



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)

- 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). **(GR 691 included in Attachment A)**
- Completed Groundwater Registration Modification Application Map (Does not have to be prepared by a Certified Water Right Examiner). **Attachment B**
- Groundwater registration modification fees – Amount enclosed: \$ **1,250.00**. (\$875.00 for a place of use change only; \$1,250.00 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 <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. **Attachment C**
- N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation. **Attachment E**

(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°).

Part 3 of 4 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Oregon Department of Corrections, Attn: Chad Naugle		PHONE NO. 503-373-7544	ADDITIONAL CONTACT NO.
ADDRESS 3601 State Street		FAX NO.	
CITY Salem	STATE OR	ZIP 97301	E-MAIL Chad.E.Naugle@doc.state.or.us
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 GSI Water Solutions, Inc., Attn: Kimberly Grigsby		PHONE NO. 541-257-9004	ADDITIONAL CONTACT NO.
ADDRESS 1600 SW Western Blvd, Suite 240		FAX NO.	
CITY Corvallis	STATE OR	ZIP 97333	E-MAIL kgrigsby@gsiws.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 Oregon Department of Corrections (ODOC) is proposing to modify the character of use, place of use, and change the points of appropriation to 3 wells, which will be located at 3 of the 5 proposed locations. ODOC proposes to use the groundwater registration for irrigation of 35.7 acres.

If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1".

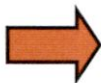
Check this box if this project is fully or partially funded by the American Recovery and Reinvestment Act. (Federal stimulus dollars)

(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.

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

Chad Naugle, Sustainability Programs Manager
 Print Name (and Title if applicable)

11/13/19
 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. **The water use will be located within SWCD but the ground water will not be served by the district.**

IRRIGATION DISTRICT NAME Santiam Water Control District	ADDRESS 284 East Water Street	
CITY Stayton	STATE OR	ZIP 97383

- 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 N/A	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 City of Salem Planning Division	ADDRESS 555 Liberty St SE #305	
CITY Salem	STATE OR	ZIP 97301

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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 #)	Twp		Rng		Sec	1/4		Tax Lot, DLC or Govt Lot	Measured Distances (from a recognized survey corner)
GR-691 Well	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	MARI 9609	8	S	2	W	5	SE	NW	2000	2227 feet South and 3439 feet West from the NE Corner of Section 5
Well 1 (A)	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		8	S	2	W	5	SW	SE	100	745 feet North and 1635 feet West from the SE corner of Section 5
Well 1 (B)	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		8	S	2	W	5	SW	SE	100	290 feet North and 1335 feet West from the SE corner of Section 5
Well 2 (A)	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		8	S	2	W	5	SE	SE	100	1245 feet North and 1140 feet West from the SE corner of Section 5
Well 2 (B)	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		8	S	2	W	8	NE	NE	100	40 feet South and 1055 feet West from the SE corner of Section 5
Well 3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		8	S	2	W	5	NE	SE	100	1775 feet North and 600 feet West from the SE corner of Section 5

* ODOC is planning to drill only 3 wells but is providing 5 potential well locations in this application.

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Place of Use (POU) | <input checked="" type="checkbox"/> Point of Appropriation (well) (POA) |
| <input checked="" 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.

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-691 (Certificate # GR-689)

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) 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	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		Twp	Rng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POA(s) to be used (from Table 1)	Priority Date			
EXAMPLE																									
2	S	9	E	15	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
													8	S	2	W	4	NW	SW	100	DLC 47	4.4	Irrigation	3 of the following: Well 1 (A), Well 2 (A), Well 3 (A), Well 1 (B), Well 2 (B)	May, 1947
													8	S	2	W	4	SW	SW	100	DLC 47	7.6			
													8	S	2	W	5	NE	SE	100	DLC 47	10.5			
													8	S	2	W	5	SE	SE	100	DLC 47	11.6			
													8	S	2	W	5	SE	SE	100	DLC 46	0.4			
													8	S	2	W	9	NW	NW	100	DLC 47	1.2			
TOTAL ACRES											TOTAL ACRES											35.7			

Additional remarks: ODOC requests to change GR-691 to authorize irrigation of 35.7 acres for 3 wells located at 3 of the 5 proposed locations. GR-691 originally authorized domestic use at the Oregon State Hospital.

