



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

Application for Groundwater Registration Modification

Part 1 of 5 – Minimum Requirements Checklist

This Groundwater 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)

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- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Application Map Checklist.
- Part 3 – Completed Applicant Information and Signature.
- Part 4 – Completed Groundwater Registration Modification Application – Groundwater Registration Information. (Only one Groundwater registration per application, unless the Groundwater registrations to be modified are layered).
- Completed Groundwater Registration Modification Application Map (Does not have to be prepared by a Certified Water Right Examiner).
- Groundwater registration modification fees – Amount enclosed: \$ **\$1,250.** (\$875.00 for a place of use change only; \$1,250.00 for any other change or combination).

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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 <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>.
 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 Oregon Water Resources Department’s Land Use Information Form with approval and signature (or signed land use form receipt stub) from each local land use authority in which water is to be diverted, conveyed, and/or used. Not required if water is to be diverted, conveyed, and/or used only on federal lands or if **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):

___ Application fee not enclosed/insufficient	___ Map not included or incomplete
___ Land Use Form not enclosed or incomplete	___ Assignment Form and fee not enclosed/insufficient
___ Additional signature(s) required	___ Part ___ is incomplete

Other/Explanation _____

Staff: _____ 503-986-0 _____ Date: / /

Part 2 of 4 – Groundwater Registration Modification Map Checklist

Your Groundwater 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 Mayfield Farms LLC c/o Chuck Eggert			PHONE NO. (503) 303-0360	ADDITIONAL CONTACT NO.
ADDRESS 18555 SW Teton Ave			FAX NO.	
CITY Tualatin	STATE OR	ZIP 97062	E-MAIL	
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

AGENT/BUSINESS NAME Doann Hamilton/Pacific Hydro-Geology, Inc.			PHONE NO. (503) 632-5016	ADDITIONAL CONTACT NO. (503) 349-6946 (cell)
ADDRESS 18487 S. Valley Vista Road			FAX NO. (503) 632-5983	
CITY Mulino	STATE OR	ZIP 97042	E-MAIL phgdmh@gmail.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:
The authorized well no longer meets our needs because the well has deteriorate to where we can no longer use the well. We need to replace the authorized well with one or more new wells capable of delivering the full allowed rate.

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)

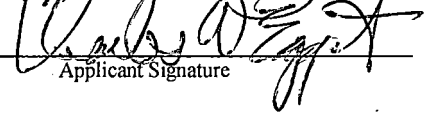
(Check one box)

- By signing this application, I (we) understand that, upon receipt of the draft preliminary determination and prior to Department approval of the Groundwater 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 Groundwater 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: Albany Democrat-Herald.

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

 Applicant Signature	<u>Charles W Eggert mgr</u> Print Name and title if applicable	<u>5/20/19</u> Date
Applicant Signature	Print Name and title if applicable	Date

Is the applicant the sole owner of the land on which the Groundwater 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 Groundwater registration has been conveyed.

Check the appropriate box, if applicable:

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

IRRIGATION DISTRICT NAME NA	ADDRESS	
CITY	STATE	ZIP

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

ENTITY NAME NA	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 Linn Co. Planning and Building Department	ADDRESS 300 SW 4th Ave	
CITY Albany	STATE Oregon	ZIP 97321

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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Part 4 of 4 – Groundwater 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 Diversion (POD) or Appropriation (POA)
 (Note: If the POD/POA name is not specified on the certificate, assign it a name or number here.)

POD/POA Name or Number	Is this POD/POA Authorized on the Certificate or is it Proposed?	If POA, 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	LINN 4872	10	S	3	W	18	NW	SE	DLC 70	5° north 30' east, 29.5 chains from the SW corner of SE ¼, Section 18.
Well 1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	LINN 4869	10	S	3	W	18	SW	NE	DLC 70	2,550 feet south and 1,440 feet west from the NE corner, Section 18.
Well 2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	LINN 61316	10	S	3	W	18	SW	NE	DLC 70	2,345 feet south and 1,530 feet west from the NE corner, Section 18.
Well 3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	NA	10	S	3	W	18	NW	SE	DLC 70	1,980 feet north and 2,485 feet west from the SE corner, Section 18.
Well 4	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	LINN 4871	10	S	3	W	18	NW	SE	DLC 70	1,375 feet north and 1,700 feet west from the SE corner, Section 18.
Well 5	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	NA	10	S	3	W	18	NW	NE	DLC 70	1,320 feet south and 2,420 feet west from the NE corner, Section 18.

