

Application for Groundwater Registration Modification

Part 1 of 4 – Minimum Requirements Checklist



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

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)

- ☒ 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).
- ☒ **Application Fee** - payable by check to the Oregon Water Resources Department, the online fee calculator is located:
https://apps.wrd.state.or.us/apps/wr/wr_transfer_calculator/groundwater_modification.aspx

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 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"/> 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.

- ☒ 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 Ross F. Paratore II and Kristy Paratore			PHONE NO. (971) 209-9948	ADDITIONAL CONTACT NO.
ADDRESS 6920 Corvallis Rd.			FAX NO.	
CITY Independence	STATE OR	ZIP 97351	E-MAIL info@rkymtnnsy@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.				

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 move a portion of GR 313 to TL 500 and authorize existing Well 1 as a source of irrigation.

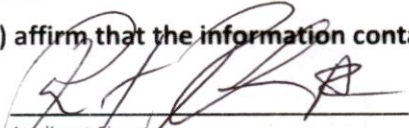
☐ Check this box if this project is fully or partially funded by the American Recovery and Reinvestment Act.
(Federal stimulus dollars)

(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.

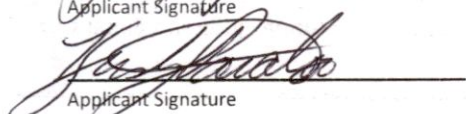
I understand that prior to Department approval of the groundwater registration modification, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the groundwater registration is located, once per week for two consecutive weeks. If more than one qualifying newspaper is available, I suggest publishing the notice in the following paper: Dallas, Polk-County Itemizer.

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


 Applicant Signature

Ross Paratore
 Print Name (and Title if applicable)

9-9-25
 Date


 Applicant Signature

Kristy Paratore
 Print Name (and Title if applicable)

9/9/25
 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.*

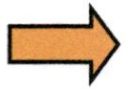
Check the appropriate box, if applicable:

- ☐ Check here if the Groundwater registration proposed for modification is or will be located within or served by an irrigation or other water district.

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 Polk County	ADDRESS 850 Main St.	
CITY Dallas	STATE OR	ZIP 97338

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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-313 (Certificate # GR-294)

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 Well	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	POLK 2997	8 S	4 W	29	NE SW	44	160' S and 600' W from center, section 29
Well 1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	POLK 52078	8 S	4 W	33	SW NE	46	1560' N and 875' W from SE corner DLC 46
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed							
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed							

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

- ☒ Place of Use (POU)
☐ Character of Use (USE)

☒ Point of Appropriation (well) (POA)
☐ 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.

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 Staff.

Table 2. Description of Modifications to Registration GR-313 (Certificate # GR-294)

List only the part of the registration that will be modified. For the acreage in each $\frac{1}{4}$ $\frac{1}{4}$, 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	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			
8 S	4 W	29	SE NW	1200	44	2.9	Irrigation	GR Well	1948	POU/POA	8 S	4 W	33	SW NE	500	46	0.9	Irrigation	Well 1	1948			
8 S	4 W	29	NE SW	1200	44	7.1	Irrigation	GR Well	1948	POU/POA	8 S	4 W	33	SW NW	500	46	0.1	Irrigation	Well 1	1948			
8 S	4 W	29	NE SW	1202	44	3.3	Irrigation	GR Well	1948	POU/POA	8 S	4 W	33	SE NW	500	46	8.9	Irrigation	Well 1	1948			
										POU/POA	8 S	4 W	33	NE SW	500	46	2.8	Irrigation	Well 1	1948			
										POU/POA	8 S	4 W	33	NW SE	500	46	0.6	Irrigation	Well 1	1948			
TOTAL ACRES						13.3						TOTAL ACRES						13.3					

Additional remarks: _____.

Groundwater Registration # GR-313 (Certificate # GR-294)

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:

***APPLICATION G-19374**



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

Well Record

GR Well
STATE WELL NO. 8/LW-29L(1)
COUNTY Polk
APPLICATION NO. GR- 313

OWNER: J. C. Neil

MAILING ADDRESS: 908 Church St.

LOCATION OF WELL: Owner's No. 1

CITY AND STATE: Dallas, Oregon

NE 1/4 SW 1/4 Sec. 29 T. 8 S., R. 4 W., W.M.

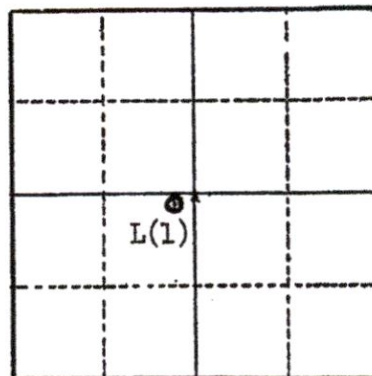
Bearing and distance from section or subdivision corner 3520' N. 43° W. to SW cor. of sec. 29 ?????

(12/27/56) Approx. 160' S. & 600' W. from center of sec. 29

Altitude at well 150'

TYPE OF WELL: Drilled Date Constructed Mar. 1948

Depth drilled 68' Depth cased 68'



Section 29

CASING RECORD:

11 inch ?

FINISH:

20 perforations (1/2"x10") set per foot from 47 to 68 feet

AQUIFERS:

Gravel from 50 to 68 feet

WATER LEVEL:

25 feet

PUMPING EQUIPMENT: Type Jacuzzi, 4 inch jet H.P. 7 1/2
Capacity 200 G.P.M.

WELL TESTS:

Drawdown 5 ft. after 112 hours G.P.M.
Drawdown ft. after hours G.P.M.

USE OF WATER Irrigation (16 acres) Temp. °F. 19
SOURCE OF INFORMATION GR- 294

DRILLER or DIGGER

ADDITIONAL DATA:

Log X Water Level Measurements Chemical Analysis Aquifer Test

REMARKS:

Loam, silt clay 0 to 20
Clay, blue 20 to 50
Gravel 50 to 68

Well 1

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

Westerberg Drilling, Inc.
36728 S. Kropf Rd.
Molalla, OR 97038

WELL I.D. # L 71438

START CARD # 170224

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Well Number _____
Name Rocky Mountain Nursery
Address 6880 Corvallis Rd.
City Independence State OR Zip 97351

(2) TYPE OF WORK ☒ New Well
☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment ☐ Conversion

(3) DRILL METHOD
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Other _____

(4) PROPOSED USE
☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: ☐ Yes ☒ No
Depth of Completed Well 75 ft.
Explosives used: ☐ Yes ☒ No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
14"	0	23	Bentonite	0	23	28 sacks
10"	23	75				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Bentonite poured & probed

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 10"	+1.5	56	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: None				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used ☐ Inside ☒ Outside ☐ None
Final location of shoe(s) 56'

(7) PERFORATIONS/SCREENS
☒ Perforations Method Mills Knife
☐ Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
28	38	1/4x3	150			<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
☒ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
100	N/A	60' (air)	1 hr.
200	1'	pump	1 hr.

Temperature of water 56 Depth Artesian Flow Found _____
Was a water analysis done? ☐ Yes By whom _____
Did any strata contain water not suitable for intended use? ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____
Depth of strata: _____

(9) LOCATION OF WELL (legal description)

County Polk
Tax Lot 1800 Lot _____
Township 8 S Range 4 W WM
Section 33 SW 1/4 NE 1/4
Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 6880 Corvallis Rd.
Independence, OR 97351

(10) STATIC WATER LEVEL

18.5 ft. below land surface. Date 11-8-04
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

From	To	Estimated Flow Rate	SWL
28	38	100 gpm	18.5'

(12) WELL LOG

		Ground Elevation		SWL
Soil	Material	From	To	
Clay med brown		1	18.5	
Gravel cemented small		18.5	28	
Sand & gravel grey		28	35	
Large gravel loose		35	38	
Wood-log		38	40	
Cemented gravel		40	45	
Sand grey		45	50	
Clay grey		50	57	
Clay blue silt		57	75	

Date Started 11-4-04 Completed 11-8-04

(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.

WWC Number 1358 Date 11-23-04
Signed Byron B. Stedeh

(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.

WWC Number 688 Date 11-2-04
Signed Steven M. Stedeh

14735 -

Application for Water Right Transfer



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

Consent by Deeded Landowner

State of Oregon)
)ss
County of Polk)

I Charles Goode in my/our capacity as President of Val-Pac Development Corporation,

mailing address PO Box 67, Silverton, OR 97381,

telephone number (503) 931-0044, duly sworn depose and say that I/We

consent to the proposed change(s) to Water Right ~~Certificate~~ Number GR 313

described in a Water Right Transfer Application (T-____),

(transfer number, if known)

submitted by Ross F. Partore II and Kristy Paratore

on the property in tax lot number(s) 1200 & 1202,

Section 29 Township 8 ~~North~~/South Range 4 ~~East~~/West, W.M.,

located at 5995 13th St., Independence, OR 97351

(site address)

Charles Goode

Signature of Affiant

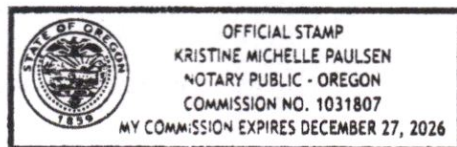
9-11-2025

Date

Signature of Affiant

Date

Subscribed and Sworn to before me this 11 day of September, 2025.



KMP
Notary Public for Oregon

My commission expires 12/27/2026.

Business Registry Business Name Search

[New Search](#)

Business Entity Data

09-08-2025

11:13

Registry Nbr	Entity Type	Entity Status	Jurisdiction	Registry Date	Next Renewal Date	Renewal Due?
544197-84	DBC	ACT	OREGON	11-04-1996	11-04-2025	
Entity Name	VAL-PAC DEVELOPMENT CORPORATION					
Foreign Name						

[New Search](#)

Associated Names

Type	PPB	PRINCIPAL PLACE OF BUSINESS				
Addr 1	18103 POWERS CREEK LP RD					
Addr 2						
CSZ	SILVERTON	OR	97381		Country	UNITED STATES OF AMERICA

Please click [here](#) for general information about registered agents and service of process.

Type	AGT	REGISTERED AGENT		Start Date	02-04-2002	Resign Date	
Name	CHARLES	E	GOODE				
Addr 1	18103 POWERS CRK LP RD						
Addr 2	PO BOX 67						
CSZ	SILVERTON	OR	97381	Country	UNITED STATES OF AMERICA		

Type	MAL			MAILING ADDRESS			
Addr 1	PO BOX 67						
Addr 2							
CSZ	SILVERTON	OR	97381		Country	UNITED STATES OF AMERICA	

Type	PRE	PRESIDENT			Resign Date	
Name	CHARLES	E	GOODE			
Addr 1	18103 POWERS CREEK LP RD					
Addr 2						
CSZ	SILVERTON	OR	97381	Country	UNITED STATES OF AMERICA	

Type	SEC	SECRETARY			Resign Date	
Name	SHEILA	R	GOODE			
Addr 1	18103 POWERS CREEK LP RD					
Addr 2						
CSZ	SILVERTON	OR	97381	Country	UNITED STATES OF AMERICA	

[New Search](#)

Name History

Business Entity Name	Name Type	Name Status	Start Date	End Date
VAL-PAC DEVELOPMENT CORPORATION	EN	CUR	11-04-1996	

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 Oregon Water Resources Department (OWRD), this Land Use Information Form must be completed by a local government planning official in the jurisdiction(s) where your water right will be diverted, conveyed, used, and developed. The planning official may choose to complete the form while you wait or return the "Receipt Acknowledging Request for Land Use Information" to you. Applications received by OWRD without the Land Use Information Form, or the signed receipt, will be returned to you. **IMPORTANT:** Please note that while OWRD can accept a signed receipt as part of intake for an application for a new permit to use or store water, a completed Land Use Information Form is required for OWRD's acceptance of all other applications. Please be aware that your application cannot be approved without land use approval.

This form is NOT required if:

- 1) Water is to be diverted, conveyed, and used on federal lands only; **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 a new water right or modifying an existing water right. The Oregon Water Resources Department (OWRD) requires applicants to obtain land use information to ensure the water right does not result in land uses that are incompatible with your comprehensive plan. Please complete the form and return it to the applicant for inclusion in their application. **NOTE:** For new water right applications only, if you are unable to complete this form while the applicant waits, you may complete the "Receipt Acknowledging Request for Land Use Information" and return it to the applicant.

You will receive notice via OWRD's weekly Public Notice once the applicant formally submits their request to OWRD. The notice will give more information about OWRD's water right process and provide additional comment opportunities. If you previously only completed the receipt for an application for a new permit to use or store water, you will have 30 days from the Public Notice date to complete the Land Use Information Form and return it to OWRD. Your attention to this request for information is greatly appreciated. If you have questions concerning this form, please contact OWRD's Customer Service Group at 503-986-0900 or WRD_DL_customerservice@water.oregon.gov.

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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

NAME Ross F. Paratore II and Kristy Paratore				PHONE (971) 209-9948	
MAILING ADDRESS 6920 Corvallis Rd.					
CITY Independence	STATE OR	ZIP 97351	EMAIL info@rkymtnnsy@gmail.com		

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:
8S	4W	33	SWNE SWNW SENE SESW NWSE	500	EFU	<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used	farming/nursery
8S	4W	33	SWNE	1800	EFU	<input checked="" type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input type="checkbox"/> Used	farming/nursery
8S	4W	33	SWNE	1600	EFU	<input type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input type="checkbox"/> Used	farming/nursery

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

Polk

NOTE: A separate Land Use Information Form must be completed and submitted for each county and city, as applicable.

B. Description of Proposed Use

Type of application to be filed with the Oregon Water Resources Department:

- ☐ Permit to Use or Store Water
 ☐ Water Right Transfer
 ☒ Permit Amendment or Ground Water Registration Modification
☐ Limited Water Use License
 ☐ Exchange of Water
 ☐ Allocation of Conserved Water

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

Estimated quantity of water needed: 33.25 ☐ 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 move a portion of GR 313 to TL 500 and authorize an existing well on TL 1800 to irrigate crops.

Note to applicant: For new water right applications only, if the Land Use Information Form cannot be completed while you wait, please have a local government representative sign the receipt on the bottom of page 4 and include it with the application filed with the Oregon Water Resources Department.

See Page 4 →

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 use(s), including proposed construction, are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): PC20 136030 (A)
- ☐ Land uses to be served by the proposed water use(s), 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
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued

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

No comments

Name: Ricky Mesa Title: Assistant Planner
 Signature: [Signature] Date: 9/18/25
 Governmental Entity: Polk County Planning Division Phone: 503-623-9237

Receipt Acknowledging Request for Land Use Information

Note to Local Government Representative:

Please complete this form and return it to the applicant. **For new water right applications only**, if you are unable to complete this form while the applicant waits, you may complete this receipt and return it to the applicant. If you sign the receipt, you will have 30 days from the date of OWRD's Public Notice of the application to submit the completed Land Use Information Form to Oregon Water Resources Department. Please note while OWRD can accept a signed receipt as part of intake for an application for a new permit to use or store water, a completed Land Use Information Form is required for all other applications.

Applicant Name: _____
 Staff Name: _____ Title: _____
 Staff Signature: _____ Date: _____
 Governmental Entity: _____ Phone: _____