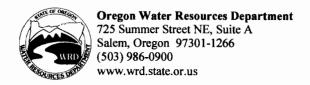
Application for

Permit Amendment



Part 1 of 4 – Minimum Requirements Checklist

This permit amendment application will be returned if Parts 1 through 4 and all required attachments are not completed and included.

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

	ck all it	ems included with this application. $(N/A = Not Applicable)$
		Part 1 – Completed Minimum Requirements Checklist.
		Part 2 – Completed Permit Amendment Application Map Checklist.
		Part 3 - Completed Permit Amendment Application - Applicant Information and Signature.
		Part 4 – Completed Permit Amendment Application – Water Use Permit Information. Please include a separate Part 4 for each permit. List all permit(s) to be amended here:
Q		Attachments: Completed Permit Amendment Application Map (Does not have to be prepared by a Certified Water Right Examiner).
		Permit amendment fees – Amount enclosed: \$ 100. See the Department's Fee Schedule at www.wrd.state.or.us or call (503) 986-0883.
	□ N/A	Request for Assignment Form and statutory fee. The request for assignment form has to be completed if the applicant is not the permit holder of record and needs to be assigned to the permit; or the landowner of the proposed place of use is not the permit holder of record and needs to be assigned to the permit (the Request for Assignment Form is available online at http://www.wrd.state.or.us/OWRD/PUBS/forms.shtml). Assignment is not needed if applicant is the permit holder of record.
	□ N/A	Affidavit(s) of Consent are required from all permit holder(s) of record if the permit is not assigned to the applicant, or other permit holders of record that are not listed as applicants.
	V N/A	Land Use Information Form with approval and signature (or signed land use form receipt stub). Land use form is not required if any of the following apply:
		☐ Water is to be diverted, conveyed, and/or used only on federal lands.
RECI	EIVEI 31 201	Changes, cathe use of water is for hit pation only, and of the use is located within
WATER RE		The proposed changes are all located on the property reviewed in Land Use form
	☑ N/A	For changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation, Water Well Report(s)/Well Log(s)
		(For Staff Use Only) 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 Assignment Form and fee not enclosed/insufficient Additional signature(s) required Part is incomplete er/Explanation is incomplete
	Staf	f 503-986-0 Date: / /

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

Please be sure that the map you submit includes all the items listed below and meets the requirements of OAR 690-380-3100, however, the map does not have to be prepared by a Certified Water Right Examiner. Check all boxes that apply.

□ Vn/A	If more than three permits are involved, separate maps for each permit.
o	Permanent quality printed with dark ink on white or clear paper or film.
ď	The size of the map can be $8\frac{1}{2} \times 11$ inches, $8\frac{1}{2} \times 14$ inches, or up to 30 x 30 inches. For 30 x 30 inch maps, three (3) paper copies and an electronic copy in a .pdf, .tiff or .jpg format are required.
	A north arrow, a legend, and scale.
	The scale of the map must be: $1 \text{ inch} = 400 \text{ feet}$, $1 \text{ inch} = 1,320 \text{ feet}$, the scale of the county assessor map if the scale is not smaller than $1 \text{ inch} = 1,320 \text{ feet}$, or a scale that has been preapproved by the Department.
<u> </u>	Township, Range, Section, 1/4 1/4, DLC, Government Lot, and other recognized public land survey lines.
	Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
I	Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.
র্	Major water delivery system features from the point(s) of diversion/appropriation such as main pipelines, canals, and ditches.
T	Existing place of use that includes separate hachuring for each water use permit, 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 permit is being changed, a separate hachuring is needed for the portion of the permit left unchanged.
□ V N/A	If you are proposing a change in place of use, show the proposed place of use with hachuring that includes separate hachuring for each permit, 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.
abla	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 use permit.
RECEIVED AUG 3 1 201 WATER RESOURCES	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°).
SALEM, OREG	T 11175

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Part 3 of 4 - Applicant Information and Signature

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APPLICANT/BUSINESS NAME MIKE THOMPSON	LECIL	. Poth	PHONE NO. 503. 932. 8143	ADDITIONAL CONTACT NO.
ADDRESS 8095 DELPHIN	ILIM	NE		FAX NO.
CITY	STATE	^{ZIP} 91305	E-MAIL	