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 Groundwater 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-1732 (Certificate # GR-1680)

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		
											POA	10	S	3	W	18	NE	SW	603	DLC 70	0.6	IR	Proposed Wells 1,2,3,4,5	10-31-1954
											POA	10	S	3	W	18	NW	SE	603	DLC 70	13.5	IR	Proposed Wells 1,2,3,4,5	10-31-1954
TOTAL ACRES											TOTAL ACRES							14.1						

Additional remarks: None.

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Groundwater Registration # GR-1732 (Certificate # GR-1680)

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

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

If YES, list the other certificate, water use permit, or other Groundwater 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 Groundwater registration on the “to” lands must be filed separately with a Groundwater 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/)

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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.

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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 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.	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
Authorized Well 1	Yes	SEE WELL LOG LINN 4872								
Proposed Well 1	Yes	SEE WELL LOG LINN 4869								
Proposed Well 2	Yes	SEE WELL LOG LINN 61316								
Proposed Well 3	No	NA	100 feet	10-12 inch	0 to 100 feet	0 to 20 feet	TBD	NA	Alluvium	100-200 gpm

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
Proposed Well 4	Yes	SEE WELL LOG LINN 4871								
Proposed Well 5	No	NA	100 feet	10-12 inch	0 to 100 feet	0 to 20 feet	TBD	NA	Alluvium	100-200 gpm

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STATE ENGINEER
Salem, Oregon

LINN
4872

Well Record

GR- 1680

STATE WELL NO. 10/3W-18K
COUNTY Linn
APPLICATION NO. GR-1732

OWNER: Ed Messman

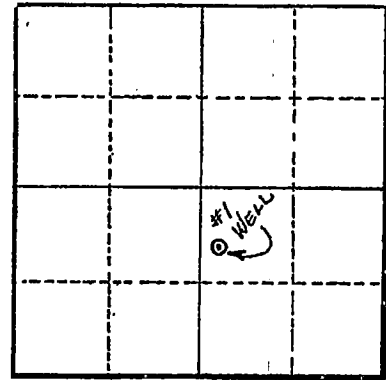
MAILING ADDRESS: Rt. 2, Box 296

LOCATION OF WELL: Owner's No. #1

CITY AND STATE: Albany, Oregon

NW 1/4 SE 1/4 Sec. 18 T. 10 S. R. 3 W., W.M.

Bearing and distance from section or subdivision
corner N. 5°30'E. 29.5 ch. from SW cor. of SE 1/4 of
Section 18.



Section 18

Altitude at well 195'

TYPE OF WELL: Drilled Date Constructed 1954

Depth drilled 34' Depth cased 34'

CASING RECORD:

10"

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FINISH:

Slot perforations from 30 to 34 ft.

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AQUIFERS:

WATER LEVEL:

17'

PUMPING EQUIPMENT: Type Pacific 3" Cent. H.P. 15
Capacity 350 G.P.M.

WELL TESTS:

Drawdown 4 ft. after June 1950 hours 300 G.P.M.

Drawdown ft. after hours G.P.M.

USE OF WATER Irrigation Temp. °F. 19

SOURCE OF INFORMATION GR Record

DRILLER or DIGGER Nicholas Klaus

ADDITIONAL DATA:

Log N.A. Water Level Measurements Chemical Analysis Aquifer Test

REMARKS:

Irrigation of 14.1 acres.

