



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: \$ _____. (\$875.00 for a place of use change only; \$1,250.00 for any other change or combination).

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Attachments:

- N/A Request for Assignment Form and statutory fee. This form needs to be completed if the applicant owns the land to which the registration is appurtenant and is **not** the registration certificate holder of record. The Request for Assignment Form is available at <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>.

Assignment is not needed for any person or entity who can demonstrate authorization to request recognition of a modification (e.g. legal representative, power of attorney, agent, etc.) or the applicant is named on the certificate of registration, or has been assigned to the certificate of registration.

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- 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: _____	Date: ____/____/____

Mike and Amy Anderson

547-582-4786

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 Mike & Amy Anderson		PHONE NO. 591-597-4786	ADDITIONAL CONTACT NO.
ADDRESS 5280 Door Creek Rd		FAX NO.	
CITY Selma	STATE OR	ZIP 97538	E-MAIL

BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.

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

APPLICANT/BUSINESS NAME		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS		FAX NO.	
CITY	STATE	ZIP	E-MAIL

BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.

Explain in your own words what you propose to accomplish with this modification; and why:

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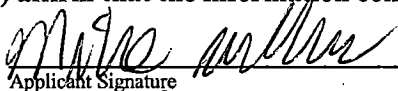
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I understand that prior to Department approval of the groundwater registration modification, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the groundwater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

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

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Applicant Signature

Mike Anderson
Print Name (and Title if applicable)

5-3-21
Date


Applicant Signature

Amy Anderson
Print Name (and Title if applicable)

5-3-21
Date

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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	
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	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 Josephine county	ADDRESS 500 NW 6th St.	
CITY Grants Pass	STATE Oregon	ZIP 97526

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)
Sump 1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		38	S	7	W	9	NW SE 794
Sump	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		38	S	9	W	9	SE SE 709 590 FT North 810 FT. West
Well 1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	5052 60592	38	S	7	W	9	NW SE 793
Well 2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	5052 59861	38	S	7	W	9	NW SE 793

From SE corner

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Check all type(s) of modifications(s) proposed below (modification "CODES" are provided in OWRD 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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Sump 590 FT North & 810 FT West from the SE corner
Section 9 T.385 R 7W Wm

Sump 1 ~~1452~~ N 2450 W from the SE corner
of Section 9 T.385 R 7W Wm

Well 1 1552 N 2450 W from the SE corner
of Section 9 T 38 S R 7W Wm

Well 2 1567 N 2430 W from the SE corner
of Section 9 T 38 S R 7W Wm

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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-4690 (Certificate # GR-3860)

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	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	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	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
EXAMPLE																								
37	S	7	W	9	SE SW	794	3	irrigation	Sump	6-30-1948			37	S	7	W	9	SE SW	794	3	irrigation	Sump	6-30-1948	190
57	S	7	W	9	SW SE	794	6	irrigation	Sump	6-30-1948													Sump 1	
																							Well 1	
																							Well 2	
																							Well 2	
																							Sump 1	6-30-1948
																							Sump 1	
																							Well 1	
																							Well 2	
TOTAL ACRES						9	TOTAL ACRES						9											

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Additional remarks: Add 3 new additional POA's

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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
Sump	Yes		14 FT	-	-	-	-	5-16 FT	clay, rock	NOT TO EXCEED 25 GPM
Sump 1	Yes		10 FT	-	-	-	-	6 FT	clay, rock	
well 1	Yes	3652 60592	272 FT	6 in.	0-238	0-18	-	+0.25 PSI	236-272	From Listed Sources
well 2	Yes	3652 39361	186 FT	6 in.	N/A	-	-	1.25 PSI	-	

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5/3/2019

(1) LAND OWNER

Owner Well I.D. _____
 First Name MICHAEL Last Name ANDERSON
 Company _____
 Address 5280 DEER CREEK RD.
 City SELMA State OR Zip 97538

(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 Thrd
 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

Depth of Completed Well 272.00 ft. Special Standard (Attach copy)

BORE HOLE			SEAL			Amt	Sacks/lbs
Dia	From	To	Material	From	To		
10	0	18	Bentonite Chips	0	18	14	S
6	18	272			Calculated	8.22	
					Calculated		

How was seal placed: Method A B C D E

Other DRY POURED

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"/>	6	<input checked="" type="checkbox"/>	2	238	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>

