



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).

**Attachments:**

*well*

- 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):**

|  |  |
|--|--|
| <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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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## 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<br><b>Stauffer Farm Inc. c/o</b>   |                    | PHONE NO.<br><b>(503) 476-4712</b> | ADDITIONAL CONTACT NO. |
| ADDRESS<br><b>13821 Stauffer Road NE</b>   |                    |                                    | FAX NO.                |
| CITY<br><b>Hubbard</b>   | STATE<br><b>OR</b> | ZIP<br><b>97032</b>                | E-MAIL                 |
| <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.</b> |                    |                                    |                        |

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

|  |                    |                                    |  |
|--|--------------------|------------------------------------|--|
| AGENT/BUSINESS NAME<br><b>Doann Hamilton/Pacific Hydro-Geology, Inc.</b>   |                    | PHONE NO.<br><b>(503) 632-5016</b> | ADDITIONAL CONTACT NO.<br><b>(503) 349-6946 (cell)</b> |
| ADDRESS<br><b>18487 S. Valley Vista Road</b>   |                    |                                    | FAX NO.<br><b>(503) 632-5983</b>                       |
| CITY<br><b>Mulino</b>  | STATE<br><b>OR</b> | ZIP<br><b>97042</b>                | E-MAIL<br><b>phgdmh@gmail.com</b>                      |
| <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.</b> |                    |                                    |  |

Explain in your own words what you propose to accomplish with this transfer application, and why:  
**We wish to drill a new well and tie all of our water rights through a common irrigation system to create a well field and allow the use of our wells individually or in any combination for irrigation at any location on the farm.**

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)

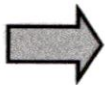
(Check one box)

- 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: Woodburn Independent.

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



|                              |  |                |
|------------------------------|--|----------------|
| <br>Applicant Signature      | SHERYL A. STAUFFER<br>Print Name and title if applicable | 8/6/19<br>Date |
| _____<br>Applicant Signature | _____<br>Print Name and title if applicable              | _____<br>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<br><b>NA</b> | 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<br><b>NA</b> | 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<br><b>Marion County Planning Division</b> | ADDRESS<br><b>5155 Silverton Road NE</b> |                     |
| CITY<br><b>Salem</b>                                  | STATE<br><b>Oregon</b>                   | ZIP<br><b>97305</b> |

|             |         |     |
|-------------|---------|-----|
| 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 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)  |
|--------------------|---|--|-----|---|-----|---|-----|-----|----|---------------------------|---|
|                    |   |  |     |   |     |   |     |     |    |                           |   |
| Authorized Well    | <input checked="" type="checkbox"/> Authorized<br><input type="checkbox"/> Proposed | MARI 772                                   | 4   | S | 1   | W | 26  | SW  | NW | DLC 52                    | 2,250 feet south and 200 feet east from the NW corner, Section 26.  |
| Well 1             | <input checked="" type="checkbox"/> Authorized<br><input type="checkbox"/> Proposed | MARI 765                                   | 4   | S | 1   | W | 26  | SW  | NW | DLC 63                    | 25 feet south and 1,960 feet east from the NW corner, DLC 63. (Referenced in T-1153 as 40 feet south and 2,020 feet east from the NW corner, DLC 63.) |
| Well 2             | <input checked="" type="checkbox"/> Authorized<br><input type="checkbox"/> Proposed | MARI 63689                                 | 4   | S | 1   | W | 26  | SW  | NW | DLC 63                    | 40 feet south and 1,860 feet east from the NW corner, DLC 63. (Referenced in T-1153 as 70 feet south and 1,770 feet east from the NW corner, DLC 63.) |
| Well 3             | <input checked="" type="checkbox"/> Authorized<br><input type="checkbox"/> Proposed | ND   | 4   | S | 1   | W | 26  | NW  | SW | DLC 63                    | 550 feet south and 1,820 feet east from the NW corner, DLC 63.  |
| Well 4             | <input checked="" type="checkbox"/> Authorized<br><input type="checkbox"/> Proposed | ND   | 4   | S | 1   | W | 26  | SE  | NW | DLC 63                    | 50 feet south and 2,420 feet east from the NW corner, DLC 63.   |
| Well 3             | <input type="checkbox"/> Authorized<br><input checked="" type="checkbox"/> Proposed | MARI 767                                   | 4   | S | 1   | W | 26  | NW  | SW | DLC 63                    | 1,470 feet south and 860 feet east from the NW corner, DLC 63.  |
| Well 4             | <input type="checkbox"/> Authorized<br><input checked="" type="checkbox"/> Proposed | MARI 764                                   | 4   | S | 1   | W | 26  | SW  | SW | DLC 63                    | 220 feet north and 70 feet east from the SW corner, Section 26.   |
| Well 5             | <input type="checkbox"/> Authorized<br><input checked="" type="checkbox"/> Proposed | NA   | 4   | S | 1   | W | 35  | NW  | NW | DLC 63                    | 1,030 feet south and 555 feet east from the NW corner, Section 35.  |

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

Place of Use (POU)

Point of Appropriation (well) (POA)

Character of Use (USE)

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-785 (Certificate # GR-759)**

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)<br>The listing that appears in the registration BEFORE PROPOSED CHANGES<br>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)<br>The listing as it would appear AFTER PROPOSED CHANGES are made. |           |     |     |     |         |                |      |                 |                                  |               |      |    |   |           |
|--|-----|-----|-----|-----|---------|----------------|------------|-----------------------------------|--------------------------------------|---------------|---|--|-----------|-----|-----|-----|---------|----------------|------|-----------------|----------------------------------|---------------|------|----|---|-----------|
| Twp  | Rng | Sec | 1/4 | 1/4 | Tax Lot | Gvt Lot or DLC | Acre       | Type of USE listed on Certificate | POA(s) (name or number from Table 1) | Priority Date |   | Twp  | Rng       | Sec | 1/4 | 1/4 | Tax Lot | Gvt Lot or DLC | Acre | New Type of USE | POA(s) to be used (from Table 1) | Priority Date |      |    |   |           |
| 4  | S   | 1   | W   | 26  | SW      | NW             | 1100, 1900 | See below                         | 14.1                                 | IR            | Authorized Well and Authorized Wells 1,2,3,4      | 3-31-1953  | POA, APOA | 4   | S   | 1   | W       | 26             | SW   | NW              | 1900                             | DLC 63        | 3.0  | IR | Authorized Wells 1,2 and Proposed Wells 3,4,5 | 3-31-1953 |
| 4  | S   | 1   | W   | 27  | SE      | NW             | 100        | See below                         | 16.3                                 | IR            | Authorized Well and Authorized Wells 1,2,3,4      | 3-31-1953  | POA, APOA | 4   | S   | 1   | W       | 26             | SW   | NW              | 1100                             | DLC 52        | 11.1 | IR | Authorized Wells 1,2 and Proposed Wells 3,4,5 | 3-31-1953 |
|  |     |     |     |     |         |                |            |                                   |                                      |               |   |  | POA, APOA | 4   | S   | 1   | W       | 27             | SE   | NE              | 1100                             | Lot 1         | 1.1  | IR | Authorized Wells 1,2 and Proposed Wells 3,4,5 | 3-31-1953 |
|  |     |     |     |     |         |                |            |                                   |                                      |               |   |  | POA, APOA | 4   | S   | 1   | W       | 27             | SE   | NE              | 1100                             | DLC 63        | 7.1  | IR | Authorized Wells 1,2 and Proposed Wells 3,4,5 | 3-31-1953 |
|  |     |     |     |     |         |                |            |                                   |                                      |               |   |  | POA, APOA | 4   | S   | 1   | W       | 27             | SE   | NE              | 1100                             | DLC 52        | 8.1  | IR | Authorized Wells 1,2 and Proposed Wells 3,4,5 | 3-31-1953 |
| TOTAL ACRES  |     |     |     |     |         |                |            |                                   | 30.4                                 | TOTAL ACRES   |   |  |           |     |     |     |         |                | 30.4 |                 |                                  |               |      |    |   |           |

Additional remarks: **The place of use for GR 785 was re-described in the Final Order for T-11153 to be consistent with the place of use for layered right certificate 55411 (subsequently modified by transfer T-11152, with confirming certificate 89385), but was not broken out per DLC or Government Lots. The place of use as described in the right side of Table 2, above, reflects the re-described location of GR 785, broken out by DLC and Government Lots.**

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**Groundwater Registration # GR-785 (Certificate # GR-759)**

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

**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:

**CERTIFICATE 89385**

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/](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.

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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. 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 |    |
|---|------------------------------------|---|-------------------------|-----------------|-------------------------|---------------------------|--|--|---|--|----|
| Authorized Well                           | YES                                | MARI 772  | See Well Log MARI 772   |                 |                         |                           |  |  |   |  |    |
| Authorized Well 1                         | YES                                | MARI 765  | See Well Log MARI 765   |                 |                         |                           |  |  |   |  | NA |
| Authorized Well 2                         | YES                                | MARI 63689                                      | See Well Log MARI 63689 |                 |                         |                           |  |  |   |  |    |
| Proposed Well 3                           | YES                                | MARI 767  | See Well Log MARI 767   |                 |                         |                           |  |  |   |  |    |
| Proposed Well 4                           | YES                                | MARI 764  | See Well Log MARI 764   |                 |                         |                           |  |  |   |  |    |
| Proposed Well 5                           | NO                                 | NA  | 300 feet                | 16 inch         | 150                     | 0 to 50 feet              | TBD  | NA   | Alluvium                                    |  |    |
| Authorized Well 3                         | NO                                 | Not being drilled                               |                         |                 |                         |                           |  |  |   |  |    |
| Authorized Well 4                         | NO                                 | Not being drilled                               |                         |                 |                         |                           |  |  |   |  |    |

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# Land Use Information Form



Oregon Water Resources Department  
725 Summer Street NE, Suite A  
Salem, Oregon 97301-1266  
(503) 986-0900  
www.wrd.state.or.us

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Applicant(s): Stauffer Farm Inc. c/o Jeff Bizon

Mailing Address: 13821 Stauffer Road NE

City: Hubbard

State: OR

Zip Code: 97032

Daytime Phone: (503) 476-4712

## A. Land and Location

Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), and/or used or developed. Applicants for municipal use, or irrigation uses within irrigation districts may substitute existing and proposed service-area boundaries for the tax-lot information requested below.

| Township  | Range     | Section   | ¼ ¼   | Tax Lot #   | Plan Designation (e.g., Rural Residential/RR-5) | Water to be:                                 |  |  | Proposed Land Use: |
|-----------|-----------|-----------|-------|-------------|---|--|--|--|--------------------|
| <u>4S</u> | <u>1W</u> | <u>26</u> | _____ | <u>400</u>  | _____ <u>EFU</u>                                | <input type="checkbox"/> Diverted            | <input checked="" type="checkbox"/> Conveyed | <input type="checkbox"/> Used            | <u>IR</u>          |
| <u>4S</u> | <u>1W</u> | <u>26</u> | _____ | <u>500</u>  | _____ <u>"</u>                                  | <input type="checkbox"/> Diverted            | <input checked="" type="checkbox"/> Conveyed | <input type="checkbox"/> Used            | <u>IR</u>          |
| <u>4S</u> | <u>1W</u> | <u>26</u> | _____ | <u>600</u>  | _____ <u>"</u>                                  | <input type="checkbox"/> Diverted            | <input checked="" type="checkbox"/> Conveyed | <input type="checkbox"/> Used            | <u>IR</u>          |
| <u>4S</u> | <u>1W</u> | <u>26</u> | _____ | <u>1900</u> | _____ <u>"</u>                                  | <input type="checkbox"/> Diverted            | <input checked="" type="checkbox"/> Conveyed | <input checked="" type="checkbox"/> Used | <u>IR</u>          |
| <u>4S</u> | <u>1W</u> | <u>27</u> | _____ | <u>1100</u> | _____ <u>"</u>                                  | <input type="checkbox"/> Diverted            | <input checked="" type="checkbox"/> Conveyed | <input checked="" type="checkbox"/> Used | <u>IR</u>          |
| <u>4S</u> | <u>1W</u> | <u>27</u> | _____ | <u>1200</u> | _____ <u>"</u>                                  | <input checked="" type="checkbox"/> Diverted | <input checked="" type="checkbox"/> Conveyed | <input type="checkbox"/> Used            | <u>IR</u>          |
| <u>4S</u> | <u>1W</u> | <u>27</u> | _____ | <u>1900</u> | _____ <u>"</u>                                  | <input type="checkbox"/> Diverted            | <input checked="" type="checkbox"/> Conveyed | <input type="checkbox"/> Used            | <u>IR</u>          |
| <u>4S</u> | <u>1W</u> | <u>34</u> | _____ | <u>100</u>  | _____ <u>"</u>                                  | <input checked="" type="checkbox"/> Diverted | <input checked="" type="checkbox"/> Conveyed | <input type="checkbox"/> Used            | <u>IR</u>          |
| <u>4S</u> | <u>1W</u> | <u>34</u> | _____ | <u>200</u>  | _____ <u>"</u>                                  | <input type="checkbox"/> Diverted            | <input checked="" type="checkbox"/> Conveyed | <input type="checkbox"/> Used            | <u>IR</u>          |
| <u>4S</u> | <u>1W</u> | <u>34</u> | _____ | <u>600</u>  | _____ <u>"</u>                                  | <input checked="" type="checkbox"/> Diverted | <input checked="" type="checkbox"/> Conveyed | <input type="checkbox"/> Used            | <u>IR</u>          |
| <u>4S</u> | <u>1W</u> | <u>35</u> | _____ | <u>300</u>  | _____ <u>"</u>                                  | <input type="checkbox"/> Diverted            | <input checked="" type="checkbox"/> Conveyed | <input type="checkbox"/> Used            | <u>IR</u>          |

List all counties and cities where water is proposed to be diverted, conveyed, and/or used or developed:

Marion County

## B. Description of Proposed Use

Type of application to be filed with the Water Resources Department:

- Permit to Use or Store Water   
 Water Right Transfer   
 Permit Amendment or Ground Water Registration Modification  
 Limited Water Use License   
 Allocation of Conserved Water   
 Exchange of Water

Source of water:  Reservoir/Pond   
 Ground Water   
 Surface Water (name) \_\_\_\_\_

Estimated quantity of water needed: 250   
 cubic feet per second   
 gallons per minute   
 acre-feet

Intended use of water:  Irrigation   
 Commercial   
 Industrial   
 Domestic for \_\_\_\_\_ household(s)  
 Municipal   
 Quasi-Municipal   
 Instream   
 Other \_\_\_\_\_

Briefly describe:

This Land Use Information Form is to accompany a Groundwater Registration Modification that proposes to both change and add points of appropriation (wells) for Groundwater Registration GR-785.





**Note to applicant:** If the Land Use Information Form cannot be completed while you wait, please have a local government representative sign the receipt at the bottom of the next page and include it with the application filed with the Water Resources Department.

**See bottom of Page 3. →**

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# For Local Government Use Only

The following section must be completed by a planning official from each county and city listed unless the project will be located entirely within the city limits. In that case, only the city planning agency must complete this form. This deals only with the local land-use plan. Do not include approval for activities such as building or grading permits.

**Please check the appropriate box below and provide the requested information**

- Land uses to be served by the proposed water uses (including proposed construction) are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): \_\_\_\_\_
- Land uses to be served by the proposed water uses (including proposed construction) involve discretionary land-use approvals as listed in the table below. (Please attach documentation of applicable land-use approvals which have already been obtained. Record of Action/land-use decision and accompanying findings are sufficient.) **If approvals have been obtained but all appeal periods have not ended, check "Being pursued."**

| Type of Land-Use Approval Needed<br>(e.g., plan amendments, rezones, conditional-use permits, etc.) | Cite Most Significant, Applicable Plan Policies & Ordinance Section References | Land-Use Approval:   |  |
|---|--|--|--|
|   |  | <input type="checkbox"/> Obtained<br><input type="checkbox"/> Denied | <input type="checkbox"/> Being Pursued<br><input type="checkbox"/> Not Being Pursued |
|   |  | <input type="checkbox"/> Obtained<br><input type="checkbox"/> Denied | <input type="checkbox"/> Being Pursued<br><input type="checkbox"/> Not Being Pursued |
|   |  | <input type="checkbox"/> Obtained<br><input type="checkbox"/> Denied | <input type="checkbox"/> Being Pursued<br><input type="checkbox"/> Not Being Pursued |
|   |  | <input type="checkbox"/> Obtained<br><input type="checkbox"/> Denied | <input type="checkbox"/> Being Pursued<br><input type="checkbox"/> Not Being Pursued |
|   |  | <input type="checkbox"/> Obtained<br><input type="checkbox"/> Denied | <input type="checkbox"/> Being Pursued<br><input type="checkbox"/> Not Being Pursued |

Local governments are invited to express special land-use concerns or make recommendations to the Water Resources Department regarding this proposed use of water below, or on a separate sheet.

Name: LISA MILLIMAN Title: ASSOCIATE PLANNER  
 Signature: *Lisa Milliman* Phone: 5035885038 Date: 9/10/19  
 Government Entity: MARION COUNTY

**Note to local government representative:** Please complete this form or sign the receipt below and return it to the applicant. If you sign the receipt, you will have 30 days from the Water Resources Department's notice date to return the completed Land Use Information Form or WRD may presume the land use associated with the proposed use of water is compatible with local comprehensive plans.

**Receipt for Request for Land Use Information**

Applicant name: \_\_\_\_\_  
 City or County: \_\_\_\_\_ Staff contact: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

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# Application for Water Right Transfer Consent by Deeded Landowner



Oregon Water Resources Department  
725 Summer Street NE, Suite A  
Salem, Oregon 97301-1266  
(503) 986-0900  
www.wrd.state.or.us

State of Oregon )  
County of Marion )ss  
)

We Eleanor Will in my/our capacity as owner,  
mailing address 13601 Stauffer Rd NE, Hubbard, OR 97032,  
telephone number 503-982-9336, duly sworn depose and say that I  
consent to the proposed change(s) to Water Right Certificate Number GR-785  
described in a Transfer Application (T-NA) submitted by Stauffer Farms Inc.,  
*(transfer number, if known)*  
on the property in tax lot number(s) 1900, Section 26, Township 4 South, Range 1 West, W.M.,  
located at 13601 Stauffer Rd NE, Hubbard, OR 97032,  
*(site address)*

Eleanor A. Will  
Signature of Affiant

June 4, 2019  
Date

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Date

Subscribed and Sworn to before me this 4<sup>th</sup> day of June, 2019.



Cynthia Morrow  
Notary Public for Oregon

My commission expires 4/17/23.

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# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD



730810

### OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2016-035578

I.D. TAG NO.

STATE FILE NUMBER

|                                     |   |                 |  |  |  |   |                              |                                      |
|-------------------------------------|---|-----------------|--|--|--|---|------------------------------|--------------------------------------|
| TO BE COMPLETED BY FUNERAL FACILITY | Legal Name  |                 |  | First Ray  | Middle Alvin   | Last Will   | Suffix                       | Death Date<br>December 31, 2016      |
|                                     | Sex<br>Male   | Age<br>81 years | Social Security Number<br>543-38-8389                      |  | County of Death<br>Clackamas                                       |   |                              |                                      |
|                                     | Birthdate<br>June 07, 1935  |                 | Birthplace<br>Oregon City, Oregon                          |  |  | Was Decedent Ever in U.S. Armed Forces?<br>Yes    |                              |                                      |
|                                     | Residence:<br>13601 Stauffer Road NE                                |                 |  |  | City/Town<br>Hubbard   |   |                              |                                      |
|                                     | Residence County<br>Marion  |                 | State or Foreign Country<br>Oregon                         |  | Zip Code + 4<br>97032  |   | Inside City Limits?<br>No    |                                      |
|                                     | Marital Status at Time of Death<br>Married                          |                 | Spouse's Name Prior to First Marriage<br>Eleanor A. Cotten |  |  |   |                              |                                      |
|                                     | Father's Name<br>Lester Alvin Will                                  |                 |  |  | Mother's Name Prior to First Marriage<br>Kathryn Savilla Nofzinger |   |                              |                                      |
|                                     | Informant's Name<br>Eleanor A. Will                                 |                 | Telephone Number<br>Not Available                          | Relationship to Decedent<br>Spouse               | Mailing Address<br>13601 Stauffer Road NE, Hubbard, OR 97032       |   |                              |                                      |
|                                     | Place of Death<br>Hospital-Inpatient                                |                 |  | Facility Name<br>Kaiser Sunnyside Medical Center |  |   |                              |                                      |
|                                     | Location of Death<br>10180 SE Sunnyside Road                        |                 |  | City/Town or Location of Death<br>Clackamas      |  | State<br>Oregon                                   | Zip Code + 4<br>97015        |                                      |
|                                     | Method of Disposition<br>Cremation                                  |                 | Place of Disposition<br>Salem-Stayton Crematory            |  |  | Location (City/Town and State)<br>Stayton, Oregon |                              |                                      |
|                                     | Name and Complete Address of Funeral Facility<br>Hubbard Chapel Inc |                 |  |  |  |   |                              | 2934 H Street, Hubbard, Oregon 97032 |
|                                     | Date of Disposition<br>January 03, 2017                             |                 | Funeral Director's Signature<br>Terrie L. Davis            |  |  | Electronically Signed                             | OR License Number<br>FS-0291 |                                      |
|                                     | Registrar's Signature<br>/s/ Sherry L. Olson                        |                 |  |  | Date Received<br>January 19, 2017                                  |   | Local File Number            |                                      |
|                                     | Amendment   |                 |  |  |  |   |                              |                                      |

45-2CCS (01/06)



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I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED: May 21, 2019

