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 <u>will be returned</u> 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.

Checl	call inclu	ded with this application (N/A = Not Applicable)	RECEIVED
\boxtimes		Part 1 – Completed Minimum Requirements Checklist.	JAN 2 3 2024
\boxtimes		Part 2 – Completed Application Map Checklist.	
\boxtimes		Part 3 – Completed Applicant Information and Signature.	OWRD
\boxtimes		Part 4 – Completed Groundwater Registration Modification Application – Registration Information. (Only one Groundwater registration per application Groundwater registrations to be modified are layered).	
\boxtimes		Completed Groundwater Registration Modification Application Map (Doe prepared by a Certified Water Right Examiner).	es not have to be
\boxtimes		Groundwater registration modification fees – Amount enclosed: $$1,250.0$ (\$875.00 for a place of use change only; $$1,250.00$ for any other change	
		Attachments:	
	□ N/A	Request for Assignment Form and statutory fee. This form needs to be complicant owns the land to which the registration is appurtenant and is not certificate holder of record. The Request for Assignment Form is available https://www.oregon.gov/OWRD/Forms/Pages/default.aspx .	ot the registration
		Assignment is not needed for any person or entity who can demonstrate request recognition of a modification (e.g. legal representative, power of etc.) or the applicant is named on the certificate of registration, or has be certificate of registration.	f attorney, agent,
	□ N/A	Oregon Water Resources Department's Land Use Information Form with signature (or signed land use form receipt stub) from each local land use water is to be diverted, conveyed, and/or used. Not required if water is to conveyed, and/or used only on federal lands or if all of the following app place of use only, b) no structural changes, c) the use of water is for irrigation district or an exclusive farm use zon	authority in which to be diverted, ely: a) a change in ation only, and d)
	□ N/A	Water Well Report/Well Log for changes in point(s) of appropriation (we point(s) of appropriation.	ll(s)) or additional
		(For Staff Use Only)	
		RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):	
		cation fee not enclosed/insufficient Map not included or incomplete	
		Use Form not enclosed or incomplete Assignment Form and fee not enclosed/ tional signature(s) required Part is incomplete	insufficient
	Other/Fx	planation	
		503 Date:/	,

TACS

Your Groundwater Registration Modification 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 **byaccelVED**Certified Water Right Examiner. Check all boxes that apply.

		JAN 2 3 200	14
\boxtimes		Permanent quality printed with dark ink on good quality paper.	
\boxtimes		The size of the map can be $8\% \times 11$ inches, $8\% \times 14$ inches, 11×17 inches, or up to 30×30 inches. For 30×30 inch maps, one extra copy is required.	
\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 the county assessor map if the scale is not smaller than 1 inch = $1,320$ feet, or a scale that has been preapproved by the Department.	-
\boxtimes		Township, Range, Section, $\frac{1}{4}$, DLC, Government Lot, and other recognized public land survey lines.	
\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 and reservoirs, roads and railroads.	
\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 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.	
\boxtimes		Existing point(s) of appropriation with distance and bearing or coordinates from a recognized survey corner.	
\boxtimes	□ 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 $-42^{\circ}32'15.5''$) 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 information						
APPLICANT/BUSINESS NAME			PHONE NO. ADDITIONAL CONTACT NO.			
Jessica and Eric Maddux			503-715-6383			
ADDRESS				FAX NO.		
7873 Parker Lane SE						
CITY	STATE	ZIP	E-MAIL			
Turner	OR	97392	jessmaddux@gmail.com			
BY PROVIDING AN E-MAIL ADDRES	S, CONSENT	IS GIVEN TO RECEIVE	ALL CORRESPONDENCE FROM	THE DEPARTMENT		
ELECTRONICALLY. COPIES OF THE	FINAL ORDE	R DOCUMENTS WILL A	ALSO BE MAILED.			
Agent Information – The	agent is aut	horized to represen	t the applicant in all matters	s relating to this application		