Shoe Inside Outside Other Location of shoe(s) 238
 Temp casing Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/ Casing/ Screen Screen Liner Dia From To Scrn/slot width Slot length # of slots # of Tele/ pipe size

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	# of Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
8.5		238	1

Temperature 54 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount 98 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County JOSEPHINE Twp 38.00 S N/S Range 7.00 W E/W WM
 Sec 9 NW 1/4 of the SE 1/4 Tax Lot 1600
 Tax Map Number _____ Lot _____
 Lat _____ " or 42.27636000 DMS or DD
 Long _____ " or -123.53267500 DMS or DD
 Street address of well Nearest address

5280 DEER CREEK RD. SELMA, OR 97538

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+ SWL (ft)
Existing Well / Pre-Alteration			
Completed Well	4/17/2019	0.25	<input checked="" type="checkbox"/> 0.6

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 236.00

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
4/22/2019	236	272	8.5	0.25	<input checked="" type="checkbox"/>

(11) WELL LOG

Ground Elevation _____

Material	From	To
TIGHT RED CLAY SMALL GRAVEL	0	11
RED CLAY LG GRAVEL	11	19
RED CLAY	19	43
BROWN CLAY MIXED GRAVEL	43	59
GREY CLAY SMALL GRAVEL	59	82
BROWN CLAY	82	87
GREY CLAY	87	109
LT BROWN CLAY SM GRAVEL	109	126
BROWN CLAY	126	143
BROWN CLAY MIXED GRAVEL	143	161
BROWN CLAY SMALL GRAVEL	161	169
BROWN CLAY MIXED GRAVEL	169	193
BROWN RUNNY SHALE BROKEN	193	236
BLACK BROKEN SHALE	236	272

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Date Started 4/17/2019 Completed 4/22/2019 **MAY 21 20**

(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. **OWWRD**

License Number 1945 Date 4/29/2019 **RECEIVED**

Signed JUSTIN SPLIETHOF (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. The 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. **OWWRD**

License Number 1835 Date 5/3/2019

Signed KEVIN GILL (E-filed)

Contact Info (optional) CLOUSER DRILLING INC.

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STATE ENGINEER
SALEM, OREGON

Registration Statement

Registration No. GR - 4090

Certificate No. GR - 3860

OF CLAIMANT OF RIGHT TO APPROPRIATE GROUND WATER

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TO THE STATE ENGINEER OF OREGON:

I, Raymond L. Frost & Loretta R. Frost
 of Rainbow Ranch, Hilma, Ore County of Joseph
(Mailing address)
 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 Sump
(Flowing well, pump well, infiltration trench, or tunnel)

2. Location is: 5 mi E of Hilma Oregon
(Approximate distance and direction from nearest city or town)

and is more particularly described as follows:

(a) 590' ft north & 810 ft west of SE Cor Sec 9
(Give distance and bearing to corner of section or other legal subdivision)

being within SE 1/4 SE 1/4 of Sec. 9, Twp. 38 S, Rge. 7 W
(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 June 1948; was completed on June 1948
(Date) (Date)

and the ground water claimed was first used for the purposes set out below on July 1948
(Date)

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

from July 1948 to present
(Date) (Date)

4. Quantity of water claimed and used is 7500 gallons per minute; 100 acre
 feet per year. ~~75~~

5. Purpose or Purposes for which water is used irrigation

(Domestic, irrigation, municipal, manufacturing, industrial, etc.)

6. Description of Well: Depth 14 feet. Type Sump
(Dug or drilled)

diameter _____ inches. Elevation of ground at well site 1080 feet, mean sea level.
(As near as known)

Depth to water table 5-10 feet. according to time of year

7. Capacity of Well: 1500 g.p.m. with 8 feet drawdown.

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

Date of test 1952

If Flowing Well: Measured discharge does not apply g.p.m. on _____
(Date)

