

REGULAR

RA

Name Chemeketa Community College

Address PO Box 14007
Salem, OR 97309

Change in POV, APOA

Date Filed 5/5/2025

Initial notice date 5/13/2025

DPD issued date _____

PD issued date _____

PD notice date _____

Date of FO _____ Vol _____ Page _____

C-Date _____

COBU due date _____

COBU Received date _____

Certificate issued _____

DESCRIPTION OF WATER RIGHT(S)

Name of Stream A Well

Trib. of Clear Lake Basin

Use Irrigation, Nursery Uses County Marion

Quantity of water (CFS) _____ No. of Acres _____

Name of ditch _____

App# G-12324 Per # G-11304 Cert # 98253 PR Date 12/5/1990

App# _____ Per # _____ Cert # _____ PR Date _____

App# _____ Per # _____ Cert # _____ PR Date _____

App# _____ Per # _____ Cert # _____ PR Date _____

App# _____ Per # _____ Cert # _____ PR Date _____

FEES PAID		
Date	Amount	Receipt #
<u>5/5/25</u>	<u>\$2,930.⁰⁰</u>	<u>145158</u>
<u>6-2-25</u>	<u>\$125.⁰⁰</u>	<u>145315</u>
<u>10-30-25</u>	<u>\$3,662.⁶⁹</u>	<u>145531</u>

FEES REFUNDED		
Date	Amount	Receipt #

Assignments: _____

Irrigation District _____

Agent Greg Kopillas/Pacific Hydro-Geology, Inc
phggek@bctonline.com

CWRE _____

CC's list Marion County Planning Division

- Oversized map - Location _____

Groundwater Transfer Review Summary Form

Transfer/PA # T- 14651 (RA)

GW Reviewer J. Hootsmans Date Review Completed: 8/20/2025

Summary of Same Source Review:

The proposed change in point of appropriation is not within the same aquifer as per OAR 690-380-2110(2).

Summary of Water Level Decline Condition Review:

Water levels at the original point(s) of appropriation have exceeded the allowed decline threshold defined by conditions in the originating water right.

Summary of Injury Review:

The proposed transfer will result in another, existing water right not receiving previously available water to which it is legally entitled or result in significant interference with a surface water source as per 690-380-0100(3).

Summary of GW-SW Transfer Similarity Review:

The proposed SW-GW transfer doesn't meet the definition of "similarly" as per OAR 690-380-2130.

This is only a summary. Documentation is attached and should be read thoroughly to understand the basis for determinations.



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem, Oregon 97301-1271
 (503) 986-0900
 www.wrd.state.or.us

Ground Water Review Form:

- Water Right Transfer
- Permit Amendment
- GR Modification
- Other

Application: T-14651

Applicant Name: Chemeketa Community College

Proposed Changes: POA APOA SW→GW RA
 USE POU OTHER

Reviewer(s): J. Hootsmans

Date of Review: 8/20/2025

Date Returned to WRSD: 8/20/2025

The information provided in the application is insufficient to evaluate whether the proposed transfer may be approved because:

- The water well reports provided with the application do not correspond to the water rights affected by the transfer.
- The application does not include water well reports or a description of the well construction details sufficient to establish the ground water body developed or proposed to be developed.
- Other _____

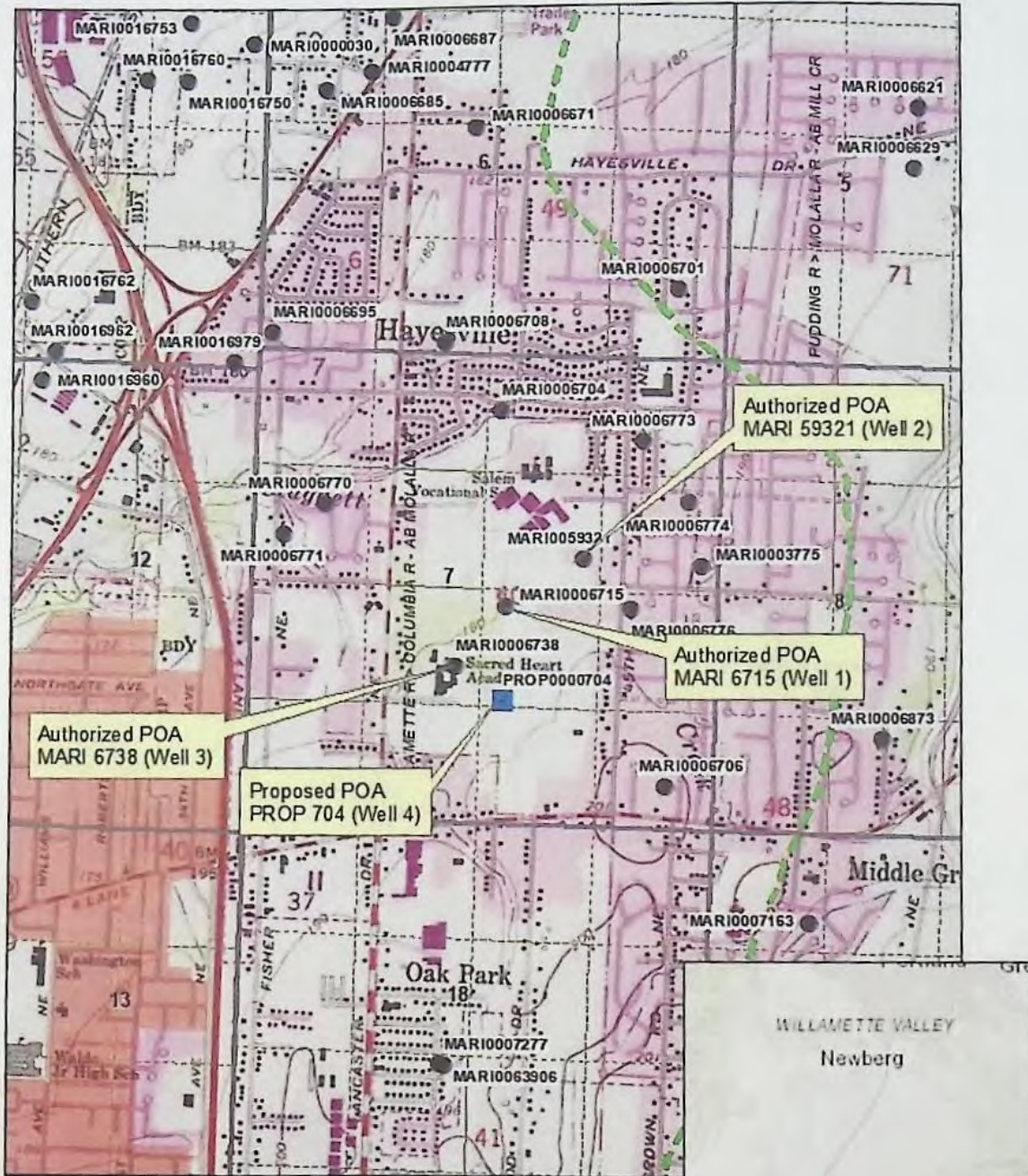
1. Basic description of the changes proposed in this transfer: The applicant is proposing to move the location of the nursery use (greenhouse, place of use) on Certificate 98253. The applicant is also proposing one new additional Point of Appropriation (APOA) for the irrigation use on Certificate 98253. The proposed POA is identified as PROP 704 on the map provided below.

Certificate 98253 limits the maximum rate of 0.78 cubic feet per second (cfs) for irrigation and 0.03 for nursery operations. The certificate further limits Well 1 to 0.41 cfs, Well 2 to 0.06 cfs and Well 3 from 0.59 cfs.

2. Will the proposed POA develop the same aquifer (source) as the existing authorized POA?
 Yes No Comments: The proposed APOA (PROP 704) is proposed to similar depths as the authorized POAs and is within the same quarter-quarter of the authorized POA or adjacent quarter-quarter. All authorized POAs are within 1800 feet of the proposed POA.
3. a) Is the existing authorized POA subject to a water level decline condition?
 Yes No Comments: Certificate 98253 has no decline conditions.
- b) If yes, for each POA identify the reference level, most recent spring-high water level, and whether an applicable permit decline condition has been exceeded: N/A

4. a) Is there more than one source developed under the right (e.g., basalt and alluvium)?
 Yes No Comments: Both the proposed APOA and authorized POA produce water from the alluvial aquifer system.
- b) If yes, estimate the portion of the right supplied by each of the sources and describe any limitations that will need to be placed on the proposed change (rate, duty, etc.): N/A
5. a) Will this proposed change, at its maximum allowed rate of use, likely result in an increase in interference with **another ground water right**?
 Yes No Comments: The close proximity of the proposed APOA to the authorized POA means that any change in interference with nearby neighboring water rights is likely to be negligible, so long as the combined rate of use from both wells does not exceed that total rate of 0.78 cfs authorized by Certificate 98253. However, the close proximity of the proposed APOA to the authorized POA and the similar depths of completion mean the POA and APOA will likely interfere with each other.
- b) If yes, would this proposed change, at its maximum allowed rate of use, likely result in another groundwater right not receiving the water to which it is legally entitled?
 Yes No If yes, explain: N/A
6. a) Will this proposed change, at its maximum allowed rate of use, likely result in an increase in interference with **another surface water source**?
 Yes No Comments: Neither the authorized POA nor the proposed APOA are close to known perennial surface water sources. Therefore, the proposed transfer is unlikely to cause an appreciable change in interference with another surface water source.
- b) If yes, at its maximum allowed rate of use, what is the expected change in degree of interference with any **surface water sources** resulting from the proposed change?
 Stream: _____ Minimal Significant
 Stream: _____ Minimal Significant
 Provide context for minimal/significant impact: _____
7. For SW-GW transfers, will the proposed change in point of diversion affect the surface water source similarly (as per OAR 690-380-2130) to the authorized point of diversion specified in the water use subject to transfer?
 Yes No Comments: N/A
8. What conditions or other changes in the application are necessary to address any potential issues identified above: N/A
9. Any additional comments: N/A

T14651 Chemeketa Community College

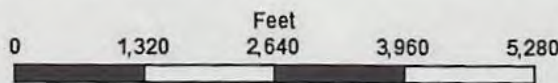


Legend

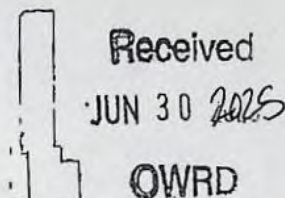
■ POA Location



Service Layer Credits. Sources: Esri, HERE, Garmin, Intermap, increment P Corp., GEBCO, USGS, FAO, NPS, NRCAN, GeBCO, IGN, Kadaster NL, Ordnance Survey, Esri Japan, METI, Esri China (Hong Kong), (c) OpenStreetMap contributors and the GIS User Community



REIMBURSEMENT AUTHORITY
APPLICANT'S AGREEMENT
Contract Number: R11-556-25



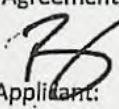
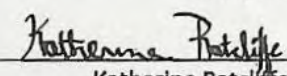
This Agreement is between the Oregon Water Resources Department, hereafter OWRD, and Chemeketa Community College, hereafter Applicant, hereafter known together as the parties.

OWRD Information	Applicant's Information	Applicant's Representative
Contact: Lisa Jaramillo Title: Transfer Advisor/Manager Address: 725 Summer Street, NE, Suite A Salem, OR 97301-1266 Phone: (503) 871-1889 Fax: (503) 986-0901 Email: lisa.l.jaramillo@water.oregon.gov	Name: Chemeketa Community College Contact: Rory Alvarez Address: PO Box 14007 Salem, OR 97309 Phone: (503) 399-2594 Fax: Email: rory.alvarez@chemeketa.edu	Name: Pacific Hydro-Geology, Inc. Contact: Doann Hamilton Address: 18487 S. Valley Vista Road Mulino, OR 97042 Phone: (503) 349-6946 Fax: (503) 632-5983 Email: phgdmh@gmail.com

Purpose The purpose of this Agreement is to expedite the processing of the Transfer Application. (Application Number: T-14651)

- 1. Authority.** The OWRD has been authorized pursuant to ORS 536.055 to enter into a voluntary agreement with any applicant, permittee or regulated entity (collectively Applicant) for expediting or enhancing a regulatory process. In making this agreement, OWRD shall require the applicant to pay the full cost of expedited process.
- 2. Restrictions.** Applicant and OWRD agree that this Agreement shall not be construed to restrict in any way the decisions and actions by OWRD. OWRD shall be free to exercise independent judgment consistent with existing laws and regulations.
- 3. Effective Date and Duration.** Unless otherwise terminated by non-deposit of funds by the Applicant, this Agreement shall become effective on the date on which both parties have signed the Agreement and the full deposit of the estimated cost of the proposed service.
- 4. Consideration.**
 - a.** Applicant shall pay OWRD in advance for actual costs incurred by OWRD. The estimated maximum reimbursement payable to OWRD under this Agreement is \$3,662.69. Applicant agrees to pay the full amount of \$3,662.69 to OWRD prior to commencement of any work stated in this Agreement. This payment will be placed in an account administered by OWRD and drawn upon as costs are actually incurred. If the actual cost of performing the work is less than payments received, OWRD will refund the unspent balance. If the actual cost of processing exceeds the estimate, the Applicant can either elect to terminate this Agreement or amend the Agreement to reflect the increase in cost.
 - b.** The costs stated in this Agreement do not include the statutory application processing and filing fees.
- 5. Confidentiality.** Applicant agrees that any information provided to or acquired by OWRD under this Agreement will be subject to the Oregon Public Records Law and shall be considered public records.
- 6. Indemnity.** Applicant shall defend, save, hold harmless, and indemnify the State of Oregon, OWRD, and their officers, employees, and agents from and against all claims, suits, actions, losses, damages, liabilities, costs, and expenses of any nature resulting from or arising out of, or relating to the activities of Applicant or its representatives, officers, employees, contractors, or agents under this Agreement or with respect to the expedited service. The Applicant acknowledges that the Oregon Water Resources Department cannot and does not guarantee a favorable review under the subject regulatory process.

7. **Termination by Applicant.** Applicant may request to terminate this agreement only in writing at anytime during the process. The Applicant agrees to pay for the work done by OWRD up until the time of the written termination request. OWRD, upon receiving such written termination request from the Applicant, will refund any unspent balance.
8. **Termination by OWRD.** OWRD may terminate this Agreement if the applicant fails to provide any requested items necessary to complete the application and/or comply with applicable rule requirements within the specified timeframe outlined in the request letter, being a period of not less than 30 days. OWRD may terminate this Agreement if, after OWRD issues the preliminary determination on the transfer application, a timely protest is filed.
9. **Funds Authorized and Available.** By its execution of this Agreement, Applicants certify that sufficient funds are authorized and available to cover the expenditures contemplated by this Agreement.
10. **Duration of Estimate.** The Estimate of Time to completion is no less than **approximately 12 months** after this Agreement has been fully executed and payment of the estimated cost deposited. If the Applicant's Agreement is not received by the Department within thirty (30) days of mailing the Agreement, the Applicant may need to re-apply for a new estimate. NOTE: Any time estimate is approximate; No guarantee of Final Order issuance of a date is certain. Duration estimates do not include any statutory waiting periods.
11. **Completion Date.** OWRD, by the execution of this Agreement does not guarantee the completion date indicated in this Agreement. Completion date is only an estimate and may be affected by the Department's workload, issues arising from the processing of the requested services and Applicant's timely response to requests for additional information.
12. **Captions.** The captions or headings in this Agreement are for the convenience only and in no way define, limit, or describe the scope, or intent, of any provision of this Agreement.
13. **Amendment and Merger.** The terms of this Agreement shall not be waived, altered, modified, supplemented, or amended in any manner whatsoever, except by written instrument signed by both parties. Such waiver, consent, modification or change, if made, shall be effective only in the specific instance and for the specific purpose given. There are no understandings, agreements or representations, oral or written, not specified herein regarding this Agreement.
14. **Signatures.** All parties, by the authorized representative's signature below, hereby acknowledge that they have read this Agreement, understand it and agree to be bound by its terms and conditions.

For Applicant:	 Rory Alvarez / Director of Facilities & Operations	6/11/25
	Name/Title:	Date:
For OWRD:		July 15, 2025
	Katherine Ratcliffe – Administrator	Date

Mail signed Agreement to:

Stacy Phillips
Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, OR 97301-1266

**REIMBURSEMENT AUTHORITY
APPLICANT'S AGREEMENT
Contract Number: R11-556-25**

Received
JUN 30 2025
OWRD

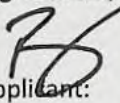
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OWRD Information	Applicant's Information	Applicant's Representative
Contact: Lisa Jaramillo	Name: Chemeketa Community College	Name: Pacific Hydro-Geology, Inc.
Title: Transfer Advisor/Manager	Contact: Rory Alvarez	Contact: Doann Hamilton
Address: 725 Summer Street, NE, Suite A Salem, OR 97301-1266	Address: PO Box 14007 Salem, OR 97309	Address: 18487 S. Valley Vista Road Mulino, OR 97042
Phone: (503) 871-1889	Phone: (503) 399-2594	Phone: (503) 349-6946
Fax: (503) 986-0901	Fax:	Fax: (503) 632-5983
Email: lisa.j.jaramillo@water.oregon.gov	Email: rory.alvarez@chemeketa.edu	Email: phgdmh@gmail.com

Purpose The purpose of this Agreement is to expedite the processing of the **Transfer Application**. (Application Number: T-14651)

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14. **Signatures.** All parties, by the authorized representative's signature below, hereby acknowledge that they have read this Agreement, understand it and agree to be bound by its terms and conditions.

For Applicant:  Rory Alvarez / Director of Facilities & Operations 6/11/25
 Name/Title: _____ Date

For OWRD: _____
 Katherine Ratcliffe – Administrator _____
 Date

Mail signed Agreement to:

Stacy Phillips
 Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem, OR 97301-1266



**OREGON WATER RESOURCES DEPARTMENT
TRANSFER REIMBURSEMENT AUTHORITY
ESTIMATE APPLICATION**



*ORS 536.055 authorizes the Oregon Water Resources Department to expedite or enhance regulatory processes voluntarily requested under the agreement.
Please contact Transfer Staff before submitting this request, as the application fee of \$125.00 per request is non-refundable.
Checks submitted for this application must be separate from Transfer fees.
The purpose of this application is to obtain estimates of the cost and time required to process a Transfer Application Request. There is a non-refundable application fee of \$125.00 per request.*

<u>REQUEST</u>	<u>TYPE</u>	<u>FILE NUMBER</u>
<input checked="" type="checkbox"/>	Transfer Application	Transfer Number T-14651

	Applicant Information	Applicant's Representative/Contact
Name:	Chemeketa Community College c/o Dee Dixon	Pacific Hydro-Geology, Inc. c/o Doann Hamilton
Address:	PO Box 14007 Salem, OR 97309	18487 S. Valley Vista Road Mulino, OR 97042
Phone:	503.399.2594	(503) 349-6946 cell
Fax:		(503) 632-5983
E-Mail Address:	rory.alvarez@chemeketa.edu	phgdmh@gmail.com

By signing this application, I understand:

- That upon receipt of my non-refundable application fee of **\$125.00**, OWRD will, within fourteen (14) days, notify me in writing of the estimate of costs and time frame for the expedited service.
- That this fee covers the reimbursement authority staff to evaluate and provide the estimate for processing of the request.
- That upon receiving the estimate, I may agree or decline to enter into a formal contract to pay the estimated cost in advance to initiate the expedited service.
- That an incomplete or inaccurate application may delay the process and increase the cost to process my request.
- That expedited processing does not guarantee a favorable review of my request.

I certify that I am the (check one):

Applicant Applicant's Representative Other (Please specify) _____

Name: Rory Alvarez

Signature: [Handwritten Signature]

Send completed Application and payment to:
**Oregon Water Resources Department
Transfer Reimbursement Authority Program
725 Summer St. NE, Suite A
Salem, OR 97301-1271**

**Received
JUN 02 2025
OWRD**

OWRD USE ONLY: Reimbursement Authority Number: R11-556-25

CHEMEKETA COMMUNITY COLLEGE RA# R11-556-25 T-14651

NRS1 receipts received AA funds							
RA Support process Application							
Administrator signs AA							
RA Support enters workflow record in WRIS and updates RA spreadsheet							
NRS 2 completes initial review of file for deficiencies							
NRS 2 consults with Analyst and/or Manager							
NRS 2 writes and sends deficiency ltr (email and hard copy)							
NRS 2 addresses correspondence from app/agent regarding deficiencies							
Watermaster completes review							
Groundwater completes review							
NRS 2 completes DPD, PN, and RR							
Transfer staff peer reviews DPD, PN, RR							
Transfer Analyst completes policy check at DPD stage							
NRS 2 sends DPD to app/agent by email and/or mail							
NRS 2 reviews report of ownership							
NRS 2 completes PD							
Transfer Staff peer reviews PD							
Transfer Analyst peer reviews PD							
Data Center reviews PD AND RR: (RR where applicable)							
Transfer Analyst completes peer review of PN review for newspaper noticing							
Transfer Support requests newspaper quote for PN publishing							
NRS 2 sends publishing fee request to applicant							
Transfer Support processes fee and newspaper publishing							
Transfer Support processes public notice (dept notice)							
Manager signs PD							
NRS 2 completes FO							
Transfer Staff peer reviews FO							
Transfer Analyst peer reviews FO							
Manager signs FO							
Transfer Support issues FO, updates WRIS, copy to file, record markings, and sends hard copy							
NRS 1 closes out RA Contract							
TOTAL ESTIMATED HOURS				48.79			
						TOTAL	\$3,662.69

Watermaster Review Form: Water Right Transfer



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

Transfer Application: T-14651

Review Due Date: 06/11/2025

Applicant Name: CHEMEKETA COMMUNITY COLLEGE

Proposed Changes: POU POD POA USE OTHER

Reviewer(s): G. Wacker

Date of Review: 05/16/2025

1. Do you have evidence that the right has not been used in the last 5 years and that the presumption of forfeiture would not likely be rebuttable? Yes No If "Yes", attach evidence (e.g. dated aerial photo showing pavement or building on the land for >5 yrs.)

2. Is there a history of regulation on the source that serves this (or these) right(s) that has involved the transferred right(s) and downstream water rights? Yes No Generally characterize the frequency of any regulation or explain why regulation has not occurred:

3. Have headgate notices been issued for the source that serves the transferred right(s)?
 Yes No Records not available.

4. In your estimation, after the proposed change, would distribution of water for the right(s) result in regulation of other water rights that would not have occurred if use under the original right(s) was/were maximized? Yes No If "Yes", explain:

5. In your estimation, if the proposed change is approved, are there upstream water rights that would be affected? Yes No If "Yes", describe how the rights would be affected and list the rights most affected:

6. Check here if it appears that downstream water rights benefit from return flows resulting from the current use of the transferred right(s)? If you check the box, generally characterize the locations where the return flows likely occur and list the water rights that benefit most:

N/A

7. For POD changes and instream transfers, check here if there are channel losses between the old and new PODs or within the proposed instream reach? If you check the box, describe and, if possible, estimate the losses:

N/A

8. For instream transfers that propose protection of a reach beyond the mouth of the source stream:

N/A Would the quantity be measureable into the receiving stream consistent with OAR 690-077-0015(8)? Yes No

9. For POU changes: N/A Is it likely the original place of use would continue to receive water from the same source? Yes No If "Yes", explain:

10. For POU or USE changes: N/A In your best judgment, would use of the existing right at "full face value," result in the diversion of more water than can be used beneficially and without waste?

Yes No If "Yes", explain:

11. For POU changes that involve micro-irrigation: N/A

a. Has the applicant made changes (absent a transfer) to convert to micro-irrigation within the current place of use boundary of the water right proposed for transfer, and previously demonstrated to the Department through monitoring and site inspections by the Watermaster that the proposed transfer will not result in injury or enlargement?

Yes No If "Yes", explain:

b. Has a temporary transfer of this nature been previously filed and approved on the same lands (or portions thereof) as those lands involved in this transfer?

Yes No If "Yes", answer the following:

i. Were there any problems with more acres being irrigated (or wetted) than were authorized under the temporary transfer? Yes No If "Yes", explain:

ii. Did the designated areas that were to remain dry (or not wetted) under the temporary transfer actually remain dry? Yes No If "No", explain:

iii. Did the applicant comply with and meet all of the conditions of the temporary transfer? Yes No If "No", explain:

iv. Do you have any other observations regarding the temporary transfer? Yes No If "Yes", describe:

v. Did the applicant demonstrate to the Department through monitoring and site inspections by the Watermaster that neither injury nor enlargement occurred as a result of the temporary transfer? Yes No If "No", explain:

c. To the best of your knowledge, if this transfer is approved, does it appear that:

i. "Injury" will occur to other water rights that share the same source? Yes No If "Yes", explain:

ii. "Enlargement" of the water right being transferred will occur? Yes No If "Yes", explain:

12. Are there other issues not identified through the above questions that should be considered in determining whether the change "can be effected without injury to other rights"?

Yes No If "Yes", explain:

13. What alternatives may be available for addressing any issues identified above:

14. Do conditions need to be included in the transfer order to avoid enlargement of the right or injury to other rights? No Yes, as checked and provided below:

For POU changes that involve micro-irrigation, provide the monitoring and reporting conditions necessary to prevent injury/enlargement:

A Headgate should be required prior to diverting water.

Measurement Devices for POD or POA: (if this condition is selected, also fill in the top sections of Page 4)

*a. Before water use may begin under this order, the water user shall install a **totalizing flow meter***, or, with prior approval of the Director, another suitable measuring device, at each point of diversion/appropriation (new and existing) **OR** at each new point of diversion/appropriation with the exception that water rights issued to the Bureau of Reclamation or an irrigation district (or similar entity) are not subject to this condition.*

b. The water user shall maintain the meters or measuring devices in good working order.

c. The water user shall allow the Watermaster access to the meters or measuring devices; provided however, where the meters or measuring devices are located within a private structure, the Watermaster shall request access upon reasonable notice.

Reservoir water use measurement: (if this condition is selected, also fill in the top sections of Page 4)

*a. Before water use may begin under this order, the water user shall install **staff gages***, or, with prior approval of the Director, other suitable measuring devices, that measure the entire range and stage between empty and full in each reservoir. Staff gages shall be United States Geological Survey style.*

b. Before water use may begin under this order, if the reservoir is located in channel, weirs or other suitable measuring devices must be installed upstream and downstream of the reservoir, and, an adjustable outlet valve must be installed. The water user shall maintain such devices in good working order. A written waiver may be obtained, if in the judgment of the Director, the installation of weirs or other suitable measuring devices, or the adjustable outlet valve, will provide no public benefit.

* The following alternative device(s) should be substituted for the bold, underlined device in the above selected condition:

- Weir
- Parshall Flume
- Other: _____

- Submerged Orifice
- Flow Restrictor

Oregon Water Resources Department
Measurement Condition Information for the Applicant
(To be sent with the Draft Preliminary Determination or Final Order)

Transfer #: T- 14651

- In order to avoid enlargement of the right or injury to other rights, a totalizing flow meter will be required to be installed **prior to diversion of water**, as a condition of this transfer:
 - at each point of diversion/appropriation (new and existing) **OR**
 - at each new point of diversion/appropriation.

For additional information, or to obtain approval of a different type of measurement device, the applicant should contact the area Watermaster:

Watermaster name: Greg Wacker

District: 16

Address: 725 Summer St NE Ste A

City/State/Zip: Salem, OR 97301

Phone: 971-719-6262

Email: gregory.j.wacker@water.oregon.gov

Note: If a device other than the one specified in the Preliminary Determination or Final Order is approved by the Watermaster, fill out and mail the form below to the Salem office.

Approval of an Alternate Measurement Device T-
(to be filled out after consultation with the applicant, or after a site visit)

On behalf of the Director, I authorize use of the following suitable **alternate measurement device**:

Watermaster signature

District

Date

If this form is used for approval of an alternative measurement device, it must be mailed to:

Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, OR 97301-1266

TRANSFER COVER SHEET

Transfer: T-14651

GR Application #: GR-

File Assigned- Transfer Specialist: Joan M. Smith

Transfer Type: Regular Transfer

Reimbursement Authority?

Applicant: Chemeketa Community College PO BOX 14007 Salem, OR 97309	Receiving Landowner: Check area of interest on map <input type="checkbox"/>	CWRE Agent :Gregory E. Kupillas 18487 S Valley Vista Rd Mulino, OR 97042-8741
Interested Parties: BOR (date): _____ Tribal Gov't: _____ Gov'ts: Marion County Planning Department County: MARION	Irrigation District: Check area of interest on map <input type="checkbox"/>	Additional Contact Information: _____

Key Dates & Initial Actions (Support Staff)

Type of change(s) proposed- attach additional review checklists as necessary			
ADDITIONAL POINT OF APPROPRIATION; PLACE OF USE			
If change is Historic or Substitution, application will go directly to Final Order. Add'l questions on last page for Historic and Gov't Action.			
Fees Pd:	\$2930.00	WM Review request date sent - WM District:	5/12/2025
Received Date:	May 5, 2025	WM Review - date received:	
Acknowledgement Letter Sent	Date: 5/12/2025	GW Review - date sent:	5/12
County sent cc: of Ack Letter	Date: 5/12/2025	GW Review - date received:	
Initial Public Notice Date:	5/13/2025	ODFW Review - date sent: ODFW District:	
Comments Received:	Yes <input type="checkbox"/> No: <input type="checkbox"/>	ODFW Review - date received:	

Water Rights Affected

File Marked	No.	App. File # or Decree Name	Permit	Certificate	RR/CR Needed	RR/CR Nos.
<input type="checkbox"/>	1	G-12324	G-11304	98253	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	2				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	3				<input type="checkbox"/> Yes <input type="checkbox"/> No	

I have confirmed that the information on this document is correct (or has been corrected): initials

Caseworker Actions:

Assigned in WRIS:	DPD Workflow updated:	WRIS Notes:
PD and RR sent to Data Entry:	Certified mail date:	
Newspaper notice needed: Yes <input type="checkbox"/> No: <input type="checkbox"/>	Name of Newspaper:	
PD notice email coordinator:	PD notice Request Date:	Amount Due: \$
		Received date:
Last day of publication:	Affidavit received:	

DOCUMENT	Drafted		Peer Review		Policy Review		Changes		ODFW contact info: <input type="checkbox"/> included NA: <input type="checkbox"/>	
	Date	initials	Date	initials	Date	initials	Date	initials	WM contact info: <input type="checkbox"/> included NA: <input type="checkbox"/>	
DPD									Number of Docs for signature:	
NOTICE									Date in Signature bin	Signature date
PD										
FO										
RR										
Special Issues:										
Special Order Volume _____, Pages _____										

PERMANENT TRANSFER APPLICATION CHECKLIST

RA

Transfer #: T-14651			
CW	PR	Coord	
<input type="checkbox"/>	<input type="checkbox"/>		<i>Save all certificates in electronic "T" folder and highlight Priority Date, Rate, Use and Limit/Duty paragraph</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Supplemental checklist for transfers w/in a District (S:\groups\wr\TACS\WRISApps Templates\Transfer Checklists\SUPP_Within District Processing Checklist 9-5-2019) <i>If this is a Living Certificate – check with Ann Reece See Supplemental Language document for language</i>

Transfer Application Review and Deficiencies

CW	PR	Coord			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all applicants/agents listed in WRIS with email addresses, if available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have all permit/certificates been entered in WRIS under Transfer #?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were timely Public Comments received? <i>(if yes, enter commenter names/email on mailing list)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Add finding for any comments received (see Supplemental Language document)</i>					

Groundwater Modification Application Review and Deficiencies

CW	PR	Coord	<input type="checkbox"/> N/A		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		If for a Groundwater Modification, were there any assignments? <i>All GR Mod applicants must be the holder of record.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are there any past GR Modifications and/or letters documenting changes to the GR <i>These must be accounted for in the GR Mod Order.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Review "From" and "To" Lands and/or POD/POA

CW	PR	Coord			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are only the authorized POD(s)/POA(s)/POU listed on the "from" map?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Does the "from" map match the certificate map? If No, what is different?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Compare FROM POU in application (Table 2) with certificate. <i>Mark certificate with acres being xferred, any RR acres and any acres being cancelled.</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Compare TO POU in Table 2 with the TO Lands on map <i>(for accuracy)</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are any of the "from" lands being cancelled/diminished?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		If Yes, were cancellation/diminution affidavits submitted? <i>(see findings and additional authority in Supplemental Language doc)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are any instream water rights affected? If Yes, Cert # <i>(If Yes, check criteria for injury-upstream POD move, moving closer to SW, or return flows affected)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Layered/Supplemental Rights

CW	PR	Coord	<input type="checkbox"/> N/A		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are there any layered irrigation rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		If Yes, were they included in application? <i>If No, they must move with the primary, to a "like" primary, or they will be cancelled though the transfer process</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Layered right(s) Cert:	

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are any supplemental rights being transferred? (verify that it is actually a supplemental right)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, are they being transferred to a "like" primary (i.e. similar reliability)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notes:		

Transfer Review Criteria					
CW	PR	Coord			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Validity of the right – Has the right been used in the last 5 years and is not subject to forfeiture?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Evidence of use and supporting documentation <input type="checkbox"/> Confirming (not a remaining right) cert issued within the last 5 years <input type="checkbox"/> Rebuttal to forfeiture (ORS 540.610)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ready, Willing and Able – <input type="checkbox"/> Current delivery system sufficiently described in application. Does delivery system have capacity to fully divert and use the authorized rate/duty of the right?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Would the proposed transfer result in enlargement? If Yes, why? What conditions, if any, will avoid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Would the proposed transfer result in injury? If Yes, why? What conditions, if any, will avoid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If injury, has WM or GW provided a list of injured water right holders? <input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If POD/POA/APOD/APOA change, will it be from the same source? If No, deny per OAR 690-380-2110(2) <input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notes:		

Draft Preliminary Determination and Cover Letter – 12 pt. Calibri font					
CW	PR	Coord			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prepare ModPod workareas		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prepare DPD (save as T-XXXXX-dpd-approve/deny (where XXXXX is the transfer number)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prepare DPD Cover letter (save as T-XXXXX-dpd-cov)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prepare Public Notice <input type="checkbox"/> and/or <input type="checkbox"/> newspaper notice (if required) (save as T-XXXXX-pd-notice)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prepare Remaining Right(s) (if applicable). Send with DPD, cover letter and notice for peer review.		

Issue Draft Preliminary Determination	
CW	
<input type="checkbox"/>	Copy DPD and cover letter for paper file
<input type="checkbox"/>	Save DPD and cover letter as PDF
<input type="checkbox"/>	Mail/email to applicant/agent/WM
<input type="checkbox"/>	Add workflow item "Draft PD Issued"

Report of Ownership Information (ROI)					
CW	PR	Coord			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does legal description in ROI/Deed match "from" lands?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have all owners on the ROI/Deed signed the application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a notarized statement of consent been submitted? (if applicable) <input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Newspaper Notice (if required)					
CW	PR	Coord	<input type="checkbox"/> N/A		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prepare/send letter to applicant/agent regarding newspaper notice cost	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TACS Support delivered receipted funds to caseworker	<input type="checkbox"/> Yes <input type="checkbox"/> No

Preliminary Determination and Cover Letter Preparation

CW	PR	Coord	See cheat sheet at (S:\groups\wr\TACS\6. Transfers\Procedures\DPD to PD Conversion 12-8-2016) for more detailed instructions	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was application amended after DPD was issued? - Make sure amended pages were scanned to WRIS (see support staff) and make sure you mark amended (replaced) pages with SUPERSEDED. Also make findings in PD.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, what was amended?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did amendment change outcome from denial to approval? <i>If Yes, make findings in PD.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> If POD/POA changes or changes in "from" lands – re-review required from WM <input type="checkbox"/> If POA changes – re-review required from GW	
<i>Note: If POD was amended and changed from a downstream move to upstream within an ISWR reach – Consent to Injury may be required.</i>				
<input type="checkbox"/>	Save DPD as a new document (T-XXXXX-pd-approve/deny.doc) – 12 pt. Calibri font			
<input type="checkbox"/>	Remove "Draft" from document			
<input type="checkbox"/>	Unhide hidden findings (cntrl-A, select Font, uncheck "hidden" box) and add dates			
<input type="checkbox"/>	If application was amended, add finding including date of amendment			
<input type="checkbox"/>	Change language resulting from any amendments in response to the DPD, including language under Determination and Proposed Action			
<input type="checkbox"/>	Unhide appeal (protest) language at the end of the document			
<input type="checkbox"/>	Prepare PD Cover Letter (save as T-XXXXX-pd-cov)			
<input type="checkbox"/>	Check email address(s) for accuracy			
<input type="checkbox"/>	Notes:			
<input type="checkbox"/>	Send to caseworker/coordinator for Peer Review			

Data Center Review of PD

CW	PR	Coord		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Email PD and RR(s)(with new cert numbers) to Data* for review – indicate if file is RA *email address is in key	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data Center will send notification that file is complete	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make any necessary changes to PD or prepare Revised DPD (if substantive changes)	

Issue Preliminary Determination

CW				
<input type="checkbox"/>	Print PD and put in Manager's box for signature and issuance (support will print cover letter)			
<input type="checkbox"/>	Add workflow notes			

Protest

CW	PR	Coor		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have protests been received? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, STOP! Coordinate with Protest section.

Final Order

CW	See cheat sheet at (S:\groups\wr\TACS\6. Transfers\Procedures\PD to FO Conversion 12-8-2016) for more detailed instructions
Do not issue Final Order before this date: (protest period end date or 30 days after date of last newspaper publication)	
<input type="checkbox"/>	If application had a newspaper notice, verify that Affidavit of Publication was received. Date:
<input type="checkbox"/>	Save PD as a new document (T-XXXXX-ord-approve (or deny))
<input type="checkbox"/>	Remove "PRELIMINARY DETERMINATION" from document title and replace with "FINAL ORDER." Unhide hidden findings (cntrl-a, select Font, uncheck "hidden" box)
<input type="checkbox"/>	Replace "PROPOSING APPROVAL/DENIAL OF" with APPROVING/DENYING
<input type="checkbox"/>	Replace the "judicial review/reconsideration rights" box in the first page footer for the "Final Order" judicial review language; unhide and add Special Order Volume (support will add page #)
<input type="checkbox"/>	Update the hidden paragraph following the public notice and amendments findings (regarding issuance of PD)
<input type="checkbox"/>	Change "Determination and Proposed Action" to "Conclusions of Law" and update paragraph
<input type="checkbox"/>	Replace "If application T-XXXXX is approved . . ." with Now, therefore, it is ORDERED:"
<input type="checkbox"/>	Select list of conditions below "It is ORDERED" section and turn off Italics. Check numbering (start at "1").
<input type="checkbox"/>	Delete Protest language, Document preparation box, and Notice Regarding Servicemembers; Insert "Mailing Date: _____"
<input type="checkbox"/>	Final Check: All Conclusions of Law are supported by Findings and Transfer Review Criteria

Remaining Rights

CW	PR	Coord	<input type="checkbox"/> N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Make sure all RR certs have new cert numbers and are entered on the right side of the footer of each RR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Update left side of footer to read: T-XXXXX.rr.YYYYY.ini, where YYYYY is original cert number and .ini stands for your initials. New certificate should be on the right.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Print RR on certificate paper and include with Final Order for signature

Issue Final Order

CW	
<input type="checkbox"/>	Pull "Working Copy" folder from file
<input type="checkbox"/>	Print and put FO and RR in Manager's box for signature (manager will deliver to support for processing and issuance)
Notes:	

Permanent Transfer Application Intake Checklist

Transfer # T-14051

Reviewer <u>Joan</u> Date <u>5/7/25</u>	Type of Change(s) Proposed: <input checked="" type="checkbox"/> POU <input type="checkbox"/> POD <input checked="" type="checkbox"/> APOD <input type="checkbox"/> POA <input checked="" type="checkbox"/> APOA <input type="checkbox"/> USE <input type="checkbox"/> Substitution <input type="checkbox"/> Gov't Action <input type="checkbox"/> Sup to Primary <input type="checkbox"/> SW to GW
Calculated Fee \$ <u>2930</u> <small>Fee calculator on back of this form</small>	Fee Received \$ <u>2930</u>
Certificate(s): <u>98253</u>	Check <u>all</u> Certs in WRIS to confirm they are not cancelled
For multiple certificates, does application meet requirement of OAR 690-380-3220? If no, why? Use the flow chart for multiple Certs	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
Notes:	

Application: OAR 690-380-3000; OAR 690-380-3220				
1.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Have <u>ALL</u> 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 5 of application: Does the information match the description of the explanation on Part 4 of the application?	
3.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	For multiple certificates: Each certificate proposed for transfer has their own separate completed Part 5, Tables 1 & 2? If no, which certificate(s) are missing separate Part 5, Tables 1 & 2?

Map Requirements: OAR 690-380-3100				
4.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Has the map been completed and signed by a CWRE?	
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 690-380-3000				
6.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	Evidence of Use included, signed, & notarized w/supporting documentation?
7.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Land Use Form included and signed by the County?
8.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	Consent Form included, signed, and notarized?
9.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	District: Place of use is in <u>or</u> near an irrigation district?
	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		If Yes, is Form D included? Name of the District
10.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	For changes in POA/APOA – are the well logs included?
11.	<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.



Oregon

Tina Kotek, Governor

Water Resources Department

North Mall Office Building

725 Summer St NE, Suite A

Salem, OR 97301

Phone 503 986-0900

Fax 503 986-0904

May 12, 2025

Chemeketa Community College

PO BOX 14007

Salem, OR 97309

Reference: Application T-14651

On May 5, 2025, the Department received your water right Permanent Transfer Application. The application was accompanied by \$2930.00. Receipt number 145150 is enclosed.

By copy of this letter, we are asking the Watermaster for a report regarding the potential for injury to existing water rights which may be caused by the requested change. A review form will also be sent to our groundwater staff to determine whether the proposed well accesses the same source of water as the original well.

This application may require publication of a notice for two consecutive weeks in a newspaper with general circulation in the area where the water right is located. If it is determined that newspaper notice will be required, the Department will prepare the notice and notify you of the cost. You will be responsible for submitting payment to the Department prior to publication of the notice.

Except as provided under ORS 540.510(3) for municipalities, you may not use in the new place of use or from the new point of appropriation until a final order approving the transfer application has been issued by the Department. In order to avoid any possible forfeiture of the water right, you should continue to use the water as described by your existing water right.

If the land is sold before the application is approved, the buyer's consent to the application will be required unless a recorded deed or other legal document clearly established that the water right was not conveyed in the sale.

Refer to the following page for a chart showing the steps and expected timelines for the processing of your application.

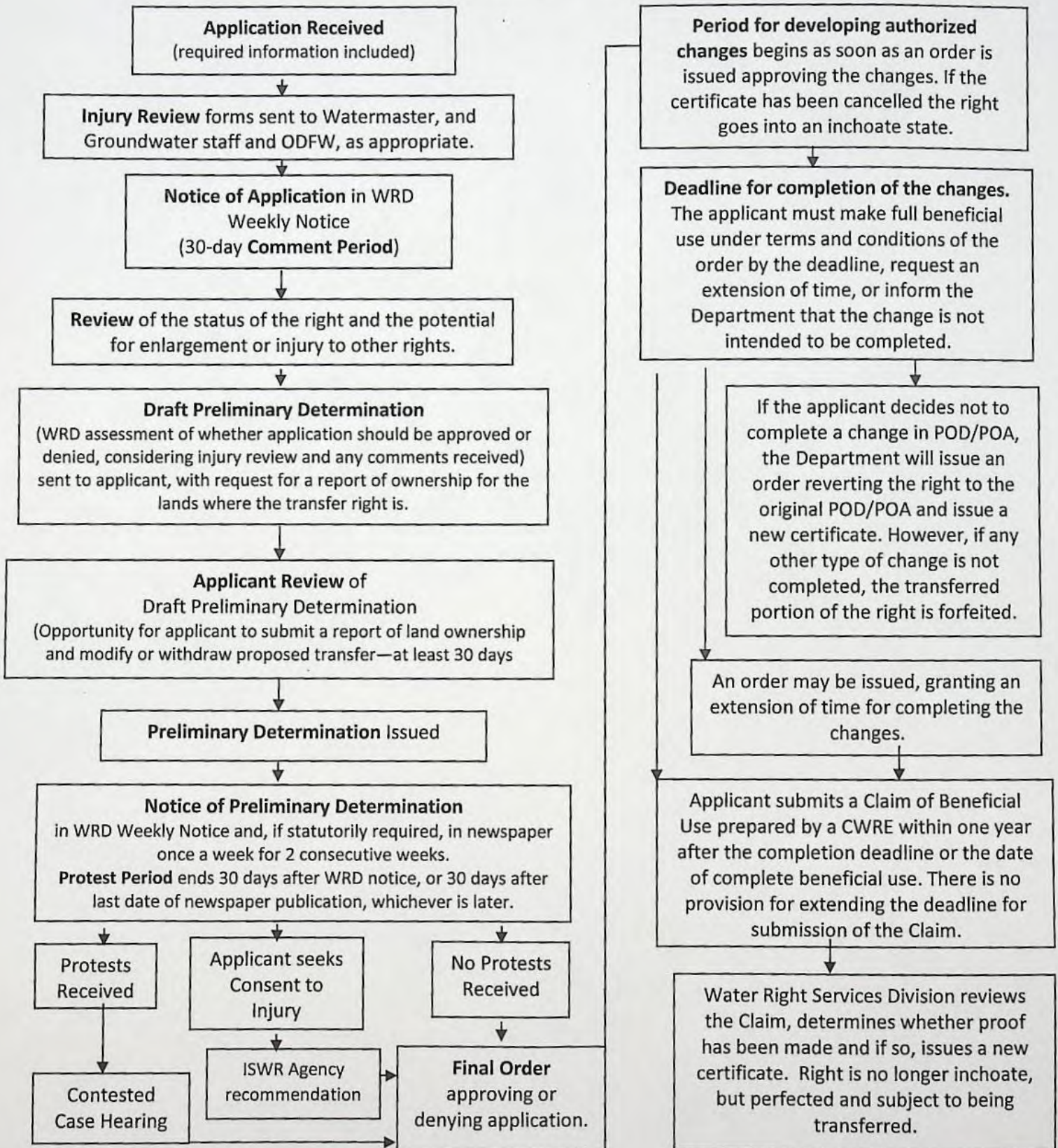
If you have any questions, please contact the Transfer Section at (503) 986-0935.

Cc: Watermaster Dist. #16, Gregory J. Wacker (*via email*)
Gregory E. Kupillas, Agent
Marion County Planning Department, Local Government

Enclosure

Regular Transfer Process (including "Proving Up" on the changes)

OAR 690 Division 380



Application for Permanent Water Right Transfer



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 transfer application will be returned if Parts 1 through 5 and all required attachments are not completed and included.

For questions, please call (503) 986-0900, and ask for Transfer Section.

Received
MAY 05 2025

OWRD

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

- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Transfer Application Map Checklist.
- Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the new online fee calculator at: http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator.
- Part 4 – Completed Applicant Information and Signature.
- Part 5 – Information about Water Rights to be Transferred: **How many water rights are to be transferred? 1 List them here: Certificate: 98253**
Please include a separate Part 5 for each water right. (See instructions on page 6)
NOTE: A separate transfer application is required for each water right unless the criteria in OAR 690-380-3220 are met.

Attachments:

- Completed Transfer Application Map.
- Completed Evidence of Use Affidavit and supporting documentation.
- N/A Affidavit(s) of Consent from Landowner(s) (if the applicant does not own the land the water right is on.)
- N/A Supplemental Form D – For water rights served by or issued in the name of an irrigation district. Complete when the transfer applicant is not the irrigation district.
- 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.
- N/A Geologist Report for a change from a surface water point of diversion to a ground water point of appropriation (well), if the proposed well is more than 500' from the surface water source and more than 1000' upstream or downstream from the point of diversion. See OAR 690-380-2130 for requirements and applicability.

(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"/> Evidence of 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 5 – Transfer Application Map

Your transfer application will be returned if any of the map requirements listed below are not met.

Please be sure that the transfer application map you submit includes all the required items and matches the existing water right map. Check all boxes that apply.

- N/A Certified Water Right Examiner (CWRE) Stamp and Original Signature. For a list of CWREs, see http://apps.wrd.state.or.us/apps/wr/cwre_license_view/. CWRE stamp and signature are not required for substitutions.
- N/A If **more than three** water rights are involved, separate maps are needed for each water right.
- 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 Final Proof/Claim of Beneficial Use Map (the map used when the permit was certificated), 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 diversion/appropriation such as main pipelines, canals, and ditches.
- Existing place of use that includes separate hachuring for each water right, 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 water right is being changed, a separate hachuring is needed for lands left unchanged.
- N/A Proposed place of use that includes separate hachuring for each water right, 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 diversion or well(s) with distance and bearing or coordinates from a recognized survey corner. This information can be found in your water right certificate or permit.
- N/A If you are proposing a change in point(s) of diversion or well(s), 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°).

FEE WORKSHEET for PERMANENT TRANSFER (except Substitution)

Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Chemeketa Community College			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS PO Box 14007			FAX NO.	
CITY Salem	STATE OR	ZIP 97309	E-MAIL	
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.

AGENT/BUSINESS NAME Greg Kupillas / Pacific Hydro-Geology, Inc.			PHONE NO. (503) 632-5016	ADDITIONAL CONTACT NO. (503) 939-3167 (cell)
ADDRESS 18487 S. Valley Vista Road			FAX NO. (50) 632-5983	
CITY Mulino	STATE OR	ZIP 97042	E-MAIL phggek@bctonline.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 transfer application, and why:
We propose to move the old greenhouse location to a new location, and add along a new Well 4 to help maintain the system capacity as the existing wells continue to age and lose some efficiency.
 If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1".

Check One Box

- By signing this application, I understand that, upon receipt of the draft preliminary determination and prior to Department approval of the transfer, I will be required to provide landownership information and evidence that I am authorized to pursue the transfer as identified in OAR 690-380-4010(5); **OR**
- I 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 affirm the applicant is an entity with the authority to condemn property and is acquiring by condemnation the property to which the water right proposed for transfer is appurtenant and have supporting documentation.

By my signature below, I confirm that I understand:

- Prior to Department approval of the transfer application, 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 water right 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 newspaper: **Woodburn Independent.**
- Amendments to the application may only be made in response to the Department’s Draft Preliminary Determination (DPD). The applicant will have a period of at least 30 days to amend the application to address any issues identified by the Department in the DPD, or to withdraw the application. Note that amendments may be subject to additional fees, pursuant to ORS 536.050.
- Failure to complete an approved change in place of use and/or change in character of use, will result in loss of the water right (OAR 690-380-6010).
- Refunds may only be granted upon request and, as set forth in ORS 536.050(4)(a), if the Director determines that a refund of all or part of a fee is appropriate in the interests of fairness to the public or necessary to correct an error of the Department.

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

[Signature]
Applicant Signature

Rory Alvarez, Director of Facilities
Print Name (and Title if applicable)

4/15/25
Date

Applicant Signature

Print Name (and Title if applicable)

Date

Is the applicant the sole owner of the land on which the water right, or portion thereof, proposed for transfer 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 water right(s) were conveyed.

Check the following boxes that apply:

- The applicant is responsible for completion of change(s). Notices and correspondence should continue to be sent to the applicant.
- The receiving landowner will be responsible for completing the proposed change(s) after the final order is issued. Copies of notices and correspondence should be sent to this landowner.
- Both the receiving landowner and applicant will be responsible for completion of change(s). Copies of notices and correspondence should be sent to this landowner and the applicant.

At this time, are the lands in this transfer application in the process of being sold? Yes No

If YES, and you know who the new landowner will be, please complete the receiving landowner information table below. If you do not know who the new landowner will be, then a request for assignment will have to be filed for at a later date.

If a property sells, the certificated water right(s) located on the land belong to the new owner, unless a sale agreement or other document states otherwise. For more information see:

https://www.oregon.gov/owrd/WRDFormsPDF/Transfer_Property_Transactions.pdf

RECEIVING LANDOWNER NAME NA			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	
Describe any special ownership circumstances:				
The confirming Certificate shall be issued in the name of: <input type="checkbox"/> Applicant <input type="checkbox"/> Receiving Landowner				

Check here if any of the water rights proposed for transfer are or will be located within or served by an irrigation or other water district. (Tip: Complete and attach Supplemental Form D.)

IRRIGATION DISTRICT NAME NA	ADDRESS	
CITY	STATE	ZIP

Check here if water for any of the rights supplied under a water service agreement or other contract for stored water with a federal agency or other entity.

ENTITY NAME NA	ADDRESS	
CITY	STATE	ZIP

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To meet State Land Use Consistency Requirements, you must list all county, city, municipal corporation, or tribal governments within whose jurisdiction water will be diverted, conveyed or used.

ENTITY NAME Marion County Planning Division		ADDRESS 5155 Silverton Rd NE	
CITY Salem	STATE Oregon	ZIP 97305	

Part 5 of 5 – Water Right Information

Please use a separate Part 5 for each water right being changed. See instructions on page 6, to copy and paste additional Part 5s, or to add additional rows to tables within the form.

CERTIFICATE # 98253

Description of Water Delivery System

System capacity: 1.32 cubic feet per second (cfs) OR
_____ gallons per minute (gpm)

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Describe the current water delivery system or the system that was in place at sometime within the last five years. Include information on the pumps, canals, pipelines, and sprinklers used to divert, convey, and apply the water at the authorized place of use. Water is pumped to the irrigation system from Well 1 using a 15 Hp submersible pump, from Well 2 using a 2 Hp submersible pump, and from Well 3 using a 20 Hp submersible pump. Irrigation on the campus is managed using a pre-programmed computer system which monitors telemetry data received from the weather station located at the Capitol Mall in Salem, Oregon, along with other input parameters, to manage and balance water use among the various irrigation zones established throughout the campus. Mainlines consists primarily of buried PVC pipe in diameters ranging from 1 1/4 to 8 inches. A wide variety of makes, models, and sizes of sprinklers are used, depending on the zone and application. During a typical irrigation event, several irrigation zones may be irrigated at once using various types of fixed and pop-up sprinklers. Under a typical irrigation scenario, five irrigation zones may be operating with an average discharge rate of 65 to 70 gpm per zone.

Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)

Proposed Point(s) of Diversion (POD) or Appropriation (POA)

(Note: If the POD/POA name is not specified on the certificate, assign it a name or number here.)

POD/POA Name or Number	Is this POD/POA Authorized on the Certificate or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-___)	Twp		Rng		Sec	1/4 1/4		Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Well 1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	MARI 6715, 16886	7	S	2	W	7	NW	SE	DLC 40	240 feet south and 1,310 feet west from the NW corner, DLC 48
Well 2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	MARI 59321	7	S	2	W	7	SW	NE	DLC 40	260 feet north and 430 feet west from the NW corner, DLC 48
Well 3	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	MARI 6738	7	S	2	W	7	NE	SW	DLC 40	955 feet south and 1,870 feet west from the NW

											corner, DLC 48
Well 4	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	NA	7	S	2	W	7	NW	SE	DLC 40	1,325 feet south and 1,240 feet west from the NW corner, DLC 48

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Place of Use (POU) | <input type="checkbox"/> Supplemental Use to Primary Use (S to P) |
| <input type="checkbox"/> Character of Use (USE) | <input type="checkbox"/> Point of Appropriation/Well (POA) |
| <input type="checkbox"/> Point of Diversion (POD) | <input checked="" type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Additional Point of Diversion (APOD) | <input type="checkbox"/> Substitution (SUB) |
| <input type="checkbox"/> Surface Water POD to Ground Water POA (SW/GW) | <input type="checkbox"/> Government Action POD (GOV) |

Will all of the proposed changes affect the entire water right?

- Yes Complete only the Proposed ("to" or "on" 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 water right to be changed.

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Please use and attach additional pages of Table 2 as needed.
See page 6 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 Changes to Water Right Certificate # 98253

List the change proposed for the acreage in each ¼ ¼. If more than one change is proposed, specify the acreage associated with each change.
If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right 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	POD(s) or 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	POD(s)/ POA(s) to be used (from Table 1)	Priority Date			
										APOA	7	S	2	W	7	NW	NE	100	DLC 40	1.5	IR	Wells 1,2,3 & 4	12-5-1990
										APOA, POU	7	S	2	W	7	SW	NE	100	DLC 40	15.68	IR	Wells 1,2,3 & 4	12-5-1990
										APOA	7	S	2	W	7	SE	NE	100	DLC 40	1.7	IR	Wells 1,2,3 & 4	12-5-1990
										APOA	7	S	2	W	7	NE	NW	100	DLC 40	1.2	IR	Wells 1,2,3 & 4	12-5-1990
										APOA	7	S	2	W	7	SE	NW	100	DLC 40	9.5	IR	Wells 1,2,3 & 4	12-5-1990
										APOA	7	S	2	W	7	NE	SW	100	DLC 40	7.6	IR	Wells 1,2,3 & 4	12-5-1990
										APOA	7	S	2	W	7	SE	SW	100	DLC 40	12.2	IR	Wells 1,2,3 & 4	12-5-1990

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AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right 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	POD(s) or 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	POD(s)/ POA(s) to be used (from Table 1)	Priority Date			
										APOA, POU	7	S	2	W	7	NE	SE	100	DLC 40	2.25	IR	Wells 1,2,3 & 4	12-5-1990
										APOA, POU	7	S	2	W	7	NE	SE	100	DLC 40	0.15	NU	Wells 1,2,3 & 4	12-5-1990
										APOA, POU	7	S	2	W	7	NW	SE	100	DLC 40	28.37	IR	Wells 1,2,3 & 4	12-5-1990
										APOA, POU	7	S	2	W	7	NW	SE	100	DLC 40	0.03	NU	Wells 1,2,3 & 4	12-5-1990
										APOA	7	S	2	W	7	SW	SE	100	DLC 40	17.1	IR	Wells 1,2,3 & 4	12-5-1990
										APOA	7	S	2	W	7	SW	SE	100	DLC 41	0.7	IR	Wells 1,2,3 & 4	12-5-1990
										APOA	7	S	2	W	7	NW	NE	100	DLC 41	1.2	IR	Wells 1,2,3 & 4	12-5-1990
																Total IR:		99.0					
																Total NU:		0.18					

Additional remarks: None.

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For Place of Use or Character of Use Changes

Are there other water right certificates, water use permits or ground water registrations associated with the "from" or the "to" lands? Yes No

If YES, list the certificate, water use permit, or ground water registration numbers: NA.

Pursuant to ORS 540.510, any "layered" water use such as an irrigation right that is supplemental to a primary right proposed for transfer must be included in the transfer or be cancelled. Any change to a ground water registration must be filed separately in a ground water registration modification application.

For Substitution (ground water supplemental irrigation will be substituted for surface water primary irrigation)

Ground water supplemental Permit or Certificate # NA.

Surface water primary Certificate # NA.

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For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # NA

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For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation:

Well log(s) are attached for each authorized and proposed well(s) 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/Default.aspx

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 the information will delay the processing of your transfer 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	Yes	MARI 6715, 16886	See Well Log MARI 6715, 16886							Not less than full rate of water right
Well 2	Yes	MARI 59321	See Well Log MARI 59321							
Well 3	Yes	MARI 6738	See Well Log MARI 6738							
Well 4	No	NA	175 ft	10 inch	0 to 175 ft	50 ft	TBD	NA	Alluvial	

Application for Water Right Transfer Evidence of Use Affidavit



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

Please print legibly or type. Be as specific as possible. Attach additional pages if you need more spacing. Supporting documentation must be attached.

State of Oregon)
) ss
 County of MARION)

I, RORY ALVAREZ, in my capacity as Director, Facilities and Operations/Capital Projects,
 mailing address PO Box 14007, SALEM, OR 97309
 telephone number (503) 399-2594, being first duly sworn depose and say:

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1. My knowledge of the exercise or status of the water right is based on (check one):

- Personal observation Professional expertise

2. I attest that:

- Water was used during the previous five years on the entire place of use for Certificate # _____; **OR**
- My knowledge is specific to the use of water at the following locations within the last five years:

Certificate #	Township	Range	Mer	Sec	¼ ¼	Gov't Lot or DLC	Acres (if applicable)

OR

- Confirming Certificate # 98253 has been issued within the past five years; **OR**
- Part or all of the water right was leased instream at some time within the last five years. The instream lease number is: _____ (Note: If the entire right proposed for transfer was not leased, additional evidence of use is needed for the portion not leased instream.); **OR**
- The water right is not subject to forfeiture and documentation that a presumption of forfeiture for non-use would be rebutted under ORS 540.610(2) is attached.
- Water has been used at the actual current point of diversion or appropriation for more than 10 years for Certificate # _____ (For Historic POD/POA Transfers)

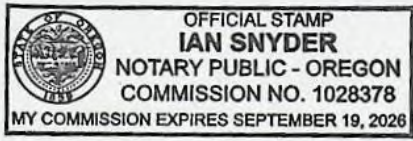
(continues on reverse side)

3. The water right was used for: (e.g., crops, pasture, etc.): LANDSCAPING AND NURSERY OPERATIONS
4. I understand that if I do not attach one or more of the documents shown in the table below to support the above statements, my application will be considered incomplete.

[Signature]
 Signature of Affiant

4/15/25
 Date

Signed and sworn to (or affirmed) before me this 15 day of April, 2025.



Ian Snyder Ian Snyder
 Notary Public for Oregon
 My Commission Expires: September 19, 2026

Supporting Documents	Examples
<input checked="" type="checkbox"/> Copy of a water right certificate that has been issued within the last five years. (not a remaining right certificate)	Copy of confirming water right certificate that shows issue date
<input type="checkbox"/> Copies of receipts from sales of irrigated crops or for expenditures related to use of water	<ul style="list-style-type: none"> • Power usage records for pumps associated with irrigation use • Fertilizer or seed bills related to irrigated crops • Farmers Co-op sales receipt
<input type="checkbox"/> Records such as FSA crop reports, irrigation district records, NRCS farm management plan, or records of other water suppliers	<ul style="list-style-type: none"> • District assessment records for water delivered • Crop reports submitted under a federal loan agreement • Beneficial use reports from district • IRS Farm Usage Deduction Report • Agricultural Stabilization Plan • CREP Report
<input type="checkbox"/> Aerial photos containing sufficient detail to establish location and date of photograph	<p>Multiple photos can be submitted to resolve different areas of a water right. If the photograph does not print with a "date stamp" or without the source being identified, the date of the photograph and source should be added.</p> <p>Sources for aerial photos: OSU – www.oregonexplorer.info/imagery OWRD – www.wrd.state.or.us Google Earth – earth.google.com TerraServer – www.terra-server.com</p>
<input type="checkbox"/> Approved Lease establishing beneficial use within the last 5 years	Copy of instream lease or lease number

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STATE OF OREGON
COUNTY OF MARION
CERTIFICATE OF WATER RIGHT

THIS CERTIFICATE ISSUED TO

CHEMEKETA COMMUNITY COLLEGE
PO BOX 14007
SALEM OR 97309

confirms the right to the use of water perfected under the terms of Permit G-11304. The amount of water used to which this right is entitled is limited to the amount used beneficially, and shall not exceed the amount specified, or its equivalent in the case of rotation, measured at the point of diversion from the source. The specific limits and conditions of the use are listed below.

APPLICATION FILE NUMBER: G-12324

SOURCE OF WATER: WELL 1, WELL 2, AND WELL 3 IN CLEAR LAKE BASIN

PURPOSE OR USE: IRRIGATION OF 99.0 ACRES AND NURSERY OPERATIONS ON 0.18 ACRE

MAXIMUM RATE: 0.78 CUBIC FEET PER SECOND (CFS), LIMITED TO 0.78 CFS FOR IRRIGATION AND 0.03 CFS FOR NURSERY OPERATIONS, FURTHER LIMITED TO 0.41 CFS FROM WELL 1, 0.06 CFS FROM WELL 2, AND 0.59 CFS FROM WELL 3, NOT TO EXCEED A TOTAL OF 0.78 CFS IN ANY COMBINATION FROM THE WELLS

DATE OF PRIORITY: DECEMBER 5, 1990

The wells are located as follows:

Twp	Rng	Mer	Sec	Q-Q	DLC	Measured Distances
7S	2W	WM	7	NW SE	40	WELL 1 - 240 FEET SOUTH AND 1310 FEET WEST FROM NW CORNER, DLC 48
7S	2W	WM	7	SW NE	40	WELL 2 - 260 FEET NORTH AND 450 FEET WEST FROM NW CORNER, DLC 48
7S	2W	WM	7	NE SW	40	WELL 3 - 955 FEET SOUTH AND 1870 FEET WEST FROM NW CORNER, DLC 48

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NOTICE OF RIGHT TO PETITION FOR RECONSIDERATION OR JUDICIAL REVIEW

This is an order in other than a contested case. This order is subject to judicial review under ORS 183.484 and ORS 536.075. Any petition for judicial review must be filed within the 60-day time period specified by ORS 183.484(2). Pursuant to ORS 183.484, ORS 536.075 and OAR 137-004-0080, you may petition for judicial review and petition the Director for reconsideration of this order. A petition for reconsideration may be granted or denied by the Director, and if no action is taken within 60 days following the date the petition was filed, the petition shall be deemed denied. In addition, under ORS 537.260 any person with an application, permit or water right certificate subsequent in priority may jointly or severally contest the issuance of the certificate within three months after issuance of the certificate.

The amount of water used for Nursery Operations (OAR 690) is limited to a diversion of 0.15 cubic foot per second per acre. For the irrigation of containerized nursery plants, the amount of water diverted is limited to ONE-FORTIETH of one cubic foot per second (or its equivalent) and 5.0 acre feet per acre per year. For the irrigation of in ground nursery plants the amount of water diverted is limited to ONE-EIGHTIETH of one cubic foot per second (or its equivalent) and 2.5 acre feet per acre per year. The use of water for NURSERY OPERATIONS may be made at anytime of the year that the use is beneficial. For the irrigation of any other crop, the amount of water diverted is limited to ONE-EIGHTIETH of one cubic foot per second (or its equivalent) and 2.5 acre feet per acre during the irrigation season of each year.

A description of the place of use is as follows:

IRRIGATION						
Twp	Rng	Mer	Sec	Q-Q	DLC	Acres
7 S	2 W	WM	7	NW NE	40	1.5
7 S	2 W	WM	7	SW NE	40	15.5
7 S	2 W	WM	7	SE NE	40	1.7
7 S	2 W	WM	7	NE NW	40	1.2
7 S	2 W	WM	7	SE NW	40	9.5
7 S	2 W	WM	7	NE SW	40	7.6
7 S	2 W	WM	7	SE SW	40	12.2
7 S	2 W	WM	7	NE SE	40	2.4
7 S	2 W	WM	7	NW SE	40	28.4
7 S	2 W	WM	7	SW SE	40	17.1
7 S	2 W	WM	7	SW SE	41	0.7
7 S	2 W	WM	18	NW NE	41	1.2

NURSERY USE						
Twp	Rng	Mer	Sec	Q-Q	DLC	Acres
7 S	2 W	WM	7	SW NE	40	0.18

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Water from the wells shall be acquired from the same source.

The well(s) shall be maintained in accordance with the General Standards for the Construction and Maintenance of Water Wells in Oregon. The works shall be equipped with a usable access port, and may also include an air line and pressure gauge adequate to determine the water level elevation in the well at all times.

When required by the Department, the water user shall install and maintain a weir, meter, or other suitable measuring device, and shall keep a complete record of the amount of ground water withdrawn.

The Director may require water level or pump test results every ten years.

Failure to comply with any of the provisions of this right may result in action including, but not limited to, restrictions on the use, civil penalties, or cancellation of the right.

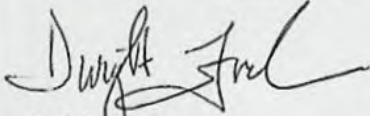
This right is for the beneficial use of water without waste. The water user is advised that new regulations may require the use of best practical technologies or conservation practices to achieve this end.

By law, the land use associated with this water use must be in compliance with statewide land-use goals and any local acknowledged land-use plan.

The use of water shall be limited when it interferes with any prior surface or ground water rights.

The right to the use of the water for the above purpose is restricted to beneficial use on the place of use described.

Issued FEB 21 2025.



Dwight French
Water Right Services Division Administrator, for
Ivan Gall, Director
Oregon Water Resources Department



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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 Chemeketa Community College			PHONE
MAILING ADDRESS PO Box 14007			Received MAY 05 2025 OWRD
CITY Salem	STATE OR	ZIP 97309	

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:
7S	2W	7		100		<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	IR & NU
						<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	
						<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:

Marion County

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: 0.78
 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 Nursery

Briefly describe:

This Land Use Information Form is to accompany a water right transfer application that proposes to change the place of use, and add a new point of appropriation (well) for an existing water right (Certificate 98253).
--

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): MCC 16.16.010.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.

Name: Alexander Seifer Title: Assistant Planner
 Signature: *Alexander Seifer* Date: 4/9/2025
 Governmental Entity: Marion County Phone: 503-588-5088

Receipt Acknowledging Request for Land Use Information	
<p>Note to Local Government Representative: Please complete this form and return it to the applicant. For new water right applications <u>only</u>, 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.</p>	
Applicant Name: _____	
Staff Name: _____	Title: _____
Staff Signature: _____	Date: _____
Governmental Entity: _____	Phone: _____

MARI... 16886 75/3W-7d6
 16886 Record

RECEIVED

16886 75/3W-7d6
 16886 Record

STATE OF OREGON
 WATER WELL REPORT
 (as required by ORS 537.766)

(1) OWNER: Chemeketa Community College
 Name Chemeketa Community College Well Number MAR 21 1988
 Address P.O. Box 144007
 City Salem State Oregon Zip 97301

LOCATION OF WELL by legal description:
 County Marietta Latitude _____ Longitude _____
 Township 7S N or S, Range 3W E or W, WM.
 Section 7 NW 1/4 SE 1/4

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 143 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE Diameter	From	To	Material	SEAL		Amount sacks or pounds
				From	To	

How was seal placed: Method A B C D E
 Other _____
 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
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:
 Perforations Method Mill's Knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>142'</u>	<u>135'</u>	<u>2x3/8"</u>	<u>322</u>			<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 _____
 1 hr.

Temperature of water _____ 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: _____

(10) STATIC WATER LEVEL:
15 ft. below land surface. Date 3-19-88
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
EXISTING WELL: 8" well		143' depth	
PROBLEM: Excessive head loss + sand entrance - due to lack of sufficient open area to accommodate slow entrance velocity at design capacity.			
SOLUTION: After studying well log it was decided that this well could be perforated.			
Perforations were made from 142' - 135' in what was logged as SAND, BROWN GRAVEL 1/2" to 2 1/2" dia.			
Upon developing perforations, no excess sand was brought in.			
Received			
MAY 05 2025			
OWRD			

Date started Mar. 18, '88 Completed Mar. 19, '88

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed _____ WWC Number _____ Date _____

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, 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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed Michael Waldrop WWC Number 633
 Date Mar. 21, '88

RECEIVED
MAR 18 1988

WATER RESOURCES DEPT.
SALEM, OREGON

"START CARD"

NOTICE OF BEGINNING OF WELL CONSTRUCTION
(as required by ORS 537.762)

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original delivered to the Water Resources Department prior to commencement of construction ^{alteration} or abandonment of each well.

Owner's Name and Mailing Address Chemeketa Community College
P.O. Box 144007
Salem, Oregon 97309

Proposed Commencement Date 3-18-88

Received
MAY 05 2025

~~Proposed~~ ^{Existing} Well Depth 146', Diameter 8"

and Use:
 Domestic Community Industrial Irrigation
 Thermal Injection Other

OWRD

Proposed Well Location: County Marion
Township 7S (N or S) Range 3W (E or W) Section 7

At least 2 of these must be provided

- NW 1/4 of SE 1/4 of above section
- street address of well location off Cooley Dr. by the barn tower, in corner (front-NW) of the track
- tax lot number of well location _____
- attach approved map with location identified.
(see reverse of this form for approved maps)

We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks and septic drain fields.

^{PK}
x Dan Donaldson
Owner's Signature

x Michael Waldrop
Bonded Water Well Constructor

Maintenance Supervisor
Title
3-18-88
Date

License No. 633
Company MIKE WALDROOP WELL DRILLING

Note: This is not a Water Right application. The owner is responsible for obtaining a Water Right through the Water Resources Department if required.

WELL I.D. # L _____

(1) LAND OWNER Well Number _____
 Name Chamacketa Community College
 Address PO Box 14007
 City Salem State OR Zip 97309

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

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

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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 110 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

How was seal placed: Method A B C D E
 Other _____

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:	<u>6</u>				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<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

Yield gal/min	Drawdown	Drill stem at	Time 1 hr.

Temperature of water _____ 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 by legal description:
 County Marion Latitude _____ Longitude _____
 Township 7 S N or S Range 2 W E or W. WM.
 Section 7 SW 1/4 NE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Well was constructed by students at a well constructing class. No log was made. Estimated depth is 110 ft. Pump rebuilt in 1983 and set at \approx 95 ft. Nearby CCG wells (MARI 6715 + MARI 6738) indicate that this well produces from shallow alluvium.			
Drilled date uncertain.			
Received MAY 05 2025 OWRD			

Date started _____ Completed _____

SOURCE OF DATA/INFO application file G-12324. statement filed by CWR # 229. This is pod 2 on permit G-11304.

COMPILED BY: Karl C. Wozniak

DATE: 11-4-2005

MAR 6 7 38

NOTICE TO WATER WELL CONTRACTOR

The original and first copy of this report are to be filed with the

RECEIVED

WATER WELL REPORT

STATE ENGINEER, SALEM 10, OREGON within 30 days from the date of well completion.

APR 11 1965

STATE OF OREGON (Please type or print)

State Well No. 7/2w-7

State Permit No.

STATE ENGINEER

(1) OWNER:

Name SACRED HEART ACADEMY Address LANCASTER DRIVE N.E. SALEM O.R.E.

(2) LOCATION OF WELL:

County MARION Driller's well number 1/4 Section 7 T. 7S R. 2W W.M. Bearing and distance from section or subdivision corner

(3) TYPE OF WORK (check):

Well Deepening Reconditioning Abandonment

(4) PROPOSED USE (check):

Domestic Industrial Municipal Irrigation Test Well Other

(5) TYPE OF WELL:

Rotary Cable Dug Driven Jetted Bored

(6) CASING INSTALLED:

10" Diam. from 0 ft. to 147 ft. Gage 7/8"

(7) PERFORATIONS:

Perforated? Yes No Type of perforator used MILLS TYPE Size of perforations 3/8" in. by 3" in. 50 perforations from 74'6" ft. to 76'6" ft. 650 perforations from 87' ft. to 139'6" ft.

(8) SCREENS:

Well screen installed? Yes No Manufacturer's Name Model No. Diam. Slot size Set from ft. to ft.

(9) CONSTRUCTION:

Well seal-Material used in seal BENTONITE Depth of seal 47' ft. Was a packer used? YES Diameter of well bore to bottom of seal 14" in. Were any loose strata cemented off? No Depth Was a drive shoe used? Yes No Was well gravel packed? No Size of gravel: Gravel placed from ft. to ft. Did any strata contain unusable water? Yes No Type of water? MUDDY Depth of strata 77'6" TO 85' Method of sealing strata off CASED

(10) WATER LEVELS:

Static level 14' ft. below land surface Date 4-3-65 Artesian pressure lbs. per square inch Date

(11) WELL TESTS:

Drawdown is amount water level is lowered below static level. Was a pump test made? Yes No If yes, by whom? STETTLER SUPPLY Yield: 600 gal./min. with 29 ft. drawdown after 2 hrs. 700 " 35 " 1 "

Bailer test gal./min. with ft. drawdown after hrs.

Artesian flow g.p.m. Date

Temperature of water 54 Was a chemical analysis made? Yes No

(12) WELL LOG:

Diameter of well below casing 10" Depth drilled 147 ft. Depth of completed well 147' ft. Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

Table with columns MATERIAL, FROM, TO. Rows include GRAVEL FILL, TOPSOIL, CLAY YELLOW COLOR, CLAY BLUE SANDY, CLAY BLUE STICKY, CONGLOMERATE, GRAVEL 3" + FINE SAND, CONGLOMERATE, MUDDY GRAVEL + FINE SAND, CONGLOMERATE, GRAVEL - COARSE TO FINE SAND + GRAVEL - MUDDY, CONGLOMERATE - W.B., CLAY YELLOW COLOR, CONGLOMERATE - BLUE, CONGLOMERATE - YELLOW, CONGLOMERATE - BLUE, CONGLOMERATE YELLOW, GRAVEL - COARSE, CONGLOMERATE.

Work started 3-25 1965 Completed 4-3 1965 Date well drilling machine moved off of well 4-3 1965

(13) PUMP:

Manufacturer's Name Received Type: MAY 05 2025

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME J.A. SNEED & SONS (Person, firm or corporation) (Type or print) Address 3910 SILVERTON RD. SALEM ORE.

Drilling Machine Operator's License No. 187

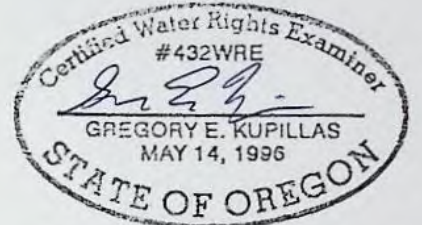
[Signed] J.A. Sneed (Water Well Contractor)

Contractor's License No. 6 Date 4-5-65 1965

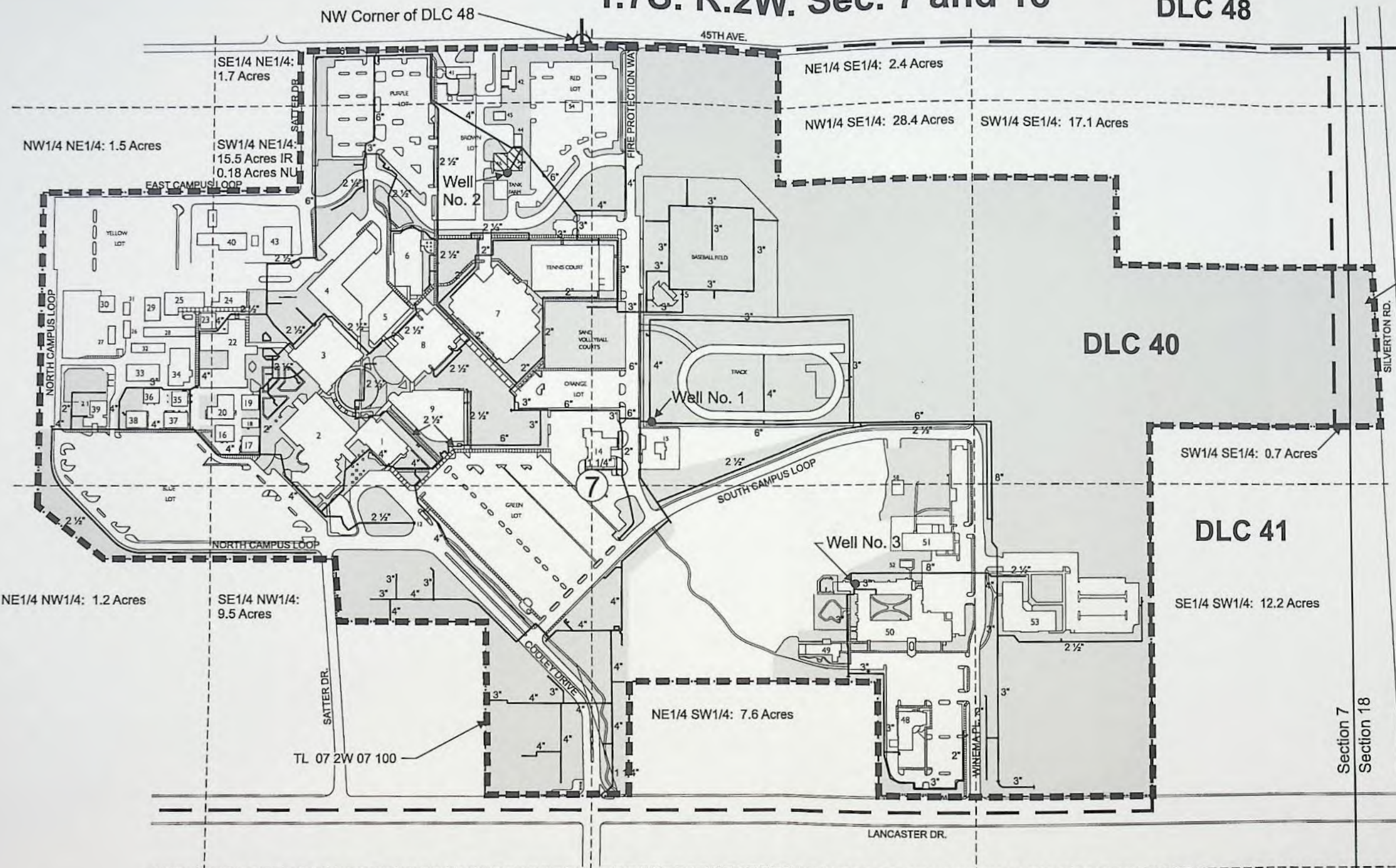
14651

T.7S. R.2W. Sec. 7 and 18

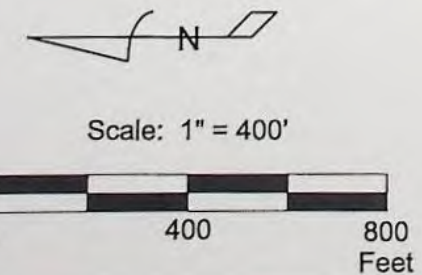
DLC 48



EXPIRATION DATE: 6/30/2025



Base Map Source: Chemeketa Community College, Facilities Department, Irrigation Mainline Map, August 2002.



Well Locations From Northwest Corner of DLC 48:
 Well No. 1 - 240 feet south and 1,310 feet west
 Well No. 2 - 260 feet north and 450 feet west
 Well No. 3 - 955 feet south and 1,870 feet west

- "From" Area (99.0 Acres) irrigated under Certificate 98253 priority date: 12-5-1990.
- "From" Area for nursery use (0.18 Acres) under Certificate 98253 priority date: 12-5-1990.
- 4" Irrigation Mainline
- Tax lot boundary

This map was prepared for the purpose of identifying the location of a water right only and is not intended to provide legal dimensions or location of property ownership lines.

**Transfer Application "From" Map
 Certificate 98253**

Chemeketa Community College
 T.7S. R.2W. Sec. 7 and 18

Pacific Hydro-Geology Inc.

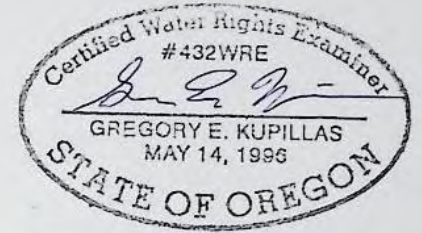
14651 - =

04/2025

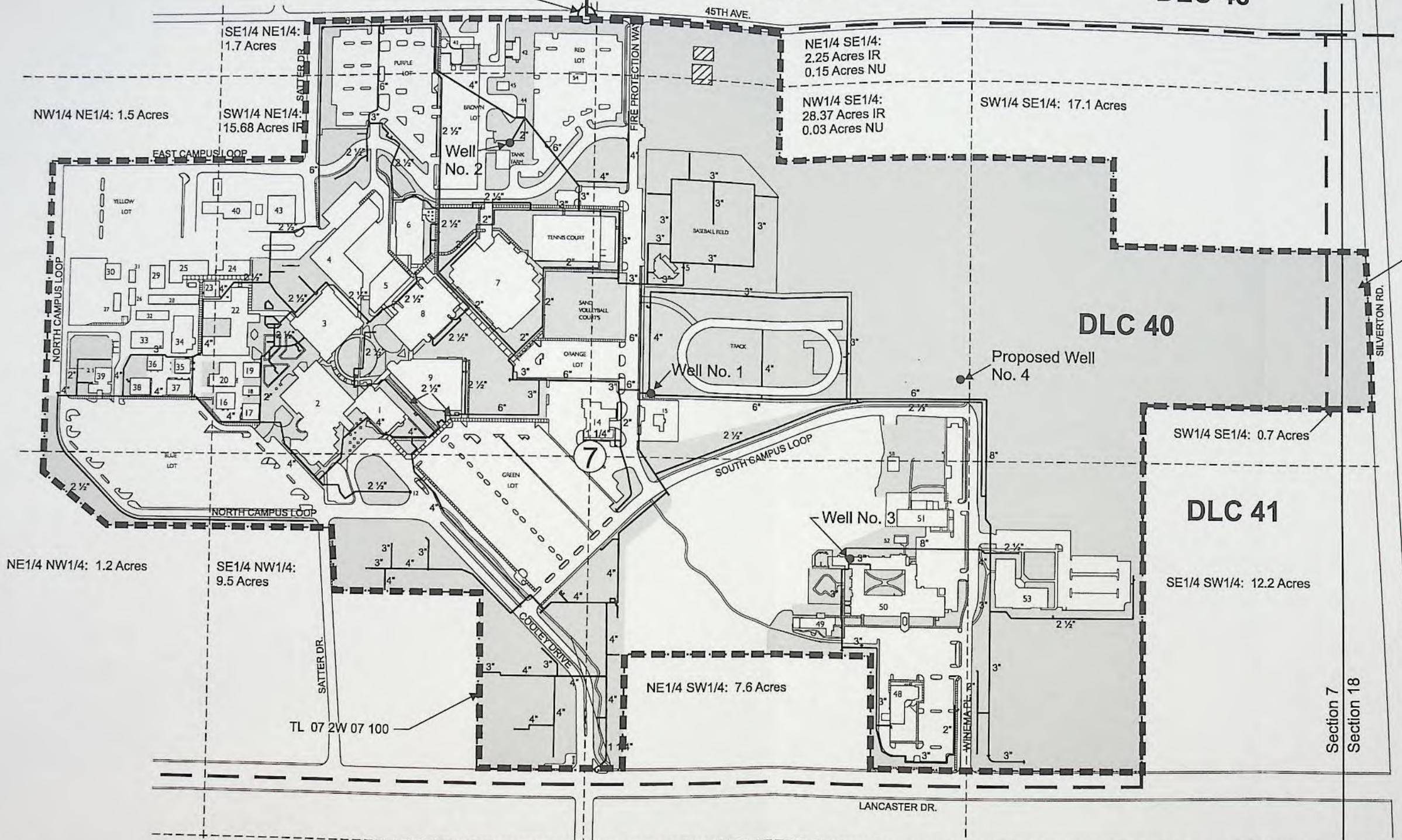
Received
 MAY 05 2025
 OWRD

T.7S. R.2W. Sec. 7 and 18

DLC 48

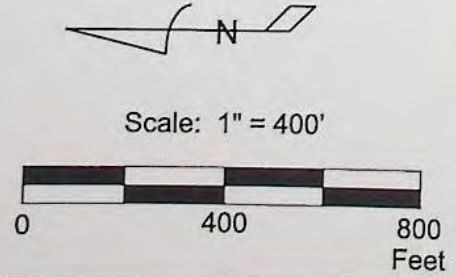


EXPIRATION DATE: 6/30/2025



Base Map Source: Chemeketa Community College, Facilities Department, Irrigation Mainline Map, August 2002.

Received
MAY 05 2025
OWRD



Well Locations From Northwest Corner of DLC 48:
 Well No. 1 - 240 feet south and 1,310 feet west
 Well No. 2 - 260 feet north and 450 feet west
 Well No. 3 - 955 feet south and 1,870 feet west
 Proposed Well No. 4 - 1,325 feet south and 1,240 feet west

- "To" Area (99.0 Acres) to be irrigated .
- "To" Area (0.18 Acres) to be covered under nursery operations.
- Irrigation Mainline
- Tax lot boundary

This map was prepared for the purpose of identifying the location of a water right only and is not intended to provide legal dimensions or location of property ownership lines.

**Transfer Application "To" Map
Certificate 98253**

Chemeketa Community College
T.7S. R.2W. Sec. 7 and 18

STATE OF OREGON
WATER RESOURCES DEPARTMENT

725 Summer St. N.E. Ste. A

SALEM, OR 97301-4172

(503) 986-0900 / (503) 986-0904 (fax)

RECEIPT # **145315**

INVOICE # _____

RECEIVED FROM: Chenookal Community College

APPLICATION _____
 PERMIT _____
 TRANSFER 1-14651

CASH: CHECK: # 966809 OTHER: (IDENTIFY) _____

TOTAL REC'D \$ 125.00

1083 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES 4724 \$ _____
0412 OTHER: (IDENTIFY) Transf. Reimbursement Authority \$ 125.00
 0243 I/S Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

4270 WRD OPERATING ACCT

MISCELLANEOUS

0407 COPY & TAPE FEES \$ _____

0410 RESEARCH FEES \$ _____

0408 MISC REVENUE: (IDENTIFY) _____ \$ _____

TC162 DEPOSIT LIAB. (IDENTIFY) _____ \$ _____

0240 EXTENSION OF TIME \$ _____

WATER RIGHTS:

0201 SURFACE WATER	EXAM FEE	0202	RECORD FEE
	\$ _____		\$ _____
0203 GROUND WATER	EXAM FEE	0204	RECORD FEE
	\$ _____		\$ _____
0205 TRANSFER	EXAM FEE		LICENSE FEE
	\$ _____		\$ _____
0218 WELL DRILL CONSTRUCTOR	EXAM FEE	0219	LICENSE FEE
	\$ _____		\$ _____
LANDOWNER'S PERMIT	EXAM FEE	0220	LICENSE FEE
	\$ _____		\$ _____

OTHER (IDENTIFY) _____

0536 TREASURY 0437 WELL CONST. START FEE

0211 WELL CONST START FEE \$ _____ CARD# _____

0210 MONITORING WELLS \$ _____ CARD# _____

OTHER (IDENTIFY) _____

0607 TREASURY 0467 HYDRO ACTIVITY LIC NUMBER

0233 POWER LICENSE FEE (FW/WRD) \$ _____

0231 HYDRO LICENSE FEE (FW/WRD) \$ _____

HYDRO APPLICATION \$ _____

TREASURY OTHER / RDX

FUND _____ TITLE _____

OBJ. CODE _____ VENDOR # _____

DESCRIPTION _____ \$ _____

RECEIPT: **145315**

DATED: 6-2-25 BY: [Signature]

INVOICE		DESCRIPTION	GROSS AMOUNT	ADDL AMOUNT	DISCOUNT	NET AMOUNT
NUMBER	DATE					
FEE 2025	05/27/25	File Transfer #T-14651 fee to expedite water proce	125.00	0.00	0.00	125.00
CHECK NUMBER	CHECK DATE	VENDOR ID	TOTAL GROSS	TOTAL ADDL	TOTAL DISCOUNT	CHECK AMOUNT
00966809	05/29/25	K01246525	125.00	.00	.00	*****125.00

Received
 JUN 02 2025
 OWRD

STATE OF OREGON
WATER RESOURCES DEPARTMENT

725 Summer St. N.E. Ste. A
SALEM, OR 97301-4172
(503) 986-0900 / (503) 986-0904 (fax)

RECEIPT # 145531

INVOICE # _____

RECEIVED FROM: Thurston Community College
BY: _____

APPLICATION _____
PERMIT _____
TRANSFER T-14651

CASH: CHECK:# 967260 OTHER: (IDENTIFY) _____

TOTAL REC'D \$ 3,662.69

1083 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES 47124 \$ _____
0412 OTHER: (IDENTIFY) Transfer Reimbursement \$ 3,662.69

0243 I/S Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

4270 WRD OPERATING ACCT

MISCELLANEOUS

0407 COPY & TAPE FEES \$ _____
0410 RESEARCH FEES \$ _____
0408 MISC REVENUE: (IDENTIFY) _____ \$ _____
TC162 DEPOSIT LIAB. (IDENTIFY) _____ \$ _____
0240 EXTENSION OF TIME \$ _____

WATER RIGHTS:

0201 SURFACE WATER	EXAM FEE	0202	RECORD FEE
\$ _____	\$ _____	\$ _____	\$ _____
0203 GROUND WATER	EXAM FEE	0204	RECORD FEE
\$ _____	\$ _____	\$ _____	\$ _____

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR	EXAM FEE	0219	LICENSE FEE
\$ _____	\$ _____	\$ _____	\$ _____
LANDOWNER'S PERMIT	EXAM FEE	0220	LICENSE FEE
\$ _____	\$ _____	\$ _____	\$ _____

OTHER (IDENTIFY) _____

0536 TREASURY 0437 WELL CONST. START FEE

0211 WELL CONST START FEE \$ _____ CARD# _____
0210 MONITORING WELLS \$ _____ CARD# _____

OTHER (IDENTIFY) _____

0607 TREASURY 0467 HYDRO ACTIVITY LIC NUMBER

0233 POWER LICENSE FEE (FWWRD) \$ _____
0231 HYDRO LICENSE FEE (FWWRD) \$ _____
HYDRO APPLICATION \$ _____

TREASURY OTHER / RDX

FUND _____ TITLE _____

OBJ. CODE _____ VENDOR # _____

DESCRIPTION _____ \$ _____

RECEIPT: 145531

DATED: 6-30-25 BY: [Signature]

Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal

INVOICE		DESCRIPTION	GROSS AMOUNT	ADDL AMOUNT	DISCOUNT	NET AMOUNT
NUMBER	DATE					
EXPEDITE FEE 061125	06/24/25	Fee to Expedite Water Transfer Application	3,662.69	0.00	0.00	3,662.69
CHECK NUMBER	CHECK DATE	VENDOR ID	TOTAL GROSS	TOTAL ADDL	TOTAL DISCOUNT	CHECK AMOUNT
00967260	06/26/25	K01246525	3,662.69	.00	.00	*****3,662.69

Received
JUN 30 2025
OWRD

REORDER 991 • U.S. PATENT NO. 5630230, 5675508, 5641163, 5765353, 5994364, 6030000

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

725 Summer St. N.E. Ste. A
SALEM, OR 97301-4172

(503) 986-0900 / (503) 986-0904 (fax)

RECEIPT # **145150**

INVOICE # _____

RECEIVED FROM: Chimney Community College
BY: _____

APPLICATION	
PERMIT	
TRANSFER	T-14651

CASH: CHECK:# 965585 OTHER: (IDENTIFY)

TOTAL REC'D \$ 2930.00

1083 TREASURY 4170 WRD MISC CASH ACCT

0407	COPIES	\$
_____	OTHER: (IDENTIFY) _____	\$
0243 I/S Lease	0244 Muni Water Mgmt. Plan	0245 Cons. Water

4270 WRD OPERATING ACCT

MISCELLANEOUS <u>46110</u>		
0407	COPY & TAPE FEES	\$
0410	RESEARCH FEES	\$
0408	MISC REVENUE: (IDENTIFY) _____	\$
TC162	DEPOSIT LIAB. (IDENTIFY) _____	\$
0240	EXTENSION OF TIME	\$
WATER RIGHTS:		
0201	SURFACE WATER	EXAM FEE \$ 0202 \$
0203	GROUND WATER	EXAM FEE \$ 0204 \$
0205	TRANSFER	EXAM FEE \$ <u>2,930.00</u>
WELL CONSTRUCTION		
0218	WELL DRILL CONSTRUCTOR	EXAM FEE \$ 0219 \$
_____	LANDOWNER'S PERMIT	0220 \$
_____	OTHER (IDENTIFY) _____	

0536 TREASURY 0437 WELL CONST. START FEE

0211	WELL CONST START FEE	\$	CARD#
0210	MONITORING WELLS	\$	CARD#
_____	OTHER (IDENTIFY) _____		

0607 TREASURY 0467 HYDRO ACTIVITY LIC NUMBER

0233	POWER LICENSE FEE (FW/WRD)	\$
0231	HYDRO LICENSE FEE (FW/WRD)	\$
_____	HYDRO APPLICATION	\$

TREASURY OTHER / RDX

FUND _____	TITLE _____	
OBJ. CODE _____	VENDOR # _____	
DESCRIPTION _____		\$

RECEIPT: **145150** DATED: 5-5-25 BY: Low Danner