

Part 3 of 4 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME City of Keizer			PHONE NO. 503-390-3700	ADDITIONAL CONTACT NO.
ADDRESS PO Box 21000			FAX NO. 503-393-9437	
CITY Keizer	STATE OR	ZIP 97307	E-MAIL lawyerb@keizer.org	
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.				

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

APPLICANT/BUSINESS NAME 4B Engineering & Consulting, LLC			PHONE NO. 503-589-1115	ADDITIONAL CONTACT NO.
ADDRESS 3700 River Road N, Suite 2			FAX NO. 503-589-1118	
CITY Keizer	STATE OR	ZIP 97303	E-MAIL brooke@4bengineering.com	
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.				

Explain in your own words what you propose to accomplish with this modification; and why:
We plan to move GR-3065 to the Lacey Ct well.

If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1".

Check this box if this project is fully or partially funded by the American Recovery and Reinvestment Act. (Federal stimulus dollars)

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(Check one box)

- By signing this application, I (we) understand that, upon receipt of the draft preliminary Department approval of the ground water modification, I (we) will be required to provide land ownership information and evidence that I am authorized to pursue the modification as identified in OAR 690-382-0400(16)(a); **OR**
- I (we) 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 (we) affirm that the applicant is an entity with the authority to condemn property and is acquiring the property to which the ground water registration proposed for modification is appurtenant by condemnation and have attached supporting documentation.

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I understand that prior to Department approval of the groundwater registration modification, 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 groundwater registration 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 paper: _____.

I (we) affirm that the information contained in this application is true and accurate.


Applicant Signature

Bill Lawyer Public Works Director 12/17/13
Print Name (and Title if applicable) Date

Applicant Signature

Print Name (and Title if applicable)

Date

Is the applicant the sole owner of the land on which the ground water registration modification, or portion thereof, 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 ground water registration has been conveyed.*

Check the appropriate box, if applicable:

Check here if the ground water registration proposed for modification is or will be located within or served by an irrigation or other water district.

IRRIGATION DISTRICT NAME	ADDRESS	
CITY	STATE	ZIP

Check here if water for the ground water registration is supplied under a water service agreement or other contract with a federal agency or other entity.

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP



To meet State Land Use Consistency Requirements, you must list all local governments (each county, city, municipal corporation, or tribal government) within whose jurisdiction water will be diverted, conveyed or used.

ENTITY NAME Marion County	ADDRESS 5155 Silverton Road NE	
CITY Salem	STATE OR	ZIP 97305

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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Part 4 of 4 – Ground Water Registration Information

Please use a separate Part 4 for each registration being modified. See instructions on page 5, to copy and paste additional Part 4s, or to add additional rows to tables within the form.

Table 1. Location of Authorized and Proposed Point(s) of Appropriation (POA)

(Note: If the POA name is not specified in the registration, assign it a name or number here.)

POA Name or Number	Is this POA Authorized by the registration or is it Proposed?	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)
Shoreline Well (Burnside)	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	MARI 16845	7 S	3 W	3	SW SE		
Lacey Ct Well	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	MARI 5361	6 S	3 W	33	NE SE	1500	
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed							
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed							

Check all type(s) of modifications(s) proposed below (modification “CODES” are provided in parentheses):

- | | |
|---|---|
| <input type="checkbox"/> Place of Use (POU) | <input checked="" type="checkbox"/> Point of Appropriation (well) (POA) |
| <input type="checkbox"/> Character of Use (USE) | <input type="checkbox"/> Additional Point of Appropriation (APOA) |

Will all of the proposed changes affect the entire ground water registration?

- Yes Complete only the proposed (“to” 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 registration to be changed.

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Please use and attach additional pages of Table 2 as needed.
See page 5 for instructions.

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

Table 2. Description of Modifications to Registration GR-3065 (Certificate # GR-)

List only the part of the registration that will be modified. For the acreage in each 1/4 1/4, list the modification proposed. If more than one modification, specify the acreage associated with each modification. If more than one POA, specify the acreage associated with each POA.

AUTHORIZED (the "from" or "off" lands)										PROPOSED (the "to" or "on" lands)																			
The listing that appears in the registration BEFORE PROPOSED CHANGES										The listing as it would appear AFTER PROPOSED CHANGES																			
List only that part or portion of the groundwater registration that will be changed.										are made.																			
Twp	Rng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POA(s) (name or number from Table 1)	Priority Date	Proposed Changes (see "CODES" from previous page)	Twp	Rng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POA(s) to be used (from Table 1)	Priority Date							
7 S	3 W	3	SW	SE				MUNI	Shoreline	1943	POA	6 S	3 W	33	NE	SE	1500			MUNI	Lacey Ct	1943							
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TOTAL ACRES																													
TOTAL ACRES																													

Additional remarks: _____

Groundwater Registration # GR-3065 (Certificate # GR-_____)

For a modification in place of use or character of use:

Are there other water right certificates, water use permits, or ground water registrations associated with the “from” or “to” lands? Yes No

If YES, list the other certificate, water use permit, or other ground water registration numbers:



Pursuant to OAR 690-382-0200, any “layered” water use, such as an irrigation right that is supplemental to a primary irrigation right proposed for transfer, must be concurrently transferred with the registration or be cancelled. Any change to a water right must be filed separately in a transfer application. Any change to a water use permit must be filed separately with a permit amendment. Any modification to a ground water registration on the “to” lands must be filed separately with a ground water registration modification.

For modifications in point(s) of appropriation (well(s) or additional point(s) of appropriation:

- Well log(s) are attached for each well 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/)

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 in assembling the information necessary to complete Table 3.

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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 on the accompanying application map. Failure to provide adequate information is likely to delay the processing of your modification 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.

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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
Shoreline Well (Burnside)	Yes	MARI 16845	140'	10"	0'-130'		104'-135'	40'	Gravel 34'-40' 99'-136'	500 GPM
Lacey Ct Well	Yes	MARI 5361	171'	12"	+2'-127'	0'-100'	122'-128' 128'-158' 158'-168'	31'	Gravel 106'-125' 171'	400 GPM