



Application for Limited Water Use License

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APR 26 2021

OWRD

License No.: LL-1869

Applicant Information

NAME J & J Family LLC		PHONE (HM)	
PHONE (WK)	CELL (503) 930-4350	FAX	
ADDRESS 7157 State St.			
CITY Salem	STATE OR	ZIP 97301	E-MAIL *

Agent Information

NAME Will McGill Surveying LLC		PHONE (503) 510-3026	FAX
ADDRESS 15333 Pletzer Rd. SE			CELL (503) 931-0210
CITY Turner	STATE OR	ZIP 97392	E-MAIL * willmcgill.surveying@gmail.com

I (We) make application for a Limited License to use or store the following described surface waters or groundwater – not otherwise exempt, or to use stored water of for a use of a short-term or fixed-duration:

- SOURCE(S) OF WATER:** Wells 1 & 2/3 a tributary of N/A
- AMOUNT OF WATER** to be diverted;
 Maximum and instantaneous rate (cubic feet or gallons per minute): 0.77 cfs
 Total volume (gallons or acre-feet): 153.5 af. If water is to be used from more than one source, give the quantity from each: _____
- INTENDED USE(S) OF WATER:** (check all that apply)
 - Road construction or maintenance
 - General construction
 - Forestland and rangeland management; or
 - Other: Establish a cherry orchard
- DESCRIPTION OF PROPOSED PROJECT:** Include a description of the place of use as shown on the accompanying site map, the method of water diversion, the type of equipment to be used (including pump horsepower, if applicable), length and dimensions of supply ditches and pipelines:
It is proposed to irrigate the cherry orchard from Wells 1, 2, and 3. The pumps are all submersible and range from 20-60 HP. The water is conveyed to and from the bulge in the system via 4-6" buried PVC mainline. Water is applied by drip irrigation.
- PROJECT SCHEDULE:** (List day, month, and year)
 Date water use will begin: 2021 Irrigation Season
 Date water use will be completed: End 2025 Irrigation Season
 Months of the year water would be diverted and used: March 1 - October 31

If for other than irrigation from stored water, how and where will water be discharged after use:

Water will be applied by drip irrigation, discharge after use is not applicable.

Carl Jensen
 Applicant Signature

Carl F Jensen Jr
 Print Name and title if applicable

4-13-21
 Date

PLEASE READ CAREFULLY

NOTE: A completed water availability statement from the local watermaster, Land Use Information Form completed by the local Planning Department, fees and site map meeting the requirements of OAR 690-340-030 must accompany this request. The fee for this request is **\$280** for the first point of diversion plus **\$30** for each additional point of diversion. Please review the Department's fee schedule to view fees required to request a limited license for Aquifer Storage and Recovery testing purposes or for Artificial Groundwater Recharge testing purposes.

Failure to provide any of the required information will result in return of your application. The license, if granted, will not be issued or replaced by a new license for a period of more than five consecutive years. The license, if granted, will be subordinate to all other authorized uses that rely upon the same source, or water affected by the source, and may be revoked at any time it is determined the use causes injury to any other water right or minimum perennial streamflow.

If water source is well, well logs or adequate information for the Department to determine aquifer, well depth, well seal and open interval, etc. are required. The licensee shall indicate the intended aquifer. If for multiple wells, each map location shall be clearly tied to a well log.

If a limited license is approved, the licensee shall give notice to the Department (Watermaster) at least 15 days in advance of using the water under the Limited License and shall maintain a record of use. The record of use shall include, but need not be limited to, an estimate of the amount of water used, the period of use and the categories of beneficial use to which the water is applied. During the period of the Limited License, the record of use shall be available for review by the Department upon request.

**A summary of review criteria and procedures that are generally applicable to these applications is available at:
<http://www.oregon.gov/owrd/pages/pubs/forms.aspx>*

Mapping Requirements (OAR 690-340-0030):

- (1) A request for a limited license shall be submitted on a form provided by the Water Resources Department, and shall be accompanied by the following:
- a. A site map of reproducible quality, drawn to a standard, even scale of not less than 2 inches = 1 mile, showing:
 - i. The locations of all proposed points of diversion referenced by coordinates or by bearing and distance to the nearest established or projected public land survey corner;
 - ii. The general course of the source for the proposed use, if applicable;
 - iii. Other topographical features such as roads, streams, railroads, etc., which may be helpful in locating the diversion points in the field.

