



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

Application for Groundwater Registration Modification

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

Check all included with this application (N/A = Not Applicable)

- 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). **(GR 690 included in Attachment A)**
- Completed Groundwater Registration Modification Application Map (Does not have to be prepared by a Certified Water Right Examiner). **Attachment B**
- 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. **Attachment C**
- N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation. **Attachment D**

(For Staff Use Only)

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

Application fee not enclosed/insufficient Map not included or incomplete

13293 -

Part 2 of 4 – Groundwater Registration

Your Groundwater Registration Modification application will be returned if any of the map requirements listed below are

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.

- 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 Oregon Department of Corrections, Attn: Tracy Wilder		PHONE NO. 503-877-8229	ADDITIONAL CONTACT NO.
ADDRESS 3601 State Street		FAX NO.	
CITY Salem	STATE OR	ZIP 97301	E-MAIL Tracy.l.wilder@doc.oregon.gov
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 GSI Water Solutions, Inc., Attn: Kimberly Grigsby		PHONE NO. 541-257-9004	ADDITIONAL CONTACT NO.
ADDRESS 1600 SW Western Blvd, Suite 240		FAX NO.	
CITY Corvallis	STATE OR	ZIP 97333	E-MAIL kgrigsby@gsiws.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:
The Oregon Department of Corrections (ODOC) is proposing to modify the character of use, place of use, and change the points of appropriation to 3 wells, which will be located at 3 of the 5 proposed locations. ODOC proposes to use the groundwater registration for use within a detention facility, which ODOC understands would be considered by OWRD to be commercial use.

If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1".

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: **Statesman Journal**.

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



Tracy L Wilder
Applicant Signature

Tracy Wilder, Real Property Manager
Print Name (and Title if applicable)

08/30/2022
Date

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.*

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. **The water will be located within SWCD but the groundwater will not be served by the district.**

IRRIGATION DISTRICT NAME Santiam Water Control District	ADDRESS 284 East Water Street	
CITY Stayton	STATE OR	ZIP 97383

- 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 N/A	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 City of Salem Planning Division	ADDRESS 555 Liberty St SE #305	
CITY Salem	STATE OR	ZIP 97301

ENTITY NAME N/A	ADDRESS	
CITY	STATE	ZIP

Part 4 of 4 – Groundwater Registration Information

Please use a separate Part 4 for each registration being

CERTIFICATE OF REGISTRATION # **GR-690**

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)
GR-690 Well	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	MARI 9612	8	S	2	W	5	NW	SE*	2000	2826 feet South and 2639 feet West from the NE Corner of Section 5
Well 1 (A)	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed**		8	S	2	W	5	SW	SE	100	745 feet North and 1635 feet West from the SE corner of Section 5
Well 1 (B)	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed**		8	S	2	W	5	SW	SE	100	290 feet North and 1335 feet West from the SE corner of Section 5
Well 2 (A)	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed**		8	S	2	W	5	SE	SE	100	1245 feet North and 1140 feet West from the SE corner of Section 5
Well 2 (B)	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed**		8	S	2	W	8	NE	NE	100	40 feet South and 1055 feet West from the SE corner of Section 5
Well 3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed**		8	S	2	W	5	NE	SE	100	1775 feet North and 600 feet West from the SE corner of Section 5

* GR-690 describes the well location as NWSW but the measured location and map indicate the correct location is in the NWSE.

** ODOC is planning to drill only 3 wells but is providing 5 potential well locations in this application.

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

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

SUPERSEDING

RECEIVED BY OWRD APRIL 5, 2024

Please use and attach additional pages of Table 2 as needed.

Table 2. Description of Modifications to Registration GR-690 (Certificate # GR-688)

List only the part of the registration that will be modified. For the acreage in each 1/4 1/4, 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	1/4	1/4	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	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		
EXAMPLE																								
2	S	9	E	15	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	
2	S	9	E	15	NW	100	15.0	EXAMPLE	EXAMPLE	EXAMPLE	POU/POD	2	S	9	E	2	SW	NW	500	1	5.0	POD#6	1901	
											USE/POU/ POA	8	S	2	W	5	NE	SE	100	DLC 47	3.8	Irrigation	3 of the following: Well 1 (A), Well 2 (A), Well 3 (B), Well 1 (B), Well 2 (B)	Nov. 1953
												8	S	2	W	5	SW	SE	100	DLC 46	8.3			
												8	S	2	W	5	SE	SE	100	DLC 47	8.3			
												8	S	2	W	5	SE	SE	100	DLC 46	12.2			
												8	S	2	W	8	NE	NE	100	DLC 46	15.5			
												8	S	2	W	8	NW	NE	100	DLC 46	3.5			
												8	S	2	W	8	SE	NE	100	DLC 46	1.9			
TOTAL ACRES								TOTAL ACRES															53.5	

Additional remarks: ODOC requests to change GR-690 to authorize irrigation of 53.5 acres for 3 wells located at 3 of the 5 proposed locations. GR-690 originally authorized domestic use at the Oregon State Hospital.

