

TATE ENGINEERAPPLICATION FOR PERMIT

## To Appropriate the Public Waters of the State of Oregon

| I,           | TED SI                                  | MMONEA                       | س                            |                                     | *******                                |                                         |
|--------------|-----------------------------------------|------------------------------|------------------------------|-------------------------------------|----------------------------------------|-----------------------------------------|
|              | FLORA                                   | ~ C.E                        | Box                          | 125                                 |                                        |                                         |
| ate of       | ORAG                                    | . لد ن                       | , do hereby ma               | ke application                      | or a pern                              | uit to appropriate                      |
| Howing de    | scribed public wa                       | sters of the Stat            | te of Oregon, S              | UBJECT TO E                         | XISTING                                | RIGHTS:                                 |
| If the       | applicant is a cor                      | poration, give d             | late and place               | of incorporation                    | ·                                      |                                         |
| 1. The       | e source of the pro                     |                              |                              | , ,                                 | And of street                          | Lore                                    |
|              | *************************************** |                              | , a tributary of             | •                                   | ····                                   |                                         |
| 2. Th        | e amount of water                       | r which the app              | licant intends t             | o apply to bene                     | ficial use                             | is                                      |
| ibic feet pe | •                                       | (M water                     | is to be used from me        | re then one source, gt              | re quantity in                         | om each)                                |
| **3. Th      | e use to which the                      | e water is to be             | applied is                   | Lb 4 @<br>regulation, potror, minis | STIC.                                  | ring, domestic supplies, o              |
| 4. Th        | e point of diversi                      | on is located                | Leo je 5                     | and >50                             | ft                                     | $\leq$ from the $N$                     |
| rner of      | e point of diversion                    | 1 24                         | IN T.192<br>(Bootless or see | SRITW.W.                            | JH.                                    | · • · · · · · · · · · · · · · · · · · · |
|              | •<br>•                                  |                              | w                            |                                     |                                        |                                         |
|              | ••••••••                                |                              | ·                            | •                                   |                                        | · · · · · · · · · · · · · · · · · · ·   |
|              |                                         | (If profundite, at           | re distance and bearing      | er to section corner)               | ••••••                                 | ·                                       |
|              |                                         | then and maket of Alexandria |                              | arthed The concrete                 |                                        |                                         |
| eing within  | the N.W.!!                              | L KW/II                      |                              | of Sec                              | クレ                                     | Tp. 195                                 |
|              | , W. M., in the                         |                              |                              |                                     |                                        | (W. ee S.                               |
| 5. Th        | , P)                                    | PE LINE                      |                              | to be                               |                                        | DOFTE                                   |
| n length, te | rminating in the                        | NINILN W                     | pipo lino)<br>INL            | of Sec                              | 44                                     | (Mileo er feet)<br>, Tp                 |
|              | W. M., t                                |                              |                              |                                     |                                        |                                         |
| <b></b>      | ,                                       | DES                          | CRIPTION OF                  | WORKS                               |                                        |                                         |
| Diversion W  |                                         |                              |                              | , .                                 |                                        |                                         |
|              | ) Height of dam                         |                              |                              | -                                   |                                        | , -                                     |
|              | feet; materi                            | ial to be used as            | nd character of              | construction                        | •••••••••••••••••••••••••••••••••••••• | (Looso rock, concrete, s                |
|              | timber crib, etc., westewn              | =                            |                              |                                     |                                        |                                         |
| (ъ) 1        | Description of hea                      | idgate                       | (Timber                      | , concrete, etc., numbe             | and size of o                          | enings)                                 |
| (c) I        | f water is to be p                      | umped give ger               | seral descriptio             |                                     |                                        |                                         |
|              | • • • • • •                             |                              |                              |                                     | (Size and ty                           | po of pump)                             |
| Fris         | banks - m                               | rome "                       | model i                      | 2626 X                              | BA                                     |                                         |

"A different form of application is provided where storage weeks are contemplated.

