

Application for RECEIVED Groundwater Registration 2 8 2022 Modification OWRD

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.

RECEIVED Check all included with this application (N/A = Not Applicable)X Part 1 – Completed Minimum Requirements Checklist. SEP 07 2021 X Part 2 – Completed Application Map Checklist. OWRD IXI Part 3 – Completed Applicant Information and Signature. X 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 M prepared by a Certified Water Right Examiner). \boxtimes 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. 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. X 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): 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 503-986-0 Staff 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.

RECEIVED 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 aEP 0 7 2021 Certified Water Right Examiner. Check all boxes that apply.

		11.	ALAIMS
\boxtimes		Permanent quality printed with dark ink on good quality paper.	OWRD
\boxtimes		The size of the map can be $8\frac{1}{2} \times 11$ inches, $8\frac{1}{2} \times 14$ inches, 11×17 inches, or up to 30 inches. For 30 x 30 inch maps, one extra copy is required.	0 x 30
\boxtimes		A north arrow, a legend, and scale.	
\boxtimes		The scale of the map must be: $1 \text{ inch} - 400 \text{ feet}$, $1 \text{ inch} - 1,320 \text{ feet}$, the scale of the cassessor map if the scale is not smaller than $1 \text{ inch} = 1,320 \text{ feet}$, or a scale that has been approved by the Department.	
\boxtimes		Township, Range, Section, 1/4 1/4, DLC, Government Lot, and other recognized public survey lines	land
\boxtimes		Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.	
\boxtimes		Major physical features including rivers and creeks showing direction of flow, lakes a reservoirs, roads and railroads.	nd
\boxtimes		Major water delivery system features from the point(s) of appropriation such as main pipelines, canals, and ditches.	
		Existing place of use that includes hachuring, priority date, and use including number acres in each quarter-quarter section, government lot, or in each quarter-quarter section projected within government lots, donation land claims, or other recognized public lar 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 as
	□ N/A	If you are proposing a modification in place of use, show the proposed place of use whachuring 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.	uarter
		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 used, latitude-longitude coordinates may be expressed as either degrees-minutes-swith at least one digit after the decimal (example – 42°32'15.5") or degrees-decimal vertice or more digits after the decimal (example – 42.53764°).	econds vith
			W H H W

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Part 3 of 4 - Applicant Information and Signatur RECEIVED

2021

Applicant Information				SE
PLICANT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.
atterson Nursery Sales, Inc.			(503)519-2902	
ODRESS O. Box 68				FAX NO.
TY	STATE	ZIP	E-MAIL	
igle Creek	OR	97022	alan@pattersonnu	rserysales.com
Y PROVIDING AN E-MAIL A	DDRESS, C	CONSENT IS G	IVEN TO RECEIVE ALL C	ORRESPONDENCE FROM THE
EPARTMENT ELECTRONICA	ALLY, CO	PIES OF THE I	FINAL ORDER DOCUMEN	ITS WILL ALSO BE MAILED.
ent Information – The ag	ent is auth	horized to rep	resent the applicant in all	matters relating to this applicati
PLICANT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.
even P. Applegate Consulting	g	•	503-362-4040	
ODRESS				FAX NO.
95 Huckleberry Ct S	STATE	ZIP	E-MAIL	
dem	OR	97302	steve.applegsp@gr	naîl.com
PROVIDING AN E-MAIL A				ORRESPONDENCE FROM THE
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Explain in your own wor	us what y	ou propose	to accomptish with this	modification; and why:
and production from the	originai v	weii nas deci	ined in recent years. A	n additional well is needed to
supply the water required				
If you need additional space,	continue on	a separate piec	ce of paper and attach to the	application as "Attachment 1".
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SEP 07 2021

Check the appropriate box, if applicable:

IRRIGATION DISTRICT NAME	ADDRESS							
CITY	STATE	ZIP						
Check here if water for the Grou or other contract with a federal a		ed under a water service agr						
ENTITY NAME	ADDRESS	ADDRESS						
CITY	STATE	ZIP						
To meet State Land Use Consistency county, city, municipal corporation, diverted, conveyed or used.	or tribal government) within	•						
county, city, municipal corporation,		•						
county, city, municipal corporation, diverted, conveyed or used. ENTITY NAME	or tribal government) within	•						
county, city, municipal corporation, diverted, conveyed or used. ENTITY NAME Clackamas County CITY Salem Oregon City	or tribal government) within ADDRESS STATE OR	whose jurisdiction water wi						
county, city, municipal corporation, diverted, conveyed or used. ENTITY NAME Clackamas County	or tribal government) within ADDRESS STATE	whose jurisdiction water wi						

