

# Application for Ground Water Registration Modification

Part 1 of 5 - Minimum Requirements Checklist

This Ground Water Registration Modification 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	eck all in	cluded with	h this application (N/A = Not A <sub>l</sub>	pplicable)	
$\boxtimes$			Completed Minimum Requiremen	=	RECEIVED BY OWRD
$\boxtimes$		Part 2 – Co	Completed Application Map Chec	klist.	APR 21 2014
$\boxtimes$		Part 3 – C	Completed Applicant Information	and Signature.	
$\boxtimes$		Registration	Completed Ground Water Registration Information. (Only one ground ater registrations to be modified a	nd water registration	
$\boxtimes$		_	ed Ground Water Registration Mo by a Certified Water Right Exami		ntion Map (Does not have to be
$\boxtimes$			vater registration modification fee for a place of use change only; \$1		
		Attachme			
	∐ N/A	applicant of certificate http://www.http://www.needed for modification named on	or Assignment Form and statutor, owns the land to which the regist e holder of record. The Request for w.oregon.gov/owrd/pubs/docs/for w.oregon.gov/owrd/pubs/docs/for any person or entity who can defion (e.g. legal representative, power the certificate of registration, or	tration is appurtenator Assignment For Assignment For Assign 8 orms/req assign 8 orms/req assign 8 ormstrate authorized wer of attorney, against been assigned	ant and is <b>not</b> the registration rm is available at 21 09.pdf, or 09.pdf. Assignment is not exact a continuous recognition of a tent, etc.) <b>or</b> the applicant is to the certificate of registration.
	⊠ N/A		Information Form with approval nd use form not required if any of	•	_
		□ v	Water is to be diverted, conveyed	i, and/or used only	on federal lands.
		c	All of the following apply: a) a checked changes, c) the use of water is for an irrigation district or an exclusive	r irrigation only, ar	
	⊠ N/A		ell Report/Well Log for changes is f appropriation.	n point(s) of appro	opriation (well(s)) or additional
			•	taff Use Only)	
			ETURNING YOUR APPLICATION		
			ation fee not enclosed/insufficient		ded or incomplete form and fee not enclosed/insufficient
	]		Ise Form not enclosed or incomplete onal signature(s) required	Assignment Fo	
			nation	lan	Incomplete
	ļ	Staff:	503-986-0	Date:	/ /

# Part 2 of 4 - Ground Water Registration Modification Map Checklist

Your Ground Water Registration Modification 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.

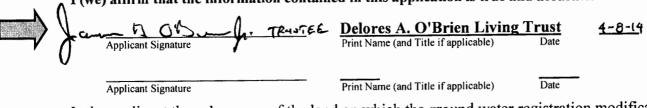
$\boxtimes$		Permanent quality printed with dark ink on good quality paper.
$\boxtimes$		The size of the map can be $8\frac{1}{2} \times 11$ inches, $8\frac{1}{2} \times 14$ inches, $11 \times 17$ inches, or up to $30 \times 30$ inches. For $30 \times 30$ inch maps, one extra copy is required.
$\boxtimes$		A north arrow, a legend, and scale.
$\boxtimes$		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.
$\boxtimes$		Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines.
$\boxtimes$		Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
$\boxtimes$		Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads and railroads.
$\boxtimes$		Major water delivery system features from the point(s) of appropriation such as main pipelines, canals, and ditches.
		Existing place of use that includes hachuring, 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 registration is being changed, a separate hachuring is needed for the portion of the registration left unchanged.
$\boxtimes$	□ N/A	If you are proposing a modification in place of use, show the proposed place of use with hachuring including 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 appropriation with distance and bearing or coordinates from a recognized survey corner.
	⊠ N/A	If you are proposing a modification in point(s) of appropriation, 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°32'15.5") or degrees-decimal with
		five or more digits after the decimal (example – 42.53764°). <b>RECEIVED BY OWRD</b>

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# Part 3 of 4 - Applicant Information and Signature