"Application for permits to appropriate water for the generation of electricity, with the exception of municipalities, must be made to the Bydroelectric Commission. Bither of the above forms may be seemed, without easi, tegether with instructions by addressing the State Bagineer, Salom,

2.39.55

| 29153                      |                                             | •              |                                    |                                         |
|----------------------------|---------------------------------------------|----------------|------------------------------------|-----------------------------------------|
| Canal System or            | •                                           |                |                                    | •                                       |
| 7. (a) Git                 | ve dimensions at                            | each point of  | canal where materially chan        | ged in size, stating miles from         |
| hendgate. At hea           | dgate: width on                             | top (at water  | line)                              | feet; width on bottom                   |
| inousana jeet.             |                                             |                |                                    | feet fall per one                       |
|                            |                                             |                |                                    | ter line)                               |
|                            | . feet; width on b<br>feet fal              | •              |                                    | water feet;                             |
| (c) Lengt                  | h of pipe.                                  | 00 11          | size at intake 3/                  | in : size at 100 ft.                    |
| from intake                | 3/4 in.;                                    | size at place  | of usein.; d                       | in.; size at                            |
| 0,00                       | 8 sec. ft.                                  |                | lace of use                        | •                                       |
| Township<br>North or South | Range<br>2. or W. of<br>Will-motte Meridian | <b>Moction</b> | Forty-sere Tract                   | Number Acres To Be Irrigated            |
| 195                        | 12 11.                                      | 24             | NWKNWILL                           | Domestic                                |
| -                          |                                             |                |                                    |                                         |
|                            |                                             |                |                                    |                                         |
|                            |                                             |                |                                    |                                         |
|                            |                                             |                |                                    |                                         |
|                            | <u> </u>                                    |                |                                    |                                         |
|                            |                                             |                |                                    | <del></del>                             |
|                            | •                                           |                |                                    | <u>- </u>                               |
|                            |                                             | <u> </u>       |                                    |                                         |
|                            |                                             |                |                                    |                                         |
|                            |                                             |                |                                    | •                                       |
|                            |                                             | •              |                                    |                                         |
|                            |                                             |                |                                    |                                         |
| (a) C                      | hanastan of soil                            |                | o Foquired, attack superate short) |                                         |
|                            | -                                           |                | *                                  |                                         |
| Power or Minir             | • •                                         | FG             |                                    | *************************************** |
|                            | -                                           | ower to be de  | veloped                            | theoretical horsepower                  |
| L.                         |                                             |                | r power                            | ·                                       |
|                            |                                             |                |                                    |                                         |
|                            |                                             |                | muss of which the power is to      | be developed                            |
| •                          | iuch works to be                            |                |                                    | of Sec.                                 |
| ,                          | , R                                         |                | M.                                 |                                         |
| (f) I                      | 's water to be ret                          | urned to any s | (Fox or Ro)                        |                                         |

(h) The use to which power is to be applied is

(i) The nature of the mines to be se

| nicipal or Domestic Supply—             |                                          | 29153                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10. (a) To supply the city of           |                                          | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| County, having                          | s present population of                  | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| an estimated population of              | in 19                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (b) If for domestic use state nun       | mber of families to be supplied          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                         | undings (1, (8, 1), and (4 in all eases) | The state of the s |
| 11. Estimated cost of proposed works,   | 1500                                     | The state of the s |
| 12. Construction work will begin on a   |                                          | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 13. Construction work will be comple    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 14. The water will be completely appli  | ·                                        | IN USE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 12. The water with oe completely appe   | sea to the proposed use on or before     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                                         | (Denature of                             | applicant)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Remarks:                                |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| FATE OF OREGON,                         |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| County of Marion,                       |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| This is to certify that I have exami    | ined the foregoing application, togeth   | er with the accompany                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| aps and data, and return the same for   |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| In order to retain its priority, this   | application must be returned to the St   | ate Engineer, with cor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ons on or before                        |                                          | . :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| WITNESS my hand this                    | day of                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                                         |                                          | 70015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

## STATE OF OREGON,

County of Marion,

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This is to certify that I have examined the foregoing application and do hereby grant the same, SUBJECT TO EXISTING RIGHTS and the following limitations and conditions:

| The  If for second or i                   | use to which this t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | pare of rotation with o                                                                                                | is domest              | tic use of or                                          | of on                                            | e cubic foot per                                   |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------|--------------------------------------------------|----------------------------------------------------|
| and shall the Act thereafter              | be subject to such to priority date of the ual construction we be prosecuted with application to the prosecuted with application to the subject to such that the subject to such that the subject to such that the subject to subject t | reasonable rotation sy is permit is ork shall begin on or th reasonable diligence of the water to the pr               | beforeee and be con    | y be ordered by<br>Octobe<br>Februa<br>mpleted on or b | the proper stor 29, 1963                         | ate officer.  and shall  1, 19.65  ctober 1, 19.66 |
| Application No. 29220 F. Permit No. 29153 | PERMIT TO APPROPRIATE THE PUBLIC WATERS OF THE STATE OF OREGON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | This instrument was first received in the office of the State Engineer at Salem, Oregon, on the 29 Way of U. W. Label. | Returned to applicant: |                                                        | Recorded in book No. 81 of Permits on page 29153 | J.                                                 |