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

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

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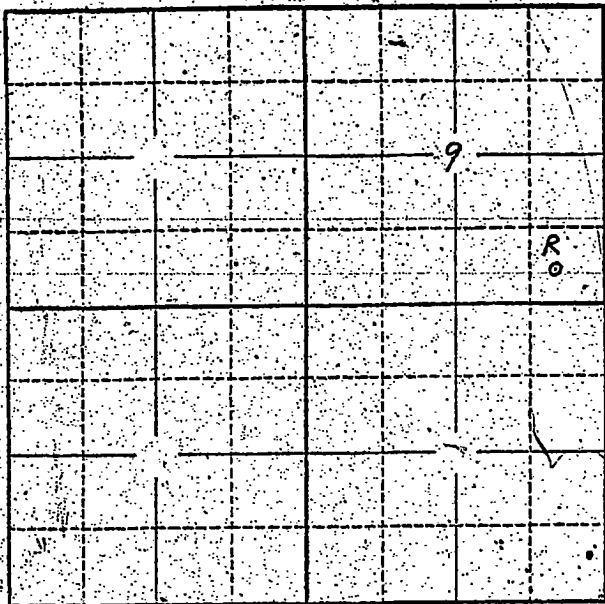
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Township 38S Range 2W W.M.
North



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Locate well and acreage of irrigated land on plat
Scale: 2" = 1 Mile

STATE OF OREGON

County of Josephine ss.

I, Raymond E. Frost and Loretta B. Frost, 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.

Raymond E. Frost
(Signature of Registrant)

Subscribed and sworn to before me this 31st day of July, 1958.

My commission expires Dec. 15th '60 Stella M. Stengel
(Notary Public)

(SEAL)

CERTIFICATE OF REGISTRATION

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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 10th day of August, 1952, at 3:00 o'clock P.M. and has been duly recorded in said office in Book No. 16 of Registration Statements on page GR-3860.

Witness my hand this 28th day of December, 1959.

Laura A. Stanley
(State Engineer)

By _____ (Deputy)

\$18.00

13728

GR 3860

Oregon Water Resources Department
Ground Water Registration Modification

- [Main](#)
- [Help](#)
- [Return](#)
- [Contact Us](#)

Today's Date: Tuesday, April 20, 2021

**Fee
Calculation**

Fill in information below-- Check each box that applies.

- Place of Use
- Point of Diversion (POD)/Appropriation (POA); and/or Additional POD/POA; and/or SW POD to GW POD
- Character of Use

Ground Water Modification Fee

\$1,250.00

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National Flood Hazard Layer FIRMette

