03/13/2023



# 439-23-00430-ZON

#### Land Use Compatibility

36-2E-33-401

ZONING: Exclusive Farm Use

PROCESS: Type I Permit

ASSIGNED STAFF: HERNANFM

RECORD NO: 439-23-00430-ZON

PROJECT NAME: LUCS

RECEIVED DATE: 03/09/2023

SITE ADDRESS:3537 S F LITTLE BUTTE CR RD

Owners

WEST GARY JR/KENDRA D

PO BOX 2231

WHITE CITY, OR 97503-0231

Contacts

WEST GARY JR/KENDRA D PO BOX 2231WHITE CITY, OR 97503-0231

DAFT, NORMAN 245 Glenoak LaneGrants Pass, OR 97526 normthewaterguy@charter.net 541-761-1057 Record Detail Description

OWRD

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Salem, OR

## Received by OWRD

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#### Land Use Information Form

Salem, OR



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

Applicant(s): Gary, Jr. & Kendra D. West

Mailing Address: P.O. Box 2231

City: White City

State: OR

Zip Code: 97503-0231 Daytime Phone: (541) 826-3851

#### 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 houndaries for the tax-lot information requested below.

| Township   | Range     | Section | 14 1/4 | Tax Lot # | Plan Designation (e.g.,<br>Rural Residential/RR-5) |            | Water to be: |        | Proposed Land<br>Use: |
|------------|-----------|---------|--------|-----------|--|------------|--------------|--------|-----------------------|
| 36S        | 2E        | 32      | SENE   | 401       | EFU  | Diverted   | ☑ Conveyed   | ☑ Used | irrigation            |
| <u>36S</u> | <u>2E</u> | 33      | SWNW   | 401       | EFU  | Diverted   | □ Conveyed   | ☑ Used | irrigation            |
| 365        | 2E        | 33      | SENW   | 401       | EFU  | Diverted   | ☐ Conveyed   | ☑ Used | irrigation            |
|            |           |         |        |           |  | ☐ Diverted | ☐ Conveyed   | Used   |                       |

| List all counties and cities where water is proposed to be diverted, conveyed, and/or used or developed:  |
|---|
| Jackson   |
| B. Description of Proposed Use  |
| Type of application to be filed with the Water Resources Department:  |
| Permit to Use or Store Water Water Right Transfer Permit Amendment or Ground Water Registration Modification  |
| Limited Water Use License Allocation of Conserved Water Exchange of Water   |
| C. F. d. Field Bush Co.   |
| Source of water: Reservoir/Pond Ground Water Surface Water (name) S. Fork Little Butte Cr.  |
| Estimated quantity of water needed: 0.09  |
| Intended use of water: Irrigation Commercial Industrial Domestic for household(s)   |
| Municipal Quasi-Municipal Instream Other  |
| Briefly describe:   |
| we wish to establish an authorized pump diversion on our property that's been in place for more than 10   |
| We wish to establish an authorized pump diversion on our property that a bear in property   |
| years. The creek has meandered so the current authorized diversion can no longer be used. We already  |
| have a water right and use the water mostly for irrigating pasture. There will be no riparian disturbance.  |
| Po  |
| HQ 10 10 10 10 10 10 10 10 10 10 10 10 10   |
| The state of the state of the sample of the |

Note to applicant: If the Land Use Information Form cannot be completed while you wait, ple representative sign the receipt at the bottom of the next page and include it with the application filed with the Water Resources Department.

See bottom of Page 3. ->

APR 1 9 2023

### For Local Government Use Only

Salem, OR

The following section must be completed by a planning official from each county and city listed unless the project will be located entirely within the city limits. In that case, only the city planning agency must complete this form. This deals only with the local land-use plan. Do not include approval for activities such as building or grading permits.

| Please check the appropriate box below an   | d provide the requested information  |  |                                       |  |
|---|--|--|---------------------------------------|--|
|   |  |  |                                       |  |
| Land uses to be served by the proposed water<br>by your comprehensive plan. Cite applicable   | ordinance section(s):  | e allowed <del>outri</del>                               | g <del>ht or are not regulate</del> d |  |
| Land uses to be served by the proposed wate as listed in the table below. (Please attach do Record of Action/land-use decision and accorperiods have not ended, check "Being pursuing the company of the | er uses (including proposed construction) in<br>cumentation of applicable land-use approv<br>mpanying findings are sufficient.) If approva | als which have   | already been obtained                 |  |
| Type of Land-Use Approval Needed (e.g., plan amendments, rezones, conditional-use permits, etc.)  | Cite Most Significant, Applicable Plan Policies &<br>Ordinance Section References  | Land-Use Approval:                                       |                                       |  |
|   |  | ☐ Obtained ☐ Denied                                      | ☐ Being Pursued ☐ Not Being Pursued   |  |
|   |  | Obtained Denied  | ☐ Being Pursued ☐ Not Being Pursued   |  |
| 1   |  | Obtained Denied  | ☐ Being Pursued ☐ Not Being Pursued   |  |
|   |  | Obtained Denied  | ☐ Being Pursued ☐ Not Being Pursued   |  |
|   |  | Obtained Denied  | ☐ Being Pursued ☐ Not Being Pursued   |  |
| Signature: Jackson Gunt<br>Sovernment Entity: Jackson Gunt<br>Note to local government representative: Please<br>sign the receipt, you will have 30 days from the W<br>information Form or WRD may presume the land<br>comprehensive plans.   | Phone: 541.774.6  Level apment Sanua  e complete this form or sign the receipt belovater Resources Department's notice date to             | ow and return in<br>preturn the con<br>later is compatib | t to the applicant. If you            |  |
| Applicant name:   |  | 11   |                                       |  |
| ity or County:  | Staff contact:   |  | ****                                  |  |
| ignature:   | Phone: Date:   |  |                                       |  |