REMARKS:

For WRD Use Only

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well 1

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Pg 1 of 2

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 31926 OWRD
START CARD # 121164

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

(1) OWNER: Well Number _____
Name Myron Kuenzi
Address 6500 State St
City Salem State OR Zip 97301

(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 400
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
14	0 25	Cement	0		
13 1/2	25 30				
12	30 112		112	41	bent
10	112 400				SACKS

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: 10 in	+1 112	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 8 in	+8 in 400	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8 in	+8 in +2 ft.	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) None

(7) PERFORATIONS/SCREENS:

Perforations Method Torch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
295	395	3/4 x 8	96			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem at	Flowing Time
450 +		399	1 hr.

Temperature of water 54 Depth of station Flow Round
Was a water analysis done? Yes No
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 34 NE 1/4 NE 1/4
Tax Lot 00500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 585 74th Ave SE Salem OR

(10) STATIC WATER LEVEL:
73 ft. below land surface. Date 1-28-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 8 ft

From	To	Estimated Flow Rate	SWL
8	8	2.5	25 ft
20	40	5	20 ft
78	84	30	25 ft
195	397	400 +	73

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	2	
Red + brown Clay	2	8	
Decomposed basalt with broken Claystone - Caving	8	14	
Red + brown Clay	14	20	
Decomposed basalt with brown Clay	20	40	
Weathered basalt with red + brown clay	40	50	
Gray basalt Firm	50	78	
Red + brown cinders with weathered basalt	78	84	
Black basalt	84	86	
Weathered basalt	86	88	
Black basalt	88	91	
Gray basalt	91	163	
Black basalt Simi-fractured	163	177	

Date started 1-10-00 Completed 1-28-00

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
Signed _____ WWC Number 1629
Date 1-28-00

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed Floyd A. Lopez WWC Number 1273
Date 1-28-00

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Pg 2 of 3

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 31926
START CARD # 121164

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

(1) OWNER: Well Number _____
Name Myron Kuenzi
Address 6500 State St
City Salem State OR Zip 97301

(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 400 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:				<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:

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"/>
						<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.

Pump Bailer Air Flowing Artesian

Temperature of water _____ Depth Artesian _____
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 _____

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WATER RESOURCES DEPT.
SALEM, OREGON

(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 34 NE 1/4 NE 1/4
Tax Lot 00500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 585 74th Ave SE Salem

(10) STATIC WATER LEVEL:
73 ft. below land surface. Date 1-28-00
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: **OWRD**
Ground Elevation _____

Material	From	To	SWL
Gray basalt simi-fractured	177	195	
Weathered basalt	195	226	
Black basalt soft	226	230	
Fractured black basalt with claystone layers	230	266	
Black basalt fractured	266	290	
Weathered basalt	290	309	
Soft black basalt with weathered seams	309	366	
Black basalt simi-fractured	366	378	
Black basalt with fractured seams	378	392	
Gray basalt very fractured	392	397	
Soft gray basalt	397	400	

Date started 1-10-00 Completed 1-28-00

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

WWC Number 1629
Signed _____ Date 1-28-00

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1273
Signed Floyd G. Seipe Date 1-28-00

LL-1869

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

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JUL - 2 1986 PLEASE TYPE or PRINT IN INK

Well 2

75/2W-27dc

(for official use only)

(1) OWNER:

Name Carl Jensen Jr.
 Address 6532 Howell Prairie Rd. NE
 City Salem State Or.

WATER RESOURCES DEPT
SALEM, OREGON

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon
 If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Air Driven
 Rotary Mud Dug
 Cable Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
 Thermal:
 Irrigation Withdrawal Reinjection
 Other:
 Piezometric Grounding Test

(5) CASING INSTALLED:

Steel Plastic
 Threaded Welded
 12" Diam. from + 1 ft. to 160 ft. Gauge 250
 " Diam. from ft. to ft. Gauge

LINER INSTALLED:

Steel Plastic
 Threaded Welded

(6) PERFORATIONS:

Perforated? Yes No
 Size of perforations in. by in.
 perforations from ft. to ft.
 perforations from ft. to ft.
 perforations from ft. to ft.

