

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

Application for District Temporary Water Right

Transfer

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 these applications is available at www.wrd.state.or.us/OWRD/PUBS/forms.shtml.

		Applicat	ion for the	e i	rrigation	season.		
	1	APPL	ICANT/A	GENT	INFOR	MATION		
IRRIGATION DISTRICT				PHONE NO	Э.	ADDITIONAL CONTAC	CT NO.	
ADDRESS						FAX NO.		
CITY		STATE ZIP			E-MAIL			
							RRESPONDENCE FRO S WILL ALSO BE MAI	
AGENT/BUSIN	NESS NAME				PHONE NO.		ADDITIONAL CONTACT NO.	
ADDRESS							FAX NO.	
CITY		STATE	ZIP		E-MAIL			
By provii	DING AN E-MAIL A	DDRESS, C	CONSENT IS	GIVEN	TO RECE	IVE ALL COF	RRESPONDENCE FRO	M THE
DEPARTM	ENT ELECTRONICA	ALLY. CO	PIES OF TH	E FINAI	ORDER	DOCUMENTS	S WILL ALSO BE MAI	ILED.
other ic the cur	-	r(s) in the water rig	e table bel	ow: If a	certifica	ate has been	ate, permit, decree issued and reflects imber.	
	Application	on / Decree	!	Perm	it / Previo	us Transfer	Certificate	
1.	-	/		-	/	-		
2.	-	/		-	/	-		
3.	-	/		-	/	-		
4.	-	/		-	/	-		
5.	-	/		-	/	-		
6.	-	/		-	/	-		
• Check	all proposed char	nge(s) inc	luded in tl	nis trans	sfer appli	cation:		
 ☐ Place of Use ☐ Point of Diversion or Point of Appropriation ☐ Surface Water source to Ground Water source ☐ Character or Type of Use 								

$\frac{\textbf{3. CONSULTATION WITH STATE AGENCIES, LOCAL GOVERNMENTS, AND}}{\textbf{TRIBAL GOVERNMENTS}}$

Is this transfer application for a ch	ange in point of diversion in resp	onse to an emergency?		
□ Yes □ No				
Has the district conferred with the Lands, and affected local governm governments about the proposed p	ents (e.g., county, city, municipal co	orporation), and tribal		
If " Yes ", for any of the above, list number of the appropriate contact		and the name and phone		
Agency/ Gov't Name:	Contact Name:	Phone:		
Agency/ Gov't Name:	Contact Name:	Phone:		
Agency/ Gov't Name:	Contact Name:	Phone:		
Agency/ Gov't Name:	Contact Name:	Phone:		
Agency/ Gov't Name:	Contact Name:	Phone:		
4. CONSENT FOR A C	HANGE IN TYPE OF USE OF STORE WATER	A WATER RIGHT TO		
Is this transfer application for a ch		at to store water?		
S this transfer application for a cir	ange in type of use of a water rigi	iit to store water:		
Has the district received written codifferent than the district, or from is issued in the name of a federal g	the appropriate federal agency if governmental agency? Yes	the water right to store water ☐ No		
If "Yes", for any of the above, label and attach a dated and signed copy of the written consent.				

5. ATTACHMENTS

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

Supplemental Form A –	Supplemental Water Right Statement				
Description of Proposed Change(s) to a Water Right ☐ A separate Supplemental Form A is enclosed for each water right to be affected by this transfer. Map ☐ Temporary 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. Consent to Transfer ☐ A copy of the written consent, if applicable, for a change in type of use of a water right to store water.	 A written statement, if applicable, identifying supplemental water rights that will not be transferred, but remain unexercised at the authorized place of use during the irrigation season. Water Well Reports/Well Logs: □ The application is for a change from surface water to ground water and copies of all water well reports are attached. □ Water well reports are not available and attached is a description of construction details including well depth, static water level, and information necessary to establish the ground water body developed or proposed to be developed. □ The application is for a surface water transfer and water well reports are not required. 				
	Fees: ☐ Amount enclosed: \$				
	See the Department's Fee Schedule at www.wrd.state.or.us or call (503) 986-0900.				
The district certifies the following: (1) The water right(s) proposed for transfer is a water right(s) subject to transfer and has not been forfeited 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; and (3) The district has notified each affected user that the Department may condition or reject the transfer at any time to the extent necessary too avoid injury to an existing water right, and that the use of water on lands from which the water right is transferred (authorized place of use) and at the proposed place of use during the same irrigation season or calendar year may subject both the user and district to civil penalties. On behalf of the district, I affirm that the information contained in this application is true and accurate.					
District Manager signature name OR	(print) date				
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.