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

AGENT/BUSINESS NAME SCHUETT	E. CWR	PHONE NO. 503 · 5578	ADDITIONAL CONTACT NO.	
ADDRESS 3000 MARKET S	TNE, #	F510		FAX NO. 503: 585 · 1856
CITY SALEM	STATE	^{ZIP} 97301	E-MAIL J imser gineerinz	go austoffice.net
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GENT/BUSINESS	•			PHONE NO.	ADDITIONAL CONTACT NO.
	CHUETTE,	CWR		503.589.5578	
DDRESS BOOD MAI	eket St	NG, #	510		FAX NO. 503: 585 · 1856
SALEN	۸	STATE	21P 97301	F-MAIL J MSE rgineerik	go austoffice.net
If an agent	is listed above	, please c	heck <u>one</u> of the f	•	J
☐ Ple	ase send all co	rresponde	ence to Agent. So	end copies of corre	spondence to Applicant; OR
		_	_	-	orrespondence to Agent.
			is fully or partial timulus dollars)	ly funded by the A	merican Recovery and
Is the appl	licant the pern	nit holde	r of record? 🏻	Yes No	
If NO,	include either:				
	-	•	t form (with required the applicant(s),	,	gnment fee), assigning all or a
	An affidavit of applicant to an		•	nolder(s) of record	that gives permission for the
I (we) affir	m that the info	mation co	ontained in this a	pplication is true an	d accurate.
Applica	Make the	, 	Name (and title	HOUPEN e if applicable) (print)	8/30/2010 Date
Applica	nt signature		Name (and title	e if applicable) (print)	Date

In your own words tell us what change(s) you want made and the reason for the amendment(s):

Two additionar basact were are requested to be Added to the opinial permit. IE: well#3; wow#4. Also, the Application/permit map has been changed to reflect the correct numbering of wells #15#2 RECEIVED.

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Check one of the following:											
The applicant is responsible for completion of change(s). Notices and correspondence should continue to be sent to the applicant.											
The permit holder(s) of record will be responsible for completing the proposed change(s) after the final order is issued. Copies of notices and correspondence should be sent to the permit holder(s) of record.											
Check the appropriate box, if applicable:											
Check here if any of the permits propos by an irrigation or other water district.	ed for amendment are or wil	ll be located within or served									
IRRIGATION DISTRICT NAME	ADDRESS										
CITY	STATE	ZIP									
Check here if water for any of the permits contract for stored water with a federal ag		vice agreement or other									
ENTITY NAME	ADDRESS										
CITY	STATE	ZIP									
To meet State Land Use Consistency Require city, municipal corporation, or tribal government conveyed or used.	nent) within whose jurisdicti	` ` `									
MARION COUNTY PLANNING	POBOX 14500 C	ourthouse Source									
SALCM	STATE	97309									
ENTITY NAME	ADDRESS										
CITY	STATE	ZIP									

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Please use a separate Part 4 for each permit being amended.

PERMIT # <u>6-11</u>014

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

POD/POA Name or Number	Is this POD/POA Authorized by the permit or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L)	Twp	Rng	Sec	1/4 1/4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
#	✓ Authorized ☐ Proposed		15	ZW	23	NMNE		76'N F 560'E From Ctresse 23
#2	✓ Authorized ☐ Proposed		15	ZW	23	55NE		720'S & 1730'E From GRSC 23
#3	Authorized Proposed		75	ZW	23	VM VE	_	50'N & 1780'N From 56 Gr DLC 12
#4	Authorized Proposed		75	ZW	23	45SE		120'N \$ 150'W from SEcor Sec 23

Che	ck all ty	pe(s) of change(s) proposed below (c	hange	e "CODES" are provided in parentheses):
	Pla	ce of Use (POU)	X	Point of Appropriation/Well (POA)
	Poi	nt of Diversion (POD)		Additional Point of Appropriation (APOA)
	Ade	ditional Point of Diversion (APOD)		Surface water POD to Ground Water POA (SW/GW)
Will	all of th	ne proposed changes affect the entire	wate	r use permit?
	Yes	Complete only the proposed ("to" la "CODES" listed above to describe the	-	section of Table 2 on the next page. Use the sposed changes.
☐ No		Complete all of Table 2 to describe	the po	rtion of the permit to be changed.

