



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. RECEIVED
- Part 2 – Completed Application Map Checklist. FEB 03 2020
- Part 3 – Completed Applicant Information and Signature. OWRD
- 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: \$ ^{1,250⁰⁰} ~~1,450.00~~ (\$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.
- 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: / /

13308 -

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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13368 -

Part 3 of 4 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Northstar Communities, LLC, Karl Ivanoff, Member			PHONE NO. 503-655-7933	ADDITIONAL CONTACT NO.
ADDRESS 9550 SE Clackamas Road				FAX NO.
CITY Clackamas	STATE OR	ZIP 97015	E-MAIL karl@iecon.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 Steven P. Applegate Consulting			PHONE NO. 503-362-4040	ADDITIONAL CONTACT NO.
ADDRESS 3395 Huckleberry Ct S				FAX NO.
CITY Salem	STATE OR	ZIP 97302	E-MAIL steve.applegesp@gmail.com	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.				

Explain in your own words what you propose to accomplish with this modification; and why: Northstar Communications, LLC, owners of the subject lands under GR#305 on Tax Lot 200, wishes to change the POU for 19.0 acres to TL 100 and also to change the POA to a well on TL1000. Tax Lot 100 and 1000 are owned by the Estate of Ernest & Lola Zielinski Trust, Doug Zielinski, Trustee.

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.

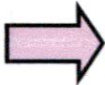
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I understand that prior to Department approval of the groundwater registration modification, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the groundwater 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: Statesman-Journal.

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



[Handwritten Signature]
Applicant Signature

Karl Ivanoff, Member
Print Name (and Title if applicable)

02/28/2020
Date

Applicant Signature

Print Name (and Title if applicable)

Date

Is the applicant the sole owner of the land on which the Groundwater registration modification or portion thereof, is located? Yes No *If NO, include signatures of all deeded landowners (and mailing and/or e-mail addresses if different than the applicant's) or attach affidavits of consent (and mailing and/or e-mail addresses) from all landowners or individuals/entities to which the Groundwater registration has been conveyed.*

13368 -

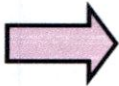
Check the appropriate box, if applicable:

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

IRRIGATION DISTRICT NAME	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. N/A

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP



To meet State Land Use Consistency Requirements, you must list all local governments (each county, city, municipal corporation, or tribal government) within whose jurisdiction water will be diverted, conveyed or used.

ENTITY NAME Marion County	ADDRESS	
CITY Salem	STATE OR	ZIP

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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13368-
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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)
Orig. Well	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	UNKNOW N	6	S	2	W	32	NE	SW	200	380' S & 3040' W from NE Cor. DLC 48
Well 1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	MARI 68166	"	"	"	W	32	NW	SE	1000	660' S & 2400' W from NE Cor. DLC 48
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed										
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed										

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 type="checkbox"/> Character of Use (USE) | <input type="checkbox"/> Additional Point of Appropriation (APOA) |

Will all of the proposed changes affect the entire Groundwater registration?

- Yes Complete only the proposed ("to" lands) section of Table 2 on the next page. Use the "CODES" listed above to describe the proposed changes.
- No Complete all of Table 2 to describe the portion of the registration to be changed.

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13368 - FEB 03 2020

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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-305 (Certificate # GR-284)

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)										PROPOSED (the "to" or "on" lands)													
The listing that appears in the registration BEFORE PROPOSED CHANGES										The listing as it would appear AFTER PROPOSED CHANGES													
List only that part or portion of the groundwater registration that will be changed.										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	Proposed Changes (see "CODES" from previous page)	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	
EXAMPLE																							
2	S	9	"	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	15
"	"	"	"	"	"	"	"	EXAMPLE	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
6	S	2	W	32	NE	SW	11.0	Irr	Orig.	1952	POU/POA	6	S	2	W	32	NW	SE	100	DLC 48	3.5	Well 1	1952
				SE	SW	"	8.0	"	"	"	"	"	"	"	"	"	NE	SW	"	"	7.5	"	"
											"	"	"	"	"	"	SE	SW	"	"	5.8	"	"
											"	"	"	"	"	"	SW	SE	"	"	2.2	"	"
TOTAL ACRES												TOTAL ACRES						19.0					

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Additional remarks: _____

Groundwater Registration # GR-305 (Certificate # GR-284)

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:



Pursuant to OAR 690-382-0200, any "layered" water use, such as an irrigation right that is supplemental to a primary irrigation right proposed for transfer, must be concurrently transferred with the registration or be cancelled. Any change to a water right must be filed separately in a transfer application. Any change to a water use permit must be filed separately with a permit amendment. Any modification to a Groundwater registration on the "to" lands must be filed separately with a Groundwater registration modification.

For modifications in point(s) of appropriation (well(s) or additional point(s) of appropriation:

- Well log(s) are attached for each well that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map. (Tip: You may search for well logs on the Department's web page at: http://apps.wrd.state.or.us/apps/gw/well_log/)

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AND/OR

- Describe the construction of the authorized and proposed well(s) in Table 3 for any wells that do not have a well log. For *proposed wells not yet constructed or built*, provide "a best estimate" for each requested information element in the table. The Department recommends you consult a licensed well driller, geologist, or certified water right examiner to assist with assembling the information necessary to complete Table 3.

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Table 3. Construction of Point(s) of Appropriation

Any well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the accompanying application map. Failure to provide adequate information is likely to delay the processing of your modification application until it is received. The information is necessary for the department to assess whether the proposed well(s) will access the same source aquifer as the authorized point(s) of appropriation (POA). The Department is prohibited by law from approving POA changes that do not access the same source aquifer.

Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well, OWRD Well ID Tag No. 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 (original POA)	Yes	N/A	103	8"	UNK	UNK	79-100'	35	Sand/gravel	450 GPM
Well 1 (new POA)	Yes	MARI 68166	160	(See	Attache	d	Well	Log)		

NOTE: Data for original well taken from GR Registration Statement (GR305)

13368-

PROPOSED Well 1

(1) LAND OWNER
 Owner Well I.D. _____
 First Name _____ Last Name _____
 Company ALPHA NURSERY
 Address 5050 HAZELGREEN ROAD N.E.
 City SALEM State OR Zip 97305

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

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 160.00 ft.
 BORE HOLE SEAL

Dia	From	To	Material	From	To	Amt	lbs
14	0	48	Cement w/4% Bentonit	0	48	25	S
10	48	160				Calculated	14.49
						Calculated	

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

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

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10	<input checked="" type="checkbox"/>	2	160	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Shoe Inside Outside Other Location of shoe(s) 160
 Temp casing Yes Dia 14 From + 0 To 45

(7) PERFORATIONS/SCREENS
 Perforations Method Holte Perforator
 Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Casing	10	121	157	.2	1	1300	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
350		158	2

 Temperature 53 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 210 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County MARION Twp 6.00 S N/S Range 2.00 W E/W WM
 Sec 32 NW 1/4 of the SE 1/4 Tax Lot 1000
 Tax Map Number _____ Lot _____
 Lat _____ " or 45.00324200 DMS or DD
 Long _____ " or -122.95766790 DMS or DD
 Street address of well Nearest address
 5050 HAZELGREEN ROAD N.E. SALEM, OREGON 97305

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	10/4/2018			42

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 17.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
9/27/2018	17	40	10			18
10/4/2018	52	160	350			42

(11) WELL LOG Ground Elevation _____

Material	From	To
Top soil	0	5
Brown silty clay	5	17
Brown and gray silt	17	40
Brown clay	40	52
Fine brown sand w/small gravels	52	61
Tight red and brown sand and gravel	61	83
Semi-tight gray sand and gravel	83	96
Semi-loose sand and gravel	96	101
Semi-tight brown sand and gravel	101	121
Gray and brown sand and gravel tight	121	153
Gray sand and gravel	153	160

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Date Started 9/25/2018 Completed 10/4/2018

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number 1629 Date 10/8/2018
 Signed JAMES GUNN (E-filed)

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 License Number 1273 Date 10/9/2018
 Signed FLOYD SIPPEL (E-filed)
 Contact Info (optional)

13368 -