

## Part 3 of 4 – Applicant Information and Signature

### Applicant Information

APPLICANT/BUSINESS NAME <b>Carlton Nursery Co. LLC/Allan Elliott</b>			PHONE NO. <b>503.868.7971</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>P.O. Box 398</b>				FAX NO.
CITY <b>Dayton</b>	STATE <b>OR</b>	ZIP <b>97114</b>	E-MAIL	

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

APPLICANT/BUSINESS NAME <b>Pacific Hydro-Geology Inc. Malia or Greg Kupillas</b>			PHONE NO. <b>503.310.5553</b>	ADDITIONAL CONTACT NO. <b>503.632.5016 ext 11</b>
ADDRESS <b>18487 S. Valley Vista Rd.</b>				FAX NO.
CITY <b>Mulino</b>	STATE <b>OR</b>	ZIP <b>97042</b>	E-MAIL <b>phg@bctonline.com</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.**

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

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 landowners on this form or attach affidavits of consent from all landowners or individuals/entities to which the ground water registration has been conveyed.

(Check one box)

- By signing this application, I (we) understand that, upon receipt of the draft preliminary determination and prior to Department approval of the ground water modification, I (we) will be required to provide landownership 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.

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

**F. Allan Elliott**  
Operations Mgr.  
Print Name (and Title if applicable)

**4/10/2014**  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name (and Title if applicable)

\_\_\_\_\_  
Date

In your own words tell us what modifications you want made to this ground water registration: \_\_\_\_\_

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**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 <b>NA</b>	ADDRESS <b>NA</b>	
CITY <b>NA</b>	STATE <b>NA</b>	ZIP <b>NA</b>

- 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 <b>NA</b>	ADDRESS <b>NA</b>	
CITY <b>NA</b>	STATE <b>NA</b>	ZIP <b>NA</b>



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 <b>Yamhill Co. Planning</b>	ADDRESS <b>525 NE 4<sup>th</sup> St</b>	
CITY <b>McMinnville</b>	STATE <b>OR</b>	ZIP <b>97128</b>

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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 at [http://www.wrd.state.or.us/OWRD/PUBS/docs/Hints\\_Forms\\_MS\\_Word.doc](http://www.wrd.state.or.us/OWRD/PUBS/docs/Hints_Forms_MS_Word.doc).

**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)
Well 1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	YAMH 6586	5 S	3 W	22	SW NE	700	1260 feet north and 210 feet east from the Center 1/4 corner, Section 22
Well 2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	YAMH 53951	5 S	3 W	22	SW NE	700	790 feet north and 1260 feet east from the Center 1/4 corner, Section 22.

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

- |                                                 |                                                                              |
|-------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Place of Use (POU)     | <input type="checkbox"/> Point of Appropriation (well) (POA)                 |
| <input type="checkbox"/> Character of Use (USE) | <input checked="" 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 additional pages of Table 2 as needed

**Table 2. Description of Modifications to Registration Certificate # 1648**

List only the part of the registration that will be modified. For the acreage in each ¼ ¼, 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 ("from" lands) as they appear BEFORE THE CHANGES											Proposed Changes (see "CODES" from previous page)	Proposed ("to" lands) AFTER THE CHANGES															
Twp	Rng	Sec	¼	¼	Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp	Rng	Sec	¼	¼	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/POA(s) to be used (from Table 1)	Priority Date					
2	S	9	E	15	NE	NW	100		15.0	Irrigation	POD #1 POD #2	1901	POU/POD	2	S	9	E	1	NW	NW	500	1	10.0		POD #5	1901	
"	"	"	"	"	"	"	"	"	"	EXAMPLE	"	"	"	2	S	9	E	2	SW	NW	500		5.0		POD #6	1901	
													<b>APOA</b>	5	S	3	W	22	SW	NE	700	NA	35.0	NA	POA 2	NA	
TOTAL ACRES											TOTAL ACRES									35.0							

Additional remarks: None.

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**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  NA

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



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/](http://apps.wrd.state.or.us/apps/gw/well_log/))

**OR**

Describe the construction of the well(s) in Table 3 for any wells that do not have a well log.

**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 shown on the accompanying application map. Failure to provide adequate information is likely to delay the processing of your transfer application. For proposed wells, we recommend that you consult a licensed well driller, geologist or certified water right examiner for the proper information needed to complete the table.

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
Well 1 (YAMH 6586)	Yes	NA	159 feet	10 inch & 6 inch	0-100 feet & 90-159 feet	Unknown	Unknown	0 feet	Alluvium (estimate)	2.0 CFS
Well 2 (YAMH 53951)	Yes	71046	212 feet	8 inch	1+-212 feet	21 feet	197-202 feet	3 feet	Alluvium	0.45 CFS

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