13281

Groundwater Registration # GR-690 (Certificate # GR-688)

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:

CERTIFICATE 68665.

Santiam Water Control District (SWCD) is the holder of Certificate 68665, which currently authorizes irrigation on the proposed POU. ODOC will work with SWCD to voluntarily diminish the portion of Certificate 68665 appurtenant to the proposed POU to supplemental irrigation concurrently with approval of this groundwater registration modification application.

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
Well 1 (A)	No		120 ft (est.)	10in	+1-50 ft (est.)	0-20 ft (est.)	50-120 ft (est.)	16 ft (est.)	Sand and Gravel	200 gpm (est.)
Well 2 (A)	No		120 ft (est.)	10in	+1-50ft (est.)	0-20 ft (est.)	50-120 ft (est.)	16 ft (est.)	Sand and Gravel	200 gpm (est.)
Well 3	No		120 ft (est.)	10in	+1-50 ft (est.)	0-20 ft (est.)	50-120 ft (est.)	16 ft (est.)	Sand and Gravel	200 gpm (est.)
Well 1 (B)	No		100 ft (est.)	10in	+1-50 ft (est.)	0-20 ft (est.)	50-100 ft (est.)	16 ft (est.)	Sand and Gravel	200 gpm (est.)
Well 2 (B)	No		100 ft (est.)	10in	+1-50 ft (est.)	0-20 ft (est.)	50-100 ft (est.)	16 ft (est.)	Sand and Gravel	200 gpm (est.)

Attachment A
Groundwater Registration GR-690
Application for a Groundwater Registration Modification – Oregon Dept. of Corrections

Registration No. GR. ~~688~~ 690

Certificate No. GR. 688

Registration Statement

OF CLAIMANT OF RIGHT TO APPROPRIATE GROUND WATER

TO THE STATE ENGINEER OF OREGON:

I, State of Oregon, Oregon State Hospital

of Station A Salem County of Marion

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 #4
(Flowing well, pump well, infiltration trench, or tunnel)

2. Location is: 3 miles SE Salem city limits
(Approximate distance and direction from nearest city or town)

and is more particularly described as follows:

(a) 2826 ft. South & 2639 ft. West of NE Corner Sec. 5 Twp. 8S Rge. 2W
(Give distance and bearing to corner of section or other legal subdivision)

being within NW 1/4 of SW 1/4 of Sec. 5, Twp. 8S, Rge. 2W
(Smallest legal subdivision) (N. or S.) (E. or W.)

or (b) within limits of recorded platted property, town or city:

in Lot 2, Block 1 of 1
(Name of plat or addition)

(If within city or town, give name) County of Marion

3. Construction Work was begun on November 1953; was completed on December 1953
(Date) (Date)

and the ground water claimed was first used for the purposes set out below on March 1954
(Date)

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

from March 1954 to March 1954
(Date) (Date)

4. Quantity of water claimed and used is 300 gallons per minute; 482 acre feet per year.

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

6. Description of Well: Depth 200 feet. Type Drilled
(Dug or drilled)

diameter 10 inches. Elevation of ground at well site 228.13 feet, mean sea level.
(As near as known)

Depth to water table 16 feet.

7. Capacity of Well: 340 g.p.m. with 80 feet drawdown.
_____ g.p.m. with _____ feet drawdown.

Date of test December 12, 1953

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.)

13293

8. Casing: (Give diameter, commercial specifications and depth below ground surface of each casing size.)

10 inch diameter, Welded from 0 to 146 feet
 inch diameter from to feet
 inch diameter from to feet
 inch diameter from to feet

Describe and show depth of shoe, plug, adapter, liner or other details:
 148

9. Perforated Casings or Screens:

784 - 5/16 x 2 1/4 from 45 to 145
(Number per foot and size of perforations, or describe screen)
 from to
 from to
 from to

10. Log of Well: (Describe each stratum or formation clearly, indicate if water bearing, and give thickness and depth as indicated.)

MATERIAL	Thickness (Feet)	Depth to Bottom (Feet)
Clay	24	0-24
Gravel with clay	13	24-37
Coarse gravel (clean) with water	15	37-52
Gravel with clay	74	52-126
Vascular basalt	21	126-147
Cement gravel	22	147-169
Red shale or clay	4	169-173
Coarse gravel with blue clay	12	173-185
Basalt or Andesite very hard	15	185-200

GR-683 A

Attachment B
Application Map

Application for a Groundwater Registration Modification – Oregon Dept. of Corrections

Authorized POA: MARI 9612

**Attachment D
Well Log**

Application for a Groundwater Registration Modification – Oregon Dept. of Corrections

13293-

STATE ENGINEER
Salem, Oregon

9612
M 171

Well Record

STATE WELL NO. 8/2W-5K(1)
COUNTY Marion
APPLICATION NO. GR-690

OWNER: Oregon State Hospital

MAILING ADDRESS: Station A

LOCATION OF WELL: Owner's No. #4

CITY AND STATE: Salem, Oregon

NW 1/4 SE 1/4 Sec. 5 T. 8 S., R. 2 W., W.M.

Bearing and distance from section or subdivision corner 2826' S. & 2639' W. of NE corner section 5.

		O 4	
		K(1)	

Altitude at well 228.15 feet

TYPE OF WELL: Drilled Date Constructed 1953

Depth drilled 200 ft. Depth cased 146 ft.

Section 5

CASING RECORD:

10 in. from 0 to 146 feet

FINISH:

784 - 5/16 x 2 1/4 from 45 to 145 feet

AQUIFERS:

WATER LEVEL: 15.25' (11-22-60)

16 feet

PUMPING EQUIPMENT: Type F.M. Type QVO - F.M. turbine 6in. H.P. 40
Capacity 300 G.P.M.

WELL TESTS:

Drawdown 80 ft. after 340 gpm hours G.P.M.

Drawdown ft. after hours G.P.M.

USE OF WATER Domestic Temp. °F., 19

SOURCE OF INFORMATION GR-690

DRILLER or DIGGER

ADDITIONAL DATA:

Log X Water Level Measurements Chemical Analysis Aquifer Test

REMARKS:

13293

Part 3 of 4 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Oregon Department of Corrections, Attn: Chad Naugle		PHONE NO. 503-373-7544	ADDITIONAL CONTACT NO.
ADDRESS 3601 State Street			FAX NO.
CITY Salem	STATE OR	ZIP 97301	E-MAIL Chad.E.Naugle@doc.state.or.us
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 GSI Water Solutions, Inc., Attn: Kimberly Grigsby		PHONE NO. 541-257-9004	ADDITIONAL CONTACT NO.
ADDRESS 1600 SW Western Blvd, Suite 240			FAX NO.
CITY Corvallis	STATE OR	ZIP 97333	E-MAIL kgrigsby@gsiws.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:
The Oregon Department of Corrections (ODOC) is proposing to modify the character of use, place of use, and change the points of appropriation to 3 wells, which will be located at 3 of the 5 proposed locations. ODOC proposes to use the groundwater registration for irrigation of 53.5 acres.

If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1".

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: **Statesman Journal.**

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




Applicant Signature

Chad Naugle, Sustainability Programs Manager
Print Name (and Title if applicable)

11/13/19
Date

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.*

SUPERSEDED

Part 4 of 4 – Groundwater Registration Information

Please use a separate Part 4 for each registration being

CERTIFICATE OF REGISTRATION # GR-690

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	1/4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
GR-690 Well	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	MARI 9612	8 S 2 W 5	NW	SW	2000	2826 feet South and 2639 feet West from the NE Corner of Section 5	
Well 1 (A)	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		8 S 2 W 5	SW	SE	100	745 feet North and 1635 feet West from the SE corner of Section 5	
Well 1 (B)	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		8 S 2 W 5	SW	SE	100	290 feet North and 1335 feet West from the SE corner of Section 5	
Well 2 (A)	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		8 S 2 W 5	SE	SE	100	1245 feet North and 1140 feet West from the SE corner of Section 5	
Well 2 (B)	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		8 S 2 W 8	NE	NE	100	40 feet South and 1055 feet West from the SE corner of Section 5	
Well 3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		8 S 2 W 5	NE	SE	100	1775 feet North and 600 feet West from the SE corner of Section 5	

* ODOC is planning to drill only 3 wells but is providing 5 potential well locations in this application.

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

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

SUPERSEDED

RECEIVED BY OWRD
APRIL 5, 2024

Supplemental Form D

Water Right Transfers Within the Boundaries of or Served by an Irrigation District or other Water Supplier (Association, Ditch Co., etc.)

[For transfers submitted under OAR Chapter 690 Division 380]



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

The Department requires non-district applicants to communicate with districts/water suppliers during the planning and preparation of transfer applications involving water rights having a point of diversion or appropriation (POD/POA) or place of use (POU) served by or located within the boundaries of an irrigation district, or other type of water supplier to which assessments are paid. In some cases consent will be required from the district or water supplier.

This form must be included with any transfer application that involves rights served by or located within the boundaries of a district or other type of water supplier.

1. APPLICANT INFORMATION

NAME Oregon Department of Corrections, Attn: Tracy Wilder			PHONE (HM)
PHONE (WK) 503-877-8229	CELL	FAX	
ADDRESS 3601 State Street			
CITY Salem	STATE OR	ZIP 97301	E-MAIL** tracy.l.wilder@doc.oregon.gov

2. DISTRICT or WATER SUPPLIER INFORMATION

DISTRICT/WATER SUPPLIER NAME Santiam Water Control District			PHONE (HM)
PHONE (WK) 503-769-2669	CELL	FAX	
ADDRESS 284 E Water St #1763			
CITY Stayton	STATE OR	ZIP 97383	E-MAIL** office@santiamwater.com

** By providing an e-mail address, the applicant and/or the district/water supplier consents to receive all correspondence from the Department electronically. Copies of final order documents will also be mailed.

3. WATER RIGHTS ISSUED IN THE NAME OF, or LOCATED WITHIN, or SERVED BY AN IRRIGATION DISTRICT, OTHER DISTRICT, OR WATER SUPPLIER

a. List the water right(s) involved in this transfer:

	Application / Decree	Permit / Previous Transfer	Certificate	Is the water right in the name of a district, water supplier, or BOR*?
1.	GR-690	-		YES <input type="checkbox"/>
2.		-		YES <input type="checkbox"/>
3.		-		YES <input type="checkbox"/>

Attach additional pages for additional water rights if necessary.

*Bureau of Reclamation

b. Determine a district's/water supplier's connection to your points of diversion (POD) or appropriation (POA) and places of use (POU). [You may need to consult with your district/water supplier.]

CURRENT ASSOCIATIONS Please answer the following "yes" or "no" questions:

YES NO One or more of the current POD(s) / POA(s) involved in the transfer are served by a district/water supplier or rely on BOR water.

YES NO All or a portion of the current POU involved in this proposed transfer receives water for either primary or supplemental irrigation from the district/water supplier; i.e., the POU is currently layered with a district or BOR water supplied water right(s). N/A - layering does not apply

PROPOSED ASSOCIATIONS Please answer the following "yes" or "no" questions:

YES NO One or more of the proposed POD(s) / POA(s) involved in the transfer are currently served or will be served by a district/water supplier if the transfer is approved, or rely on BOR water.

YES NO All or a portion of the proposed POU involved in this proposed transfer currently receives or will receive either primary or supplemental irrigation from the district/water supplier; i.e., the POU will be layered with a district/water supplier or BOR water supplied water right(s). N/A - layering does not apply

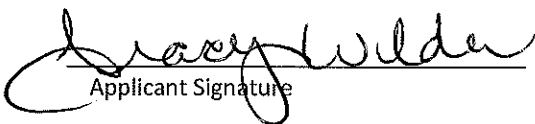
COMMENTS OR ADDITIONAL INFORMATION

4. APPLICANT'S SIGNATURE

(1) I certify that I have notified the district/water supplier about the proposed water right transfer application by [check one]:

email, phone, postal mail, in person, or other (please specify) agent called district

(2) I certify that to the best of my knowledge the information contained in this Supplemental Form D is true and accurate.


Applicant Signature

Tracy Wilder
Name (print)

3-28-2024
Date

5. (WHEN REQUIRED) DISTRICT or WATER SUPPLIER CONSENT TO THE PROPOSED WATER RIGHT TRANSFER

District Manager or Water Supplier consent is required if any box on this form is marked "YES."

The district/water supplier certifies the following:

(1) The district/water supplier has reviewed the applicant's proposed water right transfer application and maps; and

(2) The district/water supplier consents to the proposed water right transfer application.

YES NO After proof of completion, the confirming water right certificate is to remain in the name of the U.S. Bureau of Reclamation or the district/water supplier.

YES NO The district/water supplier will be responsible for submitting the claim of beneficial use prepared by a Certified Water Rights Examiner (CWRE).

Signature of District Manager /Water Supplier

Name (print), Title

Date