



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

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.

Check all included with this application (N/A = Not Applicable)

- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Application Map Checklist.
- Part 3 – Completed Applicant Information and Signature.
- Part 4 – Completed Ground Water Registration Modification Application – Ground Water Registration Information. (Only one ground water registration per application, **unless** the ground water registrations to be modified are layered).
- Completed Ground Water Registration Modification Application Map (Does not have to be prepared by a Certified Water Right Examiner).
- Ground water registration modification fees – Amount enclosed: \$ **1,250**. (\$875.00 for a place of use change only; \$1,250 for any other change or combination).

Attachments:

- N/A Request for Assignment Form and statutory fee. This form needs to be completed if the applicant owns the land to which the registration is appurtenant and is **not** the registration certificate holder of record. The Request for Assignment Form is available at http://www.oregon.gov/owrd/pubs/docs/forms/req_assign_8_21_09.pdf, or http://www.oregon.gov/owrd/pubs/docs/forms/req_assign_8_09.pdf. Assignment is not needed for any person or entity who can demonstrate authorization to request recognition of a modification (e.g. legal representative, power of attorney, agent, etc.) **or** the applicant is named on the certificate of registration, or has been assigned to the certificate of registration.
- N/A Land Use Information Form with approval and signature (or signed land use form receipt stub). Land use form not required if any of the following apply:
 - Water is to be diverted, conveyed, and/or used only on federal lands.
 - All of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone.
- N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation.

(For Staff Use Only)

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

<input type="checkbox"/> Application fee not enclosed/insufficient	<input type="checkbox"/> Map not included or incomplete
<input type="checkbox"/> Land Use Form not enclosed or incomplete	<input type="checkbox"/> Assignment Form and fee not enclosed/insufficient
<input type="checkbox"/> Additional signature(s) required	<input type="checkbox"/> Part _____ is incomplete

Other/Explanation _____

Staff: _____ 503-986-0 _____ Date: / / JUN 14 2017

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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 not have to be prepared by a Certified Water Right Examiner. Check all boxes that apply.

- Permanent quality printed with dark ink on good quality paper.
- The size of the map can be 8½ x 11 inches, 8½ x 14 inches, 11 x 17 inches, or up to 30 x 30 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 inch = 400 feet, 1 inch = 1,320 feet, the scale of the county assessor map if the scale is not smaller than 1 inch = 1,320 feet, or a scale that has been pre-approved by the Department.
- Township, Range, Section, ¼ ¼, 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 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.
- 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.
- 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°).

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Part 3 of 4 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME ACMPC Oregon 2, LLC (dba Halls Ferry Farms)		PHONE NO. (541) 327-7853	ADDITIONAL CONTACT NO.
ADDRESS 35711 Helms Dr (PO Box 717)		FAX NO. (541) 327-7964	
CITY Jefferson	STATE OR	ZIP 97352	E-MAIL riverbend@agricare.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.			

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

APPLICANT/BUSINESS NAME Eric M. Pond		PHONE NO. (541) 327-7853	ADDITIONAL CONTACT NO. (503) 550-1677
ADDRESS 35711 Helms Dr (PO Box 717)		FAX NO. (541) 327-7964	
CITY Jefferson	STATE OR	ZIP 97352	E-MAIL ericpond@agricare.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: GR 1380 Point of Appropriation (well 4) is not reliable; therefore, we propose to add well 13 as an "Additional Point of Appropriation" to that portion of GR 1380 on Halls Ferry Farms land and to add well 17 as an "Additional Point of Appropriation" for all of GR 1380.

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)

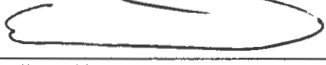
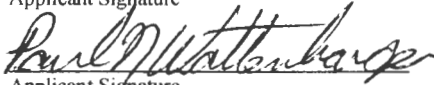
(Check one box)

- 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 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	Eric Pond Principal Print Name (and Title if applicable)	6/9/17 Date
 Applicant Signature	PAUL WATTENBARGER Print Name (and Title if applicable)	6/9/17 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.

Additional Landowner

NAME Paul N. Wattenbarger	E-MAIL		
ADDRESS 1073 7th Street NW	CITY Salem	STATE OR	ZIP 97304

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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 Rickreall Community Water Association	ADDRESS 9775 Church St	
CITY Rickreall	STATE OR	ZIP 97371

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 Polk County	ADDRESS 350 Main St	
CITY Dallas	STATE OR	ZIP 97338

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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INSTRUCTIONS for editing the Application Form

To add additional lines to tables within the forms or to copy and paste additional Part 4 pages, please **save the application form to your computer**. Unlock the document by using one of the following instructions for your Microsoft Word software version:

Microsoft Word 2003

Unlock the document by one of the following:

- Using the **Tools** menu => click **Unprotect Document**;
- OR**
- Using the **Forms** toolbar => click on the **Protect/Unprotect** icon.

