Application for

Groundwater Registration Modification



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 Groundwater Registration Modification application <u>will be returned</u> 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.

Chec	k all inclu	uded with this application (N/A = Not Applicable)							
		Part 1 – Completed Minimum Requirements Checklist.							
		Part 2 – Completed Application Map Checklist.							
		Part 3 – Completed Applicant Information and Signature.							
		Part 4 – Completed Groundwater Registration Modification Application – Groundwater Registration Information. (Only one Groundwater registration per application, unless the Groundwater registrations to be modified are layered).							
		Completed Groundwater Registration Modification Application Map (Does not have to be prepared by a Certified Water Right Examiner).							
		Groundwater registration modification fees – Amount enclosed: \$ (\$875.00 for a place of use change only; \$1,250.00 for any other change or combination).							
		Attachments:							
	□ N/A	Request for Assignment Form and statutory fee. This form needs to be completed if the applicant owns the land to which the registration is appurtenant and is not the registration certificate holder of record. The Request for Assignment Form is available at https://www.oregon.gov/OWRD/Forms/Pages/default.aspx .							
		est recognition of a modification (e.g. legal representative, power of attorney, agent, or the applicant is named on the certificate of registration, or has been assigned to the ficate of registration.							
	□ N/A	Oregon Water Resources Department's Land Use Information Form with approval and signature (or signed land use form receipt stub) from each local land use authority in which water is to be diverted, conveyed, and/or used. Not required if water is to be diverted, conveyed, and/or used only on federal lands or if all of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone.							
	□ N/A	Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation.							
		(For Staff Use Only)							
	WE ARE	RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):							
		ication fee not enclosed/insufficient Map not included or incomplete							
		Use Form not enclosed or incomplete Assignment Form and fee not enclosed/insufficient							
	Addi	tional signature(s) required Part is incomplete							
	Other/Ex	planation							
		503 Date://							

Part 2 of 4 – Groundwater Registration Modification Map Checklist

Your Groundwater Registration Modification application <u>will be returned</u> 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 <u>not</u> have to be prepared by a Certified Water Right Examiner. Check all boxes that apply.

	Permanent quality printed with dark ink on good quality paper.
	The size of the map can be $8\% \times 11$ inches, $8\% \times 14$ inches, 11×17 inches, or up to 30×30 inches. For 30×30 inch maps, one extra copy is required.
	A north arrow, a legend, and scale.
	The scale of the map must be: 1 inch = 400 feet, 1 inch = $1,320$ feet, the scale of the county assessor map if the scale is not smaller than 1 inch = $1,320$ feet, or a scale that has been preapproved by the Department.
	Township, Range, Section, $\frac{1}{4}$, 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 $-42^{\circ}32'15.5''$) or degrees-decimal with five or more digits after the decimal (example -42.53764°).

Part 3 of 4 - Applicant Information and Signature **Applicant Information** APPLICANT/BUSINESS NAME PHONE NO. ADDITIONAL CONTACT NO. **ADDRESS** FAX NO. CITY STATE ZIP 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 APPLICANT/BUSINESS NAME PHONE NO. ADDITIONAL CONTACT NO. **ADDRESS** FAX NO. CITY **STATE** ZIP 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. Explain in your own words what you propose to accomplish with this modification; and why: If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1". Check this box if this project is fully or partially funded by the American Recovery and Reinvestment Act. (Federal stimulus dollars) (Check one box) By signing this application, I (we) understand that, upon receipt of the draft preliminary determination and prior to Department approval of the Groundwater modification, I (we) will be required to provide landownership information and evidence that I am authorized to pursue the modification as identified in OAR 690-382-0400(16)(a); OR I (we) affirm the applicant is a municipality as defined in ORS 540.510(3)(b) and that the right is in the name of the municipality or a predecessor; OR I (we) affirm that the applicant is an entity with the authority to condemn property and is acquiring the property to which the Groundwater registration proposed for modification is appurtenant by condemnation and have attached supporting documentation. I understand that prior to Department approval of the groundwater registration modification, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the groundwater registration is located, once per week for two consecutive weeks. If more than one qualifying newspaper is available, I suggest publishing the notice in the following paper: ______. I (we) affirm that the information contained in this application is true and accurate. Print Name (and Title if applicable) Date **Applicant Signature**



Is the applicant the sole owner of the land on which the Groundwater registration modification or portion thereof, is located?

Yes No If NO, include signatures of all deeded landowners (and mailing and/or e-mail addresses if different than the applicant's) or attach affidavits of consent (and mailing and/or e-mail addresses) from all landowners or individuals/entities to which the Groundwater registration has been conveyed.

Print Name (and Title if applicable)

Applicant Signature

Date

Check the appropriate box, if app	olicable:								
Check here if the Groundwate within or served by an irrigation	er registration proposed for mo on or other water district.	dification is or will be located							
IRRIGATION DISTRICT NAME ADDRESS									
CITY	STATE	ZIP							
Check here if water for the Gr or other contract with a feder		lied under a water service agreement							
ENTITY NAME	ENTITY NAME ADDRESS								
CITY	STATE	ZIP							
To meet State Land Use Consister county, city, municipal corporation diverted, conveyed or used.									
ENTITY NAME	ADDRESS								
CITY	STATE	ZIP							
ENITITY/NAME	ADDRESS								
ENTITY NAME	ADDRESS								
CITY	STATE	ZIP							

INSTRUCTIONS for editing the Application Form

To add additional lines to tables within the forms or to copy and paste additional Part 4 pages, please **save the application form to your computer**. Unlock the document by using one of the following instructions for your Microsoft Word software version:

Microsoft Word 2003

Unlock the document by one of the following:

- Using the Tools menu => click Unprotect Document;
 OR
- Using the Forms toolbar => click on the Protect/Unprotect icon.

To relock the document to enable the checkboxes to work, you will need to:

Using the Tools menu => click Protect Document;
 OR

• Using the Forms toolbar => click on the Protect/Unprotect icon.

Once the application has been unlocked, you may:

- add additional rows to tables using the Table tools, and
- select and copy the pages of Part 4 and paste as many additional sets of Part 4 pages as needed at the end of the application.

After editing, re-lock the document to enable checkboxes to work.

Microsoft Word 2007

- Unlock the document by clicking the Review tab, then click Protect Document, then click
 Stop Protect
- To relock the document, click **Editing Restrictions**, then click **Allow Only This Type of Editing**, select **Filling In Forms** from the drop-down menu, then check **Yes, Start Enforcing Protection**.

Microsoft Word 2010

- Unlock the document by clicking the **Review** tab; toggle the **Restrict Editing icon** at the upper right, then click **Stop Protect** at the bottom right. Then uncheck the "**Allow only this type of editing** in the document: **Filling in forms**" in the "Editing restrictions" section on the right-hand list of options.
- To relock the document, check the Editing Restrictions/Allow Only This Type of Editing/Filling In Forms
 box from the drop-down menu, then check Yes, Start Enforcing Protection. You do not need to assign a
 password for the editing restrictions.

Other Alternatives:

- Photocopy pages or tables in Part 4, mark through any non-applicable information, insert/attach
 photocopied pages to document in the appropriate location, and manually amend page numbers as
 necessary (e.g. Page 5 6 of 9 10).
- You may refer to additional attachments that you may include, such as separately produced tables or spreadsheets to convey large numbers of rows of place of use listings, owner/property parcels, etc. You may contact the Department at 503-986-0900 and ask for Transfer Staff if you have questions.

