼ ¼ | Gov't Lot or DLC | Acres (if applicable) |
|---------------|----------|-------|-----|-----|-----|------------------|-----------------------|
|               |          |       |     |     |     |                  |                       |
|               |          |       |     |     |     |                  |                       |
|               |          |       |     |     |     |                  |                       |
|               |          |       |     |     |     |                  |                       |
|               |          |       |     |     |     |                  |                       |
|               |          |       |     |     |     |                  |                       |
|               |          |       |     |     |     |                  |                       |

OR

- Confirming Certificate # 96343 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)

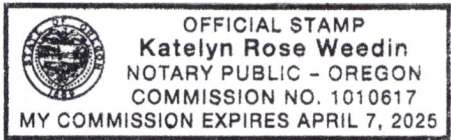
3. The water right was used for: (e.g., crops, pasture, etc.): CROPS

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

[Signature]  
Signature of Affiant

7/8/2024  
Date

Signed and sworn to (or affirmed) before me this 8<sup>th</sup> day of 07, 2024



[Signature]  
Notary Public for Oregon

My Commission Expires: April 7, 2025

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

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**JUL 15 2024**  
**OWRD**



STATE OF OREGON  
COUNTY OF MARION  
CERTIFICATE OF WATER RIGHT

THIS CERTIFICATE ISSUED TO

DE ARMOND FAMILY LLC  
BY THOMAS H. DE ARMOND  
11463 BROADACRES RD NE  
HUBBARD OR 97032

confirms the right to the use of water perfected under the terms of Permit G-4710. The amount of water used to which this right is entitled is limited to the amount used beneficially, and shall not exceed the amount specified, or its equivalent in the case of rotation, measured at the well(s). The specific limits and conditions of the use are listed below.

SOURCE OF WATER: TWO WELLS A TRIBUTARY OF PUDDING RIVER

PURPOSE OR USE: IRRIGATION OF 41.5 ACRE

MAXIMUM RATE: 0.41 CUBIC FOOT PER SECOND

DATE OF PRIORITY: MARCH 10, 1970

The wells are located as follows:

| Twp | Rng | Mer | Sec | Q-Q   | DLC | Measured Distances  |
|-----|-----|-----|-----|-------|-----|---|
| 4 S | 1 W | WM  | 10  | SW SW | 46  | WELL 2 (ADDITIONAL)- 1000 FEET NORTH AND 2960 FEET EAST FROM S1/4 CORNER, SECTION 9 |
| 4 S | 1 W | WM  | 16  | NE NE | 46  | WELL 1 (ORIGINAL)- 620 FEET SOUTH AND 730 FEET WEST FROM NE CORNER, SECTION 16      |

The amount of water used for irrigation, together with the amount secured under any other right existing for the same lands, shall be limited to ONE-EIGHTIETH of one cubic foot per second per acre, or its equivalent for each acre irrigated and shall be further limited to a diversion of not to exceed 2.5 acre-feet per acre for each acre irrigated during the irrigation season of each year; and shall conform to such reasonable rotation system as may be ordered by the proper state officer.

A description of the place of use is as follows:

| Twp | Rng | Mer | Sec | Q-Q   | DLC | Acres |
|-----|-----|-----|-----|-------|-----|-------|
| 4 S | 1 W | WM  | 10  | NE SW | 46  | 7.2   |
| 4 S | 1 W | WM  | 10  | NW SW | 46  | 5.8   |
| 4 S | 1 W | WM  | 10  | SW SW | 46  | 17.2  |
| 4 S | 1 W | WM  | 10  | SE SW | 46  | 11.3  |

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The quantity of water diverted at the additional point(s) of appropriation (wells), together with that diverted at the original point(s) of appropriation, shall not exceed the quantity of water available from the original point(s) of appropriation.

**NOTICE OF RIGHT TO PETITION FOR RECONSIDERATION OR JUDICIAL REVIEW**

This is an order in other than a contested case. This order is subject to judicial review under ORS 183.482. Any petition for judicial review must be filed within the 60-day time period specified by ORS 183.482. Pursuant to ORS 183.482, ORS 536.075 and OAR 137-003-0675, you may petition for judicial review and petition the Director for reconsideration of this order. A petition for reconsideration may be granted or denied by the Director, and if no action is taken within 60 days following the date the petition was filed, the petition shall be deemed denied.