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WATER RESOURCES DEPT SALEM, OREGON

Table 2. Description of Changes to Water Use Permit # 6-11014

List only the part of the permit that will be changed. For the acreage in each 1/4 1/4, list the change proposed. If more than one change, specify the acreage associated with each change. If more than one POD/POA, specify the acreage associated with each POD/POA.

		Αι	thorize	ed ("fr	om" lands)	as the	y appe	ar before th	ne changes	Proposed			Prop	osed ("to" l	ands) a	after th	e changes	
AUG 3 1 2010 WATER RESOURCES DEPT SALEM, OREGON	RECE	Twp	Rng	Sec	1/4 1/4	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) (name or number from Table 1)	Changes (see "CODES"	Тwp	Rng	Sec	1/4 1/4	Tax Lot	Gvt Lot or DLC	Acres (if applicable	POD(s)/POA(s) to be used (from Table 1)
1 2010 DURCES DE OREGON	EIVED								A des	cription o	f the	prop	osed	place o	of us	se un	der the	permit is as
										(POA)		SW 1		1/4 (TION 13	0.2 A	CRE		#1, Z, 3
<u> </u>											-		/4 SI	E 1/4 25 E 1/4 37 FION 14			-	
112											_	SW 1 SE 1	/4 NI /4 NI	E 1/4 37 E 1/4 10	7.3 A	CRES CRES		
5											_	SE 1, NE 1, NE 1,	/4 NV /4 SV /4 SI	V 1/4 28 V 1/4 17 E 1/4 11	3.8 A 7.1 A 1.9 A	CRES CRES CRES		
												NW 1	/4 SI /4 SI	E 1/4 31 E 1/4 (E 1/4 14	1.8 A	CRES CRE		
													SECT	FION 23				
											TOWN	NW 1	/4 NE SECT	E 1/4 6 FION 26 JTH, RANG	5.2 A	CRES	W . M	
														111, 14110	2			
					TOTAI	L ACR	ES							TOTAL	L ACR	ES	240.1	

Additional remarks: ____.

								Per	mit #	
		n place of us								
	the permes ☐ No	it holder of r	ecord ow	n or cont	rol the la	nd TO wh	ich the pla	ce of use is	being move	ed?
per	mit as a p	ndowner of the permit holder story fee for a	of recor	d by subn						
Is the	propose	d place of use	e contigu	ous to the	authoriz	ed place o	f use? 🔲 Y	es □ No		
unl for 496 listi	ess the character the purpose .192 or the ng agency	d place of use ange to non-c ses of benefiti e federal End v. Contiguous aorized by roa	ontiguous ing a spec angered S s land bein	s lands is i ies listed a species Ac ng either a	n furthera as sensitiv t of 1973 adjacent la	nce of mitive, threaten (16 U.S.C. and or land	gation or co ed, or endar 1531 to 15 separated fi	onservation ngered undo 44), as dete rom the lan	efforts under ORS 496. ermined by to which a	ertaken 171 to he
		r water right 1" or "to" lar				mits or gr	ound water	r registrati	ions associa	ted
If Y	ES, list th	ne other certif	icate, peri	mit, or gro	und water	r registratio	n numbers:			
land to a	l for irriga water rig	s) are for irrigation that are so that are	subject to or ground	transfer n water reg	nust either istration r	change co nust be file	ncurrently of separately	or be cance in a water	lled. Any cl	nange
For a	change i	n point(s) of	appropri	iation (we	ll(s)) or a	dditional _l	point(s) of a	appropriat	tion:	
X	associat map. (7	g(s) are attach ed with the co Fip: You may pps2.wrd.state	orrespond search fo	ing well(s or well log) in Table s on the D	1 above ar Department	nd on the ac	companyin	beled and ng applicatio	n
OR										
		e the construction well log.	tion of th	e authoriz	ed and pro	oposed wel	l(s) in Table	e 3 for any	wells that de	o not
Any well- accompany your trans	(s) in this nying appl sfer applic	tion of Point listing must be lication map. cation. For pright examiner	e clearly Failure to oposed w	tied to cor provide a cells, we re	respondir adequate i commend	nformation I that you c	n is likely to consult a lice	delay the jensed well	processing o	f
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
SE	_ A+	TACHED	WEL	-Pcx	२०१ट व इ	Ser	wells	#34	#4-	
								,		
		RECE	IVED			_		_		