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Groundwater Registration # GR-691 (Certificate # GR-689)

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 68665.



Santiam Water Control District (SWCD) is the holder of Certificate 68665, which currently authorizes irrigation on the proposed POU. ODOC will work with SWCD to voluntarily diminish the portion of Certificate 68665 appurtenant to the proposed POU to supplemental irrigation concurrently with approval of this groundwater registration modification application.

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
Well 1 (A)	No		120 ft (est.)	10in	+1-50 ft (est.)	0-20 ft (est.)	50-120 ft (est.)	16 ft (est.)	Sand and Gravel	200 gpm (est.)
Well 2 (A)	No		120 ft (est.)	10in	+1-50ft (est.)	0-20 ft (est.)	50-120 ft (est.)	16 ft (est.)	Sand and Gravel	200 gpm (est.)
Well 3	No		120 ft (est.)	10in	+1-50 ft (est.)	0-20 ft (est.)	50-120 ft (est.)	16 ft (est.)	Sand and Gravel	200 gpm (est.)
Well 1 (B)	No		100 ft (est.)	10in	+1-50 ft (est.)	0-20 ft (est.)	50-100 ft (est.)	16 ft (est.)	Sand and Gravel	200 gpm (est.)
Well 2 (B)	No		100 ft (est.)	10in	+1-50 ft (est.)	0-20 ft (est.)	50-100 ft (est.)	16 ft (est.)	Sand and Gravel	200 gpm (est.)

Attachment A
Groundwater Registration GR-691
Application for a Groundwater Registration Modification – Oregon Dept. of Corrections

Registration Statement

OF CLAIMANT OF RIGHT TO APPROPRIATE GROUND WATER

TO THE STATE ENGINEER OF OREGON:

I, State of Oregon, Oregon State Hospital

of Station A Salem County of Marion

State of Oregon do hereby make application for a certificate of registration as evidence of a right to appropriate ground water.

1. Source from which water is withdrawn is Pump well #3
(Flowing well, pump well, infiltration trench, or tunnel)

2. Location is: 3 miles SE Salem city limits
(Approximate distance and direction from nearest city or town)

and is more particularly described as follows:

(a) 2227 Ft. South & 3439 Ft. West of NE Corner Sec. 5 Twp. 8S Rge. 2W
(Give distance and bearing to corner of section or other legal subdivision)

being within SE 1/4 of NW 1/4 of Sec. 5, Twp. 8S, Rge. 2W
(Smallest legal subdivision) (N. or S.) (E. or W.)

or (b) within limits of recorded platted property, town or city:

in Lot _____ Block _____ of _____
(Name of plat or addition)

County of _____
(If within city or town, give name)

3. Construction Work was begun on May 1947; was completed on June 7, 1947
(Date) (Date)

and the ground water claimed was first used for the purposes set out below on Dec. 4, 1947
(Date)

since which time the water has been used Intermittently
(Continuously or intermittently)

from Dec. 1947 to _____
(Date) (Date)

4. Quantity of water claimed and used is 200 gallons per minute; 326 acre feet per year.

5. Purpose or Purposes for which water is used Domestic
(Domestic, irrigation, municipal, manufacturing, industrial, etc.)

6. Description of Well: Depth 187 feet. Type Drilled
(Dug or drilled)

diameter 10 inches. Elevation of ground at well site 226.7 feet, mean sea level.
(As near as known)

Depth to water table 20 feet.

7. Capacity of Well: _____ g.p.m. with _____ feet drawdown.

_____ g.p.m. with _____ feet drawdown.

Date of test Information not available

If Flowing Well: Measured discharge _____ g.p.m. on _____
(Date)

Shut-in pressure at ground surface _____ lbs. per sq. in. on _____
(Date)

Water is controlled by _____
(Cap. valve, etc.)

13294 =

8. Casing: (Give diameter, commercial specifications and depth below ground surface of each casing size.)

10 inch diameter from 0 to 138 feet
 inch diameter from to feet
 inch diameter from to feet
 inch diameter from to feet

Describe and show depth of shoe, plug, adapter, liner or other details:
 120 ft.