**STATE OF OREGON
WATER SUPPLY WELL REPORT**
(as required by ORS 537.765 & OAR 690-205-0210)

WELL I.D. LABEL# 118826
START CARD # 1026504
ORIGINAL LOG # _____

(1) LAND OWNER Owner Well I.D. 5512
First Name _____ Last Name _____
Company Valley Falls Farms LLC
Address 9955 SW Potano St.
City Tualatin State OR Zip 97062

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thr
Casing: _____
Material From To Amt sacks/lbs
Seal: _____

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 100 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	Amt lbs
16	0	39	Bentonite	0	19	12 S
12	39	100				Calculated 9.6
						Calculated

How was seal placed: Method A B C D E
 Other Poured dry
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thr
 12 1 39 250
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia 16 From 0 To 39

(7) PERFORATIONS/SCREENS Perforations Method Torch cut

Perf	Casing/Screen	Liner Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/pipe size
		12	20	60	375	12	480	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 200 Drawdown 28' Drill stem/Pump depth 45' Duration (hr) 4
Temperature 53 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) No
From _____ To _____ Description _____ Amount _____ Units _____
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(9) LOCATION OF WELL (legal description) **LINN 61316**
County LINN Twp 10 S N/S Range 3 W E/W WM
Sec 18 SE 1/4 of the NE 1/4 Tax Lot 402
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
38847 Groshong Rd. NE - Albany, OR 97321

(10) STATIC WATER LEVEL
Date SWL (psi) + SWL (ft)
Existing Well / Pre-Alteration _____
Completed Well 06-18-2015 _____ 17
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 25

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
06-17-2015	25	51	200		17

(11) WELL LOG Ground Elevation _____

Material	From	To
Topsoil	0	2
Brown clay	2	25
Brown clay with gravel	25	30
Cemented sand & gravel	30	35
Brown sand	35	40
Sand & gravel	40	51
Blue clay	51	52
Cemented sand & gravel	52	55
Blue clay	55	100

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JONES DRILLING CO., INC.
29400 SANTIAM HWY.
LEBANON, OR 97355
541-367-2560 541-451-2686
1-800-915-8388
SALEM, OR
JUN 29 2015

Date Started 06-15-2015 Completed 06-18-2015
(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
License Number 1888 Date 06-25-2015
Signed Ken Gilbert
(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
License Number 1684 Date 06-25-2015
Signed _____
Contact Info (optional) jonesdrilling@hotmail.com

STATE ENGINEER
Salem, Oregon

LINN
4871

Well Record

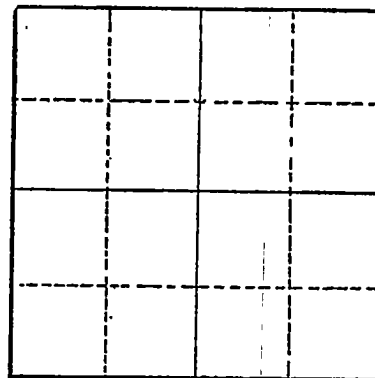
STATE WELL NO. 10/3W-18K
COUNTY LINN
APPLICATION NO. GR-2283

OWNER: Thomas and Carole G. Wilkinson Mailing ADDRESS: Rt. 2, Box 292 C., Albany

LOCATION OF WELL: Owner's No. CITY AND STATE: Albany, Oregon

NW 1/4 SE 1/4 Sec. 18 T. 10 N. S. R. 3 E. W., W.M.

Bearing and distance from section or subdivision corner S. 85° 40' W. 26.25 chains from SW corner of D10 69.



Section

Altitude at well

TYPE OF WELL: Drilled Date Constructed 1955

Depth drilled 37 Depth cased 37

CASING RECORD:

8-inch

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FINISH:

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Perforations from 27 to 37

AQUIFERS:

WATER LEVEL:

23-feet

PUMPING EQUIPMENT: Type Berkeley 2" centrifugal H.P. 15
Capacity 250 G.P.M.

WELL TESTS:

Drawdown 2 ft. after hours Pumping 250 G.P.M.

Drawdown ft. after hours G.P.M.

USE OF WATER Irrigation Temp. °F. 19

SOURCE OF INFORMATION GR-2176

DRILLER or DIGGER Slate Drilling Co., Tangent, Oregon

ADDITIONAL DATA:

Log Water Level Measurements Chemical Analysis Aquifer Test

REMARKS: