

Application for Groundwater Registration Modification



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 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: \$ **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.
- N/A Oregon Water Resources Department’s Land Use Information Form with approval and signature (or signed land use form receipt stub) from each local land use authority in which water is to be diverted, conveyed, and/or used. Not required if water is to be diverted, conveyed, and/or used only on federal lands or if **all** of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone.
- N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation.

(For Staff Use Only)

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

<input type="checkbox"/> Application fee not enclosed/insufficient	<input type="checkbox"/> Map not included or incomplete
<input type="checkbox"/> Land Use Form not enclosed or incomplete	<input type="checkbox"/> Assignment Form and fee not enclosed/insufficient
<input type="checkbox"/> Additional signature(s) required	<input type="checkbox"/> Part _____ is incomplete

Other/Explanation _____

Staff: _____ 503- _____ 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.

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.

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- 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°).

Part 3 of 4 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME K2A Properties LLC		PHONE NO. (503) 887-6652	ADDITIONAL CONTACT NO.
ADDRESS 12333 Silver Falls Hwy		FAX NO.	
CITY Aumsville	STATE OR	ZIP 97325	E-MAIL amy@doerflerfarms.com
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.			

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

APPLICANT/BUSINESS NAME Will McGill Surveying, LLC		PHONE NO. (503) 931-0210	ADDITIONAL CONTACT NO. (503) 510-3026
ADDRESS 15333 Pletzer Rd. SE		FAX NO.	
CITY Turner	STATE OR	ZIP 97392	E-MAIL willmcgill.surveying@gmail.com
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.			

Explain in your own words what you propose to accomplish with this modification; and why:
It is proposed to authorize Wells 1 and 3 as APOAs for GR 2392 in order to give flexibility to the interconnected system.

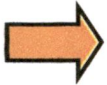
Check this box if this project is fully or partially funded by the American Recovery and Reinvestment Act. (Federal stimulus dollars)

(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.

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: Stayton Mail.

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



Amy Doerfler Amy Doerfler, Member 8/9/23
Applicant Signature Print Name (and Title if applicable) Date

Applicant Signature Print Name (and Title if applicable) 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.*

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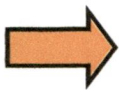
Check the appropriate box, if applicable:

- 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 Linn County	ADDRESS 300 SW 4th Ave.	
CITY Albany	STATE OR	ZIP 97321

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.

Groundwater Registration # GR-2392 (Certificate # GR-2273)

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)
Well 1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	LINN 4221	10	S	2	W	20	SW	NW	300	1914' S and 902' E of NW corner, sec. 20*
Well 2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	LINN 4219	10	S	2	W	20	NW	NW	300	924' S and 840' E of NW corner, sec. 20**
Well 3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	LINN 62889	10	S	2	W	20	NW	NW	300	904' S and 857' E of NW corner, sec. 20
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed										

Check all type(s) of modifications(s) proposed below (modification "CODES" are provided in parentheses):

- | | |
|---|--|
| <input type="checkbox"/> Place of Use (POU) | <input type="checkbox"/> Point of Appropriation (well) (POA) |
| <input type="checkbox"/> Character of Use (USE) | <input checked="" type="checkbox"/> Additional Point of Appropriation (APOA) |

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

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

*Well 1 actual location. Corrected from authorized location of 1914' S and 957' E of NW corner, sec. 20.

**Well 2 actual location. Corrected from authorized location of 924' S and 957' E of NW corner, sec. 20.

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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

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Table 2. Description of Modifications to Registration GR-2392 (Certificate # GR-2273)

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 "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.											
Twp	Rng	Sec	¼ ¼	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	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POA(s) to be used (from Table 1)	Priority Date			
										APOA	10	S	2	W	20	SW	NW	300		30.75	Irrigation	Wells 1, 2, 3	1955
										APOA	10	S	2	W	20	SE	NW	300		8.25	Irrigation	Wells 1, 2, 3	1955
TOTAL ACRES							TOTAL ACRES 39.0																