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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 I. Location of Authorized and Proposed Point(s) of Appropriation (PUA)

(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	1/4	1/4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)	
Orig. Well	Authorized Proposed	CLAC 6386*	2	S	4	E	29	SE	NE	1600	341' N & 543' E from SW Cor. SENE 1/4	
Well 2	Authorized Proposed	CLAC 76488	"	"	"	w	29	NE	SE	1600	130' S & 100' E from SW Cor. SENE 1/4	
	Authorized											
	Proposed											
	Authorized											
	Proposed											

*NOTE: See also GW information developed by Karl Wozniak in 2015 for original well.

Check all ty parentheses		oposed below ((modification "CODES" are provided in
Pla	ce of Use (POU)		Point of Appropriation (well) (POA)
Cha	aracter of Use (USE)	\boxtimes	Additional Point of Appropriation (APOA)
Will all of th	he proposed changes affect	the entire Gro	undwater registration?
☐ Yes	Complete only the propose "CODES" listed above to	,	section of Table 2 on the next page. Use the oposed changes.
⊠ No	Complete all of Table 2 to	describe the po	ortion of the registration to be changed.
			SEP 07 2021

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OWRD

DEC 2 8 2022

Please use and attach additional pages of Table 2 as needed.	Do you have questions about how to fill-out the tables?
See page 5 for instructions	Contact the Department at 503-986-0900 and ask for Transfer

Table 2. Description of Modifications to Registration GR-_ (Certificate # GR-)

List only the part of the registration that will be modified. For the acreage in each ¼ ¼, list the modification proposed. If more than one modification, specify the acreage associated with each modification. If more than one POA, specify the acreage associated with each POA.

	AUTHORIZED (the "from" or "off" lands) The listing that appears in the registration BEFORE PROPOSED CHANGES List only that part or portion of the groundwater registration that will be changed.						Proposed Changes (see	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.									S										
Tw	р	R	ng	Six		1/4	1/4	Tex Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POA(s) (name or number from Table 1)	Priority Date	"CODES" from previous page)	Tv	/p	Rn	ıg	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
				T									I	XAMPLE													
2	s	9	E	15	N	Œ	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
"	"	"	"	ŀ	Ţ,	"	"	61	"	"	EXAMPLE	"	66	"		T											
2	s	4	E	29	S	E	NE	1600		12.5	Irr	Orig.& New	1953	POU/POA													
		-			N	E	SE	60	"	14.9	"		"	"											-		
				T-										"													
				<u> </u>												1											
				<u> </u>		7	ОТА	L A.C	RES	27.4											TOTA	AL AC	J F.ES				L

Additional remarks: _____.

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Groundwater Registration Modification – Page 7 of 8

TACS

SEP 07 2021

Groundwater Registration # GR-3892 (Certificate # GR-3536)

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. SEP 07 2021 (**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.

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 aguifer 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 PCA 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, gravei, basalt, etc.)	Well - specific rate (cfs or gpm). If iess than full rate of water right
Well (original POA)	Yes	CLAC6386	(SEE	LOG)						100 GPM
Well 2 (new POA)	Ves	CLAC 76488	(SEE	LOG)						100 GPM



STATE ENGINEER Salem, Oregon CLAC Well Reco	ord STATE WE	LL NO. 2/4-29H
	WAL WELL APPLICATI	Clackamas ON NO. CR-3892
MAI	LING	
	RESS: Route 1, Box 7	233
LOCATION OF WELL: Owner's No. STA	TE: Eagle Creek,	Oregon
SE 14 NE 14 Sec. 29 T. 2 S., R. 4 W., W.M.		!
Bearing and distance from section or subdivision		
corner 1000! W. 350! N. from E_{\pm}^{1} cor. Sec. 29		
		x
50 · ·		
Altitude at well		
TYPE OF WELL: Drilled Date Constructed 8/1/55		
Depth drilled 200 ft. Depth cased 150 ft.	Section	29
CASING RECORD:		RECEIVED
8 inch casing set to 150 feet		NECEIVED
o mion odding bee to 150 feet		SEP 07 2021
		OWPD
FINISH:		UVVKU
4 cuts per 10" from 105 to 148		
AQUIFERS:		
WATER LEVEL:		
PUMPING EQUIPMENT: Type Jacuzzi turbine		н.р. 10
Capacity G.P.M.	-	Н.Р.
WELL TESTS:	700	
Drawdown 80 ft. after hours	100	G.P.M.
Drawdown ft. after hours		
USE OF WATER Irrigation Temp. SOURCE OF INFORMATION Well Registration State	°F	, 19
DRILLER OF DIGGER	ment Cert. # GR-353	5
ADDITIONAL DATA:		
LogX Water Level Measurements Chemic REMARKS:	cal Analysis Ac	quifer Test
Log	Thickness Depth	to Bottom
Top soil Clay	1	2
Cemented gravel		50 00
Heavy sand Sand & gravel with water	100	05 RECEIVED
Sandstone no record	150	50
Blue clay Well refilled to 175	180 2	oo DEC 2 8 2022
State Printing 89316	1413	6 OWRD
-	numb dem	

CLAC 76488 STATE OF OREGON START CARD# 1051942 WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210) 5/22/2021 ORIGINAL LOG# (1) LAND OWNER Owner Well I.D Last Name First Name (9) LOCATION OF WELL (legal description) Company PATTERSON NURSERY SALES County CLACKAMAS Twp 2.00 S N/S Range 4.00 E E/W WM Address PO BOX 68 Sec 29 SE 1/4 of the NE 1/4 Tax Lot 1600 City EAGLE CREEK State OR Zip 97022 New Well Tax Map Number Conversion Deepening (2) TYPE OF WORK Alteration (complete 2a & 10) Abandonment(complete 5a) DMS or DD (2a) PRE-ALTERATION Street address of well Nearest address Stl Plstc Wld Thrd Gauge 32096 S.E. JUDD RD Material To Amt sacks/lbs From Seal: (10) STATIC WATER LEVEL (3) DRILL METHOD Date X Rotary Air Rotary Mud Cable Auger Cable Mud SWL(psi) SWL(ft) Existing Well / Pre-Alteration Reverse Rotary Other Completed Well 5/18/2021 85.6 Flowing Artesian? Dry Hole? Domestic X Irrigation Community (4) PROPOSED USE Industrial/ Commercial Livestock Dewatering WATER BEARING ZONES Depth water was first found 130.00 Thermal Injection Other Est Flow SWL(psi) SWL Date To + SWL(ft) From (5) BORE HOLE CONSTRUCTION Special Standard (Attach copy) 5/18/2021 181 Depth of Completed Well 208.00 ft. **BORE HOLE SEAL** sacks/ From Materiai From To Àmι lbs 15 4512 P 0 30 Cement w/1% Bentonit 116 30 12 116 8 116 208 (11) WELL LOG Calculated Ground Elevation XC How was seal placed: Method From Material To 0 Other top soil Backfill placed from __ __ ft. to _____ ft. Material brown clay 26 42 cemented gravel ___ ft. to ____ ft. Material Filter pack from brown clay w/ gravel seams 42 46 Explosives used: Yes Type___ Amount cemented gravel 46 101 (5a) ABANDONMENT USING UNHYDRATED BENTONITE brown clay 101 115 115 181 gravel Proposed Amount Actual Amount brown & gray clay 182 (6) CASING/LINER biue & gray ciay Dia Casing Liner + From To Gauge Plstc Wld Thrd X 6 250 Shoe Inside Outside Other Location of shoe(s) 205 Temp casing Yes Dia 12 From + X 1 (7) PERFORATIONS/SCREENS Perforations Method push down air perforator Screens Type_ Date Started 5/11/2021 Completed 5/18/2021 Perf/ Casing/ Screen # of Tele/ Scrn/slot Slot (unbonded) Water Well Constructor Certification Screen Liner To width slots pipe size Dia From length I certify that the work I performed on the construction, deepening, alteration, or Pert | Casing 740 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 (8) WELL TESTS: Minimum testing time is 1 hour Signed O Flowing Artesian O Pump ○ Bailer (Air Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) (bonded) Water Well Constructor Certification 100 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. Temperature 57 °F Lab analysis Yes By_ Yes (describe below) TDS amount 41 License Number 1771 Water quality concerns? Date 5/22/2021 Signed GEORGE YOUNGBERG (E-filed) Contact Info (optional) Youngberg Pump & Well Drilling Ph. 503-630-3970

Page 1 of 1

WELL I.D. LABEL# L 140624

ORIGINAL - WATER RESOURCES DEPARTMENT

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SEP 07 2021

Applicant(s): Patterson Nursery Sales, Inc.

Mailing Address: P. O. Box 68

City: Eagle Creek

State: OR

Zip Code: 97022

Daytime Phone: 503-519-2902

OWRD

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	n n n	Tax Lot#	Plan Designation (e.g., Rural Residential/RR-5)		Water to be:		Proposed Land Use:
<u>2 S</u>	<u>4 E</u>	<u>28</u>	SWNW	1600	<u>EFU</u>	Diverted	Conveyed	Used	Irrigation
			<u>www</u>	## ## ## ## ## ## ## ## ## ## ## ## ##	10	Diverted	⊠ Comeyed	Used	88
		<u>29</u>	SENE	198 —	¥7	Diverted	Conveyed	Used	H -
		-	NESE	96 —	H	Diversel	Conveyed	Used	***

i i i	d d	5	1	1
List all counties and cities whe	ere water is proposed to be o	liverted, conveyed, and	or used or developed	1:
Clackamas Co.				
B. Description of Propo	sed Use			
Type of application to be filed Permit to Use or Store Wate Limited Water Use License	er Water Right Transfe	r Permi	t Amendment or Grouninge of Water	d Water Registration Modification
Source of water: Reservoir/Pond Ground Water Surface Water (name)				
Estimated quantity of water ne	eded: <u>200</u>	bic feet per second	gallons per minute	acre-feet
Intended use of water: Intended use of water:	(January)	industrial Instream	Domestic for	household(s)
Briefly describe:				
	s supplied water for he	th GR Certificate 3	536 and Certifica	te 67733 has grown less
The original well that has supplied water for both GR Certificate 3536 and Certificate 67733 has grown less capable of supplying the water needed for the operation. We are applying to add a second well which				
			prying to add a se	cond wen which
will allow for the full ri	ghis to 200 OPM total.	-		
				27-

Revised 2/8/2010

Land Use Information Form - Page 2 of 3

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For Local Government Use Only

OWRD

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 be	low and provide the requested info	rmation		
Land uses to be served by the proposed water your comprehensive plan. Cite applicable or	r uses (including proposed construction) are a dinance section(s): ZDO Section 401	llowed outright	or are not regulated by	
	mentation of applicable land-use approvals whompanying findings are sufficient.) If approva	hich have alrea	dy been obtained.	
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:	
Paramas, and		Obtained Denied	☐ Being Pursued ☐ Not Being Pursued	
		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued	
		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued	
		Obtained Denied	☐ Being Pursued ☐ Not Being Pursued	
		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued	
Name: Melissa Ahrens Signature: Man Ahrens	Phone: 503-747. OUNTY Plunning ase complete this form or sign the receipt belowater Resources Department's notice date to	Senior 14519 Date: ow and return it return the com	Plunner 8 12 2 to the applicant. If you pleted Land Use Information	
	or Request for Land Use Informa			
Applicant name:				
City or County:	Staff contact:		····	
Signature:	Phone:	R	RECEIVED	
Revised 2/8/2010	Land Use Information Form - Page 3 of 3	1413	EC 2 8 2022 WR/FS	



Water Resources Department

725 Summer St NE, Suite A Salem, OR 97301 (503) 986-0900 Fax (503) 986-0904

September 14, 2021

PATTERSON NURSERY SALES INC. PO BOX 68 EAGLE CREEK, OR 97022

Reference: Application T-13817

On September 7, 2021, OWRD received your water right Permanent Transfer Application. The application was accompanied by \$1570.00. Our receipt number 136363 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 or as the original POD.

This application <u>may</u> 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.

Except as provided under ORS 540.510(3) for municipalities, you may not use water from the new point of appropriation until a final order approving the transfer application has been issued by the Department. In order to avoid any possible forfeiture of the water right, you should continue to use the water as described by your existing water right.

If the land is sold before the application is approved, the buyer's consent to the application will be required unless a recorded deed or other legal document clearly established that the water right 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. #20, Amy J. Landvoigt (via email)

Clackamas County Planning Steven P. Applegate, Agent

Enclosure

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Regular Transfer Process (including "Proving Up" on the changes)

OAR 690 Division 380

Application Received

(required information included)

Injury Review forms sent to Watermaster, and Groundwater staff and ODFW as appropriate

Notice of Application in WRD Weekly Notice (30-day Comment Period)

Review of the status of the right and the potential for enlargement or injury to other rights

Draft Preliminary Determination

(WRD assessment of whether application should be approved or denied, considering injury review and any comments received) sent to applicant, with request for a report of ownership for the lands where the transfer right is.

Applicant Review of

Draft Preliminary Determination

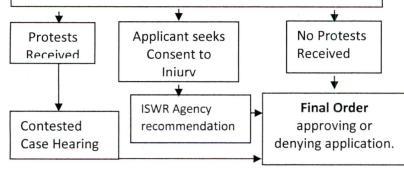
(Opportunity for applicant to submit a report of land ownership and modify or withdraw proposed transfer—at least 30 days

Preliminary Determination Issued

Notice of Preliminary Determination

in WRD Weekly Notice and, if statutorily required, in newspaper once a week for 2 or 3 consecutive weeks.

Protest Period ends 30 days after WRD notice, or 30 days after last date of newspaper publication, whichever is later.



Period for developing authorized changes

begins as soon as an order is issued approving the changes. If the certificate has been cancelled the right goes into an inchoate state.

Deadline for completion of the changes.

The applicant must make full beneficial use under terms and conditions of the order by the deadline or request an extension of time, or inform the department that he does not intend to

If the applicant decides not to complete a change in POD/POA, the Department will issue an order reverting the right to the original POD/POA and issue a new certificate. However, if any other type of change is not completed, the transferred portion of the right is forfeited.

An order may be issued, granting an extension of time for completing the changes.

Applicant submits a Claim of Beneficial Use prepared by a CWRE within one year after the completion deadline or the date of complete beneficial use. There is no provision for extending the deadline for submission of the Claim.

Water Right Services Division reviews the Claim, determines whether proof has been made and if so, issues a new certificate. Right is no longer inchoate, but perfected and subject to being transferred.

DEC 2 8 2022





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DEC 28 2022

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Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Patters m NWSW Sales Inc.
PO Box 68 Eagle Creek OR 97022
Transaction Type: GR Mod
Fees Received: \$ [250.00
☐ Cash Check; Check No. 11087
Name(s) on Check: Patter Son Nursery Sa
Thank you for your submission. Oregon Water Resources Department (Department) staff will review your submittal as soon as possible.
If your submission is determined to be complete, you will receive a receipt for the fees paid and an acknowledgement letter stating your submittal is complete.
If determined to be incomplete, your submission and the accompanying fees will be returned with an explanation of deficiencies that must be addressed in order for the submittal to be accepted.
If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.
Sincerely, OWRD Customer Service Staff
Submission received by: When (Name of OWRD staff)

Instructions for OWRD staff:

- Complete this Submission Receipt and make two (2) copies. Place one copy with the check/cash; and place the other copy with the submission (i.e., the application or other document).
- Date-stamp all pages. (NOTE: Do not stamp check.)
- Give this original Submission Receipt to the applicant.
- Record Submission Receipt information on the "RECEIVED OVER THE COUNTER" log sheet.
- Fold and put one copy of the Submission Receipt with check/cash into the Safe slot. Place the other copy of the Submission Receipt with submission (application/other document) in the top drawer of thing cabinet.

	ndwater Registration Modification (GR Mod) Application Checklis Checked by <u>Ula</u> Date <u>//3/23</u>
(If OK	K, check box to left; if not, fill in the blank)
D	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.
1/cv 6	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, <u>and</u> the third party will need to provide a written statement consenting to the proposed GR Mod Application.
	If not, what is missing?
X	2. Page 1 of application: Are all attachments that have been checked actually included?
~ /	If not, what is missing?
İΧ	3. Are fees included and correct?
母 .	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?
•	If not, whose signature is missing?
Ç₹	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.



RECEIVED

DEC 2 8 2022

OWRD

Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Patters m Nurs W Sales, Inc.
PO Box 68 Eagle Creek OR 97022
Transaction Type: GR Mod
Fees Received: \$ [250.00
☐ Cash
Name(s) on Check: Pa Her Son Murseny Sa
Thank you for your submission. Oregon Water Resources Department (Department) staff will review your submittal as soon as possible.
If your submission is determined to be complete, you will receive a receipt for the fees paid and an acknowledgement letter stating your submittal is complete.
If determined to be incomplete, your submission and the accompanying fees will be returned with an explanation of deficiencies that must be addressed in order for the submittal to be accepted.
If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.
Sincerely, OWRD Customer Service Staff
Submission received by: (Name of OWRD staff)

Instructions for OWRD staff.

- Complete this Submission Receipt and make two (2) copies. Place one copy with the check/cash; and place
 the other copy with the submission (i.e., the application or other document).
- Date-stamp all pages. (NOTE: Do not stamp check.)
- Give this original Submission Receipt to the applicant.
- Record Submission Receipt information on the "RECEIVED OVER THE COUNTER" log sheet.
- Fold and put one copy of the Submission Receipt with check/cash into the Safe slot. Place the other copy of the Submission Receipt with submission (application/other document) in the top drawer of filling as finet.

Request for Assignment



Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900

Es were pregonagov/perd

If the Department determines that the application is incomplete, fee are not acceptable, the application and all fees submitted will be ref

of the dependent and an rees submitted with the	ASSIGNMEN SECELOCA			
If for multiple rights, a separate form and fee for each right will be req	ui 12/9/2022,			
SANDY FRANS. LL	1 1			
(Name of Current Holder of Booms)	Mary is Processing.			
34500 SE HIGHWAY 211 Box	many 13 Processing			
(Mailing Address) (City)				
(City)	DD M. i. o			
hereby assign all my interest in and to the entire application/per	19K+(U/SE)			
statement; (example, sold all the land authorized und				
	Mary's desk.			
hereby assign <u>all my interest</u> in and to <u>a portion</u> of application)	willing of the			
license/groundwater statement; (You must include a map show				
application/permit/transfer order/limited license/groundwater				
portion of the land authorized under the right) (THE POR				
hereby assign a portion of my interest in and to the entire appl	iention from it bronden and a limit of			
license/groundwater statement; (example, adding an additional	l person)			
Application #; Permit #	; Transfer Order #;			
Limited License #; Groundwate	r Statement # GR-3536			
	Annual Record Control of Control			
as filed in the office of the Water Resources Director, to:	-			
PATTERSON NURSERY SALES, IN	Ir.			
(Name of New Owner)				
P.O. Box 68 EAGLE ()	PEEK, OR 9 7022 (503) 519-2902			
(Mailing Address) (City)	(State) (Zip) (Phone #)			
Note: If there are other owners of the property described in the appl	institute promite des after a la l			
or groundwater statement, you must provide a list of all other of	nwhers' names and mailing addresses and			
attach it to this form. Write the initials (first letters) of your firs	and last names at the spot indicated below			
I hereby certify that I have notified all other owners of the pro	party described in this profication, normit			
transfer order, limited license, or groundwater statement of this Req	uest of assignment			
	acat ormangiment.			
KWitness my hand this 30th day of NOU	20 22			
(Day) (Month)	(Year)			
() D	100 0 0			
Signature of Current Holder of Record	Ul - Sandy Forms us			
Fallows				
Failure to provide any of the required information will result in the return of your application.				
DO NOT WRITE IN THIS BOX	The state of the s			
The comple	eted "Request for Assignment" RECEIVE			
	eted "Request for Assignment" DEC 2 8 20			

Last updated: July 20, 2021

Request for Assignment