Part 4 of 4 – Groundwater Registration Information

Please use a separate Part 4 for each registration being modified. See instructions on page 5, to copy and paste additional Part 4s, or to add additional rows to tables within the form.

	to copy and paste desired and toy or to dud duditional to to to to to the form										
Groundwater Registration # GR(Certificate # GR)											
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 Numbe	Is this POA Authorized by	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)			
	Authorized Proposed										
	Authorized Proposed										
	Authorized Proposed										
	Authorized Proposed										
	ck all type(s) of mentheses):	nodifications	(s) propo	sed belo	w (mo	odification "	CODES'	' are provided in			
[Place of Use	(POU)				Point of App	ropriati	ion (well) (POA)			
[Character of	Use (USE)				Additional Po	oint of <i>i</i>	Appropriation (APOA)			
Will all of the proposed changes affect the entire Groundwater registration?											
[ete only the S" listed abo		•	•			the next page. Use the			
[No Compl	ete all of Tab	le 2 to de	escribe th	ne por	tion of the re	egistrat	ion to be changed.			

Please use and attach additional pages of Table 2 as needed.	Do you have questions about how to fill-out the tables?					
See page 5 for instructions.	Contact the Department at 503-986-0900 and ask for Transfer					
Table 2. Description of Modifications to Registration GR	(Certificate # GR)					

List only the part of the registration that will be modified. For the acreage in each ¼ ¼, list the modification proposed. If more than one modification, specify the acreage associated with each modification. If more than one POA, specify the acreage associated with each POA.

	AUTHORIZED (the "from" or "off" lands) The listing that appears in the registration BEFORE PROPOSED CHANGES							PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES																		
ı								Changes (see																		
Tv	wp	Rr	ng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POA(s) (name or number from Table 1)	Priority Date	"CODES" from previous page)	Τv	/p	Rr	ng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POA(s) to be used (from Table 1)	Priority Date
	·												EXAMPLE		-				_							
2	s	9	E	15	NE	NW	100		15.0	Irrigation	POD #1 POD #2	1901	POU/POD	2	S	9	E	1	NW	NW	500	1	10.0		POD #5	1901
"	u	u	"	u	<i>u</i>	"	u	"	u	EXAMPLE	u	u	u	2	S	9	Ε	2	SW	NW	500		5.0		POD #6	1901
	TOTAL ACRES													ТО	TAL AC	RES										

Additional remarks: ______

	Gr	oundwater R	egistratio	on # GR		(Cer	tificate # G	iR)		
For a	modifica	ation in place	of use o	characte	er of use:						
		other water I	_	-		•	r Groundw	ater regist	trations		
	If YE	S, list the oth	er certific	ate, wate	r use peri	nit, or othe	er Groundv	vater regis	tration num	bers:	
	supp trans sepa sepa	uant to OAR 6 lemental to a sferred with t rately in a tra rately with a lands must b	primary he registi nsfer app permit ar	irrigation ation or kolication. Another mendmen	right pro pe cancell Any chang t. Any mo	posed for t ed. Any cha ge to a wat odification t	ransfer, mo ange to a w er use perr to a Ground	ust be cond vater right mit must be dwater reg	currently must be file e filed gistration on	ed	
For m	nodificat	ions in point(s) of app	ropriation	n (well(s)	or additior	nal point(s)	of approp	oriation:		
	co (Ti	ell log(s) are a responding v p: You may se p://apps.wrd	vell(s) in ⁻ earch for	Table 1 ab well logs (ove and on the De	on the acco	mpanying	application			
	AND/OF	1									
	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.										
		ction of Point		-		المحسواالح	dosaribod	in Tabla 1	and shaven	.	
the accor of your m whether	mpanyin nodificat the prop	listing must lig application on application osed well(s) the thread thre	map. Fail n until it vill acces	ure to pro is received s the same	ovide adeo d. The info e source a	quate infor ormation is aquifer as t	mation is li necessary he authori	kely to del for the de zed point(s	lay the procespartment to s) of approp	essing assess riation	
										Well -	

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 complete d well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	well - specific rate (cfs or gpm). If less than full rate of water right