9. Perforated Casings or Screens:

Information not available from 27 to 35
(Number per foot and size of perforations, or describe screen)
 from 36 to 45
 from 95 to 110
 from 125 to 135

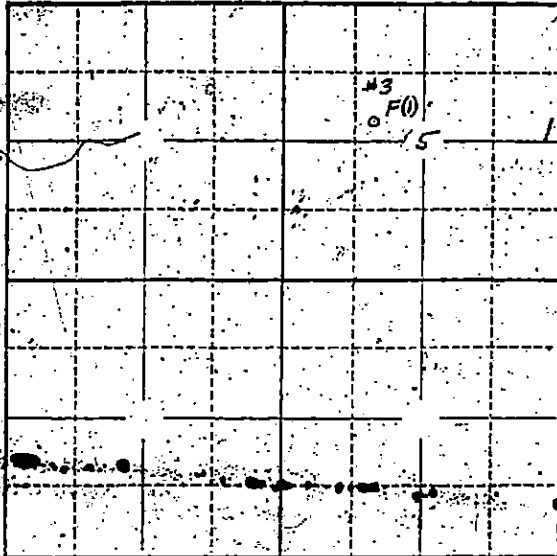
10. Log of Well: (Describe each stratum or formation clearly, indicate if water-bearing, and give thickness and depth as indicated.)

MATERIAL	Thickness (Feet)	Depth to Bottom (Feet)
Topsoil	4	0-4
Yellow Clay	15	4-19
Blue Clay	5	19-24
Gravel with some water	22	24-46
Silt	2	46-48
Cemented gravel	48	48-96
Sand and gravel with good supply of water	4	96-100
Conglomerate	22	100-122
Cemented gravel	35	122-157
Sandstone	7	157-164
Soft red rock	3	164-167
Hard gray rock	20	167-187

GR - 689 A

13294 -

Township 8S Range 2W W.M.
North



Locate well and acreage of irrigated land on plat.

Scale: 2" = 1 Mile

STATE OF OREGON

County of Marion ss.

I, D. K. Brooks, M. D., being first duly sworn, do hereby certify that I have read the foregoing Registration Statement and that all of the items therein contained are true to the best of my knowledge and belief.

D. K. Brooks
(Signature of Registrant)

Subscribed and sworn to before me this 18th day of October, 1957.

My commission expires Sept. 23, 1960

Pauline G. Becking
(Notary Public)

(SEAL)

CERTIFICATE OF REGISTRATION

STATE OF OREGON

County of Marion ss.

This is to certify that the foregoing Registration Statement was received in the office of the State Engineer on the 16th day of December, 1957, at 8:00 o'clock A. M. and has been duly recorded in said office in Book No. _____ of Registration Statements on page GR-689 C.

Witness my hand this 21st day of January, 1958.

Lewis A. Stanley
(State Engineer)

By _____ (Deputy)

GR - 689 C

13294

Attachment B
Application Map

Application for a Groundwater Registration Modification – Oregon Dept. of Corrections

13294 - =

Attachment C

Land Use Information Form

Application for a Groundwater Registration Modification – Oregon Dept. of Corrections

Receipt for Request for Land Use Information

Applicant name: Dept. of Corrections, Chad Naugle
City or County: City of Salem Staff contact: Brandon Pike
Signature: [Signature] Phone: 503-540-2328 Date: Nov. 25, 2014

GR-691

Authorized POA: MARI 9609

Attachment D
Well Log

Application for a Groundwater Registration Modification – Oregon Dept. of Corrections

13294 -

STATE ENGINEER
Salem, Oregon

9609
MAR 1969

Well Record

STATE WELL NO. 8/2W-5bd
COUNTY Marion
APPLICATION NO. GR-691

OWNER: Oregon State Hospital

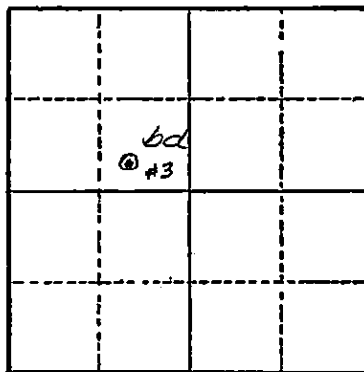
MAILING ADDRESS: Station A

LOCATION OF WELL: Owner's No. 3

CITY AND STATE: Salem, Oregon

SE 1/4 NW 1/4 Sec. 5 T. 8 S., R. 2 W., W.M.

Bearing and distance from section or subdivision
corner 2227 feet South and 3439 feet West of
NE Corner, Section 5



Section 5

Altitude at well 226.7 feet

TYPE OF WELL: Drilled Date Constructed June 7, 1947

Depth drilled 187 feet Depth cased 138 feet

CASING RECORD:

10-inch from 0 to 138 feet

FINISH:

AQUIFERS:

WATER LEVEL: 15.39' (11-22-60)
20 feet

PUMPING EQUIPMENT: Type U. S. type CFU - Deming turbine 5 inch H.P. 20
Capacity 200 G.P.M.

WELL TESTS:

Drawdown _____ ft. after _____ hours _____ G.P.M.
Drawdown _____ ft. after _____ hours _____ G.P.M.

USE OF WATER Domestic Temp. _____ °F. _____, 19

SOURCE OF INFORMATION GR-689

DRILLER or DIGGER _____

ADDITIONAL DATA:

Log ^x Water Level Measurements _____ Chemical Analysis _____ Aquifer Test _____

REMARKS:

13294 -

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

NOTE TO APPLICANTS

In order for your application to be processed by the Water Resources Department (WRD), this Land Use Information Form must be completed by a local government planning official in the jurisdiction(s) where your water right will be used and developed. The planning official may choose to complete the form while you wait, or return the receipt stub to you. Applications received by WRD without the Land Use Form or the receipt stub will be returned to you. Please be aware that your application will not be approved without land use approval.

This form is NOT required if:

- 1) Water is to be diverted, conveyed, and/or used only on federal lands; **OR**
- 2) The application is for a water right transfer, allocation of conserved water, exchange, permit amendment, or ground water registration modification, and **all** of the following apply:
 - a) The existing and proposed water use is located entirely within lands zoned for exclusive farm-use or within an irrigation district;
 - b) The application involves a change in place of use only;
 - c) The change does not involve the placement or modification of structures, including but not limited to water diversion, impoundment, distribution facilities, water wells and well houses; **and**
 - d) The application involves irrigation water uses only.

NOTE TO LOCAL GOVERNMENTS

The person presenting the attached Land Use Information Form is applying for or modifying a water right. The Water Resources Department (WRD) requires its applicants to obtain land-use information to be sure the water rights do not result in land uses that are incompatible with your comprehensive plan. Please complete the form or detach the receipt stub and return it to the applicant for inclusion in their water right application. You will receive notice once the applicant formally submits his or her request to the WRD. The notice will give more information about WRD's water rights process and provide additional comment opportunities. You will have 30 days from the date of the notice to complete the land-use form and return it to the WRD. If no land-use information is received from you within that 30-day period, the WRD may presume the land use associated with the proposed water right is compatible with your comprehensive plan. Your attention to this request for information is greatly appreciated by the Water Resources Department. If you have any questions concerning this form, please contact the WRD's Customer Service Group at 503-986-0801.

RECEIVED

DEC 04 2019

OWRD

13294 -

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

Applicant(s): Oregon Department of Corrections, Attn: Chad Naugle

Mailing Address: 3601 State Street

City: Salem

State: OR

Zip Code: 97301

Daytime Phone: 503-373-7544

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:
8S	2W	4	NWSW	100	PH (Public & Private Health Services) and RA (Residential Agriculture)	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>Irrigation</u>
8S	2W	4	SWSW	100		<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>Irrigation</u>
8S	2W	5	NESE	100		<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>Irrigation</u>
8S	2W	5	SESE	100		<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>Irrigation</u>
8S	2W	5	SWSE	100		<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	<u>Irrigation</u>
8S	2W	8	NENE	100		<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	<u>Irrigation</u>
8S	2W	8	NWNE	100		<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	<u>Irrigation</u>
8S	2W	9	NWNW	100		<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>Irrigation</u>

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

City of Salem

RECEIVED
DEC 04 2019

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: 200 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:

The Applicant is proposing to modify GR 691 to allow irrigation of 35.7 acres from 3 wells at 3 of the 5 proposed locations.

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

NOTE TO APPLICANTS

In order for your application to be processed by the Water Resources Department (WRD), this Land Use Information Form must be completed by a local government planning official in the jurisdiction(s) where your water right will be used and developed. The planning official may choose to complete the form while you wait, or return the receipt stub to you. Applications received by WRD without the Land Use Form or the receipt stub will be returned to you. Please be aware that your application will not be approved without land use approval.