(7) SCREENS:

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

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level
 Was a pump test made? Yes No If yes, by whom?
 Yield: Air 500-600 gal./min. with ft. drawdown after hrs.
 Air test 500-600 gal./min. with drill stem at 350 ft. 2 hrs.
 Bailer test gal./min. with ft. drawdown after hrs.
 Artesian flow g.p.m.
 Temperature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Special standards: Yes No
 Well seal—Material used Cement grout
 Well sealed from land surface to 20 & 12 bags @ 150-160' ft.
 Diameter of well bore to bottom of seal 16" in.
 Diameter of well bore below seal 12" in.
 Amount of sealing material 47 sacks pounds
 How was cement grout placed? Pumped with dia. pump thru 2" pipes, up to 150', gravel 3/4" from 150 up to 20' Cement to 1s.
 Was pump installed? no Type HP Depth ft.
 Was a drive shoe used? Yes No Plugs Size: location ft.
 Did any strata contain unusable water? Yes No
 Type of Water? depth of strata
 Method of sealing strata off
 Was well gravel packed? Yes No Size of gravel: ft.
 Gravel placed from ft. to ft.

(10) LOCATION OF WELL by legal description:

County Marion SW 1/4 SE 1/4 of Section 27 of Township T7S Range 2W WM.
 (Township is North or South) (Range is East or West)
 Tax Lot Lot Block Block Subdivision Subdivision

MAILING ADDRESS OF WELL (or nearest address) 1 1/2 miles west of Howell Prairie Rd. on North side of State St.

(11) WATER LEVEL OF COMPLETED WELL:

Depth at which water was first found 55 ft.
 Static level 70 ft. below land surface. Date 6-27-86
 Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing 12"
 Depth drilled 400 ft. Depth of completed well 400 ft.
 Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Soil med brown	0	2	
Clay med brown	2	20	
Clay brwn, gravel mix	20	39	
Clay med brown	39	55	
Cemented gravel tight	55	81	H2o
Sand med gray	81	86	
Conglomerate grey	86	147	
Decompsed cap rock red	147	153	
Basalt hard grey	153	162	
Weatherd basalt brn-red	162	201	
Basalt hard grey-fract	201	206	H2O
Basalt med hard blk	206	242	H2O
Basalt hard grey	242	291	
Basalt hard semi fract	291	325	H2O
Basalt hard gry-fract	325	338	H2O
Basalt visic gry	338	375	H2O
Basalt hard gry	375	398	
Basalt fract grey	398	400	

Date work started 6-13-86 /completed 6-27-86
 Date well drilling machine moved off of well 6-27-86 19

(unbonded) Water Well Constructor Certification (if applicable):
 This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

[Signed] _____ Date _____, 19 _____

(bonded) Water Well Constructor Certification:
 Bond _____ Issued by: _____ (Surety Company Name)
 On behalf of Staco Well Services, Inc. (type or print name of Water Well Constructor)

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

(Signed) Chuck Stadel (Water Well Constructor)

(Dated) 6-30-86

NOTICE TO WATER WELL CONSTRUCTOR
 The original and first copy of this report are to be filed with the

WATER RESOURCES DEPARTMENT,
 SALEM, OREGON 97310
 within 30 days from the date of well completion.
 SP*46866-690

44-1869

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

Well 3

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 JUN 8 1989

16621
 (START CARD) # 9141
 7/20/3550

WATER RESOURCES DEPT.

(1) OWNER: Well Number: EM, OREGON
 Name PFENNIG FARMS
 Address 6092 Macleay Road S.E.
 City Salem State Oregon Zip 97301

(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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 258 ft.
 Yes No
 Explosives used Type Amount

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0'	79'	Cement	0'	79'	38
8"	79'	258'				

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
8"	+1'	79'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<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: 6"	-4'	258'	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			SDR 26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Electric Drill
 Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
223'	258'		250	1/2"	Round	<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min Drawdown Drill stem at Time
 250 _____ 252 Ft 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 South N or S; Range 2 West E or W, WM.
 Section 35 SW 1/4 NW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address)
 7505 Babcock Salem, Oregon