AGENT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.
Doann Hamilton/Pacific Hydro-	Geology, In	nc.	(503) 632-5016	(503) 349-6946 (cell)
ADDRESS 18487 S. Valley Vista Road				FAX NO. (503) 632-5983
CITY	STATE	ZIP	E-MAIL	
Mulino	OR	97042	phgdmh@gmail.com	
BY PROVIDING AN E-MAIL ADDRES ELECTRONICALLY. COPIES OF THE I	-			FROM THE DEPARTMENT
Explain in your own word The authorized well (MA	-			nodification; and why: nger functional. We propose
to replace the sump with				8
If you need additional space, o	ontinue on	a separate piece of	paper and attach to th	e application as "Attachment 1".
	oroject is	fully or partially		e application as "Attachment 1". rican Recovery and Reinvestm
Check this box if this pact. (Federal stimul	oroject is us dollars	fully or partially (s) (Check	funded by the Ame	
Check this box if this part Act. (Federal stimul	oroject is us dollars , I (we) und he Grounds	fully or partially (6) (Check lerstand that, upon twater modification,	funded by the Ame one box) receipt of the draft prei	rican Recovery and Reinvestm iminary determination and prior to to provide landownership
Check this box if this part Act. (Federal stimular By signing this application Department approval of the information and evidence 0400(16)(a); OR	oroject is us dollars , I (we) und he Grounds that I am a	fully or partially (Check lerstand that, upon to water modification, buthorized to pursue	one box) receipt of the draft prediction (we) will be required the modification as ide	rican Recovery and Reinvestm iminary determination and prior to to provide landownership

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: Statesman Journal.

i (we) affirm that the information co	ntained in this application is true and a	accurate.	
Applicant Signature	Jessica J. Maddux Print Name and title if applicable	12/28/23 Date	RECEIVED
The may	Eric Maddux	12/28/23	- JAN 2 3 2024
Applicant Signature	Print Name and title if applicable	Date	
to the complemental of the			OVALDO

Is the applicant the sole owner of the land on which the Groundwater registration modification WRD or portion thereof, is located? X 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

been conveyed.			
Check the appropriate box, if applicable:			
Check here if the Groundwater registration within or served by an irrigation or other v		is or will be located	
IRRIGATION DISTRICT NAME	ADDRESS		
NA			
CITY	STATE	ZIP	
Check here if water for the Groundwater ror other contract with a federal agency or	other entity.	a water service agree	emeni
ENTITY NAME	ADDRESS		
NA			
CITY	STATE	ZIP	
		1	1

and/or e-mail addresses) from all landowners or individuals/entities to which the Groundwater registration has

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	ADDRESS	
Marion County Planning Division	5155 Silverton Road	NE
CITY	STATE	CITY
Salem	Oregon	Salem

JAN 2 3 2024 OWRD

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-630 (Certificate # GR-595)

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)	T	wp	F	Rng	Sec	и	1 1/4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Well	Authorized Proposed	MARI 14343	9	s	2	w	23	SE	sw	Lot 4	7 chains north and 25 chains east from the SW corner, Section 23.
Well 1	Authorized Proposed	NA	9	s	2	w	23	SE	sw	Lot 4	460 feet north and 1,740 feet east from the SW corner, Section 23.
Well 2	☐ Authorized ☐ Proposed	NA	9	s	2	w	23	SE	sw	Lot 4	450 feet north and 1,890 feet east from the SW corner, Section 23.

Check all type parentheses)		low (n	nodification "CODES" are provided in
Plac	e of Use (POU)	\boxtimes	Point of Appropriation (well) (POA)
Cha	racter of Use (USE)		Additional Point of Appropriation (APOA)
Will all of the	proposed changes affect the entire	Grou	ndwater registration?
Yes	Complete only the proposed ("to" la "CODES" listed above to describe the	•	section of Table 2 on the next page. Use the posed changes.
☐ No	Complete all of Table 2 to describe	the po	ortion of the registration to be changed.

JAN 2-3 2024 OWRD Please use and attach additional pages of Table 2 as needed. See page 5 for instructions.

Do you have questions about how to fill-out the tables? Contact the Department at 503-986-0900 and ask for Transfer

Table 2. Description of Modifications to Registration GR-630 (Certificate # GR-595)

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.

l		_	t appears	in the	regist	ration E) POSED CHAN hat will be cha		Proposed Changes (see	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.					HANGES							
Twp	Rng	Sec	<i>y</i> ₄ <i>y</i> ₄	Tax 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	wp	Rr	ng	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
										POA	9	s	2	w	23	sw	sw	1600	Lot 5	2.5	IR	Wells 1 & 2	5-16- 1952
										POA	9	s	2	w	23	SE	sw	1600	Lot 4	17.0	IR	Wells 1 & 2	5-16- 1952
			T	OTAL AC	RES												ТО	TAL AC	RES	19.5			

Additional remarks: None.

Revised 7/1/2021

Groundwater Registration # GR-630 (Certificate # GR-595)

For a modification in place of use or character of use: NA

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/)

JAN 2 3 2024

AND/OR

OWRD

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 complete d well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well -specific rate (cfs or gpm). If less than full rate of water right		
Well	Yes	MARI 14343		See Well Log MARI 14343								
										Not less		
Well 1	No	NA	150 feet	6 inch	0 to 150	0 to 25 feet	TBD	NA	Alluvium	than full rate of registration		

Land Use Information Form



OREGON Oregon Water Resources Department

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

Applicant(s): Jessica and Eric Maddux

Mailing Address: 7873 Parker Lane SE

City: Turner

State: OR

Zip Code: 97392

Daytime Phone: 503-715-6383

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	1/4 1/4	Tax Lot #	Plan Designation (e.g., Rural Residential/RR-5)		Water to be:		Proposed Land Use:
<u>9S</u>	<u>2W</u>	<u>23</u>		1600	<u>EFU</u>	☑ Diverted	⊠ Conveyed	⊠ Used	<u>IR</u>
						Diverted	Conveyed	Used	
						Diverted	Conveyed	Used	
						Diverted	Conveyed	Used	

List all counties and cities where water is proposed to be diverted, conveyed, and/or used or developed: RECEIVED Marion County JAN 23 2024 B. Description of Proposed Use OWRD 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: 480 acre-feet cubic feet per second gallons per minute Domestic for _____ household(s) Intended use of water: Irrigation Industrial Commercial Other Municipal Quasi-Municipal Instream Briefly describe: This Land Use Information Form is to accompany a Groundwater Registration Modification Application that proposes to change from the authorized well for Groundwater Registration GR-630 to two other new wells

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. \rightarrow

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 ar	nd provide the requested information			
□ Land uses to be served by the proposed water by your comprehensive plan. Cite applicable		allowed outrig	tht or are not regulated	
Land uses to be served by the proposed water as listed in the table below. (Please attach do Record of Action/land-use decision and accordance periods have not ended, check "Being pursuant to be a served by the proposed water as listed in the table below.	ocumentation of applicable land-use approvampanying findings are sufficient.) If approva	als which have a	already 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:		
, , , , , , , , , , , , , , , , , , ,		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued	
RECEIVED		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued	
JAN 2 3 2024		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued	
OWRD		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued	
		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued	
Name: Alexander Seifer	Title:	Assistant Planner		
Signature: Alexander Seifer	Phone: 503-566-416	2 Date:	01/18/2024	
Government Entity: Marion County				
Note to local government representative: Pleasign the receipt, you will have 30 days from the Information Form or WRD may presume the lancomprehensive plans.	Water Resources Department's notice date t	o return the co ater is compati	mpleted Land Use ble with local	
Receipt	t for Request for Land Use Information	<u>on</u>		
Applicant name:				
City or County:	Staff contact:			
Signature:	Phone: Date	:		

STATE ENGINEER Salem, Oregon WAR	Well Record MAILING	STATE WELL NO. 9/2W-23cd COUNTY Marion APPLICATION NO. GR-630
OWNER: K. C. Parker	ADDRESS:	Route 1, Box 130 E
LOCATION OF WELL: Owner's No	STATE:	Turner
SE 1/4 SW 1/4 Sec. 23 T. 9 S., R.	2 W., W.M.	
Bearing and distance from section or subdiv	100.00	
corner 25 chains East and 7 chains	North of SW	
Corner, Section 23		
Altitude at well		77.78
TYPE OF WELL: Sump Date Constru	ucted May 16, 1932	É
Depth drilled 12 feet Depth cased .		Section23
CASING RECORD:		
175 feet x 10 feet x 12 feet deep	sump	
FINISH:		
AQUIFERS:		
WATER LEVEL:		THE CO.
2½ feet		
	2.2.	ир <u>480</u>
PUMPING EQUIPMENT: Type		n.F.
WELL TESTS: 6 Drawdown ft. after	hours 4	80 G.P.M.
Drawdown ft. after ft. after		
USE OF WATER Irrigation 19.5 a SOURCE OF INFORMATION DRILLER or DIGGER	GR-595	, 19
ADDITIONAL DATA: Log		s Aquifer Test
REMARKS:		

RECEIVED
JAN 2-3 2024

OWRD