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123°31'48"W 42°16'45"N

Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

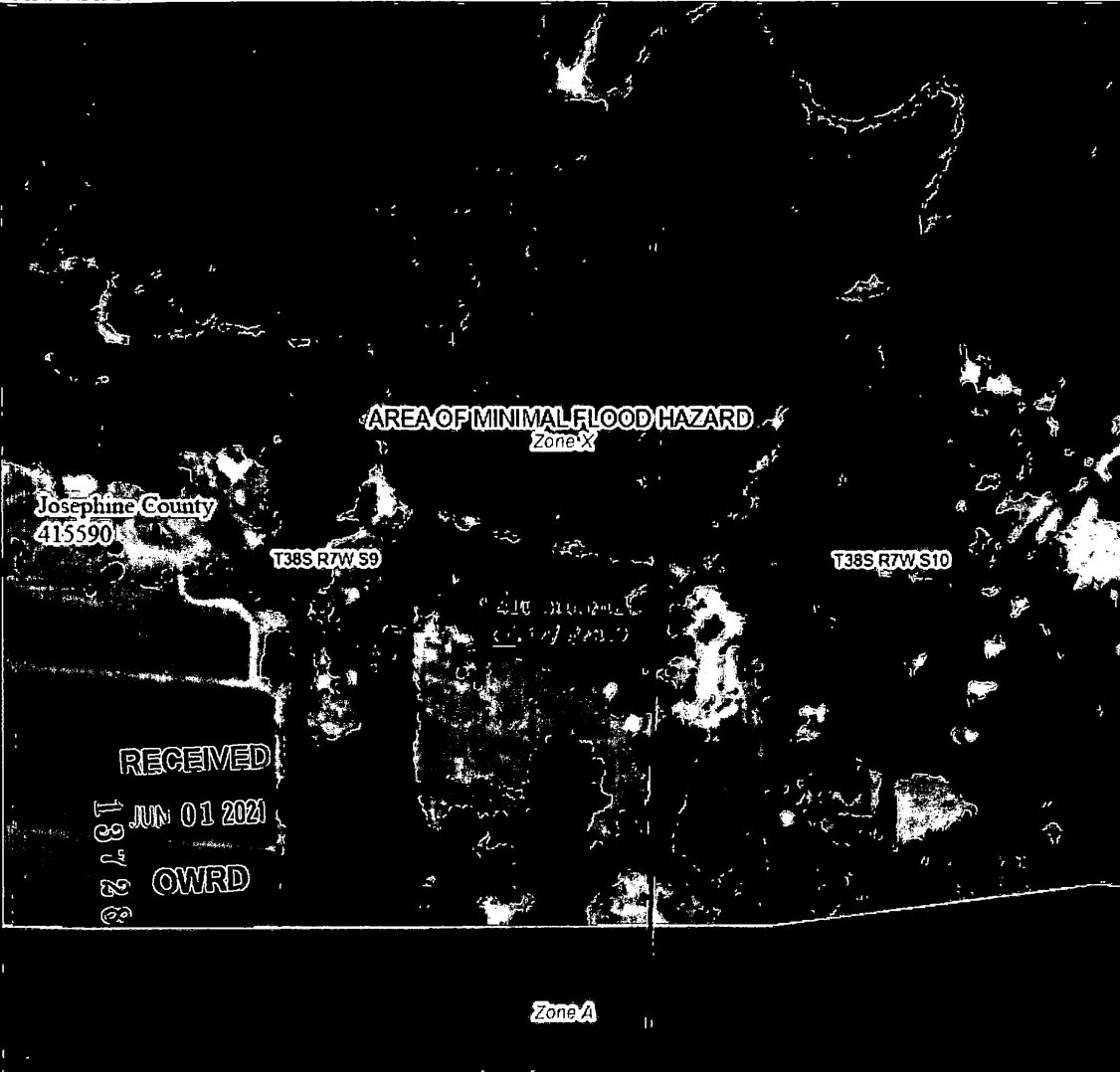
SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) Zone A, V, A99
		With BFE or Depth Zone AE, AO, AH, VE, AR
OTHER AREAS OF FLOOD HAZARD		Regulatory Floodway
		0.2% Annual Chance Flood Hazard, Area of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
		Future Conditions 1% Annual Chance Flood Hazard Zone X
		Area with Reduced Flood Risk due to Levees. See Notes, Zone X
OTHER AREAS		Area with Flood Risk due to Levee Zone X
		Area of Minimal Flood Hazard Zone X
GENERAL STRUCTURES		Effective LOMRs
		Area of Undetermined Flood Hazard Zone X
OTHER FEATURES		Channel, Culvert, or Storm Sewer
		Levee, Dike, or Floodwall
MAP PANELS		20.2 17.5 Cross Sections with 1% Annual Chance Water Surface Elevation
		Coastal Transect
		Base Flood Elevation Line (BFE)
		Limit of Study
		Jurisdiction Boundary
OTHER FEATURES		Coastal Transect Baseline
		Profile Baseline
		Hydrographic Feature
MAP PANELS		Digital Data Available
		No Digital Data Available
		Unmapped

The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards.

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 5/13/2021 at 11:19 AM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodified areas cannot be used for regulatory purposes.



0 250 500 1,000 1,500 2,000 Feet 1:6,000

123°31'11"W 42°16'19"N

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JUN 01 2021
137 28
OWRD



Josephine County, Oregon

Community Development – Planning Division

700 NW Dimmick, Suite C / Grants Pass, OR 97526

(541) 474-5421 / Fax (541) 474-5422

E-mail: planning@josephinecounty.gov

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May 13, 2021

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Re: OWRD Land Use Information Form for 5455, 5395 & 5280 Deer Creek Rd

Map No. 38-07-09-00, TL 709, 791, 793 & 794

Zone: Exclusive Farm (EF)

OWRD

To Whom It May Concern,

Agriculture, Farming & Farm Use is an outright permitted use in the Exclusive Farm (EF) zone per Section 19.64.020 of the *Josephine County Code (JCC)*.

A Development Permit is required for all development in a flood hazard area per Section 19.69A.080, *JCC*. This includes grading, excavation, new/replacement irrigation equipment, etc. Should any development be proposed in the special flood hazard area, a development permit will be required prior to commencement of such development. Applicant must obtain any necessary permits from the Department of State Lands for work within identified Wetland areas prior to making application for a development permit. The development permit will be subject to review by the Oregon Department of Fish and Wildlife for compliance with their regulations and Riparian corridor setbacks.

Sincerely,

Tami Smith

Associate Planner

541-474-5424

Email tsmith@josephinecounty.gov

Attachments: Flood Hazard Map for subject parcels

13728