Additional remarks: **There are some slight map discrepancies that required clarification through this GR modification. The corrected well locations are described on pg. 5. Secondly, the county assessor map shows the South property line for TL 300 and North right of way line for Densmore Rd. on the QQ line between the NW and SW quarters. It appears this was just a map shift in the original claim. The 0.75 acres authorized in the NWSW and 0.25 acres in the NESW fit respectively in the QQs directly North within TL 300. These acreages have been combined in the table 2 and map.**

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Groundwater Registration # GR-2392 (Certificate # GR-2273)

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/)

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 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

STATE ENGINEER
Salem, Oregon

Linn
4221

Well Record

Well 1
STATE WELL NO. 10/2W-20E
COUNTY LINN
APPLICATION NO. GR-2391

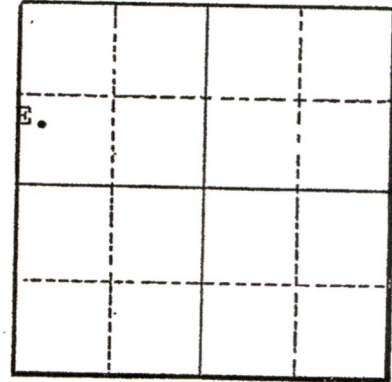
OWNER: R. P. Richardson MAILING ADDRESS: Rt. 2, Box 385

LOCATION OF WELL: Owner's No. #1 CITY AND STATE: Albany, Oregon

SW 1/4 NW 1/4 Sec. 20 T. 10 N. S. R. 2 W., W.M.

Bearing and distance from section or subdivision

corner 3 miles SE of Jefferson, Oregon, 1940' S & 957' E.



Section _____

Altitude at well _____

TYPE OF WELL: Drilled Date Constructed 1950

Depth drilled 30 Depth cased 30

CASING RECORD:

12-inch

FINISH:

Slot perforations from 20 to 30

AQUIFERS:

WATER LEVEL:

15-feet

PUMPING EQUIPMENT: Type Pacific 3 1/2" Centrifugal H.P. 20
Capacity 450 G.P.M.

WELL TESTS:

Drawdown 19 ft. after Pumping 600 G.P.M.

Drawdown _____ ft. after _____ hours _____ G.P.M.

USE OF WATER Irrigation Temp. _____ °F. _____, 19

SOURCE OF INFORMATION GR-2272

DRILLER or DIGGER Bill Hamilton Drilling Co., 838 E. Third Ave., Albany, Oregon

ADDITIONAL DATA:

Log _____ Water Level Measurements _____ Chemical Analysis _____ Aquifer Test _____

REMARKS:

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STATE ENGINEER
Salem, Oregon

Linn
4219

Well Record

Well 2

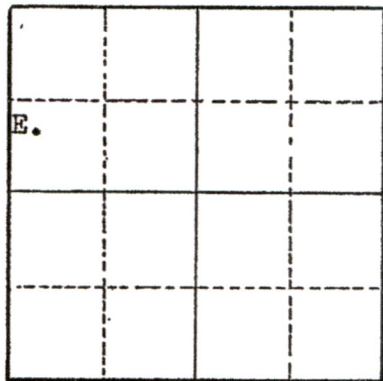
STATE WELL NO. 10/2W-20D
COUNTY Linn
APPLICATION NO. GR-2392

OWNER: R. P. Richardson MAILING ADDRESS: Rt. 2, Box 385

LOCATION OF WELL: Owner's No. #2 CITY AND STATE: Albany, Oregon

NW 1/4 NW 1/4 Sec. 20 T. 10S, R. 2 E, W.M.

Bearing and distance from section or subdivision
corner 3 miles SE of Jefferson, Oregon, 924' S. & 957' E.



Altitude at well

TYPE OF WELL: Drilled Date Constructed 1955

Depth drilled 30 Depth cased 30

Section

CASING RECORD:

12-inch

FINISH:

Slot perforations from 20 to 30

AQUIFERS:

WATER LEVEL:

12-feet

PUMPING EQUIPMENT: Type Pacific 2 1/2" Centrifugal H.P. 20
Capacity 450 G.P.M.

WELL TESTS:

Drawdown 15 ft. after 1 hour Pumping 600 G.P.M.
Drawdown ft. after hours G.P.M.

USE OF WATER Irrigation Temp. °F. 19

SOURCE OF INFORMATION GR-2273

DRILLER or DIGGER Bill Hamilton Drilling Co., 838 E. Third Ave., Albany, Oregon

ADDITIONAL DATA:

Log Water Level Measurements Chemical Analysis Aquifer Test

REMARKS:

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Well 3

LINN 62889

(1) LAND OWNER Owner Well I.D. 6053
 First Name Amy Last Name Oerfter
 Company K2A Properties LLC
 Address 12333 Silver Falls Hwy SE
 City Aumsville State OR Zip 97325

(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 Special Standard (Attach copy)
 Depth of Completed Well 110 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amt	sacks/lbs
16	0	63	Bentonite	11	18	24	S
12	63	110				Calculated	5.5
			Cement	0	11	15	S
						Calculated	5.5

How was seal placed: Method A B C D E
 Other Poured dry
 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 Pounds Actual Amount Pounds

(6) CASING/LINER
 Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
 [] [] [] [] [] [] [] []
 Shoe Inside Outside Other Location of shoe(s)
 Temp casing Yes Dia 16 From 0 To 63

(7) PERFORATIONS/SCREENS
 Screens Type _____ Material _____
 Perf/S Casing/ Screen
 screen Liner Dia From To Scrn/slot Slot # of Tel/
 Perf Casing 12 19 63 .375 12 600 pipe size

Perf	Casing	Dia	From	To	width	length	slots	pipe size
		12	19	63	.375	12	600	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
 1,050 7 30 4

Temperature 61 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 170
 From To Description Amount Units

(9) LOCATION OF WELL (legal description)
 County Linn Twp 10 S N/S Range 2 W E/W WM
 Sec 20 NW 1/4 of the NW 1/4 Tax Lot 300
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
 38331 Densmore Dr. - Jefferson, OR 97352

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration Completed Well	Date	SWL (psi)	+ SWL (ft)
	09-05-2019	5	11

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 18

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
09-05-2019	18	110	2,000		11

(11) WELL LOG
 Ground Elevation APR 17 2020

Material	From	To
Topsoil	0	2
Cobbles & clay	2	5
Brown clay	5	18
Gravel & sand	18	25
Gravel cemented	25	30
Gravel & sand	30	40
Cemented gravel	40	52
Red clay	52	56
Gravel cemented	56	60
Clay w/some gravel	60	65
Cemented gravel	65	95
Red clay & gravel	95	105
Cemented gravel	105	110

Pulled temporary casing back to 18' and developed well allowing formation from 18' to 63' to naturally cave on the outside of 12"

Jones Drilling Co., Inc. 29400 Santiam Hwy. Lebanon, OR 97355 1-800-915-8388

Date Started 08-26-2019 Completed 09-05-2019

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number 1411 Date 09-26-2019
 Signed [Signature]

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 License Number 1684 Date 09-26-2019
 Signed [Signature]
 Contact Info (optional) jonesdrilling@hotmail.com

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Land Use Information Form



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

NOTE TO APPLICANTS

In order for your application to be processed by the Water Resources Department (WRD), this Land Use Information Form must be completed by a local government planning official in the jurisdiction(s) where your water right will be used and developed. The planning official may choose to complete the form while you wait, or return the receipt stub to you. Applications received by WRD without the Land Use Form or the receipt stub will be returned to you. Please be aware that your application will not be approved without land use approval.

This form is NOT required if:

- 1) Water is to be diverted, conveyed, and/or used only on federal lands; **OR**
- 2) The application is for a water right transfer, allocation of conserved water, exchange, permit amendment, or ground water registration modification, and **all** of the following apply:
 - a) The existing and proposed water use is located entirely within lands zoned for exclusive farm-use or within an irrigation district;
 - b) The application involves a change in place of use only;
 - c) The change does not involve the placement or modification of structures, including but not limited to water diversion, impoundment, distribution facilities, water wells and well houses; **and**
 - d) The application involves irrigation water uses only.

NOTE TO LOCAL GOVERNMENTS

The person presenting the attached Land Use Information Form is applying for or modifying a water right. The Water Resources Department (WRD) requires its applicants to obtain land-use information to be sure the water rights do not result in land uses that are incompatible with your comprehensive plan. Please complete the form or detach the receipt stub and return it to the applicant for inclusion in their water right application. You will receive notice once the applicant formally submits his or her request to the WRD. The notice will give more information about WRD's water rights process and provide additional comment opportunities. You will have 30 days from the date of the notice to complete the land-use form and return it to the WRD. If no land-use information is received from you within that 30-day period, the WRD may presume the land use associated with the proposed water right is compatible with your comprehensive plan. Your attention to this request for information is greatly appreciated by the Water Resources Department. If you have any questions concerning this form, please contact the WRD's Customer Service Group at 503-986-0801.

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Land Use Information Form

Applicant(s): K2A Properties LLC

Mailing Address: 12333 Silver Falls Hwy

City: Aumsville

State: OR

Zip Code: 97325

Daytime Phone: (503) 887-6652

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	¼ ¼	Tax Lot #	Plan Designation (e.g., Rural Residential/RR-5)	Water to be:	Proposed Land Use:
<u>10S</u>	<u>2W</u>	<u>20</u>	<u>NENW</u> <u>SENW</u>	<u>300</u>	<u>EFU</u>	<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used	<u>farming</u>
<u>10S</u>	<u>2W</u>	<u>20</u>	<u>NWNW</u> <u>SWNW</u>	<u>300</u>	<u>EFU</u>	<input checked="" type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used	<u>farming</u>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input type="checkbox"/> Used	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input type="checkbox"/> Used	_____

List all counties and cities where water is proposed to be diverted, conveyed, and/or used or developed:

Linn County

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

Source of water: Reservoir/Pond Ground Water Surface Water (name) _____

Estimated quantity of water needed: 258 cubic feet per second gallons per minute acre-feet

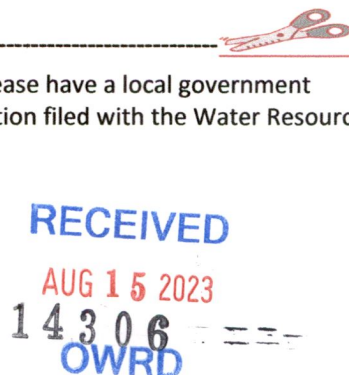
Intended use of water: Irrigation Commercial Industrial Domestic for _____ household(s)
 Municipal Quasi-Municipal Instream Other _____

Briefly describe:

It is proposed to add existing wells as authorized points of appropriation to GR 2391 and GR 2392 for increased flexibility in irrigation.

Note to applicant: If the Land Use Information Form cannot be completed while you wait, please have a local government 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. →



For Local Government Use Only

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 and provide the requested information

- Land uses to be served by the proposed water uses (including proposed construction) are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s):
- Land uses to be served by the proposed water uses (including proposed construction) involve discretionary land-use approvals as listed in the table below. (Please attach documentation of applicable land-use approvals which have already been obtained. Record of Action/land-use decision and accompanying findings are sufficient.) **If approvals have been obtained but all appeal periods have not ended, check "Being pursued."**

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:	
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
	RECEIVED	<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
	AUG 15 2023	<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued

OWRD

Local governments are invited to express special land-use concerns or make recommendations to the Water Resources Department regarding this proposed use of water below, or on a separate sheet.

LU 928.310(8)(1)

Name: Shawn Fowler Title: Assistant planner

Signature: [Signature] Phone: 541-967-3816 Date: 8/11/2023

Government Entity: Linn County

Note to local government representative: Please complete this form or sign the receipt below and return it to the applicant. If you sign the receipt, you will have 30 days from the Water Resources Department's notice date to return the completed Land Use Information Form or WRD may presume the land use associated with the proposed use of water is compatible with local comprehensive plans.

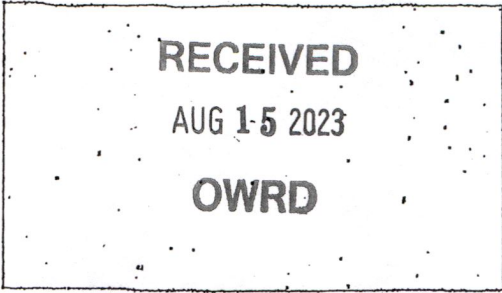
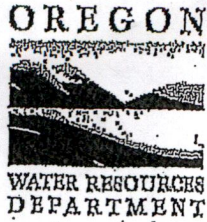


Receipt for Request for Land Use Information

Applicant name: _____

City or County: _____ Staff contact: _____

Signature: _____ Phone: _____ Date: _____



Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: K24 Properties LLC
12333 Silver Falls Hwy Aumsville OR 97325

Transaction Type: GR Mod

Fees Received: \$ 1250.00

Cash Check: Check No. 2178
Name(s) on Check: Will McGill Surveying

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: Corie Lornien
(Name of OWRD staff)

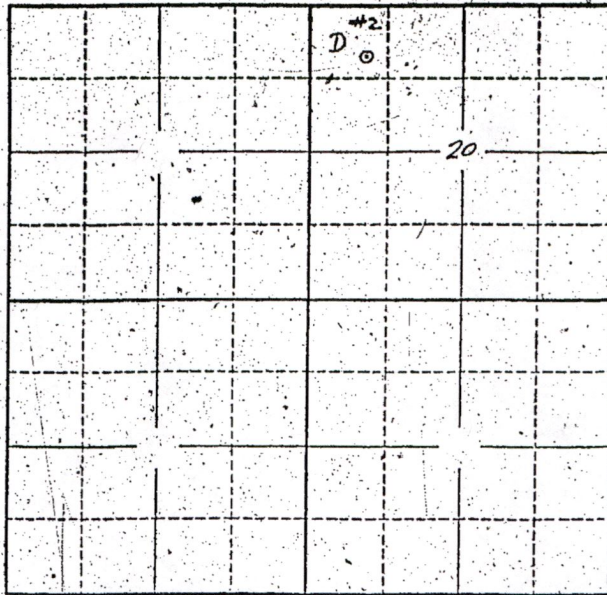
Instructions for OWRD staff:

- 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 filing cabinet.

14306



Township 10 S Range 2 W W.M.
North



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

STATE OF OREGON }
County of LINN } ss.

I, R. P. Richardson, 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.

R. P. Richardson
(Signature of Registrant)

Subscribed and sworn to before me this 15th day of July, 1958

My commission expires April 3, 1960
(Notary Public)

(SEAL)

NOTARY PUBLIC FOR OREGON
My Commission Expires April 3, 1960

CERTIFICATE OF REGISTRATION

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 21 day of July, 1958, at 8:00 o'clock A.M. and has been duly recorded in said office in Book No. 10 of Registration Statements on page GR 2273

Witness my hand this 10th day of March, 1959

Lewis A. Stanley
(State Engineer)

By _____ (Deputy)

14306

\$16.35

If log of well is not available, give name and address of driller. Bill Hamilton Drilling Co.,

838 E. Third Ave., Albany, Oregon

11. Infiltration Trench: Covered or open

Dimensions: Length ft. Minimum depth ft. Maximum depth ft.

Bottom width ft. Discharge g.p.m. Date of test

12. Tunnel: Type of lining

Dimensions: (Length, course, and cross sectional size)

Position of water bearing stratum with reference to portal of tunnel

Log of tunnel: (Preceding table for log of well may be used, if desired. Give footage from portal and character of materials, as pertinent.)

13. Pumping Equipment:

(a) Pump Pacific 2 1/2" Centrifugal Capacity 450 g.p.m.