(10) STATIC WATER LEVEL:
 105 ft. below land surface. Date 6-3-89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 136 Feet

From	To	Estimated Flow Rate	SWL
136 Ft	252 Ft	250 GPM	105'

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Soil	0	2	
Brown Clay	2	14	
Large Boulder	14	21	
Weathered Rock	21	70	
Gray Basalt Firm	70	86	
Multi-Colored Weathered Rock	86	99	
Black Basalt	99	124	
Gray Basalt Firm	124	136	
Black Basalt Medium WB	136	187	
Black Broken Basalt	187	203	
Gray Basalt Very Firm	203	246	
Gray Broken Basalt WB	246	252	
Gray Basalt Firm	252	258	105'
Air Test May Fluctuate.			
5% Bentonite Used To Seal Well.			
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Date started 5-31-89 Completed 6-3-89

(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.
 WWC Number _____
 Signed _____ 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. MONDERS DRILLING, INC. WWC Number 1325
 Signed D. Monders Date 6-3-89

LA-1869

This page to be completed by the local Watermaster.

WATER AVAILABILITY STATEMENT

Name of Applicant: JJ Family Limited License Number: LL-1869

1. To your knowledge, has the stream or basin that is the source for this application ever been regulated for prior rights?

Yes No

If yes, please explain:

Pudding river basin

2. Based on your observations, would there be water available in the quantity and at the times needed to supply the use proposed by this application?

Yes No

3. Do you observe this stream system during regular fieldwork?

Yes No

If yes, what are your observations for the stream?

Junior use regulated

4. If the source is a well and if WRD were to determine that there is the potential for substantial interference with nearby surface water sources, would there still be ground water and surface water available during the time requested and in the amount requested without injury to existing water rights?

Yes No N/A

What would you recommend for conditions on a limited license that may be issued approving this application?

totalizing flow meter

5. Any other recommendations you would like to make?

Signature: Bry Wacker WM District #: 16 Date: 4-22-2021

Land Use Information Form



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

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NOTE TO APPLICANTS

In order for your application to be processed by the Water Resources Department (WRD), this Land Use Information Form must be completed by a local government planning official in the jurisdiction(s) where your water right will be used and developed. The planning official may choose to complete the form while you wait, or return the receipt stub to you. Applications received by WRD without the Land Use Form or the receipt stub will be returned to you. Please be aware that your application will not be approved without land use approval.

This form is NOT required if:

- 1) Water is to be diverted, conveyed, and/or used only on federal lands; **OR**
- 2) The application is for a water right transfer, allocation of conserved water, exchange, permit amendment, or ground water registration modification, and all of the following apply:
 - a) The existing and proposed water use is located entirely within lands zoned for exclusive farm-use or within an irrigation district;
 - b) The application involves a change in place of use only;
 - c) The change does not involve the placement or modification of structures, including but not limited to water diversion, impoundment, distribution facilities, water wells and well houses; and
 - d) The application involves irrigation water uses only.

NOTE TO LOCAL GOVERNMENTS

The person presenting the attached Land Use Information Form is applying for or modifying a water right. The Water Resources Department (WRD) requires its applicants to obtain land-use information to be sure the water rights do not result in land uses that are incompatible with your comprehensive plan. Please complete the form or detach the receipt stub and return it to the applicant for inclusion in their water right application. You will receive notice once the applicant formally submits his or her request to the WRD. The notice will give more information about WRD's water rights process and provide additional comment opportunities. You will have 30 days from the date of the notice to complete the land-use form and return it to the WRD. If no land-use information is received from you within that 30-day period, the WRD may presume the land use associated with the proposed water right is compatible with your comprehensive plan. Your attention to this request for information is greatly appreciated by the Water Resources Department. If you have any questions concerning this form, please contact the WRD's Customer Service Group at 503-986-0801.

Land Use Information Form



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

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OWRD

Applicant(s): J & J Family LLC

Mailing Address: 7157 State St.