Applicant Information PLICANT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.	$\neg$	
ELORES ANN O'BRIEN LIV	VING TRU	ST,UTD	541-514-7697	ADDITIONAL CONTACT NO.	L CONTACT NO.	
ODRESS 790 HAYDEN BRIDGE ROA				FAX NO.		
ITY PRINGFIELD	STATE OR	ZIP 97478	E-MAIL			
	-			ORRESPONDENCE FROM THE	1	
EPARTMENT ELECTRONICA	LLY. COP	IES OF THE FI	NAL ORDER DOCUMEN	NTS WILL ALSO BE MAILED.		
gent Information – The ag	ent is auth	orized to repre	esent the applicant in all	matters relating to this applica	ation	
PPLICANT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.		
DDRESS				FAX NO.	$\dashv$	
ITY	STATE	ZIP	E-MAIL			
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SY PROVIDING AN E-MAIL AI DEPARTMENT ELECTRONICA	JURESS, CO	UNSENT IS GIV DIES OF THE FI	LIN TO RECEIVE ALL C INAL ORDER DOCUMEN	ORRESPONDENCE FROM THE		
Explain in your own wor	ds what v	ou propose to	accomplish with this	modification: and why:		
	as wilde	ou propose ic	accomplish with this	s mounication, and why.	- 1	
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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	
(only part is in) Rainbow Water District	1550 42nd. St.	
CITY	STATE	ZIP
Springfield	Or.	97477

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	ADDRESS	
City of Springfield - Urban Growth Boundary	225 5th. St.	
CITY	STATE	ZIP
Springfield	Or.	97477

ENTITY NAME	ADDRESS	
Lane County	125 E. 8th. Ave.	
CITY	STATE	ZIP
Eugene	Or.	97401

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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	747A	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)	
Lane 66788	☐ Authorized☐ Proposed	STATE WELL NO. 17/2W-19H	17 S	2 W	19	SE NE		N 24*48'43" W, 3045.0' from SE cor Sec. 19	
	Authorized						1		
	Proposed								
	Authorized								
	Proposed		:						
	Authorized			<b>†</b>					
	Proposed			:					

Check a			elow (	modification "CODES" are provided in
$\boxtimes$	Place	e of Use (POU)		Point of Appropriation (well) (POA)
	Char	acter of Use (USE)		Additional Point of Appropriation (APOA
Will all	of the	proposed changes affect the entire	grou	nd water registration?
	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.
<b>M</b> 1	No	Complete all of Table 2 to describe t	the po	rtion 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-4181 (Certificate # GR-3832)

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.

			_		appea	ars in	the re	gistrati	ion BEI		ls) POSED CHA nat will be chan		Proposed Changes (see		,	The	listi	ing a			appea		ER PR	n" lands) OPOSED	CHANGI	ES
Twj	Р	Rn	ıg	Sec	1/2	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	"CODES" from previous page)	Tv	<b>v</b> p	Rn	g	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
											W 1/4	E	XAMPLE											1 7 1		
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
"	"	u	"	u	4	"	4	"	4	EXAMPLE	4	u	4	2	S	9	E	2	sw	NW	500	1	5.0	F-14	POD #6	1901
17	s	2	w	19	NW	NE	203		5.87	Irrigation	State Well No. 17/2W- 19H	1935		17	S	2	w	19	SE	NE	101		3.65	Irrigation	State Well No. 17/2W- 19H	1935
17	s	2	w	19	NE	NE	203		0.27	Irrigation	State Well No. 17/2W- 19H	"		17	s	2	w	19	NE	SE	101		2.49	Irrigation	State Well No. 17/2W- 19H	"
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# Groundwater Registration # GR-4181 (Certificate # GR-3832) 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: **PERMIT #: G13510 (CANCELLED)** 



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.
( <b>Tip</b> : 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 with assembling the information necessary to complete Table 3.

# 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 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.

					•	•				•
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
Lane 66788	yes	STATE WELL NO. 17/2W- 19H	15	6''				8	SAND & GRAVEL	200 GPM
									:	
							D	CENTER		

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