

State of Oregon

Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900

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.

Che	ck all ite	ems included with this application. (N/A = Not Applicable)	MAR 2 1 2013
\boxtimes		Part 1 - Completed Minimum Requirements Checklist.	WATER RECOURAGE TOTAL
\boxtimes		Part 2 - Completed Permit Amendment Application Map Checklist.	WATER RESOURCES DEPT SALEM, OREGON
\boxtimes		Part 3 - Completed Permit Amendment Application - Applicant Inform	nation and Signature.
\boxtimes		Part 4 – Completed Permit Amendment Application – Water Use Permit Please include a separate Part 4 for each permit. List all permit(s) to be	it Information. amended here: <u>G-12367</u> .
		Attachments:	
\boxtimes		Completed Permit Amendment Application Map (Does not have to be p Water Right Examiner).	prepared by a Certified
\boxtimes		Permit amendment fees – Amount enclosed: \$ <u>1200</u> . See http://www.wrd.state.or.us/OWRD/PUBS/forms.shtml#fees or call	(503) 986-0883.
		Request for Assignment Form and statutory fee. The request for assign completed if the applicant is not the permit holder of record and needs to permit; or the landowner of the proposed place of use is not the permit needs to be assigned to the permit (the Request for Assignment Form is http://www.wrd.state.or.us/OWRD/PUBS/forms.shtml). Assignment is applicant is the permit holder of record.	to be assigned to the holder of record and available online at
		Affidavit(s) of Consent are required from all permit holder(s) of record to the applicant, or other permit holders of record that are not listed as a	
\boxtimes		Land Use Information Form with approval and signature (or signed land stub). Land use form is not required if any of the following apply:	d use form receipt
		☐ Water is to be diverted, conveyed, and/or used only on feder	al lands.
		All of the following apply: a) a change in place of use only, changes, c) the use of water is for irrigation only, and d) the an irrigation district or an exclusive farm use zone.	The state of the s
		The proposed changes are all located on the property review enclosed in Water Right Application Folder #	ed in Land Use form
\boxtimes		For changes in point(s) of appropriation (well(s)) or additional point(s) Well Report(s)/Well Log(s)	of appropriation, Water
		Additional signature(s) required Part is incomplete Other/Explanation	, ,
		Staff: 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 <u>not</u> have to be prepared by a Certified Water Right Examiner. Check all boxes that apply. **RECEIVED**

	N/A	If more than three permits are involved, separate maps for each permit. MAR 2 1 2013
		Permanent quality printed with dark ink on good quality paper.
		WATER RESOURCES DEPT The size of the map can be $8\frac{1}{2} \times 11$ inches, $8\frac{1}{2} \times 14$ inches, 11×17 inches, or \$4 \text{ 13 ORESON} 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: $1 \text{ inch} = 400 \text{ feet}$, $1 \text{ inch} = 1,320 \text{ feet}$, 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.
		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.
		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 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.
	⊠ 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.
\boxtimes		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.
\boxtimes	□ 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 $-42^{\circ}32'15.5"$) or degrees-decimal with five or more digits after the decimal (example -42.53764°).

Part 3 of 4 - Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTA	ADDITIONAL CONTACT NO. RECEIV			
AJ Dairy LLC ADDRESS		503-559-0213	FAX NO.	TECE	VE			
15873 E. Marquam RD		T		503-634-5009	MAR 2 1			
CITY Mt Angel	STATE OR	ZIP 97362	E-MAIL ajdairy@gmail.co	om				
Agent Information - The a	gent is auth	orized to repr		WA	TER RESOUR	CES DE		
AGENT/BUSINESS NAME		<u> </u>	PHONE NO.	ADDITIONAL CONTA		-GON		
ADDRESS				FAX NO.				
				Traction.				
CITY	STATE	ZIP	E-MAIL					
** By providing an e-mai								
DEPARTMENT ELECTRON	iically. (COPIES OF TH	E FINAL ORDER DOCU	MENTS WILL ALSO BE	MAILED.			
Check this box if the Reinvestment Act.				American Recovery	and			
Is the applicant the pe	`		<u>_</u>					
If NO, include either		or or record	. 🖂 165 🗀 110					
		nt form (svith	required statutory as	ocionment foe) escion	ing all an a			
portion of th	_	•		ssignment fee), assign	ing all or a			
An affidavit applicant to		•	rmit holder(s) of reco	rd that gives permission	on for the			
		1						
I understand that prior to the Department for public	ation of a n	otice in a new	spaper with general cir	culation in the area whe	re the permit	is		
located, once per week for			If more than one qualit	fying newspaper is avail	able, I sugges	st		
publishing the notice in th	e following	g paper:	<u>·</u>					
I (we) affirm that the inf	ormation o	contained in t	this application is true	and accurate.				
Applicant Signature		Tim	Kuenzi Member Name (and Title if applicable)	3/12/13 Date				
Applicant Signature		Print ?	Name (and Title if applicable)	Date				

In your own words tell us what change(s) you want made and the reason for the amendment(s): We need to add an additional point of appropriation/well. This is needed because the two wells listed in the permit #5 and #7 do not provide addiquate water for the land specified under the permit. We would like to add well #4 on the east side of Lone Pine RD.