B2-2/2

Water use measurement conditions:

- A. The water user shall maintain, in good working order, a totalizing flow meter or another suitable measuring device as approved by the Director, at the additional point of appropriation,
- B. The water user shall allow the Watermaster access to the meter or measuring device; provided however, where the meter or measuring device is located within a private structure, the Watermaster shall request access upon reasonable notice.

Water shall be acquired from the same aquifer (water source) as the original point of appropriation, by constructing the well so as to access the shallow alluvial aquifer only, excluding contribution from the underlying basalt aquifer.

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

This certificate is issued to confirm an ADDITIONAL POINT OF APPROPRIATION approved by an order of the Water Resources Director entered November 12, 2013, at Special Order Volume 91, Page 512, approving Transfer Application T-11569, and together with Certificate 88965, supercedes Certificate 42315, State record of Water Right Certificates.

**JUL 15 2022**

Issued \_\_\_\_\_

Dwight French  
Water Right Services Division Administrator, for  
Thomas M. Byler, Director  
Oregon Water Resources Department

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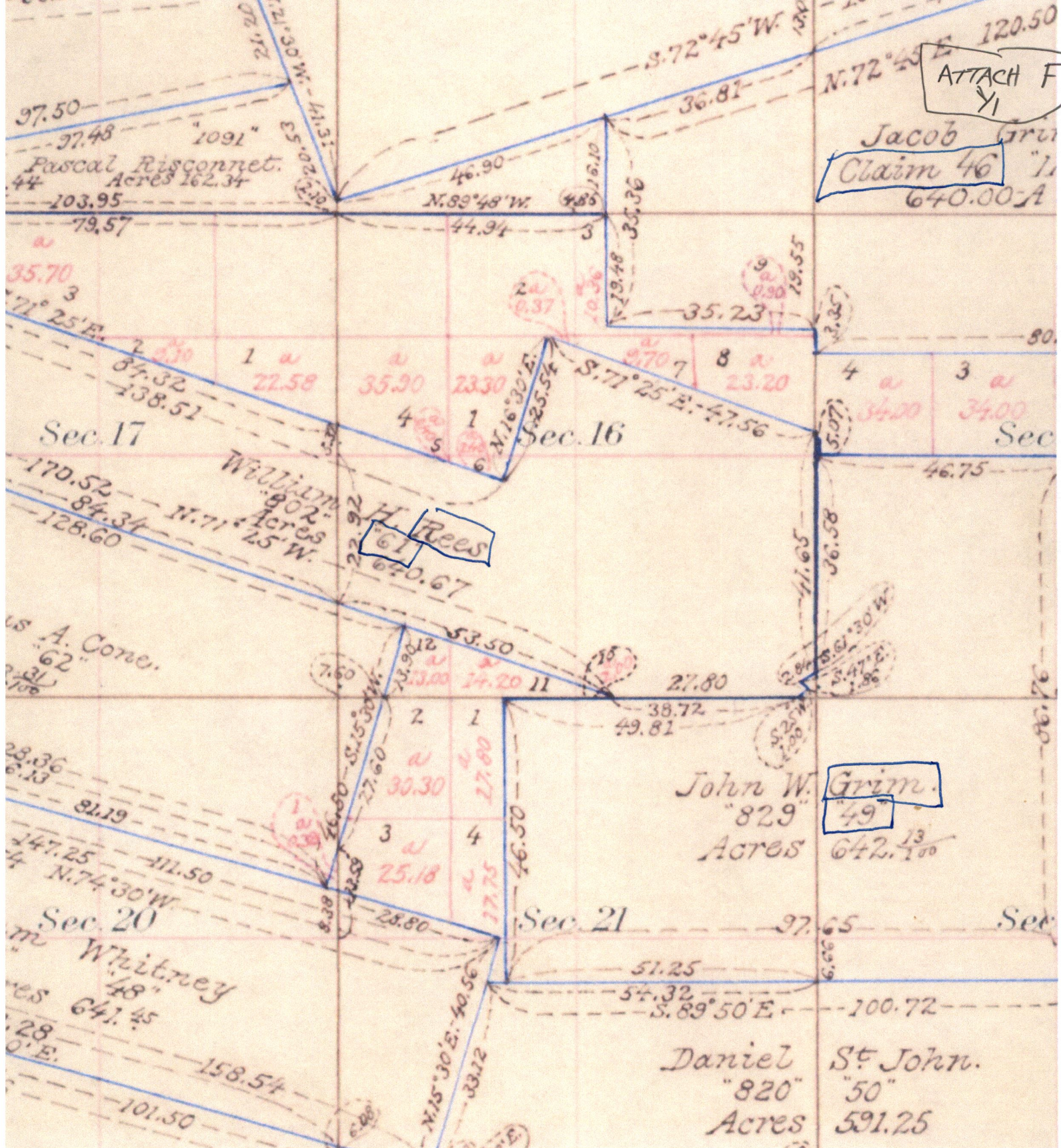
### Oregon Water Resources Department Transfer Fee Calculation for Permanent (Non-District) Transfer