City: Salem

State: OR

Zip Code: 97301

Daytime Phone: (503) 930-4350

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:
<u>7S</u>	<u>2W</u>	<u>27</u>	<u>NWSE</u>	<u>400</u>	<u>EFU</u>	<input checked="" type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input type="checkbox"/> Used	<u>farming</u>
<u>7S</u>	<u>2W</u>	<u>27</u>	<u>SWSE</u> <u>SESE</u>	<u>100</u>	<u>EFU</u>	<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used	<u>farming</u>
<u>7S</u>	<u>2W</u>	<u>34</u>	<u>NENE</u>	<u>100</u>	<u>EFU</u>	<input checked="" type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used	<u>farming</u>
<u>7S</u>	<u>2W</u>	<u>34</u>	<u>NWNE</u>	<u>100</u>	<u>EFU</u>	<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used	<u>farming</u>
<u>7S</u>	<u>2W</u>	<u>34</u>	<u>NENE</u>	<u>800</u>	<u>EFU</u>	<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used	<u>farming</u>
<u>7S</u>	<u>2W</u>	<u>35</u>	<u>NWNW</u>	<u>800</u>	<u>EFU</u>	<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used	<u>farming</u>

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

Marion County

B. Description of Proposed Use

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

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

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

Estimated quantity of water needed: 153.5 cubic feet per second gallons per minute acre-feet

Intended use of water: Irrigation Commercial Industrial Domestic for _____ household(s)
 Municipal Quasi-Municipal Instream Other _____

Briefly describe:

It is proposed to use a limited license from existing Wells 1 & 2 to establish a cherry orchard on TL 100, 500, & 800.

Note to applicant: If the Land Use Information Form cannot be completed while you wait, please have a local government representative sign the receipt at the bottom of the next page and include it with the application filed with the Water Resources Department.

See bottom of Page 3. →

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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 uses (including proposed construction) are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s):
- Land uses to be served by the proposed water uses (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 checked="" type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
<i>Farm use permitted outright</i>	<i>MCC 17.136.020</i>	<input checked="" 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
		<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 Water Resources Department regarding this proposed use of water below, or on a separate sheet.

Name: Ryan Dyar Title: Associate Planner
 Signature: Ryan Dyar Phone: 503-586-5038 Date: 4-13-21
 Government Entity: Marion County

Note to local government representative: Please complete this form or sign the receipt below and return it to the applicant. If you sign the receipt, you will have 30 days from the Water Resources Department's notice date to return the completed Land Use Information Form or WRD may presume the land use associated with the proposed use of water is compatible with local comprehensive plans.



Receipt for Request for Land Use Information

Applicant name: _____
 City or County: _____ Staff contact: _____
 Signature: _____ Phone: _____ Date: _____

Business Registry Business Name Search

[New Search](#)

Business Entity Data

04-09-2021

14:37

Registry Nbr	Entity Type	Entity Status	Jurisdiction	Registry Date	Next Renewal Date	Renewal Due?
338543-99	DLLC	ACT	OREGON	02-03-2006	02-03-2022	
Entity Name	J AND J FAMILY LLC					
Foreign Name						

RECEIVED

APR 26 2021

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Associated Names

OWRD

Type	PPB	PRINCIPAL PLACE OF BUSINESS				
Addr 1	7157 STATE STE NE					
Addr 2						
CSZ	SALEM	OR	97317	Country	UNITED STATES OF AMERICA	

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

Type	AGT	REGISTERED AGENT	Start Date	02-03-2006	Resign Date	
Name	CARL	F	JENSEN			
Addr 1	7157 STATE ST NE					
Addr 2						
CSZ	SALEM	OR	97301	Country	UNITED STATES OF AMERICA	

Type	MAL	MAILING ADDRESS				
Addr 1	7157 STATE ST NE					
Addr 2						
CSZ	SALEM	OR	97317	Country	UNITED STATES OF AMERICA	

Type	MEM	MEMBER			Resign Date	
Name	ANN	L	JENSEN			
Addr 1	3882 BRUSH CREEK DR NE					
Addr 2						
CSZ	SILVERTON	OR	97381	Country	UNITED STATES OF AMERICA	

Type	MEM	MEMBER			Resign Date	
Name	CARL	F	JENSEN	JR		
Addr 1	3882 BRUSH CREEK DRIVE NE					
Addr 2						
CSZ	SILVERTON	OR	97381	Country	UNITED STATES OF AMERICA	

LL-1869

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Name History