

Application for Ground Water Registration Modification



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

Part 1 of 4 – Minimum Requirements Checklist

This ground water registration modification application will be returned if Parts 1 through 4 and all required attachments are not completed and included.

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

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

- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Ground Water Registration Modification Application Map Checklist.
- Part 3 – Completed Ground Water Registration Modification Application – Applicant Information and Signature.
- Part 4 – Completed Ground Water Registration Modification Application – Ground Water Registration Information. (Only one ground water registration per application, **unless** the ground water registrations to be modified are layered).
- Completed Ground Water Registration Modification Application Map (Does not have to be prepared by a Certified Water Right Examiner).
- Ground water registration modification fees – Amount enclosed: \$ **1,125**. See the Department's Fee Schedule at www.wrd.state.or.us or call (503) 986-0883.

Attachments:

- N/A Request for Assignment Form and statutory fee. The request for assignment form has to be completed if the applicant is the owner of the land to which the registration is appurtenant and is **not** the registration certificate holder of record. The Request for Assignment Form is available online at <http://www.wrd.state.or.us/OWRD/PUBS/forms.shtml>. Assignment is not needed for any other person or entity who can demonstrate that they are authorized to request recognition of a modification (e.g. legal representative, power of attorney, agent, etc.) **or** the applicant is named on the certificate of registration or has been assigned to the certificate of registration.
- N/A Land Use Information Form with approval and signature (or signed land use form receipt stub). Land use form not required if any of the following apply:
 - Water is to be diverted, conveyed, and/or used only on federal lands.
 - 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 For changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation, Water Well Report/Well Log.

(For Staff Use Only)

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

___ Application fee not enclosed/insufficient

___ Map not included or incomplete

___ Land Use Form not enclosed or incomplete

___ Assignment Form and fee not enclosed/insufficient

___ Additional signature(s) required

___ Part ___ is incomplete

Other/Explanation _____

Staff: _____ 503-986-0_____

Date: ___/___/___ T 11106

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Part 2 of 4 – Ground Water Registration Modification Map Checklist

Your ground water registration modification application will be returned if any of the map requirements listed below are not met.

Please be sure that the map you submit includes all the items listed below and meets the requirements of OAR 690-380-3100, however, the map does not have to be prepared by a Certified Water Right Examiner. Check all boxes that apply.

- Permanent quality printed with dark ink on white or clear paper or film.
- The size of the map can be 8½ x 11 inches, 8½ x 14 inches, or up to 30 x 30 inches. For 30 x 30 inch maps, three (3) paper copies and an electronic copy in a .pdf, .tiff or .jpg format are required.
- A north arrow, a legend, and scale.
- The scale of the map must be: 1 inch = 400 feet, 1 inch = 1,320 feet, the scale of the county assessor map if the scale is not smaller than 1 inch = 1,320 feet, or a scale that has been pre-approved by the Department.
- Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines.
- Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
- Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads and railroads.
- Major water delivery system features from the point(s) of appropriation such as main pipelines, canals, and ditches.
- Existing place of use that includes hachuring, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions. If less than the entirety of the registration is being changed, a separate hachuring is needed for the portion of the registration left unchanged.
- N/A If you are proposing a modification in place of use, show the proposed place of use with hachuring including priority date and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions.
- Existing point(s) of appropriation with distance and bearing or coordinates from a recognized survey corner.
- N/A If you are proposing a modification in point(s) of appropriation, show the proposed location and label it clearly with distance and bearing or coordinates. If GPS coordinates are used, latitude-longitude coordinates may be expressed as either degrees-minutes-seconds with at least one digit after the decimal (example – 42°32'15.5") or degrees-decimal with five or more digits after the decimal (example – 42.53764°).

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Part 3 of 4 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Wayne M. Trumbull		PHONE NO. (541) 938-5244	ADDITIONAL CONTACT NO. N/A
ADDRESS 412 Parkview Street		FAX NO. N/A	
CITY Milton-Freewater	STATE OR	ZIP 97862	E-MAIL N/A

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

APPLICANT/BUSINESS NAME Dennis Burks		PHONE NO. (509) 520-0686	ADDITIONAL CONTACT NO. (541) 938-7697
ADDRESS 84452 Highway 339		FAX NO. (541) 938-7697	
CITY Milton-Freewater	STATE OR	ZIP 97862	E-MAIL dlfarms@charter.net

If an agent is listed above, please check **one** of the following:

- Please send all correspondence to Agent. Send copies of correspondence to Applicant; **OR**
- Please send all correspondence to Applicant. Send copies of correspondence to Agent.
- Check this box if this project is fully or partially funded by the American Recovery and Reinvestment Act. (Federal stimulus dollars)

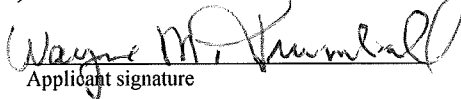
Is the applicant the sole owner of the land on which the ground water registration modification, or portion thereof, is located? Yes No

If NO, include signatures of all landowners on this form or attach affidavits of consent from all landowners or individuals/entities to which the ground water registration has been conveyed.

(Check one box)

- By signing this application, I (we) understand that, upon receipt of the draft preliminary determination and prior to Department approval of the ground water modification, I (we) will be required to provide landownership information and evidence that I am authorized to pursue the modification as identified in OAR 690-382-0400(16)(a); **OR**
- I (we) affirm the applicant is a municipality as defined in ORS 540.510(3)(b) and that the right is in the name of the municipality or a predecessor; **OR**
- I (we) affirm that the applicant is an entity with the authority to condemn property and is acquiring the property to which the ground water registration proposed for modification is appurtenant by condemnation and have attached supporting documentation.

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


Applicant signature

Wayne M. Trumbull
Name and title if applicable (print)

6-14-10
Date

Applicant signature

Name and title if applicable (print)

Date

In your own words tell us what modifications you want made to this ground water registration: **Authorize two additional wells (points of appropriation) so we can irrigate and manage water more efficiently.**

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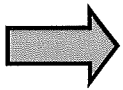
Check the appropriate box, if applicable:

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

IRRIGATION DISTRICT NAME Walla Walla River Irrigation District	ADDRESS P.O. Box 248	
CITY Milton-Freewater	STATE OR	ZIP 97862

Check here if water for the ground water registration is supplied under a water service agreement or other contract with a federal agency or other entity.

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP



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

ENTITY NAME Umatilla County	ADDRESS 216 SE 4th Street	
CITY Pendleton	STATE OR	ZIP 97801

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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Please use a separate Part 4 for each registration being modified.

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Please use a separate Part 4 for each registration being modified. See instructions at <http://www.wrd.state.or.us/OWRD/PUBS/forms.shtml>.

Part 4 of 4 – Ground Water Registration Information

CERTIFICATE OF REGISTRATION # GR-3101

Table 1. Location of Authorized and Proposed Point(s) of Appropriation (POA)
 (Note: If the POA name is not specified in the registration, assign it a name or number here.)

POA Name or Number	Is this POA Authorized by the registration or is it Proposed?	OWRD Well Log ID# (or Well ID Tag # L-___)	Twp	Rng	Sec	¼ ¼	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
POA 1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	UMAT 4744	6 N	35 E	27	SW SW	TL 900	710 ft N & 610 ft E from SW Corner S27
POA 2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	UMAT 4757	6 N	35 E	28	NE SE	TL 2601	1820 ft N & 850 ft W from SE Corner S28
POA 3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	UMAT 5496	6 N	35 E	28	NE SE	TL 2600	2050 ft N & 740 ft W from SE Corner S28
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed							

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

- Place of Use (POU)
- Character of Use (USE)
- Point of Appropriation (well) (POA)
- Additional Point of Appropriation (APOA)

Will all of the proposed changes affect the entire ground water registration?

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

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Please use additional pages of Table 2 as needed

Table 2. Description of Modifications to Registration Certificate # GR-3101

List only the part of the registration that will be modified. For the acreage in each 1/4 1/4, list the modification proposed. If more than one modification, specify the acreage associated with each modification. If more than one POA, specify the acreage associated with each POA.

Authorized ("from" lands) as they appear before the modification(s)										Proposed ("to" lands) after the modification(s)										
Twp	Rng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acreage (if applicable)	Type of USE listed on registration	POA(s) (name or number from Table 1)	Proposed Modifications (see "CODES" from previous page)	Twp	Rng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acreage (if applicable)	New Type of USE	POA(s) to be used (from Table 1)
2 S	9 E	15	NE	NW	100		15.0	Irrigation	POA #1 POA #2	POU/POA	2 S	9 E	1	NW	NW	500	1	10.0		POA #5
							EXAMPLE				2 S	9 E	2	SW	NW	500		5.0		POA #6
										APOA	6 N	35 E	27	SW	SW	900		10.0		POA #1,2,3
TOTAL ACRES										TOTAL ACRES										
										TOTAL ACRES 10.0										

Additional remarks: Water may be supplied from any combination of the three wells. Place of use will remain unchanged.


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

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

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



Pursuant to OAR 690-382-0200, any “layered” water use, such as an irrigation right that is supplemental to a primary irrigation right proposed for transfer, must be concurrently transferred with the registration or be cancelled. Any change to a water right must be filed separately in a transfer application. Any change to a water use permit must be filed separately with a permit amendment. Any modification to a ground water registration on the “to” lands must be filed separately with a ground water registration modification.

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

- Well log(s) are attached for each well that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map.
(Tip: You may search for well logs on the Department’s web page at:
http://apps2.wrd.state.or.us/apps/gw/well_log/Default.aspx)

OR

- Describe the construction of the well(s) in Table 3 for any wells that do not have a well log.

Table 3. Construction of Point(s) of Appropriation

Any well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the accompanying application map. Failure to provide adequate information is likely to delay the processing of your transfer application. For proposed wells, we recommend that you consult a licensed well driller, geologist or certified water right examiner for the proper information needed to complete the table.

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
POA 1	Yes									Well Log UMAT 4744 (attached)
POA 2	Yes									Well Log UMAT 4757 (attached)
POA 3	Yes									Well Log UMAT 5496 (attached)

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