# **Application for Permit Amendment**

t OREGON

water resources
DEPARTMENT

Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900 www.oregon.gov/OWRD

Part 1 of 5 - Minimum Requirements Checklist

This permit amendment application will be returned if Parts 1 through 5 and all required attachments are not completed and included.

For questions, please call (503) 986-0900, and ask for Transfer Section.

	Check	all items included with this application. (N/A = Not Applicable)	RECEIV	ED
$\boxtimes$		Part 1 – Completed Minimum Requirements Checklist.	DEC 072	021
		Part 2 – Completed Application Map Checklist.	OWR	•
$\boxtimes$		Part 3 – Application Fee, payable by check to the Oregon Water Resources De completed Fee Worksheet, page 3. Try the new online fee calculator at: <a href="http://apps.wrd.state.or.us/apps/misc/wrd">http://apps.wrd.state.or.us/apps/misc/wrd</a> fee calculator.	epartment, a	nd
$\overline{X}$		Part 4 – Completed Applicant Information and Signature.		
$\boxtimes$		Part 5 – Information about Permits to be Amended: Number of permits to be List the Permits here: G-13311  Please include a separate Part 5 for each permit. (See instructions on page 6)	amended:	1
$\boxtimes$		Completed Permit Amendment Application Map (Does not have to be preparation Water Right Examiner).	ed by a Certi	fied
	⊠ N/F	Request for Assignment Form and statutory fee. The request for assignment completed if the applicant is <b>not</b> the permit holder of record and needs to be permit; <b>or</b> the landowner of the proposed place of use is <b>not</b> the permit holden needs to be assigned to the permit (the Request for Assignment Form is available <a href="https://www.oregon.gov/OWRD/Forms/Pages/default.aspx">https://www.oregon.gov/OWRD/Forms/Pages/default.aspx</a> ). Assignment is napplicant is the permit holder of record.	assigned to er of record a able online a	the and t
	⊠ N/A	Affidavit(s) of Consent are required from all permit holder(s) of record if the p to the applicant <b>or</b> other permit holders of record that are not listed as applic		assigned
	⊠ N/#	Oregon Water Resources Department's Land Use Information Form with appr (or signed land use form receipt stub) from each local land use authority in whater diverted, conveyed, and/or used. Not required if water is to be diverted, conventy on federal lands or if all of the following apply: a) a change in place of use structural changes, c) the use of water is for irrigation only, and d) the use is leading irrigation district or an exclusive farm use zone.	nich water is eyed, and/o e only, b) no	to be r used
	⊠ N/A	Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) point(s) of appropriation.	or additional	
	⊠ N/A	Geologist Report for a change from a surface water point of diversion to a gro appropriation (well), if the proposed well is more than 500 feet from the surfamore than 1000 feet upstream or downstream from the point of diversion. (O	ice water soi	urce and
		(For Staff Use Only)		
		WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):  Application fee not enclosed/insufficient Map not included or incomplete Additional signature(s) required Part is incomplete Additional signature(s) required Part is incomplete		
		Other/Explanation	·	

Your permit amendment application <u>will be returned</u> if any of the map requirements listed below are not met.

Please be sure that the map you submit includes all the items listed below and meets the requirements of OAR 690-380-3100, however, the map does <u>not</u> have to be prepared by a Certified Water Right Examiner. Check all boxes that apply.