Check one of the following:		
☐ The applicant is responsible for continue to be sent to the appli	or completion of change(s). Nicant.	otices and correspondence should
The permit holder(s) of record final order is issued. Copies o of record.	will be responsible for compl f notices and correspondence	eting the proposed change(s) after should be sent
Check the appropriate box, if applie	cable:	MAR 2 1 2013
Check here if any of the permits by an irrigation or other water di	proposed for amendment are strict.	or will be located salem, one gon
IRRIGATION DISTRICT NAME	ADDRESS	
Lone Pine Irrigation District	PO Box 564	
CITY Terrebonne	STATE OR	97760
contract for stored water with a fed	ADDRESS	
CITY	STATE	ZIP
To meet State Land Use Consistency leading, municipal corporation, or tribal geonveyed or used.		
ENTITY NAME Jefferson Count	ADDRESS 84 SE D ST	
CITY	STATE	ZIP
Madras	OR	97741
ENTITY NAME	ADDRESS	
Crook County	200 NE Second ST	
CITY	STATE	ZIP
Prineville	OR	97754

Prineville

Please use a separate Part 4 for each permit being amended. Instructions: http://www.wrd.state.or.us/OWRD/PUBS/docs/Hints Forms MS WA TECEIVED MAR 2 1 2013

PERMIT # G-12367

WATER RESOURCES DEPT Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (PAEGON (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)		Тwp		Rng		V4 V4		Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Well #5	✓ Authorized☐ Proposed	JEFF810	13	S	14	E	32	sw	SE	800	
Well #7		CROO246	14	S	14	E	5	NE	NE	100	
Well #4	☐ Authorized ☐ Proposed	JEFF812	13	S	14	E	33	SW	SE	900	
	Authorized Proposed										

Check a	all typ	e(s) of change(s) proposed below (c	hange	e "CODES" are provided in parentheses):				
	Place	e of Use (POU)		Point of Appropriation/Well (POA)				
	Poin	t of Diversion (POD)	\boxtimes	Additional Point of Appropriation (APOA				
	Addi	tional Point of Diversion (APOD)		Surface water POD to Ground Water POA (SW/GW)				
Will all of the proposed changes affect the entire water use permit?								
	Yes	Complete only the proposed ("to" la "CODES" listed above to describe the		ection of Table 2 on the next page. Use the posed changes.				
	No	Complete all of Table 2 to describe	the po	rtion of the permit to be changed.				

Table 2. Description of Changes to Water Use Permit # G-12367

List only the part of the permit that will be changed. For the acreage in each ½ ½, list the change proposed. If more than one change, specify the acreage associated with each pod/POA.

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		Priority Date		1/16/90	1/16/90	7/16/90	1/16/90	1/16/90					
	iges	POD(s) or POA(s) to be used (from Table 1)	,	WELL4&7	WELL4&7	WELL4&7	WELL4&7	WELL4&7					
)A.	Proposed ("to" lands) after the changes	Acres (if applicable)		18.5	24.5	9.9	20.9	16.3				8.98	
)D/P(nds) af											ES	
each PC	("to" lar	Tax Lot Lot or DLC		800		0100	11	:				TOTAL ACRES	
with	posed	1/4 1/4		SE	:	NE	:	:				TOT	
ated	Pro	7,		SE	:	SW	:	:					
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ge a		Rng		14 E	:	14 E	:	:					
crea		Twp		S 1	:	S 1	=	:		 			
the a		Ţ.		13	:	14	:	:					
acreage associated with each change. If more than one POD/POA, specify the acreage associated with each POD/POA.		Proposed Changes (see "CODES" from previous page)		APOA	APOA	APOA	APOA	APOA					
OD/PC	S	Priority Date		2/16/90	06/91//	£		:					
than one I	Authorized ("from" lands) as they appear before the changes	POD(s) or POA(s) (name or number from Table		WELL 7	н	и	£	Ε					•
. If more	ppear before	Got Acres Lot or (if DLC applicable)		18.5	24.5	9.9	20.9	16.3				8.98	
ange	hey a	Gvt Lot or DLC										ES	
ch ch	ls) as t	Tax Lot		800	:	0100	:	:				TOTAL ACRES	
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Additional remarks:

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WATEP RESOURCES DEPT SALEM, OREGON

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MAR 2 1 2013

Permit # G-12367

	the permi	it holder of r	ecord ow	n or cont	SALEM, O	und:ESO <u>eyh</u> REGON	ich the plac	ce of use is	being move	ed?
peri	nit as a p	downer of the ermit holder tory fee for a	r of recor	d by subm	e place of nitting a co	use is bein ompleted R	g moved m lequest for A	ust be assi Assignmen	igned to the t form and the	ne
Is the	proposed	d place of use	e contigu	ous to the	authoriz	ed place of	fuse? 🗌 Y	es 🗌 No		
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		r water right " or "to" lan				mits or gr	ound water	registrati	ons associa	ted
If Y	ES, list th	e other certifi	icate, peri	nit, or gro	und water	r registratio	n numbers:			
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	map. (T	Cip: You may pps2.wrd.state	search fo	r well log	s on the D	Department'			ig application	11
OR										
	Describe have a v	e the construction that the the construction that the construction	ction of th	e authoriz	ed and pro	oposed wel	l(s) in Table	e 3 for any	wells that de	o not
Any well(accompan your trans	s) in this ying appl fer applic	tion of Pointe listing must b ication map. ation. For pr ght examiner	be clearly Failure to coposed w	tied to cor provide a ells, we re	respondir adequate i commend	information I that you c	is likely to onsult a lice	delay the pensed well	processing o	f ogist
Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well, OWRD Well ID Tag	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
		_								

For a change in place of use: