

# 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.

	ck all in	cluded with this application (N/A = Not Applicable)	RECEIVED
		Part 1 – Completed Minimum Requirements Checklist.	
$\boxtimes$		Part 2 – Completed Application Map Checklist.	OCT 2 2 2019
$\boxtimes$		Part 3 – Completed Applicant Information and Signature.	OWRD
		Part 4 – Completed Groundwater Registration Modification Registration Information. (Only one Groundwater registration Groundwater registrations to be modified are layered).	
$\boxtimes$		Completed Groundwater Registration Modification Application prepared by a Certified Water Right Examiner).	ation Map (Does not have to be
$\boxtimes$		Groundwater registration modification fees – Amount enclo (\$875.00 for a place of use change only; \$1,250.00 for any	
		Attachments:	
	∵ N/A	Request for Assignment Form and statutory fee. This form applicant owns the land to which the registration is appurted certificate holder of record. The Request for Assignment Foundation (https://www.oregon.gov/OWRD/Forms/Pages/default.aspx)  Assignment is not needed for any person or entity who can	nant and is <b>not</b> the registration orm is available at
		request recognition of a modification (e.g. legal representat or the applicant is named on the certificate of registration, of certificate of registration.	ive, power of attorney, agent, etc.)
	N/A N/A	Oregon Water Resources Department's Land Use Informatisignature (or signed land use form receipt stub) from each I water is to be diverted, conveyed, and/or used. Not required conveyed, and/or used only on federal lands or if all of the place of use only, b) no structural changes, c) the use of water is located within an irrigation district or an exclusive factor.	ocal land use authority in which lif water is to be diverted, following apply: a) a change in ter is for irrigation only, and d) the
	⊠ N/A	Water Well Report/Well Log for changes in point(s) of app point(s) of appropriation.	ropriation (well(s)) or additional
		(For Staff Use Only)	OWING DE ACONICA.
		WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWAPPLICATION FOL FOLLOWAPPLICATION FOLLOWAPPLICATION FOLLOWAPPLICATION FOLLOWAPPLICATION FOLLOWAPPLICATION FOLLOWAPPLICATION FO	luded or incomplete
			Form and fee not enclosed/insufficient
		Additional signature(s) required Part i	s 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 <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°).

RECEIVED

OCT 2 2 2019

#### Part 3 of 4 - Applicant Information and Signature

**Applicant Information** ADDITIONAL CONTACT NO. APPLICANT/BUSINESS NAME PHONE NO. (503) 437-3328 Gary A. Mull and Shelly Mull FAX NO. ADDRESS 20925 SE DeRaeve Lane CITY STATE E-MAIL gmull@dndelectrical.com OR 97101 Amity 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 PHONE NO. ADDITIONAL CONTACT NO. (503) 510-3026 William E. McGill, CWRE FAX NO. **ADDRESS** 15333 Pletzer Rd. SE E-MAIL ZIP STATE CITY willmcgill.surveying@gmail.com 97392 OR Turner 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: It is proposed to move the place of use for GR 395 to cover the upper field in TL 1400 and establish a hazlenut crop. If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1". The same of the sa TERM TOP BUT STATE TO BE (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): I (we) affirm the applicant is a municipality as defined in ORS 540.510(3)(b) and that the right is in OCT 2 2 2019 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 OWRD the property to which the Groundwater registration proposed for modification is appurtenant by condemnation and have attached supporting documentation. I understand that prior to Department approval of the groundwater registration modification, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the groundwater registration is located, once per week for two consecutive weeks. If more than one qualifying newspaper is available, I suggest publishing the notice in the following paper: Yamhill Valley News-Register. I (we) affirm that the information contained in this application is true and accurate.



Applicant Signature SMUI Print Name (and Title if applicable) oplicant Signature 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 **ADDRESS** ZIP STATE CITY 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 **ADDRESS** STATE ZIP CITY 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 535 NE 5th St. Yamhill County ZIP STATE CITY 97128 OR **McMinnville** ADDRESS **ENTITY NAME**

STATE

RECEIVED
OCT 2 2 2019

ZIP

OWRD

CITY

### 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 of Number	Is this POA Authorized by the registration or is it Proposed?	OWRD Well Log ID# (or Well ID Tag # L)	T	wp	R	ng	Sec	V.	1/4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
POA 1	□ Authorized     □ Proposed	YAMH 7141	5	s	4	w	27	sw	NW	1400	2075' S and 1750' E from NW corner of W. Buffum DLC 48.
	Authorized										
	Proposed										
	Authorized										
	Proposed					,					
	Authorized										
	Proposed										
	all type(s) of a theses):  Place of Use		ıs(s)	proj	ose	d be					ES" are provided in ion (well) (POA)
	Character of	` ,								•	Appropriation (APOA
Will all of the proposed changes affect the entire Groundwater registration?											
$\boxtimes$	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.										

RECEIVED

OCT 2 2 2019

OWRD

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-395 (Certificate # GR-2437)

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	Changes (see are made.						Market State of the state of th	landika daga sakat										
Twj		Rng	90	ec	1/4	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	from previous page)	Tv	wp	Rr	ıg	Sec	3/4	1/4	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POA(s) to be used (from Table 1)	Priority Date
							13 4		11			· E	XAMPLE													
2	S	)	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
66	6 6	6	66	"	66		"	".	* ' <b></b> 7	EXAMPLE	÷ "	77: <b>66</b>	- " · · ·	2	Ş	9,,	$\mathbf{E}_{z}$	. 2	SW	NW	-500		5.0.		POD #6	1901
					_						·		POU	5	s	4	w	27	NW	NW	1400	48	18.3	irrigation	POA 1	1953
													POU	5	s	4	$\mathbf{w}$	27	sw	NW	1400	48	4.5	irrigation	POA 1	1953
													The second second									<u>.</u>				
			Ì									ļ														
					•																					
	,					TOTA	AL AC	RES			•	·								TOTA	AL AC	RES	22.8			

Additional	remarks:	

RECEIVED

OCT 2 2 2019

TACS

#### Groundwater Registration # GR-395 (Certificate # GR-2437)

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: **Permit R 14725** 



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/)

#### 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

RECEIVED

-Page 7 of 7 OCT **2 2** 2019

TACS

# Application for Water Right Transfer Consent by Deeded Landowner



State of Oregon	)	RECEIVED
County of <u>Yamhill</u>	)ss )	OCT 2 2 2019
		OWRD
We <u>Nu T. Huynh and Tyler C</u>	<u>Summins</u> in our capacity as ow	vner,
mailing address 20901 SE De	Raeve Ln., Amity, OR 97101	3
telephone number 971-24	1-0042, duly sworn dep	oose and say that we
consent to the proposed chang	ge(s) to Water Right Certificat	te Number <u>GR 395</u>
described in a Transfer Applic	cation (T) submitted by (transfer number, if known)	y Gary A. and Shelly Mull,
on the property in tax lot num	nber(s) <u>1500</u> , Section <u>27</u> , Tow	rnship <u>5</u>
South, Range 4 West, W.M.,	located at <u>20901 SE DeRaeve</u> (site address)	Ln., Amity, OR 97101.
Signature of Affiant Signature of Affiant		$\frac{10/12/19}{\text{Date}}$ $\frac{10/12/19}{\text{Date}}$
Subscribed a	and Sworn to before me this	12 day of October, 2019.
		Dely DUI MMM_ otary Public for Oregon
OFFICIAL STAMP  JOELY WILLIAMSO  NOTARY PUBLIC-OREGO  COMMISSION NO. 9524  MY COMMISSION EXPIRES JULY 1		(y commission expires 7 11 2)