This form is NOT required if:

- 1) Water is to be diverted, conveyed, and/or used only on federal lands; **OR**
- 2) The application is for a water right transfer, allocation of conserved water, exchange, permit amendment, or ground water registration modification, and **all** of the following apply:
 - a) The existing and proposed water use is located entirely within lands zoned for exclusive farm-use or within an irrigation district;
 - b) The application involves a change in place of use only;
 - c) The change does not involve the placement or modification of structures, including but not limited to water diversion, impoundment, distribution facilities, water wells and well houses; **and**
 - d) The application involves irrigation water uses only.

NOTE TO LOCAL GOVERNMENTS

The person presenting the attached Land Use Information Form is applying for or modifying a water right. The Water Resources Department (WRD) requires its applicants to obtain land-use information to be sure the water rights do not result in land uses that are incompatible with your comprehensive plan. Please complete the form or detach the receipt stub and return it to the applicant for inclusion in their water right application. You will receive notice once the applicant formally submits his or her request to the WRD. The notice will give more information about WRD's water rights process and provide additional comment opportunities. You will have 30 days from the date of the notice to complete the land-use form and return it to the WRD. If no land-use information is received from you within that 30-day period, the WRD may presume the land use associated with the proposed water right is compatible with your comprehensive plan. Your attention to this request for information is greatly appreciated by the Water Resources Department. If you have any questions concerning this form, please contact the WRD's Customer Service Group at 503-986-0801.

13294 - =

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

Applicant(s): Oregon Department of Corrections, Attn: Chad Naugle

Mailing Address: 3601 State Street

City: Salem

State: OR

Zip Code: 97301

Daytime Phone: 503-373-7544

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:
8S	2W	4	NWSW	100		<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	Irrigation
8S	2W	4	SWSW	100		<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	Irrigation
8S	2W	5	NESE	100		<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	Irrigation
8S	2W	5	SESE	100		<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	Irrigation
8S	2W	5	SWSE	100		<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	Irrigation
8S	2W	8	NENE	100		<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	Irrigation
8S	2W	8	NWNE	100		<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	Irrigation
8S	2W	9	NWNW	100		<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	Irrigation

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

City of Salem

B. Description of Proposed Use

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

- Permit to Use or Store Water
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Source of water: Reservoir/Pond Ground Water Surface Water (name) _____

Estimated quantity of water needed: 200 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:

The Applicant is proposing to modify GR 691 to allow irrigation of 35.7 acres from 3 wells at 3 of the 5 proposed locations.

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 (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 <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <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: _____ Title: _____

Signature: _____ Phone: _____ Date: _____

Government Entity: _____

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: _____

WATER RIGHT TRANSFER COVER SHEET

Transfer: T- 13294

Transfer Specialist:

Transfer Type: GR Modification

Applicant: OREGON DEPARTMENT OF CORRECTIONS CHAD NAUGLE 3601 STATE ST SALEM, OR 97301 Email: _____ Phone: _____		Agent: <input type="checkbox"/> N/A GSI WATER SOLUTIONS 1600 SW WESTERN AVENUE SUITE 240 CORVALLIS, OR 97333 Email: _____ Phone: _____	
Irrigation District: <input type="checkbox"/> N/A Email: _____		CWRE: <input type="checkbox"/> N/A Email: _____	
Affected Local Gov'ts: <input type="checkbox"/> N/A City Of Salem Planning Division Email: _____		Affected Tribal Gov't: <input type="checkbox"/> N/A UNAVAILABLE Email: _____	
Current Landowner if other than Applicant: <input type="checkbox"/> N/A Email: _____		Receiving Landowner: <input type="checkbox"/> N/A Email: _____	

Water Rights Affected

File Marked	App. File # or Decree Name	Permit	Certificate	RR/CR Needed	RR/CR Nos.
<input type="checkbox"/>	GR-692		GR-690	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Key Dates & Initial Actions:

