

# District 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](http://www.oregon.gov/OWRD)

Please type or print legibly in dark ink. If your application is incomplete or inaccurate, we will return it to you. If any requested information does not apply to your application, insert "N/A" to indicate "Not Applicable." As you complete this form, please refer to notes and guidance included on the application. A summary of review criteria and procedures that are generally applicable to the application is available at:

<https://www.oregon.gov/owrd/WRDFormsPDF/CriteriaforDistrictPERMANENTTransferApplications.pdf>

## Change in Place of Use Only

### 1A. APPLICANT INFORMATION

IRRIGATION DISTRICT			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				COUNTY
CITY	STATE	ZIP	E-MAIL	
<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>				

### 1B. AGENT INFORMATION

AGENT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	
<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>				

## 2. PROPOSED CHANGE(S) TO WATER RIGHT(S)

- List all water rights to be affected by this transfer. Indicate the certificate, permit, decree or other identifying number(s) in the table below: (Attach additional pages as necessary.)

	Certificate	Permit / Previous Transfer	Decree
1.		-	
2.		-	
3.		-	
4.		-	
5.		-	
6.		-	

### 3. ATTACHMENTS

Check each of the following **attachments** included with this application. The application will be returned if all required attachments are not included.

<b>Supplemental Form A –</b> <b>Description of Proposed Change(s) to a Water Right</b> <input type="checkbox"/> A <u>separate</u> Supplemental Form A is enclosed for <u>each</u> water right to be affected by this transfer. <b>Map</b> <input type="checkbox"/> Permanent Transfer A map meeting the requirements of OAR 690-385-3300 must be included but need not be prepared by a Certified Water Right Examiner (CWRE).	<b>Fees:</b> <input type="checkbox"/> Amount enclosed: \$ _____ See the Department's Fee Calculator at <a href="https://apps.wrd.state.or.us/apps/wr/wr_transfer_calculator/permanent_district_transfer.aspx">https://apps.wrd.state.or.us/apps/wr/wr_transfer_calculator/permanent_district_transfer.aspx</a> <b>Land Use Compatibility Statement</b> <input type="checkbox"/> The Land Use Information Form is <u>not</u> required if water is to be diverted, conveyed and/or used only on federal lands or if <u>ALL</u> of the following apply: a) a change in place of use only, b) a change that does not involve the placement or modification of structures, c) the use of water is for irrigation <b>only</b> and d) the use is located within an irrigation district or an exclusive farm use zone.
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### 4. SIGNATURES

The district certifies the following:

- (1) The water rights proposed for transfer are water rights subject to transfer and are not subject to forfeiture for nonuse under ORS 540.610;
- (2) Each user affected by the proposed transfer has provided written authorization for the transfer and such authorization is on file with the district;
- (3) For lands which are no longer irrigated or susceptible of irrigation that are included in this transfer under the authority of ORS 540.572 and OAR 690-385-5000, notices as required under ORS.572 and OAR 690-385-5100 have been given to the user and any security interest holder of record of intent to transfer the right and the user was provided an opportunity to resolve the matter in the manner described by ORS 540.572 and OAR 690-385-5400 and 690-385-5600.
- (4) On behalf of the district, I affirm to the best of my knowledge the information contained in this application is true and accurate.

\_\_\_\_\_  
District Manager signature

\_\_\_\_\_  
name (print)

\_\_\_\_\_  
date

OR

\_\_\_\_\_  
Authorized District Representative signature

\_\_\_\_\_  
name (print)

\_\_\_\_\_  
date

**Before submitting your application to the Department, be sure you have:**

- Answered each question completely.
- Included all the required attachments.
- Included a check payable to the Oregon Water Resources Department for the appropriate amount.