To relock the document to enable the checkboxes to work, you will need to:

- Using the **Tools** menu => click **Protect Document**;
- OR**
- Using the **Forms** toolbar => click on the **Protect/Unprotect** icon.

Microsoft Word 2007

- Unlock the document by clicking the **Review** tab, then click **Protect Document**, then click **Stop Protect**
- To relock the document, click **Editing Restrictions**, then click **Allow Only This Type of Editing**, select **Filling In Forms** from the drop-down menu, then check **Yes, Start Enforcing Protection**.

Microsoft Word 2010

- Unlock the document by clicking the **Review** tab, toggle the **Restrict Editing** icon at the upper right, then click **Stop Protect** at the bottom right. Then uncheck the “**Allow only this type of editing in the document: Filling in forms**” in the “Editing restrictions” section on the right-hand list of options.
- To relock the document, check the **Editing Restrictions/Allow Only This Type of Editing/Filling In Forms** box from the drop-down menu, then check **Yes, Start Enforcing Protection**. You do not need to assign a password for the editing restrictions.

Other Alternatives:

- Photocopy pages or tables in Part 4, ~~mark through~~ any non-applicable information, insert/attach photocopied pages to document in the appropriate location, and manually amend page numbers as necessary (e.g. Page 5 6 of 9 10).
- You may refer to additional attachments that you may include, such as separately produced tables or spreadsheets to convey large numbers of rows of place of use listings, owner/property parcels, etc. You may contact the Department at 503-986-0900 and ask for Transfer Staff if you have questions.

Once the application has been unlocked, you may:

- add additional rows to tables using the Table tools, and
- select and copy the pages of Part 4 and paste as many additional sets of Part 4 pages as needed at the end of the application.

After editing, re-lock the document to enable checkboxes to work.

Part 4 of 4 – Ground Water Registration Information

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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)
Well 4	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	POLK 2176	7	S	4	W	35	NW	SW	65	2340' N and 1120' E from SW corner of Sec. 35
Well 13	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	POLK 2165	7	S	4	W	35	NW	SE	65	800' S and 1630' W of East quarter corner of Sec. 35.
Well 17	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	POLK 2172	7	S	4	W	35	NW	SW	65	2090' N and 1170' E from SW corner of Sec. 35.
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed										

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

- Place of Use (POU)
- Character of Use (USE)
- Point of Appropriation (well) (POA)
- 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-1380 (Certificate # GR-1337)

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 (the "from" or "off" lands) The listing that appears in the registration BEFORE PROPOSED CHANGES List only that part or portion of the groundwater registration that will be changed.													Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.												
Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	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	POA(s) to be used (from Table 1)	Priority Date						
EXAMPLE																										
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
7	S	4	W	35	SW	NW	400	65	7	irrigation	POA Well 4	1944		7	S	4	W	35	SW	NW	400	65	7.0	irrigation	APOA 17	1944
7	S	4	W	35	SE	NW	402	65	1	irrigation	POA Well 4	1944		7	S	4	W	35	SW	NW	402	65	0.2	irrigation	APOA 13 & 17	1944
7	S	4	W	35	NE	SW	402	54 65	7	irrigation	POA Well 4	1944		7	S	4	W	35	SE	NW	402	65	0.2	irrigation	APOA 13 & 17	1944
7	S	4	W	35	NW	SW	400 401/2	54 65	12	irrigation	POA Well 4	1944		7	S	4	W	35	NE	SW	402	54 65	8.8	irrigation	APOA 13 & 17	1944
7	S	4	W	34	SE	NE	400	65	12	irrigation	POA Well 4	1944		7	S	4	W	35	NW	SW	402	54 65	8.4	irrigation	APOA 13 & 17	1944
7	S	4	W	34	NE	SE	400 401	54 65	12	irrigation	POA Well 4	1944		7	S	4	W	35	NW	SW	400 401	54 65	6.3	irrigation	APOA 17	1944
														7	S	4	W	34	SE	NE	400	65	8.6	irrigation	APOA 17	1944
														7	S	4	W	34	NE	SE	400 401	54 65	11.5	irrigation	APOA 17	1944
TOTAL ACRES									51.0	TOTAL ACRES										51.0						

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Additional remarks: The intent of this application is not to change the place of use. The acreages shown in the "PROPOSED" acreage column above are based on OWRD GIS mapping.

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Groundwater Registration # GR-1380 (Certificate # GR-1337)

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 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
POA Well 4	Yes	NONE FOUND	21'	8"				4'	sand/gravel	
APOA Well 13	Yes	NONE FOUND	40'	12"		18'	19' to 38'	4' 7"	conglomerate gravel	
APOA Well 17	Yes	NONE FOUND	41'	12"		18'	26' to 38'	18'	sand/gravel	

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