Rec'd: November 27, 2019	Proposed Action(s): POINT OF APPROPRIATION; PLACE OF USE; USE	
Fees Pd: 1250.00	WM District: 16	ODFW District:
Initial Public Notice: December 17, 2019	WM Review sent:	ODFW Review sent:
Acknowledgement Letter Sent <input checked="" type="checkbox"/>		GW Review sent: <input type="checkbox"/> N/A
County sent cc: of Ack Letter <input type="checkbox"/>	BOR notified (date): <input type="checkbox"/> N/A	
Newspaper quote requested:	Request for news \$ sent:	News \$ received:
Request to publish sent:	Affidavit of publication received:	Last day of publication:

Document	Drafted	Peer Review	Changes Made	Coordinator	Changes Made	Signature Bin	Signature Date
DPD	Date: _____ Initials: _____	Date: _____ Initials: _____	Date: _____ Initials: _____	Date: _____ Initials: _____	Date: _____ Initials: _____	CW Sent: _____	N/A
PD	Date: _____ Initials: _____	Date: _____ Initials: _____	Date: _____ Initials: _____	Date: _____ Initials: _____	Date: _____ Initials: _____	Date: _____	Date: _____
FO	Date: _____ Initials: _____	Date: _____ Initials: _____	Date: _____ Initials: _____	Date: _____ Initials: _____	Date: _____ Initials: _____	Date: _____	Date: _____

Special Issues: _____

Special Order Volume: Vol. _____ Pages _____



Oregon

Kate Brown, Governor

T-13294
Water Resources Department

725 Summer St NE, Suite A

Salem, OR 97301

(503) 986-0900

Fax (503) 986-0904

December 10, 2019

OREGON DEPARTMENT OF CORRECTIONS 3601 STATE ST SALEM, OR 97301

Reference: Application T- 13293, T-13294, T-13295

On November 27, 2019, we received your water right Transfer application. The application was accompanied by \$1250.00 for 3 applications, total \$3750. Our receipt number 131417 is enclosed.

By copy of this letter, we are asking the Watermaster for a report regarding the potential for injury to existing water rights which may be caused by the requested change. A review form will also be sent to our groundwater staff to determine whether the proposed well accesses the same source of water as the original well.

This application may require publication of a notice for two consecutive weeks in a newspaper with general circulation in the area where the water right is located. If it is determined that newspaper notice will be required, the Department will prepare the notice and notify you of the cost. You will be responsible for submitting payment to the Department prior to publication of the notice.

You may not use water for the new use, in the new place of use or from the new point of appropriation until a final order approving recognition of the groundwater registration modification application has been issued by the Department. If the land is sold before the modification is approved, the buyer's consent to the modification will be required unless a recorded deed or other legal document clearly established that the groundwater registration was not conveyed in the sale.

Refer to the following page for a chart showing the steps and expected timelines for the processing of your application.