(Make, type and size)

(b) Motor 20 H. P. Electric

(Type and horsepower)

14. Location of area irrigated or to be irrigated, or place of use if for purposes other than irrigation.

Township North or South	Range E. or W. of Willamette Meridian	Section	Forty-acre Tract	Number Acres To Be Irrigated	Date of Reclamation
10 S	2 W	20	SW 1/4 of NW 1/4	30.0	May 1955
10 S	2 W	20	SE 1/4 of NW 1/4	8.0	" "
10 S	2 W	20	NW 1/4 of SW 1/4	.75	" "
10 S	2 W	20	NE 1/4 of SW 1/4	.25	" "
				39.00	

15. If the ground water supply is supplemental to an existing water supply, identification of any application for a permit, permit, certificate or adjudicated right to appropriate water made or held by the registrant.

14306

GR 2273

Registration No. GR-2392

Certificate No. GR-2273

Registration Statement

OF CLAIMANT OF RIGHT TO APPROPRIATE GROUND WATER

TO THE STATE ENGINEER OF OREGON:

I, R. P. Richardson
of Rt. 2, Box 385, Albany County of Linn
(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 Pump Well No. 2
(Flowing well, pump well, infiltration trench, or tunnel)

2. Location is: 3 miles SE of Jefferson, Oregon
(Approximate distance and direction from nearest city or town)

and is more particularly described as follows:

(a) 924' S. and 957' E. of NW corner S. 20, T. 10 S., R. 2 W.
(Give distance and bearing to corner of section or other legal subdivision)

being within NW 1/4 of NW 1/4 of Sec. 20, Twp. 10 S., Rge. 2 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 Linn
(If within city or town, give name)

3. Construction Work was begun on April 1955; was completed on April 1955
(Date) (Date)

and the ground water claimed was first used for the purposes set-out below on May 1955
(Date)

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

from May 1955 to present time
(Date) (Date)

4. Quantity of water claimed and used is 416 gallons per minute; 117.0 acre feet per year.

5. Purpose or Purposes for which water is used Irrigation
(Domestic, irrigation, municipal, manufacturing, industrial, etc.)

6. Description of Well: Depth 30 feet. Type Drilled
(Dug or drilled)

diameter 12 inches. Elevation of ground at well site 250 feet, mean-sea level.
(As near as known)

Depth to water table 12 feet.

7. Capacity of Well: 600 g.p.m. with 15 feet drawdown.

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

Date of test May 1955

If Flowing Well: Measured discharge _____ g.p.m. on _____
(Date)

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

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

14306

Groundwater Registration Modification Application Intake Checklist

Transfer # T-14306

Reviewer Corie Date 8/16/23	Type of Change(s) Proposed: <input type="checkbox"/> POU <input type="checkbox"/> POA <input checked="" type="checkbox"/> APOA <input type="checkbox"/> USE
Calculated Fee \$1250 - fee will be either \$875 or \$1250	Fee Received \$1250
Groundwater Registration: GR-2273	
Notes:	

Application: OAR 690-382-0300			
THE GROUNDWATER REGISTRATION <u>MUST</u> BE IN THE APPLICANT'S NAME or A REQUEST FOR ASSIGNMENT <u>MUST</u> ACCOMPANY THE GR-MOD APPLICATION			
1.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Have ALL of the applicant's signed and dated the application? If no, whose signature is missing?
2.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Part 4 of application: Does the information match the description of the explanation on Part 3 of the application?
3.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		Assignment?

Map Requirements: OAR 690-380-3100			
4.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		The map included meets the mapping requirements?
5.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		Map Waiver? The map waiver must be issued by the Department
Notes:			

Attachments: OAR 690-382-0300; OAR 690-382-0400			
6.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		Land Use Form included and signed by the County?
7.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Well logs included?
10.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		For change in POU within Umatilla County, Supplemental Form U included?

<input checked="" type="checkbox"/>	Application complete: no deficiencies identified, assign a T-number and put this checklist in T-folder.
<input type="checkbox"/>	Application DEFICIENT: DO NOT accept - return to applicant with letter explaining deficiencies identified.