*Jennifer A. Woodward*  
JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR

DATE ISSUED: \_\_\_\_\_

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE







006504339

**Application for Water Right  
Transfer  
Consent by Deeded Landowner**



**Oregon Water Resources Department**  
725 Summer Street NE, Suite A  
Salem, Oregon 97301-1266  
(503) 986-0900  
www.wrd.state.or.us

State of Oregon )  
 )ss  
County of Marion )

We Gloria Will in my/our capacity as owner,

mailing address 19318 Highway 99E, Hubbard, OR 97032,

telephone number 503-9810098 duly sworn depose and say that I

consent to the proposed change(s) to Water Right Certificate Number GR-785

described in a Transfer Application (T-NA) submitted by Stauffer Farms Inc.,  
*(transfer number, if known)*

on the property in tax lot number(s) 1100, Section 27, Township 4 South, Range 1 West, W.M..  
located at 19318 Highway 99E, Hubbard, OR 97032.  
*(site address)*

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Gloria Will  
Signature of Affiant

6/4/19  
Date

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Date

Subscribed and Sworn to before me this 4<sup>th</sup> day of June, 2019.



Cynthia Morrow  
Notary Public for Oregon

My commission expires 4/17/23.



# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

730807  
I.D. TAG NO.

### OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

STATE FILE NUMBER

\*6825946\*

|  |  |   |  |                                  |
|--|--|---|--|----------------------------------|
| 1. Legal Name<br>First: Roy, Middle: Edward, Last: Will  |  |   | 2. Death Date<br>December 24, 2016                             |                                  |
| 3. Sex<br>Male   | 4. Age<br>78 years                     | 5. Social Security Number<br>541-44-1204                              | 6. County of Death<br>Marion                                   |                                  |
| 7. Birthdate<br>February 25, 1938  | 8. Birthplace<br>Oregon City, Oregon   |   | 9. Decedent's Education<br>Associate's degree                  |                                  |
| 10. Was Decedent of Hispanic Origin?<br>No   |  | 11. Decedent's Race(s)<br>White                                       | 12. Was Decedent Ever in U.S. Armed Forces?<br>Yes             |                                  |
| 13. Residence: Number and Street<br>19318 Highway 99 E NE  |  |   | 14. City/Town<br>Hubbard                                       |                                  |
| 15. Residence County<br>Marion   | 16. State or Foreign Country<br>Oregon | 17. Zip Code + 4<br>97032   | 18. Inside City Limits?<br>No                                  |                                  |
| 19. Marital Status at Time of Death<br>Married   |  | 20. Spouse's Name Prior to First Marriage<br>Gloria Tilton            |  |                                  |
| 21. Usual Occupation<br>Machinist  |  | 22. Kind of Business/Industry<br>Fishing                              |  |                                  |
| 23. Father's Name<br>Lester Alvin Will   |  | 24. Mother's Name Prior to First Marriage<br>Kathryn Sovilla Nofziger |  |                                  |
| 25. Informant's Name<br>Gloria Will  | 26. Telephone Number<br>Not Available  | 27. Relationship to Decedent<br>Spouse                                | 28. Mailing Address<br>19318 Highway 99E NE, Hubbard, OR 97032 |                                  |
| 29. Place of Death<br>Decedent's Residence   |  | 30. Facility Name   |  |                                  |
| 31. Location of Death<br>19318 Highway 99 E NE   |  | 32. City/Town or Location of Death<br>Hubbard                         | 33. State<br>Oregon  | 34. Zip Code + 4<br>97032        |
| 35. Method of Disposition<br>Cremation   |  | 36. Place of Disposition<br>Salem-Stayton Crematory                   |  | 37. Location<br>Stayton, Oregon  |
| 38. Name and Complete Address of Funeral Facility<br>Hubbard Chapel Inc 2934 H Street, Hubbard, Oregon 97032 |  |   |  |                                  |
| 39. Date of Disposition<br>December 27, 2016   |  | 40. Funeral Director's Signature<br>Terrie L. Davis                   |  | 41. OR License Number<br>FS-0291 |
| 42. Registrar's Signature<br><i>[Signature]</i>  |  | 43. Date Received<br>JAN - 5 2017                                     |  | 44. Local File Number<br>170037  |
| 45. Amendment  |  |   |  |                                  |

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I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

JAN - 5 2017

*Jennifer A. Woodward*  
JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR

DATE ISSUED: \_\_\_\_\_

THIS COPY IS NOT VALID WITHOUT OFFICIAL VITAL RECORD FLAG WATERMARK AND HOLOGRAPHIC SEALS.