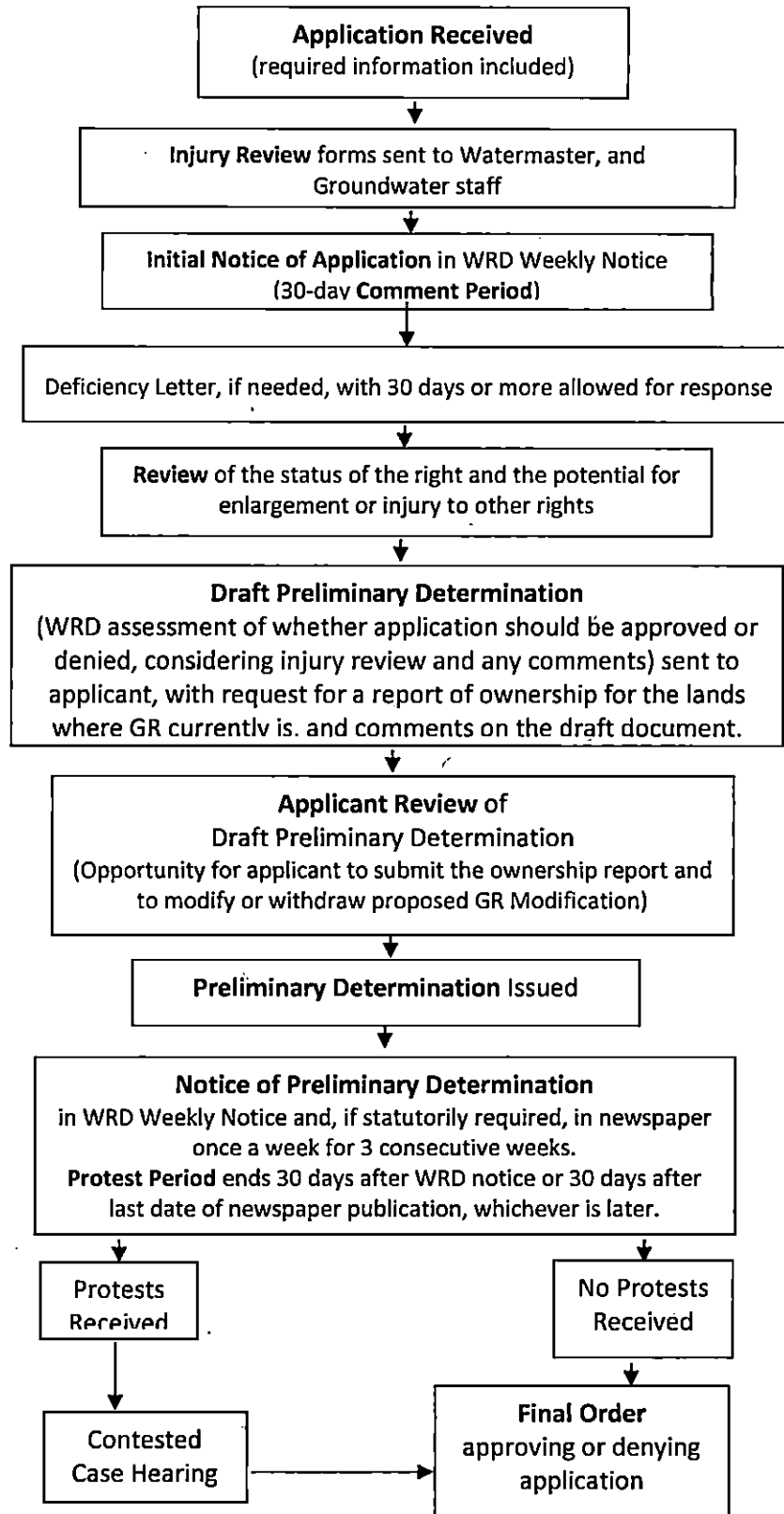
If you have any questions, please contact the Transfer Section at (503) 986-0815.

Cc: Watermaster Dist. #16 (via email)
GSI Water Solutions
Santiam Water Control District
City of Salem Planning Department

Enclosure

Groundwater Registration Modification Process

OAR 690 Division 382



Groundwater Registration Modification (GR Mod) Application Checklist

Checked by Scott

Date ~~12-2-19~~ 12/4/19

(If OK, check box to left; if not, fill in the blank)

1. Is the name of the GR Mod applicant(s) the same as the GR claim holder(s) of record?

If not, one of the following must be included with the application:

- a) A written statement from the GR claim holder, consenting to the proposed GR Mod Application (if the GR claim holder(s) of record is the current property owner), **OR**.
- b) A concurrent "Request for Assignment" to move the GR claim into the GR Mod applicant's name must be submitted (if the GR Mod applicant(s) is the current property owner), **OR**
- c) A concurrent "Request for Assignment" to move the GR claim into the name of a third party (who now owns the property) must be submitted, **and** the third party will need to provide a written statement consenting to the proposed GR Mod Application.

If not, what is missing? _____

2. Page 1 of application: Are all attachments that have been checked actually included?

If not, what is missing? ~~Land use not complete Revd~~ 12/4/19

3. Are fees included and correct? yes

If not, the correct fee would be: _____, so the amount missing is: _____

- If application proposes ONLY a change in place of use = \$875.00
- If application proposes any other change or combination of changes = \$1,250.00

4. Page 3 of application: Have all the applicants listed at the top of the page signed at the bottom? yes

If not, whose signature is missing? _____

5. If all #1-#4 boxes on this checklist are checked (with no remaining deficiencies identified), accept the application. Put this check sheet in the transfer folder.

If #1, #2, #3, or #4 on this checklist is deficient, the application CANNOT be accepted.

It should be returned and the **deficiencies listed in the "staff" section at the bottom of Application Page 1**, unless the applicant or agent can resolve the deficiencies within 2-3 days.