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- [Return](#)   [Contact Us](#)

|   |                        |
|---|------------------------|
| Today's Date: Monday, June 24, 2024   | <b>Fee Calculation</b> |
| Base Fee (includes one type of change to one water right for up to 1 cfs)   | \$1,360.00             |
| Fill in information below-- Check each box that applies.  |                        |
| Types of Change Proposed:   |                        |
| <input type="checkbox"/> Place of Use   |                        |
| <input checked="" type="checkbox"/> Point of Diversion (POD)/Appropriation (POA); and/or Additional POD/POA; and/or SW POD to GW POD                |                        |
| <input type="checkbox"/> Character of Use   | \$0.00                 |
| Enter total number of water rights included in transfer. <input style="width: 50px;" type="text" value="1"/>  | \$0.00                 |
| <input checked="" type="checkbox"/> Check this box if you propose to add or change a well, or change from a surface water POD to a well.            | \$480.00               |
| Enter total number of groundwater wells (POAs) included in transfer. <input style="width: 50px;" type="text" value="3"/>                            | \$820.00               |
| <input type="checkbox"/> Check this box if you propose to change the place of use or character of use for a NON-irrigation right.                   |                        |
| <input type="checkbox"/> Check this box if you propose to change the place of use or character of use for an irrigation right.                      |                        |
| Total Transfer CFS(rounded up to the next whole cfs):   |                        |
| Subtotal:   | \$2,660.00             |
| Check each box that applies.  |                        |
| <input type="checkbox"/> The transfer is necessary to complete a project funded by the Oregon Watershed Enhancement Board (OWEB) under ORS 541.932. |                        |
| <input type="checkbox"/> The transfer is endorsed in writing by ODFW as a change that will result in a net benefit to fish and wildlife habitat.    |                        |
| Discount:   |                        |
| Transfer Fee:   | <b>\$2,660.00</b>      |

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ATTACH F  
Y1

Jacob Grim  
Claim 46  
640.00 A

William H. Rees  
61

John W. Grim  
49  
642.13 A

Daniel St. John  
50  
591.25 A

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# Aspen

Rural Land Consulting

Water Resources, Water Rights, Land  
Surveying, Engineering, Land Use Planning

ERICURSTADT@HOTMAIL.COM  
971-250-1520 (MOBILE)

Water Resources Department  
Attn: Transfer Section  
725 Summer Street NE, Ste. A  
Salem, OR, 97301

21 JUN 2024

**Subject: Permanent Transfer Application for Certificate 96343**

To Whom It May Concern,

Enclosed is an application for a permanent transfer for certificate 96343 along with the following attachments:

- A. Transfer map
- B. Evidence of Use
- C. Land Use Form
- D. Well Logs
- E. Fee calculation
- F. General Land Office map
- G. Reimbursement Authority (RA) Application
- H. Two checks:
  - a. One for \$2660.00 for the application fees, and
  - b. One for \$150 for the RA fee

Please let me know if there are any concerns or you need any more information.

Respectfully,  
***Aspen Rural Land Consulting***

Eric Urstadt, PE, PLS

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## Business Registry Business Name Search

[New Search](#)

## Business Entity Data

07-17-2024  
10:19

| Registry Nbr        | Entity Type            | Entity Status | Jurisdiction | Registry Date | Next Renewal Date | Renewal Due? |
|---------------------|------------------------|---------------|--------------|---------------|-------------------|--------------|
| 434014-88           | DLLC                   | ACT           | OREGON       | 12-27-1994    | 12-27-2024        |              |
| <b>Entity Name</b>  | DEARMOND FAMILY L.L.C. |               |              |               |                   |              |
| <b>Foreign Name</b> |                        |               |              |               |                   |              |

[New Search](#)

## Associated Names

| Type          | PPB PRINCIPAL PLACE OF BUSINESS |    |       |                |                          |  |
|---------------|---------------------------------|----|-------|----------------|--------------------------|--|
| <b>Addr 1</b> | 30855 S KAUFMAN RD              |    |       |                |                          |  |
| <b>Addr 2</b> |                                 |    |       |                |                          |  |
| <b>CSZ</b>    | CANBY                           | OR | 97013 | <b>Country</b> | UNITED STATES OF AMERICA |  |

Please click [here](#) for general information about registered agents and service of process.

| Type          | AGT REGISTERED AGENT |          |       | Start Date     | 12-03-2021               | Resign Date |
|---------------|----------------------|----------|-------|----------------|--------------------------|-------------|
| <b>Name</b>   | LISA                 | DEARMOND | WING  |                |                          |             |
| <b>Addr 1</b> | 30855 S KAUFMAN RD   |          |       |                |                          |             |
| <b>Addr 2</b> |                      |          |       |                |                          |             |
| <b>CSZ</b>    | CANBY                | OR       | 97013 | <b>Country</b> | UNITED STATES OF AMERICA |             |

| Type          | MAL MAILING ADDRESS |    |       |                |                          |  |
|---------------|---------------------|----|-------|----------------|--------------------------|--|
| <b>Addr 1</b> | 30855 S KAUFMAN RD  |    |       |                |                          |  |
| <b>Addr 2</b> |                     |    |       |                |                          |  |
| <b>CSZ</b>    | CANBY               | OR | 97013 | <b>Country</b> | UNITED STATES OF AMERICA |  |

| Type          | MEM MEMBER             |          |       |                | Resign Date              |
|---------------|------------------------|----------|-------|----------------|--------------------------|
| <b>Name</b>   | BRENT                  | DEARMOND |       |                |                          |
| <b>Addr 1</b> | 11463 BROADACRES RD NE |          |       |                |                          |
| <b>Addr 2</b> |                        |          |       |                |                          |
| <b>CSZ</b>    | HUBBARD                | OR       | 97032 | <b>Country</b> | UNITED STATES OF AMERICA |

| Type          | MEM MEMBER             |      |          |                | Resign Date              |
|---------------|------------------------|------|----------|----------------|--------------------------|
| <b>Name</b>   | THOMAS                 | HALL | DEARMOND | JR             |                          |
| <b>Addr 1</b> | 26469 NE BUTTEVILLE RD |      |          |                |                          |
| <b>Addr 2</b> |                        |      |          |                |                          |
| <b>CSZ</b>    | AURORA                 | OR   | 97002    | <b>Country</b> | UNITED STATES OF AMERICA |

| Type          | MEM MEMBER         |          |      |  | Resign Date |
|---------------|--------------------|----------|------|--|-------------|
| <b>Name</b>   | LISA               | DEARMOND | WING |  |             |
| <b>Addr 1</b> | 30855 S KAUFMAN RD |          |      |  |             |

|               |       |    |       |  |   |
|---------------|-------|----|-------|--|---|
| <b>Addr 2</b> |       |    |       |  |   |
| <b>CSZ</b>    | CANBY | OR | 97013 |  | <b>Country</b> UNITED STATES OF AMERICA |






[New Search](#)

## Name History


| Business Entity Name   | Name Type | Name Status | Start Date | End Date |
|------------------------|-----------|-------------|------------|----------|
| DEARMOND FAMILY L.L.C. | EN        | CUR         | 12-27-1994 |          |

Please [read](#) before ordering [Copies](#).[New Search](#)

## Summary History

| Image Available   | Action                              | Transaction Date | Effective Date | Status | Name/Agent Change | Dissolved By |
|---|-------------------------------------|------------------|----------------|--------|-------------------|--------------|
|    | AMENDED ANNUAL REPORT               | 11-17-2023       |                | FI     |                   |              |
|    | AMENDED ANNUAL REPORT               | 11-14-2022       |                | FI     |                   |              |
|    | AMENDED ANNUAL REPORT               | 12-03-2021       |                | FI     | Agent             |              |
|   | AMNDMT TO ANNUAL RPT/INFO STATEMENT | 09-27-2021       |                | FI     | Agent             |              |
|   | ANNUAL REPORT PAYMENT               | 11-16-2020       |                | SYS    |                   |              |
|   | ANNUAL REPORT PAYMENT               | 11-15-2019       |                | SYS    |                   |              |
|   | ANNUAL REPORT PAYMENT               | 11-26-2018       |                | SYS    |                   |              |
|   | ANNUAL REPORT PAYMENT               | 11-22-2017       |                | SYS    |                   |              |
|   | ANNUAL REPORT PAYMENT               | 11-22-2016       |                | SYS    |                   |              |
|   | ANNUAL REPORT PAYMENT               | 11-25-2015       |                | SYS    |                   |              |
|  | ARTICLES OF AMENDMENT               | 01-28-2015       |                | FI     |                   |              |
|   | ANNUAL REPORT PAYMENT               | 11-19-2014       |                | SYS    |                   |              |
|   | ANNUAL REPORT PAYMENT               | 11-20-2013       |                | SYS    |                   |              |
|   | ANNUAL REPORT PAYMENT               | 11-20-2012       |                | SYS    |                   |              |
|   | ANNUAL REPORT PAYMENT               | 11-22-2011       |                | SYS    |                   |              |
|   | ANNUAL REPORT PAYMENT               | 11-16-2010       |                | SYS    |                   |              |
|   | ANNUAL REPORT PAYMENT               | 11-17-2009       |                | SYS    |                   |              |

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|  |                       |            |  |     |  |  |
|--|-----------------------|------------|--|-----|--|--|
|  | ANNUAL REPORT PAYMENT | 11-19-2008 |  | SYS |  |  |
|  | ANNUAL REPORT PAYMENT | 11-21-2007 |  | SYS |  |  |
|  | ANNUAL REPORT PAYMENT | 11-22-2006 |  | SYS |  |  |
|  | ANNUAL REPORT PAYMENT | 11-21-2005 |  | SYS |  |  |
|  | ANNUAL REPORT PAYMENT | 11-16-2004 |  | SYS |  |  |
|  | ANNUAL REPORT PAYMENT | 11-19-2003 |  | SYS |  |  |
|  | ANNUAL REPORT PAYMENT | 11-20-2002 |  | SYS |  |  |
|  | ANNUAL REPORT PAYMENT | 11-30-2001 |  | SYS |  |  |
|  | STRAIGHT RENEWAL      | 11-20-2000 |  | FI  |  |  |
|  | STRAIGHT RENEWAL      | 12-06-1999 |  | FI  |  |  |
|  | CHANGED RENEWAL       | 12-02-1998 |  | FI  |  |  |
|  | STRAIGHT RENEWAL      | 11-19-1998 |  | FI  |  |  |
|  | STRAIGHT RENEWAL      | 11-28-1997 |  | FI  |  |  |
|  | STRAIGHT RENEWAL      | 12-02-1996 |  | FI  |  |  |
|  | AMENDED RENEWAL       | 02-29-1996 |  | FI  |  |  |
|  | NEW FILING            | 12-27-1994 |  | FI  |  |  |

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