RECEIVED

	N/A	If more than three permits are involved, separate maps for each permit.	DEC 07 2021
		Permanent quality printed with dark ink on good quality paper.	OWRD
$\boxtimes$		The size of the map can be $8\% \times 11$ inches, $8\% \times 14$ inches, $11 \times 17$ inches, or up inches. For $30 \times 30$ inch maps, one extra copy is required.	to 30 x 30
$\boxtimes$		A north arrow, a legend, and scale.	
$\boxtimes$		The scale of the map must be: 1 inch = $400$ feet, 1 inch = $1,320$ feet, the scale of assessor map if the scale is not smaller than 1 inch = $1,320$ feet, or a scale that approved by the Department.	
$\boxtimes$		Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized pusurvey lines.	blic land
$\boxtimes$		Tax lot boundaries (property lines) are required. Tax lot numbers are recomme	ended.
$\boxtimes$		Major physical features including rivers and creeks showing direction of flow, la reservoirs, roads, and railroads.	akes and
$\boxtimes$		Major water delivery system features from the point(s) of diversion/appropriat main pipelines, canals, and ditches.	ion such as
		Existing place of use that includes separate hachuring for each water use permit date, and use including number of acres in each quarter-quarter section, governing each quarter-quarter section as projected within government lots, donation other recognized public land survey subdivisions. If less than the entirety of the being changed, a separate hachuring is needed for the portion of the permit left	nment lot, or land claims, or permit is
$\boxtimes$	□ N/A	If you are proposing a change in place of use, show the proposed place of use we hachuring that includes separate hachuring for each permit, priority date, and unumber of acres in each quarter-quarter section, government lot, or in each quarterion as projected within government lots, donation land claims, or other recognition public land survey subdivisions.	use including arter-quarter
$\boxtimes$		Existing point(s) of diversion or well(s) with distance and bearing or coordinates recognized survey corner. This information can be found in your water use permanents.	
	⊠ N/A	If you are proposing a change in point(s) of diversion or well(s), show the proposition and label it clearly with distance and bearing or coordinates. If GPS coordinates used, latitude-longitude coordinates may be expressed as either degrees-m seconds with at least one digit after the decimal (example $-42^{\circ}32'15.5''$ ) or degwith five or more digits after the decimal (example $-42.53764^{\circ}$ ).	ordinates inutes-

	FEE WORKSHEET for PERMIT AMENDMENT		
1	Base Fee (includes one type of change to one permit for up to 1 cfs) RECEIVED	1	\$1,360
	Types of change proposed: DEC 0 7 2021		
	☐ Point of Diversion/Appropriation		
	Number of above boxes checked = 1 (2a) OWRD		
	Subtract 1 from the number in line $2a = 0$ (2b) If only one change, this will be 0		
2	Multiply line 2b by \$1090 and enter » » » » » » » » » » » » » » » » » » »	2	0
	Number of permits included in Permit Amendment 1 (3a)		
	Subtract 1 from the number in 3a: <u>0 (3b)</u> If only one permit this will be 0		'
3	Multiply line 3b by \$610 and enter » » » » » » » » » » » » » » » » » » »	3	0
	Do you propose to add or change a well, or change from a surface water POD to a well?		
	$\boxtimes$ No: enter 0 $\square$ Yes: enter \$480 for the 1 <sup>st</sup> well to be added or changed $\_$ (4a)		
	Do you propose to add or change additional wells?		
	No: enter 0 Yes: multiply the number of additional wells by \$410 (4b)		
4	Add line 4a to line 4b and enter » » » » » » » » » » » » » » »	4	0
	Do you propose to change the place of use?		
	No: enter 0 on line 5		
	$\boxtimes$ Yes: enter the cfs for the portions of the permits to be amended (see below*):0.537 (5a)		
	Subtract 1.0 from the number in 5a above: -0.463 (5b)		}
	If 5b is 0, enter 0 on line 5 » » » » » » » » » » » » » » » »		
'	If 5b is greater than 0, round up to the nearest whole number: <u>0 (5c)</u> and multiply 5c		
5	by \$350, then enter on line 5 » » » » » » » » » » » » » » » » » »	5	0
6	Add entries on lines 1 through 5 above » » » » » » » » » Subtotal:	6	\$1360
	Is this permit amendment:		
	necessary to complete a project funded by the Oregon Watershed Enhancement Board		
	(OWEB) under ORS 541.932?		
	endorsed in writing by ODFW as a change that will result in a net benefit to fish and wildlife habitat?		
	If one or more boxes is checked, multiply line 6 by 0.5 and enter on line 7		
7	If no box is applicable, enter 0 on line 7» » » » » » » » » » » » » »	7	
8	Subtract line 7 from line 6 » » » » » » » » » » » » » » Permit Amendment Fee:	8	\$1360

- \*Example for Line 5a calculation to transfer 45.0 acres of Primary Permit S-12345 (total 1.25 cfs for 100 acres) and 45.0 acres of Supplemental Permit S-87654 (1/80 cfs per acre) on the same land:
- 1. For irrigation calculate cfs for each permit involved as follows:
  - a. Divide total authorized cfs by total acres in the permit (for S-12345, 1.25 cfs  $\div$ 100 ac); then multiply by the number of acres to be changed to get the application cfs (x 45 ac= 0.56 cfs).
  - b. If the water right permit does not list total cfs, but identifies the allowable use as 1/40 or 1/80 of a cfs per acre; multiply number of acres proposed for change by either 0.025 (1/40) or 0.0125 (1/80). (For S-87654, 45.0 ac x 0.0125 cfs/ac = 0.56 cfs)
- 2. Add cfs for the portions of permits on all the land included in the application; however **do not count** cfs for supplemental permits on acreage for which you have already calculated the cfs fee for the primary permit on the same land. The fee should be assessed only once for each "on the ground" acre included in the application. (In this example, blank 5a would be only 0.56 cfs, since both permits serve the same 45.0 acres. Blank 5b would be 0 and Line 5 would then also begome 0).

## RECEIVED

### Part 4 of 5 – Applicant Information and Signature

**Applicant Information** 

DEC 0 7 2021

APPLICANT/BUSINESS NAME  James Butsch	(	OWRD	PHONE NO. 503.845.2485	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
4B FARMS 15234 BUTSCH LANE				
CITY	STATE	ZIP	E-MAIL	
MT. ANGEL	OREGON	97362	4Bfarms@mtange	l.net
BY PROVIDING AN E-MAIL ADDRI ELECTRONICALLY. COPIES OF THE				CE FROM THE DEPARTMENT

AGENT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.
JEANNE BOATWRIGHT		· · · · · · · · · · · · · · · · · · ·	503.363.9225	
ADDRESS	4.2. 4.2TH C	CF		FAX NO.
BOATWRIGHT ENGINEERING, INC. 26	<del></del>		T	
CITY	STATE OREGON	ZIP 97302	E-MAIL jeanne@boatwright	ongr com
SALEM			<u> </u>	
By PROVIDING AN E-MAIL ADDRES				PROW THE DEPARTMENT
ELECTRONICALLY. COPIES OF THE F	-INAL ORDE	R DOCUMENTS WILL A	ALSO BE MAILED.	
Explain in your own words who My existing permit is on land that to move the place of use for my	nt I leased a	t the time of the ap	plication. I no longer	nendment; and why: lease that land. I am requesting
If you need additional space, con	tinue on a s	eparate piece of pa	per and attach to the	application as "Attachment 1".
Check this box if this projec stimulus dollars)	t is fully or	partially funded by	the American Recov	ery and Reinvestment Act. (Federal
Is the applicant the permit hold	der of reco	rd? 🔀 Yes 🗌 No		
If NO, include either:				
A completed assignment to the applicant(s), <b>OR</b>	t form (wit	h required statutor	y assignment fee), as	signing all or a portion of the permit
An affidavit of consent for permit.	rom the pe	rmit holder(s) of re	cord that gives perm	ission for the applicant to amend the
Has the Completion ("C") Date	of the peri	mit(s) in this applic	ation expired? 🔲 Y	es 🛛 No
If YES, this application will not	t be accept	ed by the Departm	ent.	
If NO, what are the completi	on dates o	f the permit(s)? Pe	r Final Order for Exte	nsion of Time, dated October 23, 2020

- If the permit completion date expires while the Permit Amendment Application is pending, the Department will
- not approve the Permit Amendment Application until an Extension of Time Application is approved for the permit. You may consider using the Reimbursement Authority process to expedite the processing of this Permit Amendment Application if the completion date of the permit expires within 6 months of the date of filing this application.

#### By my signature below, I confirm that I understand:

Prior to Department approval of the permit amendment, 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 permit 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 newspaper:

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

James Butsch Print Name (and Title if applicable) December 6, 2021

Check <u>one</u> of the following:		
The applicant is responsible for continue to be sent to the appl	•	Notices and correspondence should
,		npleting the proposed change(s) afte dence should be sent to the permit
Check the appropriate box, if applicat	ole:	
Check here if any of the permits by an irrigation or other water di	·	are or will be located within or serve
IRRIGATION DISTRICT NAME	ADDRESS	
СІТУ	STATE	ZIP
Check here if water for any of the contract for stored water with a ENTITY NAME	• • •	water service agreement or other tity.
CITY	STATE	ZIP
To meet State Land Use Consistency Recity, municipal corporation, or tribal go conveyed or used.  ENTITY NAME  Marion County Planning Division	overnment) within whose j	urisdiction water will be diverted,
Marion County Planning Division CITY	5155 Silverton Road STATE	CITY
Salem	Oregon	Salem
ENTITY NAME	ADDRESS	
CITY	STATE	ZIP
ENTITY NAME	ADDRESS	
CITY	STATE	710

RECEIVED

DEC 0 7 2021

**OWRD** 

13872

Measured Distances

Please use a separate Part 5 for each permit being changed. See instructions on page 6, to copy and paste additional Part 5s, or to add additional rows to tables within the form.

#### PERMIT # G-13311

Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA) (Note: If the POD/POA name is not specified in the permit, assign it a name or number here.)

If POA. OWRD

Is this POD/POA

Authorized by the Well Log ID#

POD/POA

Name or Number	permit or is it Proposed?	(or Well ID Tag # L)	Twp	R	ng	Sec	1	<b>1/4</b> 1/4	DLC or Gov't Lot	(from a recognized survey corner)
Well	Authorized Proposed	MARI 51006	6	1	w	21	SE	sw		70' N & 1470' E OF SW Cor Section 21
Checi	call type(s) of c	hange(s) propo	sed be	low (c	hang	e "COI	DES" a	are prov	ided in pa	rentheses):
$\triangleright$	Place of Use	(POU)				Poi	nt of A	Appropr	iation/We	II (POA)
	Point of Dive	ersion (POD)				Add	litiona	al Point	of Approp	riation (APOA)
. [	Additional P	oint of Diversi	on (APC	DD)			face w //GW)		D to Grou	und Water POA
Will a	II of the propos	ed changes aff	ect the	entire	wat	er use	perm	it?		
	•	ete only the pr S" listed above	-	-		•			on the ne	xt page. Use the
	] No Compl	ete all of Table	2 to de	escribe	the	ortion	of th	ie permi	it to be ch	anged.
For a chang	ge in place of us	e:					•	,		
Does the p  ⊠ Yes □	<b>ermit holder of</b> No	record own or	contro	l the la	and T	O whi	ch the	e place o	of use is b	eing moved?
as a pern	landowner of the landow	ord by submitt		•			_			gned to the permit nd the required
Is the prop	osed place of us	e contiguous t	o the a	uthori	zed p	lace o	f use	?⊠ Yes	☐ No	

The permitted place of use can be moved only to lands that are contiguous to the authorized place of use unless the change to non-contiguous lands is in furtherance of mitigation or conservation efforts undertaken for the purposes of benefiting a species listed as sensitive, threatened, or endangered under ORS 496.171 to 496.192 or the federal Endangered Species Act of 1973 (16 U.S.C. 1531 to 1544), as determined by the listing agency. Contiguous land being either adjacent land or land separated from the land to which a permit is authorized by roads, utility corridors, irrigation ditches or publicly owned rights of way.

RECEIVED

DEC 0 7 2021

13872

OWRD

Please use and attach additional pages of Table 2 as needed. See page 6 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 Changes to Water Use Permit # G-13311

List the change proposed for the acreage in each ¼ ¼. If more than one change is proposed, specify the acreage associated with each change. If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

	AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.					Proposed	Marie M., 1990, 1990, 1991									FTER PROPOSED CHANGES								
Τν	ď.	Ri	ng	Sec	1/4	1/4	Tax Lo		The contract of the contract o	POD(s) or POA(s) (name or number from Table 1)	Priority Date	Changes (see "CODES" from previous page)		wp	R	ng	Sec	74	<b>%</b>	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date
		12.1										EXAMP	LE								7.		1,000	
2	s	9	Ε	15	NE	NW	100		15.0	POD #1 POD #2		POU/POD	2	s	9	E	15	NW	NW	100	1	10.0	. POD #5	
u		"	"	, <b>a</b> ,,	"	"	и.	. "	EXAMPLE	. "		u ,	2	S	9	E	15	sw	NW.	200		5.0	POD #6	
												POU	6	s	1	w	21	SE	sw	500		25.4	WELL	1996
•													6	s	1	w	28	NE	NW	500		17.6	WELL	1996
<b> </b>				·																		DI	CEIVE	
ල <u>ු</u> ලද																								
~	1					1																UE UE	C 0 7 2021	
(						†												1		· · · · ·		(	DWRD	
																		†						
		'	·			TOT	AL ACI	RES				<u> </u>							T	OTAL AC	RES	43.0		<del></del>

Additiona	l romarke:	
Auuluolla	i i ciliai ks.	-

Are there other water rights certificates, water use permits or ground water registrations associated with the "from" or "to" lands?   Yes No  If YES, list the other certificate, permit, or ground water registration numbers:
Certificate 58334 and Permit G-12208
If the permit(s) are for irrigation or supplemental irrigation use, other water rights existing on the same land for irrigation that are subject to transfer must either change concurrently or be cancelled. Any change to a water right certificate or ground water registration must be filed separately in a water right transfer application or ground water registration modification application, respectively.
For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation:
Well log(s) are attached for each authorized and proposed well(s) 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: <a href="http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx">http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx</a> )
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 the information will delay the processing of your transfer 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). <u>If</u> less than full rate of water right
			<u> </u>						-	
<u> </u>									RECEIVE	

DEC 07 2021

**OWRD** 



## Corporation/Limited Liability Company - Information Change

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/buelness - Phone: (503) 988-2200 : Fax: (503) 378-4381 Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

REGISTRY NUMBER: 610976-80

information Change 12/17)

ENTITY TYPE: © DOMESTIC C FOREIGN

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is pr We must release this information to all parties upon request and it will be posted on our website.



1. NAME OF CORPORATION OR LIMITED LIABILITY COMPANY:	BUTSCH PROPERTIES, LLC	AAR
BUTSCH PROPERTIES, LLC	·	
	rections that you are updating.  6. ADDRESS WHERE THE DIVISION	MAY MAIL NOTICES:
	7. THE NEW REGISTERED AGENT H	AS CONSENTED TO THIS
3, PRINCIPAL PLACE OF BUSINESS: (Street Address)	APPOINTMENT.	
	8. THE STREET ADDRESS OF THE N AND THE BUSINESS ADDRESS O	:W REGISTERED OFFICE F THE REGISTERED AGENT
4 THE PROJECTION ASSET WAS DEEN CHARGED TO	ARE IDENTICAL  The entity has been notified in	writing of this change.
4. THE REGISTERED AGENT HAS BEEN CHANGED TO:	9. INDIVIDUAL WITH DIRECT KNOT	<b>WLEDGE</b> (Names and Addresse: idual who is a director, or controlling
<ol> <li>REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:         Must be an Oregon Street Address, which is identical to the         registered agent's office.</li> </ol>	shareholder of the corporation (member of merepresentative with direct knowledge of the o	anager of the LLCI of an authorized
10. NAME(S) AND ADDRESS(ES)OF CORPORATE OFFICERS OR L		
Corporations list the name and address of one President and Umited Liability Companies list the name and addresses of the of at least one member for a member-managed limited liability making changes to this section, list all current name PRESIDENT OR OWNER(S) (MEMBERS): (Names and Addresses)	he managers for a manager-managed limited liability comp lity company (ORS 63.787). Please attach a separate sheet	ony or the name and accress of paper if needed. In the record.
James Butsch 15234 Butsch Lane N.E., Mt. Angel	97362	RECEIVED
Lori Pavlicek 15234 Butsch Lane N.E., Mt. Angel		DEC 0 7 2021
Jeffrey Butsch 15234 Butsch Lane N.E., Mt. Angel		OWDD
Donna Butsch 15234 Butsch Lave NE	VSP3	OWRD
11. EXECUTION: I declare as an authorized signer, under penalty after, or otherwise misrepresent the identity of any person inclining has been examined by me and is, to the best of my knowlethis document is against the law and may be penalized by fines	uding officers, directors, employees, members, edge and belief, true, correct and complete. N	, managers or agents. This
SIGNATURE:	PRINTED NAME:	TTLE:
fames Coursel	James Butsch	Registered Agent
CONTACT NAME: (To resolve questions with this filing)	FEES	
Lori Pavlicek	No Processing Fee 136	72
PHONE NUMBER: (Include area code)	Froe copies are awallable at sos, oregon gow/husiness using	, the Business Name Search program.
503-845-2485		j,